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CLIENT'S COPY



November 15, 2024

NORTHSHORE COMMUNITY FOUNDATION
807 N COLUMBIA ST
COVINGTON, LA 70433

NORTHSHORE COMMUNITY FOUNDATION:

Enclosed is the organization's 2023 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-TE to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-TE to us by November 15, 2024.

FORM 990-T RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-TE to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

No amount is due on Form 990-T.

Copies of all the returns are enclosed for your files. We suggest that you retain these copies indefinitely.

Very truly yours,

Michelle D. Garbiras, CPA

Form **8879-TE**

IRS E-file Signature Authorization for a Tax Exempt Entity

OMB No. 1545-0047

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023

Department of the Treasury
Internal Revenue Service

Do not send to the IRS. Keep for your records.
Go to www.irs.gov/Form8879TE for the latest information.

Name of filer

NORTHSHORE COMMUNITY FOUNDATION

EIN or SSN

61-1517784

Name and title of officer or person subject to tax

**MAUREEN CLARY
SECRETARY**

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. **Do not complete more than one line in Part I.**

1a Form 990 check here	<input checked="" type="checkbox"/>	b Total revenue , if any (Form 990, Part VIII, column (A), line 12)	1b <u>10,553,727.</u>
2a Form 990-EZ check here	<input type="checkbox"/>	b Total revenue , if any (Form 990-EZ, line 9)	2b _____
3a Form 1120-POL check here	<input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b _____
4a Form 990-PF check here	<input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part V, line 5)	4b _____
5a Form 8868 check here	<input type="checkbox"/>	b Balance due (Form 8868, line 3c)	5b _____
6a Form 990-T check here	<input type="checkbox"/>	b Total tax (Form 990-T, Part III, line 4)	6b _____
7a Form 4720 check here	<input type="checkbox"/>	b Total tax (Form 4720, Part III, line 1)	7b _____
8a Form 5227 check here	<input type="checkbox"/>	b FMV of assets at end of tax year (Form 5227, Item D)	8b _____
9a Form 5330 check here	<input type="checkbox"/>	b Tax due (Form 5330, Part II, line 19)	9b _____
10a Form 8038-CP check here	<input type="checkbox"/>	b Amount of credit payment requested (Form 8038-CP, Part III, line 22)	10b _____

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal.

PIN: check one box only

I authorize **HANNIS T. BOURGEOIS, LLP** to enter my PIN **12345**
ERO firm name Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72126212345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of **Pub. 4163**, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date **11/15/24**

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form **8879-TE** (2023)

LHA 302521 01-05-24

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. NORTHSHORE COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 61-1517784
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 807 N COLUMBIA ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COVINGTON, LA 70433	

Enter the Return Code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **DEBORAH PICKELL**
100 NORTH STREET, SUITE 900 - BATON ROUGE, LA 70802

Telephone No. **225-387-6126** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Return of Organization Exempt From Income Tax

Form 990

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

2023

Department of the Treasury Internal Revenue Service

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

Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning and ending

B Check if applicable: C Name of organization: NORTHSHORE COMMUNITY FOUNDATION D Employer identification number: 61-1517784 E Telephone number: 985-893-8757 G Gross receipts \$: 10,945,007 H(a) Is this a group return for subordinates? H(b) Are all subordinates included? I Tax-exempt status: J Website: WWW.NORTHSHOREFOUNDATION.ORG K Form of organization: L Year of formation: 2007 M State of legal domicile: LA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II 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.

Signature of officer: MAUREEN CLARY, SECRETARY. Preparer: MICHELLE D. GARBIRAS, CPA. Firm: HANNIS T. BOURGEOIS, LLP.

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE NORTHSHORE COMMUNITY FOUNDATION UNITES HUMAN AND FINANCIAL RESOURCES TO ENHANCE THE QUALITY OF LIFE IN THE NORTHSHORE REGION OF SOUTH LOUISIANA. TO ACHIEVE OUR MESSION, WE: SERVE DONORS TO BUILD ASSETS THAT DRIVE INITIATIVES AND SOLUTIONS, ENGAGE COMMUNITY LEADERS,

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 5,607,327. including grants of \$ 5,233,093.) (Revenue \$) SERVING THE NORTHSHORE REGION CONSISTING OF ST. HELENA, ST. TAMMANY, TANGIPAHOA, AND WASHINGTON PARISHES BY FUNDING VARIOUS AGENCIES, PROJECTS AND PROGRAMS BENEFITTING AND AIDING THE COMMUNITY AS A WHOLE, INCLUDING INVESTING IN RESOURCES, GUIDANCE AND SUPPORT OF PARTNER NON-PROFIT AGENCIES SERVING THE NORTHSHORE COMMUNITY; EMERGENCY RELIEF AND RESPONSE WORK INCLUDING BOTH COVID-19 AND NATURAL DISASTERS; DEVELOPING AND PROMOTING A REGIONAL BRAND AND PRIDE CAMPAIGN; INVESTIGATION PLATFORM FOR THE HEALTH AND WELLNESS OF THE REGION; AND CONTINUED EFFORTS TO SUPPORT THE DIVERSE PASSIONS OF OUR DONORS AND STRENGTHEN OUR COMMUNITIES.

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 5,607,327.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 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? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 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? <i>If "Yes," complete Schedule D, Part I</i>	X	
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	X	
9 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 services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b 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 valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>	22 X	
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 X	
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a	X
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? <i>If "Yes," complete Schedule L, Part I</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b	X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>	26	X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27	X
28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>	28a	X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>	28b	X
c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>	28c	X
29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i>	29 X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32	X
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? <i>If "Yes," complete Schedule R, Part I</i>	33	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34 X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36	X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>	37	X
38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	38 X	

Note: All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

	Yes	No
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a 26	
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b 0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 2a through 17 regarding employee counts, tax returns, unrelated business income, foreign accounts, prohibited transactions, and various organizational requirements.

Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 18; 1b Enter the number of voting members included... 18; 2 Did any officer, director, trustee, or key employee have a family relationship... X; 3 Did the organization delegate control over management duties... X; 4 Did the organization make any significant changes to its governing documents... X; 5 Did the organization become aware during the year of a significant diversion of the organization's assets... X; 6 Did the organization have members or stockholders... X; 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... X; 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... X; 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body... X; b Each committee with authority to act on behalf of the governing body... X; 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O... X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates... X; 10b 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...; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? X; 11b Describe on 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... X; 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? X; 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done... X; 13 Did the organization have a written whistleblower policy? X; 14 Did the organization have a written document retention and destruction policy? X; 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? a The organization's CEO, Executive Director, or top management official... X; b Other officers or key employees of the organization... X; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X; 16b 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? X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed NONE
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on 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
DEBORAH PICKELL - 225-387-6126
100 NORTH STREET, SUITE 900, BATON ROUGE, LA 70802

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

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

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See the instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) LESLIE S LANDRY PRESIDENT & CEO	40.00			X				137,500.	0.	15,525.
(2) GREG PELLEGRINI CHAIR	1.00	X		X				0.	0.	0.
(3) CHRIS KENNY VICE CHAIR	1.00	X		X				0.	0.	0.
(4) MAURA DONAHUE DIRECTOR	1.00	X						0.	0.	0.
(5) JIMMY MAURIN DIRECTOR	1.00	X						0.	0.	0.
(6) WILLIAM BOUDREAU DIRECTOR	1.00	X						0.	0.	0.
(7) M. TODD RICHARD DIRECTOR	1.00	X						0.	0.	0.
(8) MARTIN MAYER DIRECTOR	1.00	X						0.	0.	0.
(9) JENIFER BESH DIRECTOR	1.00	X						0.	0.	0.
(10) MICHAEL BURRIS DIRECTOR	1.00	X						0.	0.	0.
(11) JOHN FINAN DIRECTOR	1.00	X						0.	0.	0.
(12) JILL DONALDSON DIRECTOR	1.00	X						0.	0.	0.
(13) DAVE KRONLAGE TREASURER	1.00	X		X				0.	0.	0.
(14) ALEXIS DUCORBIER DIRECTOR	1.00	X						0.	0.	0.
(15) LEAH BROWN DIRECTOR	1.00	X						0.	0.	0.
(16) MAUREEN CLARY SECRETARY	1.00	X		X				0.	0.	0.
(17) DUDLEY DOWNING DIRECTOR	1.00	X						0.	0.	0.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	409,977.				
	d Related organizations	1d	226,666.				
	e Government grants (contributions)	1e	25,000.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	7,667,320.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 750,335.				
	h Total. Add lines 1a-1f		8,328,963.				
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,105,950.			1105950.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real	40,165.			
			(ii) Personal				
	b Less: rental expenses ...	6b		45,688.			
	c Rental income or (loss)	6c		-5,523.			
	d Net rental income or (loss)			-5,523.		-5,523.	
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities	1,263,621.			
			(ii) Other				
	b Less: cost or other basis and sales expenses	7b		0.			
	c Gain or (loss)	7c		1,263,621.			
	d Net gain or (loss)			1,263,621.		1263621.	
8 a Gross income from fundraising events (not including \$ 409,977. of contributions reported on line 1c). See Part IV, line 18	8a		206,308.				
b Less: direct expenses	8b		345,592.				
c Net income or (loss) from fundraising events			-139,284.		-139,284.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			10,553,727.	0.	0.	2224764.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	4,210,691.	4,210,691.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	45,500.	45,500.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	976,902.	976,902.		
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	212,860.	78,858.	77,644.	56,358.
6 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	106,089.	41,866.	38,662.	25,561.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	31,522.	11,931.	11,496.	8,095.
9 Other employee benefits	4,317.	1,634.	1,574.	1,109.
10 Payroll taxes	24,353.	9,218.	8,880.	6,255.
11 Fees for services (nonemployees):				
a Management	115,110.		115,110.	
b Legal				
c Accounting	17,860.		17,860.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	106,626.		106,626.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	87,815.	87,055.	715.	45.
12 Advertising and promotion				
13 Office expenses	25,663.	10,449.	6,723.	8,491.
14 Information technology	12,576.	5,611.	3,507.	3,458.
15 Royalties				
16 Occupancy	12,195.	4,616.	4,447.	3,132.
17 Travel	2,866.	1,085.	1,045.	736.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	10,257.	1,934.	7,977.	346.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	21,832.	8,264.	7,961.	5,607.
23 Insurance	4,171.	1,579.	1,521.	1,071.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
a PROJECT EXPENSES	110,134.	110,134.		
b _____				
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	6,139,339.	5,607,327.	411,748.	120,264.
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	317,078.	1	261,452.
	2 Savings and temporary cash investments	7,181,464.	2	7,470,577.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	19,569.	4	0.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net	80,000.	7	100,000.
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	875.	9	875.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,986,897.		
	b Less: accumulated depreciation	10b 512,551.	10c	1,474,346.
	11 Investments - publicly traded securities	1,013,395.	11	1,251,302.
	12 Investments - other securities. See Part IV, line 11	23,422,804.	12	28,038,026.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	33,570,735.	16	38,596,578.	
Liabilities	17 Accounts payable and accrued expenses	55,531.	17	59,074.
	18 Grants payable	32,500.	18	27,000.
	19 Deferred revenue	20,221.	19	32,268.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26 Total liabilities. Add lines 17 through 25	108,252.	26	118,342.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,442,424.	27	12,647,820.
	28 Net assets with donor restrictions	22,020,059.	28	25,830,416.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	33,462,483.	32	38,478,236.
	33 Total liabilities and net assets/fund balances	33,570,735.	33	38,596,578.

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,553,727.
2	Total expenses (must equal Part IX, column (A), line 25)	2	6,139,339.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,414,388.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	33,462,483.
5	Net unrealized gains (losses) on investments	5	601,365.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	38,478,236.

Part XII Financial Statements and Reporting

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

- 1 Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2023)

SCHEDULE A
(Form 990)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
Attach to Form 990 or Form 990-EZ.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations 1

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
BATON ROUGE AREA FOUNDATION	72-6030391	7	X		5,607,327.	
Total					5,607,327.	0.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2022. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 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 organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. 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		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2019, (b) 2020, (c) 2021, (d) 2022, (e) 2023, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on 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.)

14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2023 (line 8, column (f), divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2022 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2022 Schedule A, Part III, line 17 18 %

19a 33 1/3% support tests - 2023. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2022. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

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? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>	X	
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		X
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		X
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		X
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
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)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		X
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?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
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? <i>If "Yes," provide detail in Part VI.</i>		X
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		X
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		X
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		X
10a 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)? <i>If "Yes," answer line 10b below.</i>		X
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		X
b A family member of a person described on line 11a above?		X
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If "No," describe in Part VI 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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	X	
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? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.</i>		X

Section 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 of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3 By reason of the relationship described on line 2, above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).		
2 Activities Test. Answer lines 2a and 2b below.		
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? <i>If "Yes," then in Part VI identify those supported organizations and explain 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.</i>		
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer lines 3a and 3b 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? <i>If "Yes" or "No" provide details in Part VI.</i>		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in Part VI*). **See instructions.**
 All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (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 (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):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>):		
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 0.015 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 0.035.	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 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

Schedule B
(Form 990)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

Attach to Form 990, 990-EZ, or 990-PF.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000; or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2023)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	<u>A 1 ELECTRICAL CONTRACTORS INC.</u> <u>2783 LAPALCO BLVD</u> <u>HARVEY, LA 70058</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	<u>ALL STAR ELECTRIC, INC.</u> <u>1208 BERT STREET</u> <u>LA PLACE, LA 70068</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	<u>AMPIRICAL SOLUTIONS, LLC</u> <u>1654 OCHSNER BOULEVARD</u> <u>COVINGTON, LA 70433</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	<u>ANIMAL MEDICAL AND SURGICAL HOSPITAL</u> <u>3001 NORTH CAUSEWAY BOULEVARD</u> <u>METAIRIE, LA 70002-4830</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	<u>ARCOSA</u> <u>POST OFFICE BOX 561905</u> <u>DALLAS, TX 75356</u>	\$ <u>6,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	<u>ATRS D&G LLC</u> <u>10739 WEST LITTLE YORK ROAD SUITE 100</u> <u>HOUSTON, TX 77041</u>	\$ <u>6,681.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	BAKER, BRIAN W. 1204 BLUFF DRIVE SLIDELL, LA 70461	\$ 100,249.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
8	BAKER, HEATHER 1540 HORSESHOE ROAD WEST AMITE, LA 70422	\$ 5,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	BIPPO'S NORTHSHORE LLC 2960 GAUSE BLVD. EAST SLIDELL, LA 70461	\$ 6,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10	BLUE CROSS AND BLUE SHIELD 5525 REITZ AVENUE BATON ROUGE, LA 70809	\$ 30,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
11	BONSON, SCOTT 255 HIGHLAND BLUFF DRIVE SLIDELL, LA 70461	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	BOUDREAUX, WILL 1155 HWY 190 EAST SERVICE RD #200 COVINGTON, LA 70433	\$ 100,986.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	<u>BROOKS HIGHWAY GROUP, INC.</u> <u>70393 BRAVO STREET</u> <u>COVINGTON, LA 70433</u>	\$ <u>20,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
14	<u>CADENCE INSURANCE</u> <u>PO BOX 3809</u> <u>BATON ROUGE, LA 70821-3809</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
15	<u>CALLAIS, VIRGINIA</u> <u>1131 SOUTH TYLER STREET</u> <u>COVINGTON, LA 70433</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
16	<u>CARPENTER, TIMOTHY L</u> <u>11276 DAMIANO ROAD</u> <u>FOLSOM, LA 70437</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
17	<u>CF OF ACADIANA/JC & FERN MOSS FUND</u> <u>MR. JOSEPH C. MOSS II POST OFFICE BOX</u> <u>80145</u> <u>LAFAYETTE, LA 70598</u>	\$ <u>180,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
18	<u>CHARLIE RICK INVESTMENTS LLC</u> <u>70042 NANCY ROAD</u> <u>MANDEVILLE, LA 70741</u>	\$ <u>5,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	CHEVRON PRODUCTS COMPANY 6001 BOLLINGER CANYON ROAD BUILDING E 2ND FLOOR SAN RAMON, CA 94583	\$ 70,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
20	CHILDREN'S ADVOCACY CENTER HOPE HOUSE POST OFFICE BOX 1852 COVINGTON, LA 70434	\$ 30,837.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
21	CHRISTWOOD 100 CHRISTWOOD BOULEVARD COVINGTON, LA 70433	\$ 2,317,929.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
22	CITY OF MANDEVILLE 3101 EAST CAUSEWAY APPROACH MANDEVILLE, LA 70448-3592	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
23	CLARY, MAUREEN 728 EAST INDEPENDENCE AVENUE COVINGTON, LA 70433	\$ 5,100.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
24	CLECO POWER LLC POST OFFICE BOX 5000 PINEVILLE, LA 71361-5000	\$ 6,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	<u>COMMCARE CORPORATION</u> <u>950 WEST CAUSEWAY APPROACH</u> <u>MANDEVILLE, LA 70471</u>	\$ <u>10,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
26	<u>CORY, STEPHEN</u> <u>144 SANCTURAY DRIVE</u> <u>MANDEVILLE, LA 70471</u>	\$ <u>25,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
27	<u>CRAWFISH COOKING INC.</u> <u>1163 RUE BAYONNE</u> <u>MANDEVILLE, LA 70471-1224</u>	\$ <u>15,000.</u>	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
28	<u>DERENBECKER, JOHN F</u> <u>34 WELDON CIRCLE</u> <u>PONCHATOULA, LA 70454</u>	\$ <u>8,592.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
29	<u>DERENBECKER, JOHN F</u> <u>34 WELDON CIRCLE</u> <u>PONCHATOULA, LA 70454</u>	\$ <u>15,941.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
30	<u>DERENBECKER, JOHN F</u> <u>34 WELDON CIRCLE</u> <u>PONCHATOULA, LA 70454</u>	\$ <u>7,852.</u>	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	DERENBECKER, JOHN F 34 WELDON CIRCLE PONCHATOULA, LA 70454	\$ 15,548.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
32	DERENBECKER, JOHN F 34 WELDON CIRCLE PONCHATOULA, LA 70454	\$ 260.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
33	DERENBECKER, JOHN F 34 WELDON CIRCLE PONCHATOULA, LA 70454	\$ 142.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
34	DERENBECKER, JOHN F 34 WELDON CIRCLE PONCHATOULA, LA 70454	\$ 146.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
35	DERENBECKER, JOHN F 34 WELDON CIRCLE PONCHATOULA, LA 70454	\$ 138.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
36	DERENBECKER, JOHN F 34 WELDON CIRCLE PONCHATOULA, LA 70454	\$ 375.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37	DERENBECKER, JOHN F 34 WELDON CIRCLE PONCHATOULA, LA 70454	\$ 373.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
38	DERENBECKER, JOHN F 34 WELDON CIRCLE PONCHATOULA, LA 70454	\$ 142.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
39	DERENBECKER, JOHN F 34 WELDON CIRCLE PONCHATOULA, LA 70454	\$ 262.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
40	DERENBECKER, JOHN F 34 WELDON CIRCLE PONCHATOULA, LA 70454	\$ 121.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
41	DERENBECKER, JOHN F 34 WELDON CIRCLE PONCHATOULA, LA 70454	\$ 394.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
42	EWE, LLC 109 NORTH PARK BOULEVARD SUITE 300 COVINGTON, LA 70433	\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	FALKENSTEIN, BRUCE 1101 NORTH HIGHWAY 190 COVINGTON, LA 70433	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
44	FINAN JR., JOHN J. 15532 MILLOIT LANE SOUTH COVINGTON, LA 70433	\$ 25,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
45	FIRST HORIZON BANK POST OFFICE BOX 1778 MEMPHIS, TN 38101	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
46	FISHMAN HAYGOOD LLP 201 SAINT CHARLES AVENUE SUITE 4600 NEW ORLEANS, LA 70170	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
47	FMOL POST OFFICE BOX 83880 BATON ROUGE, LA 70884	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
48	FOSTER LIVING TRUST 468 EAST CHASE COURT MANDEVILLE, LA 70448	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49	FOSTER, CHRISTINE E. 468 CHASE COURT EAST MANDEVILLE, LA 70448	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
50	GALLO MECHANICAL LLC 4141 BIENVILLE STREET SUITE 100 NEW ORLEANS, LA 70119	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
51	GARDNER, KEVIN M. 2441 LAKESHORE DRIVE MANDEVILLE, LA 70448	\$ 201,015.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
52	GENSLER, LAWRENCE 11 RIVERBEND LANE COVINGTON, LA 70433	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
53	GULF COAST BANK & TRUST 201 NORTH CARROLLTON AVENUE NEW ORLEANS, LA 70119-5108	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
54	GUTTERMAN, KATHRYN KITE 85 CARDINAL LANE MANDEVILLE, LA 70471	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
55	HANCOCK WHITNEY BANK 701 POYDRAS STREET, SUITE 1500 NEW ORLEANS, LA 70139	\$ 5,250.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
56	IMPACTASSETS / KAHLLOWAY FUND MARK HOLLOWAY AND DAVID KAHL 1311 SOUTHEAST YUKON STREET PORTLAND, OR 97202	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
57	JACKSON, ELIZABETH 75757 HIGHWAY 1082 COVINGTON, LA 70435	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
58	JAEGER FOUNDATION POST OFFICE BOX 6917 METAIRIE, LA 70009	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
59	JP MORGAN CHASE 451 FLORIDA BOULEVARD, SUITE B110 BATON ROUGE, LA 70801	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
60	KENT DESIGN BUILD INC. 1875 HIGHWAY 59 MANDEVILLE, LA 70448	\$ 154,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61	KRONLAGE, DAVE 512 LOGAN ISLAND COURT SLIDELL, LA 70458	\$ 203,019.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
62	LADNER, C J 425 EAST 10TH AVENUE COVINGTON, LA 70433	\$ 7,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
63	LAKE LEE LEASING, LLC 74 WEST LAKE LEE ROAD GREENVILLE, MS 38701	\$ 5,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
64	LAKEVIEW REGIONAL MEDICAL 95 JUDGE TANNER BLVD. COVINGTON, LA 70433	\$ 7,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
65	LAND TRUST FOR LOUISIANA 102 NORTH HOLLY STREET #3352 HAMMOND, LA 70401	\$ 100,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
66	LARRY LOYD CONSTRUCTION COMPANY, INC. 69315 HIGHWAY 59 ABITA SPRINGS, LA 70420	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
67	LAVIN, SUZANNE K. 117 RIVERDALE DRIVE COVINGTON, LA 70433	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
68	LEBLANC PEDIATRICS, LLC 1100 NORTH CAUSEWAY BLVD., SUITE 104 MANDEVILLE, LA 70471	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
69	LEGACY GMC SLIDELL 293 EAST HOWZE BEACH ROAD SLIDELL, LA 70461	\$ 8,750.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
70	LPL FINANCIAL 4707 EXECUTIVE DRIVE SAN DIEGO, CA 92121-3091	\$ 6,739.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
71	LUCIA DE CONZ FOUNDATION C/O DIEGO CAGOL 724 EAST BOSTON STREET COVINGTON, LA 70433	\$ 978,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
72	MARSALA, CHARLES E. 3302 MONTEIGNE PLACE MONROE, LA 71201	\$ 6,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73	MASS MUTUAL 3838 N CAUSEWAY BOULEVARD SUITE 3400 METAIRIE, LA 70002-8194	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
74	MAURIN, JAMES E 425 NOTRE DAME STREET APARTMENT 601 NEW ORLEANS, LA 70130-3965	\$ 35,179.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
75	MITCHELL, THOMAS POST OFFICE BOX 1852 COVINGTON, LA 70434	\$ 29,898.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
76	OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY BH607 PHILANTHROPY DEPARTMENT NEW ORLEANS, LA 70121	\$ 11,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
77	RESOURCE BANK 70533 HIGHWAY 21 COVINGTON, LA 70433	\$ 5,200.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
78	REV 913 BURNSIDE AVENUE GONZALES, LA 70737	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79	RICHARD, TODD 150 NORTH NEW HAMPSHIRE STREET COVINGTON, LA 70433	\$ 22,764.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
80	RICHARD, TODD 150 NORTH NEW HAMPSHIRE STREET COVINGTON, LA 70433	\$ 22,296.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
81	ROSS DOWNING BUICK GMC CADILLAC LLC 1301 SOUTH MORRISON BLVD. HAMMOND, LA 70403	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
82	ROSS DOWNING BUICK GMC OF GONZALES POST OFFICE BOX 2908 HAMMOND, LA 70404	\$ 110,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
83	ROSS DOWNING CHEVROLET INC. POST OFFICE BOX 2908 HAMMOND, LA 70404	\$ 120,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
84	S & W PAYROLL SERVICES (NETCHEX) 1155 HWY 190 EAST SERVICE ROAD SUITE 2 COVINGTON, LA 70433	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85	SAXTON, EVELYN 5200 SOUTH HARRAH ROAD NEWALLA, OK 74857	\$ 10,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
86	SCHEGA, RICHARD 3838 N CAUSEWAY BOULEVARD SUITE 3400 METAIRIE, LA 70002	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
87	SCP DISTRIBUTORS, LLC 109 NORTHPARK BOULEVARD 4TH FLOOR COVINGTON, LA 70433	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
88	SIBLEY, SHELL B. 89 SUNFLOWER DRIVE SANTA FE, NM 87506	\$ 24,831.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
89	SLIDELL NORTHSHORE ROTARY POST OFFICE BOX 4158 SLIDELL, LA 70459	\$ 5,063.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
90	SONGY, GERALD E. 3147 EAST LAKESHORE DRIVE BATON ROUGE, LA 70808	\$ 19,061.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91	ST. TAMMANY PARISH GOVERNMENT POST OFFICE BOX 628 COVINGTON, LA 70434	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
92	ST. TAMMANY PARISH HOSPITAL 1202 SOUTH TYLER STREET COVINGTON, LA 70433	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
93	ST. TAMMANY PARISH LIBRARY 1112 WEST 21ST AVENUE COVINGTON, LA 70433	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
94	ST. TAMMANY PARISH TOURIST AND CONVENTION 68099 HIGHWAY 59 MANDEVILLE, LA 70471-7501	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
95	STIRLING PROPERTIES LLC 109 NORTH PARK BOULEVARD SUITE 300 COVINGTON, LA 70433	\$ 8,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
96	STOGNER, TILLMAN S. 11451 DUTCH STOGNER ROAD BOGALUSA, LA 70427	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97	SUMMERS LEGACY FOUNDATION INC. 3436 MAGAZINE STREET, #621 NEW ORLEANS, LA 70115	\$ 30,319.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
98	THE REMINDING COFFEE COMPANY LLC 73 SOUTH TYLER STREET SUITE 201 COVINGTON, LA 70433	\$ 5,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
99	TRIST, WILLIAM 50 DOGWOOD DRIVE COVINGTON, LA 70433	\$ 2,788.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
100	TRIST, WILLIAM 50 DOGWOOD DRIVE COVINGTON, LA 70433	\$ 4,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
101	VIDRINE PH.D., JACQUELINE POST OFFICE BOX 1401 MANDEVILLE, LA 70470	\$ 6,112.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
102	WHOLESALE ELECTRIC SUPPLY CO. 4040 GULF FREEWAY HOUSTON, TX 77004	\$ 5,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
7	1,601 SHARES MERRILL LYNCH/BAKER	\$ 100,249.	12/26/23
12	430 SHARES OF AUTOMATIC DATA PROCESSING INC.	\$ 100,986.	12/18/23
28	136.287 UNITS OF AMERICAN FUNDS THE GROWTH FUND OF AMERICA; A	\$ 8,592.	12/22/23
29	317.604 UNITS OF AMERICAN FUNDS INVESTMENT COMPANY OF AMERICA; A	\$ 15,941.	12/22/23
30	141.327 UNITS OF AMERICAN FUNDS NEW PERSPECTIVE FUND CLASS A	\$ 7,852.	12/22/23
31	273.351 UNITS OF AMERICAN FUNDS WASHINGTON MUTUAL INVESTORS FUND CLASS A	\$ 15,548.	12/22/23

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
32	21.62 UNITS OF PGIM TOTAL RETURN BOND R6	\$ 260.	12/26/23
33	5.886 UNITS OF CHAMPLAIN MID CAP FUND; INSTITUTIONAL	\$ 142.	12/26/23
34	2.755 UNITS OF INVESCO GLOBAL OPPORTUNITIES R6	\$ 146.	12/26/23
35	8.316 UNITS OF AMERICAN FUNDS CAPITAL WORLD BOND F3	\$ 138.	12/26/23
36	5.248 UNITS OF AMERICAN FUNDS FUNDAMENTAL INVESTORS	\$ 375.	12/26/23
37	5.67 UNITS OF T. ROWE PRICE LRG CP GR I	\$ 373.	12/26/23

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
38	7.069 UNITS OF JPMORGAN SMALL CAP GROWTH FUND	\$ 142.	12/26/23
39	25.371 UNITS OF JPMORGAN CORE BOND FUND	\$ 262.	12/26/23
40	1.628 UNITS OF AMERICAN FUNDS NEW WORLD F3	\$ 121.	12/26/23
41	9.926 UNITS OF PGIM JENNISON GLOBAL OPPORTUNITIES R6	\$ 394.	12/26/23
51	465 UNITS OF SPDR S&P 500 ETF TRUST	\$ 201,015.	10/09/23
61	426 SHARES OF NVIDIA CORP.	\$ 203,019.	12/12/23

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
75	54 SHARES OF CINTAS CORP _____ _____ _____	\$ 29,898.	12/20/23
79	100 SHARES OF NVIDIA CORP. _____ _____ _____	\$ 22,764.	02/15/23
80	49 SHARES OF NVIDIA CORP. _____ _____ _____	\$ 22,296.	12/06/23
88	228 UNITS OF ISHARES U.S. TECHNOLOGY ETF _____ _____ _____	\$ 24,831.	09/12/23
90	255 UNITS OF BROWN CAPITAL MANAGEMENT SMALL COMPANY FUND _____ _____ _____	\$ 19,061.	09/20/23
99	17 SHARES JP MORGAN CHASE & CO. _____ _____ _____	\$ 2,788.	12/31/23

Name of organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

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.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization **NORTHSHORE COMMUNITY FOUNDATION** Employer identification number **61-1517784**

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year	62	14
2 Aggregate value of contributions to (during year)	2,280,997.	3,781,988.
3 Aggregate value of grants from (during year)	1,806,321.	1,688,465.
4 Aggregate value at end of year	10,415,750.	21,111,448.
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included on line 2a	2c
d Number of conservation easements included on line 2c acquired after July 25, 2006, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year _____

4 Number of states where property subject to conservation easement is located _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year _____

8 Does each conservation easement reported on line 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items.

(i) Revenue included on Form 990, Part VIII, line 1 \$ _____

(ii) Assets included in Form 990, Part X \$ 42,060.

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items:

a Revenue included on Form 990, Part VIII, line 1 \$ _____

b Assets included in Form 990, Part X \$ _____

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2023

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

- 3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply).
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

- 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII

Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	594,289.	606,399.	494,424.	482,266.	394,586.
b Contributions	5,884.	5,000.	106,140.	2,500.	74,000.
c Net investment earnings, gains, and losses	12,256.	-11,582.	21,589.	10,105.	14,013.
d Grants or scholarships	5,000.	5,000.	15,263.		
e Other expenditures for facilities and programs					
f Administrative expenses	588.	528.	491.	447.	333.
g End of year balance	606,841.	594,289.	606,399.	494,424.	482,266.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 21.9677 %
 - b Permanent endowment 78.0323 %
 - c Term endowment _____ %
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|-----|----|
| (i) Unrelated organizations? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		1,400,422.	272,268.	1,128,154.
c Leasehold improvements		487,818.	195,127.	292,691.
d Equipment		98,657.	45,156.	53,501.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				1,474,346.

Part VII Investments - Other Securities

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENTS-OTH		
(B) SECS (DETAIL) - 990	28,038,026.	END-OF-YEAR MARKET VALUE
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	28,038,026.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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)	
Total. (Column (b) must equal Form 990, Part X, line 15, col. (B))	

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	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ...

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

1	Total revenue, gains, and other support per audited financial statements		1	5,790,912.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	601,365.	
b	Donated services and use of facilities	2b	42,671.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	204,011.	
e	Add lines 2a through 2d	2e		848,047.
3	Subtract line 2e from line 1	3		4,942,865.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b	5,610,862.	
c	Add lines 4a and 4b	4c		5,610,862.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5		10,553,727.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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

1	Total expenses and losses per audited financial statements		1	4,580,585.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	42,671.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	204,131.	
e	Add lines 2a through 2d	2e		246,802.
3	Subtract line 2e from line 1	3		4,333,783.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	117,072.	
b	Other (Describe in Part XIII.)	4b	1,688,484.	
c	Add lines 4a and 4b	4c		1,805,556.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5		6,139,339.

Part XIII Supplemental Information

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

PART X, LINE 2:

THE ACCOUNTING STANDARD ON ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES ADDRESSES THE DETERMINATION OF WHETHER TAX BENEFITS CLAIMED OR EXPECTED TO BE CLAIMED ON A TAX RETURN SHOULD BE RECORDED IN THE FINANCIAL STATEMENTS. UNDER THIS GUIDANCE, NCF MAY RECOGNIZE THE TAX BENEFIT FROM AN UNCERTAIN TAX POSITION ONLY IF IT IS MORE LIKELY THAN NOT THAT THE TAX POSITION WILL BE SUSTAINED ON EXAMINATION BY TAXING AUTHORITIES, BASED ON THE TECHNICAL MERITS OF THE POSITION. THERE WERE NO UNRECOGNIZED TAX BENEFITS IDENTIFIED OR RECORDED AS LIABILITIES FOR THE YEAR ENDED DECEMBER 31, 2023.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

Part XIII Supplemental Information (continued)

RENTAL EXPENSES	45,688.
FUNDRAISING EXPENSES	158,323.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	204,011.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

ORGANIZATIONAL FUND GIFTS	3,781,988.
ORGANIZATIONAL LOSSES	1,828,874.
TOTAL TO SCHEDULE D, PART XI, LINE 4B	5,610,862.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES	45,688.
FUNDRAISING EXPENSES	158,323.
DEPRECIATION ADJUSTMENT	120.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	204,131.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

ORGANIZATIONAL FUND GRANTS	1,688,465.
ORGANIZATIONAL FUND EXPENSE ADJUSTMENTS	19.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,688,484.

**SCHEDULE F
(Form 990)**

Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization: **NORTHSHORE COMMUNITY FOUNDATION**
Employer identification number: **61-1517784**

Part I General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers.** Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 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.
- 3 Activities per Region.** (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
CENTRAL AMERICA AND THE CARIBBEAN	0	0	INVESTMENT		4,016,565.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	INVESTMENT		2,689,409.
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTMAKING		976,902.
3 a Subtotal	0	0			7,682,876.
b Total from continuation sheets to Part I	0	0			0.
c Totals (add lines 3a and 3b)	0	0			7,682,876.

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
			TO CARRY OUT ACTIVITIES THAT EDUCATE INDIVIDUALS ON THE DIFFERENT	976,902.		0.		

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

SEE PART V FOR COLUMN (D) DESCRIPTIONS

Part 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 the Instructions for Form 926)* Yes 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 the Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes 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 the 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 the Instructions for Form 8621)* Yes 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 the Instructions for Form 8865)* 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; 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 provide any additional information. See instructions.

Multiple horizontal lines for supplemental information.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		FMT CHARITABLE G (event type)	DFC DRIVING FORE GOLF TO (event type)	10 (total number)		
Revenue	1	Gross receipts	149,550.	107,086.	359,649.	616,285.
	2	Less: Contributions	76,350.	94,434.	239,193.	409,977.
	3	Gross income (line 1 minus line 2)	73,200.	12,652.	120,456.	206,308.
Direct Expenses	4	Cash prizes	26,000.			26,000.
	5	Noncash prizes	612.	10,745.	90,722.	102,079.
	6	Rent/facility costs	59,161.	25,732.	52,226.	137,119.
	7	Food and beverages		1,408.	15,796.	17,204.
	8	Entertainment			27,200.	27,200.
	9	Other direct expenses	4,438.	3,052.	28,500.	35,990.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				345,592.
11	Net income summary. Subtract line 10 from line 3, column (d)				-139,284.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No
 b If "Yes," explain: _____

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

**Open to Public
Inspection**

Name of the organization **NORTHSHORE COMMUNITY FOUNDATION** Employer identification number **61-1517784**

Part I General Information on Grants and Assistance

- 1** Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II 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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
18TH WARD 3329 BELL STREET NEW ORLEANS, LA 70119	84-2353703	501(C)(3) PUBLIC CHA	10,000.	0.			GENERAL SUPPORT
ADOPT A CHARGER, INC. 2408 VIA LA SELVA PALAO VERDES ESTATES, CA 90274	45-1608783	501(C)(3) PUBLIC CHA	125,000.	0.			SUPPORT CHARGE UP! NORTH SHORE WITH 12 ELECTRIC VEHICLE CHARGING STATIONS
BOYS & GIRLS CLUBS OF METRO LOUISIANA INC. - 8281 GOODWOOD BOULEVARD, SUITE C - BATON ROUGE, LA 70806-7742	72-0928014	501(C)(3) PUBLIC CHA	105,640.	0.			GENERAL SUPPORT
BRILLIANT MINDZ INC. POST OFFICE BOX 812 BOGALUSA, LA 70426	83-1107395	501(C)(3) PUBLIC CHA	7,973.	0.			GENERAL SUPPORT
CHESTERTON ACADEMY OF DIVINE MERCY POST OFFICE BOX 8769 MANDEVILLE, LA 70470	87-1521461	501(C)(3) PUBLIC CHA	17,537.	0.			PROVIDE CLASSICAL EDUCATION IN THE CATHOLIC TRADITION
CHILDREN'S ADVOCACY CENTER HOPE HOUSE - POST OFFICE BOX 1852 - COVINGTON, LA 70434	72-1271514	501(C)(3) PUBLIC CHA	33,498.	0.			GENERSL SUPPORT

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table _____
- 3** Enter total number of other organizations listed in the line 1 table _____

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2023

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTWOOD 100 CHRISTWOOD BOULEVARD COVINGTON, LA 70433	72-1192571	501(C)(3) PUBLIC	1,500,000.	0.			GENERAL SUPPORT
CHRISTWOOD FOUNDATION 100 CHRISTWOOD BOULEVARD COVINGTON, LA 70433	72-1336124	501(C)(3) PUBLIC	15,000.	0.			GENERAL SUPPORT INCLUDING BUDDIES FOR LIFE PROGRAM AND HURRICANE IDA RELATED PROGRAMS
COMMUNITY CHEST, INC 2220 EAST GABRIEL SQUARE LAKE CHARLES, LA 70611	26-2163645	501(C)(3) PUBLIC	5,715.	0.			SUPPORT THE PURCHASE OF 100 CRIBETTS
COVENANT HOUSE NEW ORLEANS 611 NORTH RAMPART STREET NEW ORLEANS, LA 70112	58-1669937	501(C)(3) PUBLIC	16,000.	0.			GENERAL SUPPORT INCLUDING CHRISTMAS GIFTS AND THE 2023 SLEEP OUT
COVINGTON PRESBYTERIAN CHURCH 222 S. JEFFERSON AVENUE COVINGTON, LA 70433	72-0628311	RELIGIOUS ORGANI	10,000.	0.			GENERAL SUPPORT
DAYSTAR COUNSELING MINISTRIES INC. 2801 AZALEA PLACE NASHVILLE, TN 37204	62-1244203	501(C)(3) PUBLIC	15,000.	0.			GENERAL SUPPORT
EAST ST. TAMMANY HABITAT FOR HUMANITY - POST OFFICE BOX 2952 - SLIDELL, LA 70459	72-1204556	501(C)(3) PUBLIC	7,000.	0.			GENERAL SUPPORT INCLUDING YOU CAN-WRITE YOUR OWN REALITY CHECK YOUTH WORKSHOP
FALLEN LINEMAN ORGANIZATION POST OFFICE BOX 1453 MADISONVILLE, LA 70447	46-2794268	501(C)(3) PUBLIC	15,000.	0.			GENERAL SUPPORT
FAMILY PROMISE OF ST. TAMMANY PARISH - 23464 S. ROBIN ROAD - MANDEVILLE, LA 70448	35-2489888	501(C)(3) PUBLIC	13,500.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FELLOWSHIP CHURCH POST OFFICE BOX 467 PRAIRIEVILLE, LA 70769	46-0477804	RELIGIOUS ORGANI	28,000.	0.			GENERAL SUPPORT
FIRST BAPTIST CHRISTIAN SCHOOL 4141 PONTCHARTRAIN DRIVE SLIDELL, LA 70458	72-0496863	RELIGIOUS ORGANI	150,000.	0.			SUPPORT THE CAPITAL CAMPAIGN
FIRST BAPTIST CHURCH COVINGTON 16333 HIGHWAY 1085 COVINGTON, LA 70433	72-0636568	RELIGIOUS ORGANI	209,867.	0.			GENERAL SUPPORT AND TO PROVIDE ASSISTANCE DISABLED INDIVIDUALS
FRIENDS OF WWOZ INC. POST OFFICE BOX 51840 NEW ORLEANS, LA 70151	58-1702220	501(C)(3) PUBLIC	10,000.	0.			GENERAL SUPPORT
GIRLS ON THE RUN SOUTH LOUISIANA 2041 PERKINS ROAD BATON ROUGE, LA 70808	27-0832549	501(C)(3) PUBLIC	7,000.	0.			GENERAL SUPPORT
HABITAT FOR HUMANITY ST. TAMMANY WEST - 1400 NORTH LANE - MANDEVILLE, LA 70471	72-0921695	501(C)(3) PUBLIC	11,080.	0.			GENERAL SUPPORT INCLUDING SPONSORSHIP OF THE WOMEN BUILD
HOSPICE FOUNDATION OF THE SOUTH, INC. - POST OFFICE BOX 5806 - SLIDELL, LA 70469	72-1484313	501(C)(3) PUBLIC	6,300.	0.			GENERAL SUPPORT
HOUSEHOLD OF FAITH CHURCH INC. POST OFFICE BOX 190 ST. AMANT, LA 70774	72-0846348	501(C)(3) PUBLIC	28,000.	0.			GENERAL SUPPORT
LAND TRUST FOR LOUISIANA 102 NORTH HOLLY STREET #3352 HAMMOND, LA 70401	35-2239029	501(C)(3) PUBLIC	156,567.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LCMC HEALTH CHILDREN'S HOSPITAL INC. - 200 HENRY CLAY AVENUE, DEVELOPMENT DEPARTMENT - NEW ORLEANS, LA 70118-5720	72-0467503	501(C)(3) PUBLIC	13,700.	0.			GENERAL SUPPORT
LOUISIANA FRATERNAL ORDER OF POLICE FOUNDATION - POST OFFICE BOX 1479 - ABITA SPRINGS, LA 70420	20-3484575	501(C)(3) PUBLIC	10,000.	0.			SUPPORT THE CRESCENT CITY LODGE NO.2
LSU FOUNDATION 3796 NICHOLSON DRIVE BATON ROUGE, LA 70802	72-6020969	501(C)(3) PUBLIC	7,000.	0.			GENERAL SUPPORT INCLUDING THE MEMORIAL TOWER MUSEUM
MANRESA HOUSE OF RETREATS POST OFFICE BOX 89 CONVENT, LA 70723	72-0471381	RELIGIOUS ORGANI	10,000.	0.			GENERAL SUPPORT INCLUDING THE INSURANCE FUND
MARY BIRD PERKINS CANCER CENTER 1203 SOUTH TYLER STREET COVINGTON, LA 70433	23-7010520	501(C)(3) PUBLIC	50,315.	0.			GENERAL SUPPORT INCLUDING THE THERAPEUTIC FOOD PANTRY IN ST TAMMANY PARISH
MARY QUEEN OF PEACE ROMAN CATHOLIC CHURCH - 1501 WEST CAUSEWAY APPROACH - MANDEVILLE, LA 70471	72-1139896	RELIGIOUS ORGANI	10,000.	0.			GENERAL SUPPORT
MOUNT VERNON PRESBYTERIAN SCHOOL INC. - 510 MOUNT VERNON HWY NE - ATLANTA, GA 30328	58-2054415	501(C)(3) PUBLIC	115,500.	0.			SUPPORT THE SCOREBOARD AND MOUNT VERNON AND ATHLETICS
NAMI ST. TAMMANY POST OFFICE BOX 2055 MANDEVILLE, LA 70470	58-1866671	501(C)(3) PUBLIC	83,100.	0.			GENERAL SUPPORT INCLUDING THE WELLCONNECTED PROGRAM
NATIONAL WORLD WAR II MUSEUM INC. 945 MAGAZINE STREET NEW ORLEANS, LA 70130	72-1200790	501(C)(3) PUBLIC	185,000.	0.			GENERAL SUPPORT INCLUDING THE BRING HER HOME CAMPAIGN

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW ORLEANS MISSION INC. POST OFFICE BOX 56565 NEW ORLEANS, LA 70156	72-1151696	501(C)(3) PUBLIC	50,750.	0.			GENERAL SUPPORT
NORTH CAROLINA COMMUNITY FOUNDATION - 3737 GLENWOOD AVENUE, SUITE 460 - RALEIGH, NC 27612	58-1661700	501(C)(3) PUBLIC	20,000.	0.			SUPPORT THE MOUNTAINTOP SCHOLARSHIP FUND
NORTHSHORE FOOD BANK 125 WEST 30TH AVENUE COVINGTON, LA 70433	72-1028539	501(C)(3) PUBLIC	34,900.	0.			GENERAL SUPPORT INCLUDING THE KIDS WEEKEND FOOD BAG PROGRAM
NORTHSHORE ROBOTICS 1 ST. ANN DR., P. O. BOX 2579 MANDEVILLE, LA 70470	84-4684029	501(C)(3) PUBLIC	8,000.	0.			PURCHASE EQUIPMENT FOR TRAINING AT FPJDC
OCHSNER CLINIC FOUNDATION 1514 JEFFERSON HIGHWAY, BH607 PHILANTHROPY DEPARTMENT - NEW ORLEANS, LA 701	72-0502505	501(C)(3) PUBLIC	26,000.	0.			GENERAL SUPPORT
OUR LADY OF THE LAKE CHURCH AND SCHOOL - 316 LAFITTE STREET - MANDEVILLE, LA 70448	72-0423650	RELIGIOUS ORGANI	6,000.	0.			GENERAL SUPPORT
OUR LADY OF THE MOUNTAINS CATHOLIC CHURCH - 315 NORTH 5TH STREET - HIGHLANDS, NC 28741	56-1192441	501(C)(3) PUBLIC	10,000.	0.			SUPPORT OF CAPITAL CAMPAIGN
PHI MU FOUNDATION 400 WESTPARK DRIVE PEACHTREE CITY, GA 30269	62-6042543	501(C)(3) PUBLIC	10,000.	0.			SUPPORT OF ALPHA ETA EDUCATION FUND
POPE JOHN PAUL II HIGH SCHOOL 1901 JAGUAR DRIVE SLIDELL, LA 70461	72-0894550	501(C)(3) PUBLIC	18,165.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRO BONO PUBLICO FOUNDATION POST OFFICE BOX 531024 NEW ORLEANS, LA 70153-1024	61-1512587	501(C)(3) PUBLIC	5,500.	0.			GENERAL SUPPORT
RICH MAUTI CANCER FUND 304 PLANTATION DRIVE MANDVILLE, LA 70471	72-0934551	501(C)(3) PUBLIC	10,000.	0.			GENERAL SUPPORT
SCOTTS WISH INC. 742 MILLIKENS BEND COVINGTON, LA 70433	26-3566004	501(C)(3) PUBLIC	30,000.	0.			FND HOMES FOR 100 ANIMALS AND PROVIDE ANCILLARY SERVICES TO CANCER PATIENTS
SOLACE SEXUAL ASSAULT SERVICES 6601 VALENTINE WAY SANTA FE, NM 87507	85-0242274	501(C)(3) PUBLIC	10,000.	0.			GENERAL SUPPORT
ST. ALBERT CATHOLIC STUDENT CENTER 409 WEST DAKOTA STREET HAMMOND, LA 70401-2517	72-0550127	RELIGIOUS ORGANI	60,000.	0.			GENERAL SUPPORT
ST. ANSELM CATHOLIC CHURCH 505 PINE STREET MADISONVILLE, LA 70447	72-6015657	RELIGIOUS ORGANI	12,000.	0.			GENERAL SUPPORT
ST. CHARLES AVENUE PRESBYTERIAN CHURCH - 1545 STATE STREET - NEW ORLEANS, LA 70118	72-0423638	RELIGIOUS ORGANI	19,500.	0.			GENERAL SUPPORT INCLUDING PURCHASE OF NURSERY SCHOOL CHAIRS
ST. GENEVIEVE ROMAN CATHOLIC CHURCH - 58025 ST. GENEVIEVE LANE - SLIDELL, LA 70460	72-0597662	501(C)(3) PUBLIC	10,000.	0.			GENERAL SUPPORT
ST. TAMMANY CANCER FUND 807 NORTH COLUMBIA STREET COVINGTON, LA 70433	20-1059112	501(C)(3) PUBLIC	53,551.	0.			GENERAL SUPPORT

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. TAMMANY HOSPITAL FOUNDATION 1202 SOUTH TYLER STREET COVINGTON, LA 70433	37-1458857	501(C)(3) PUBLIC	17,840.	0.			GENERAL SUPPORT INCLUDING THE GRADUATE MEDICAL EDUCATION PROGRAM AND THE FLORAL SCULPTURE
ST. TAMMANY HUMANE SOCIETY DBA NORTHSHORE HUMANE SOCIETY - 20384 HARRISON AVENUE - COVINGTON, LA 70433	72-0543369	501(C)(3) PUBLIC	67,400.	0.			GENERAL SUPPORT AND SUPPORT OF THE CAPITAL CAMPAIGN
ST. TAMMANY PARISH DEVELOPMENT DISTRICT - 21489 KOOP DRIVE, SUITE 7 - MANDEVILLE, LA 70471	72-1243325	170(C)(1) GOVERN	300,178.	0.			GENERAL SUPPORT INCLUDING PREPARATION OF LOGISTICS PARK, DCI CONTRACT AND SITE SELECTORS GUILD,
ST. TAMMANY PARISH SCHOOL BOARD 130 CLEARWOOD DRIVE SLIDELL, LA 70458	72-6001305	170(C)(1) GOVERN	9,750.	0.			SUPPORT EQUIPMENT MAINTENANCE, PURCHASE OF TREES AND NEW EQUIPMENT, LEARNING
STEPHEN SILLER TUNNEL TO TOWERS FOUNDATION - 2361 HYLAN BOULEVARD - STATEN ISLAND, NY 10306	02-0554654	501(C)(3) PUBLIC	20,000.	0.			SUPPORT FALLEN FIRST RESPONDERS (POLICE, FIRE & EMT) AND MILITARY PERSONNEL.
THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND - POST OFFICE BOX 669394 - DALLAS, TX 75266-9394	72-0423889	501(C)(3) PUBLIC	17,000.	0.			SUPPORT THE DEAN'S DISCRETIONARY FUND, FREEMAN SCHOOL, AND TULANCE FAMILY LEADERSHIP
THE SAINT PAULS SCHOOL FOUNDATION 917 SOUTH JAHNCKE STREET COVINGTON, LA 70433	58-1638895	501(C)(3) PUBLIC	17,600.	0.			GENERAL SUPPORT
UNIVERSITY OF NEW ORLEANS FOUNDATION - WWNO PUBLIC RADIO - 2000 LAKESHORE DRIVE - NEW ORLEANS, LA 70148	72-1051326	501(C)(3) PUBLIC	10,300.	0.			GENERAL SUPPORT OF WWNO
UNIVERSITY OF OKLAHOMA FOUNDATION 100 W. TIMBERDELL ROAD NORMAN, OK 73019	73-6091755	501(C)(3) PUBLIC	10,000.	0.			SUPPORT THE WILLIAM R. "BILL" AUDAS ENDOWED SCHOLARSHIP FUND AND THE UNIVERSITY OF OKLAHOMA

Schedule I (Form 990)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WASHINGTON PARISH SCHOOL BOARD 1 DEMON CIRCLE FRANKLINTON, LA 70438	72-6001459	170(C)(1) GOVERN	11,400.	0.			PURCHASE SOUND EQUIPMENT FOR THE JR. HIGH AND HIGH SCHOOL CHORAL PROGRAM, NEW SCHOOL GARDEN, AND
WATTS OF LOVE 900 WARREN AVENUE, SUITE 3 DOWNERS GROVE, IL 60515	45-5404420	501(C)(3) PUBLIC	21,356.	0.			GENERAL SUPPORT INCLUDING THE NAVAJO NATION AND LIGHTS TO GHANA
YOUNG MENS CHRISTIAN ASSOCIATION OF BOGALUSA LOUISIANA - 411 AVENUE B - BOGALUSA, LA 70427	72-0441354	501(C)(3) PUBLIC	30,000.	0.			SUPPORT THE GIRLS WHO CODE PROGRAM

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIPS	0	0.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

CERTAIN GRANTS ARE MONITORED BY THE FOUNDATION. FOR GRANTS THAT ARE MONITORED, THE RECIPIENT ORGANIZATION MUST SUBMIT FISCAL ACCOUNTING AND NARRATIVE REPORTS ON THE USE OF THE GRANT AND THE IMPACT THAT THE GRANT MAY HAVE HAD ON THE COMMUNITY IT SERVES. REPORTING GUIDELINES ARE ESTABLISHED IN THE LETTER OF AWARD. A FINAL REPORT IS DUE WITHIN 60 DAYS OF THE COMPLETION OF THE PROJECT. IF THE PROJECT IS NOT COMPLETED WITHIN ONE YEAR, AN INTERIM REPORT IS DUE. GRANTS FROM DONOR-ADVISED FUNDS AS WELL AS ORGANIZATION FUNDS ARE NOT MONITORED.

Part IV Supplemental Information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT:

ST. TAMMANY PARISH DEVELOPMENT DISTRICT

(H) PURPOSE OF GRANT OR ASSISTANCE: GENERAL SUPPORT INCLUDING

PREPARATION OF LOGISTICS PARK, DCI CONTRACT AND SITE SELECTORS GUILD,

THRIVE-PROSPECT DEVELOPMENT, EQUITY FELLOWSHIP PROGRAM, AFRICAN AMERICAN

BUSINESS INITIATIVE, FACILITY EXPENSES, AND STARTUP PROGRAM

NAME OF ORGANIZATION OR GOVERNMENT: ST. TAMMANY PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT EQUIPMENT MAINTENANCE,

PURCHASE OF TREES AND NEW EQUIPMENT, LEARNING COMMUNITY CONCERT, AND A

SCHOOL GARDEN

NAME OF ORGANIZATION OR GOVERNMENT:

THE ADMINISTRATORS OF THE TULANE EDUCATIONAL FUND

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE DEAN'S DISCRETIONARY

FUND, FREEMAN SCHOOL, AND TULANCE FAMILY LEADERSHIP COUNCIL

NAME OF ORGANIZATION OR GOVERNMENT: UNIVERSITY OF OKLAHOMA FOUNDATION

(H) PURPOSE OF GRANT OR ASSISTANCE: SUPPORT THE WILLIAM R. "BILL" AUDAS

ENDOWED SCHOLARSHIP FUND AND THE UNIVERSITY OF OKLAHOMA ASSOCIATES

NAME OF ORGANIZATION OR GOVERNMENT: WASHINGTON PARISH SCHOOL BOARD

(H) PURPOSE OF GRANT OR ASSISTANCE: PURCHASE SOUND EQUIPMENT FOR THE JR.

HIGH AND HIGH SCHOOL CHORAL PROGRAM, NEW SCHOOL GARDEN, AND RISERS FOR

THE CHORAL PROGRAM

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2023

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 aren't 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 and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) LESLIE S LANDRY PRESIDENT & CEO	(i)	122,500.	15,000.	0.	15,165.	360.	153,025.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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 instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization: **NORTHSHORE COMMUNITY FOUNDATION**
Employer identification number: **61-1517784**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	10	747,294.	FMV
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (<u>AUCTION ITEMS</u>)	X	0	14,267.	FMV
26 Other (_____)				
27 Other (_____)				
28 Other (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part V, Donee Acknowledgement **29**

	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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2023

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

GRANTS, PROJECTS & PROGRAMS BENEFITTING THE NEEDY AND COMMUNITY AS A
WHOLE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

TO DEVELOP APPROPRIATE RESPONSES TO EMERGING OPPORTUNITIES AND
CHALLENGES, AND ELEVATE OUR WORK AND SHARE THE RESULTS WITH OUR
STAKEHOLDERS. WE PROUDLY SERVE ST. TAMMANY, WASHINGTON, TANGIPAOHA,
AND ST. HELENA PARISHES.

FORM 990, PART VI, SECTION A, LINE 7A:

THE BATON ROUGE AREA FOUNDATION, AS THE SUPPORTED ORGANIZATION, APPOINTS
THE DIRECTORS OF THE NORTHSHORE COMMUNITY FOUNDATION BOARD.

FORM 990, PART VI, SECTION B, LINE 11B:

AFTER COMPLETION OF IRS FORM 990, DRAFT COPIES ARE PROVIDED TO THE ENTIRE
BOARD OF DIRECTORS AND THE TREASURER OF THE FOUNDATION. THE TREASURER
REVIEW THE DRAFT FORM 990 AND NECESSARY CHANGES ARE MADE ON THE FORM. ONCE
ALL NECESSARY CHANGES ARE MADE AND THE TREASURER AGREES TO THE VERACITY OF
THE INFORMATION PRESENTED IN IT, IT WILL BE RECOMMENDED FOR APPROVAL BY THE
BOARD OF DIRECTORS. THE FORM WILL BE SIGNED BY THE PRESIDENT AND CEO (OR
OTHER APPROPRIATE REPRESENTATIVE OF THE FOUNDATION), DATED AND SUBMITTED TO
THE IRS BY THE FILING DEADLINE.

FORM 990, PART VI, SECTION B, LINE 12C:

IN CONNECTION WITH ANY ACTUAL OR POSSIBLE CONFLICTS OF INTEREST, AN

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
---	--

INTERESTED PERSONAL SHALL DISCLOSE THE EXISTENCE OF HIS OR HER FINANCIAL OR CONFLICTING INTEREST AND MUST BE GIVEN THE OPPORTUNITY TO DISCLOSE ALL MATERIAL FACTS TO THE DIRECTORS AND MEMBERS OF COMMITTEES WITH BOARD DELEGATED POWERS CONSIDERING THE PROPOSED TRANSACTION OR ARRANGEMENT. AFTER DISCLOSURE OF THE FINANCIAL OR CONFLICTING INTEREST AND ALL MATERIAL FACTS, AND AFTER ANY DISCUSSION WITH THE INTERSTED PERSON, HE OR SHE SHALL LEAVE THE BOARD OR COMMITTEE MEETING WHILE THE DETERMINATION OF A CONFLICT OF INTEREST IS DISCUSSED AND VOTED UPON. THE REMAINING BOARD OR COMMITTEE MEMBERS SHALL DECIDE IF A CONFLICT OF INTEREST EXISTS. THE CHAIRPERSON OF THE BOARD OR COMMITTEE TO INVESTIGATE ALTERNATIVES TO THE PROPOSED TRANSACTION, ARRANGEMENT, OR RELATIONSHIP. AFTER EXERCISING DUE DILIGENCE, THE BOARD OR COMMITTEE SHALL DETERMINE WHETHER THE FOUNDATION CAN OBTAIN A MORE ADVANTAGEOUS TRANSACTION, ARRANGEMENT, OR RELATIONSHIP WITH REASONABLE EFFORTS FROM A PERSON OR ENTITY THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST. IF A MORE ADVANTAGEOUS TRANSACTIONS, ARRANGEMENT, OR RELATIONSHIP IS NOT REASONABLY ATTAINABLE UNDER CIRCUMSTANCES THAT WOULD NOT GIVE RISE TO A CONFLICT OF INTEREST, THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER THE TRANSACTION OR ARRANGEMENT IS IN THE FOUNDATION'S BEST INTEREST AND FOR ITS OWN BENEFIT AND WHETHER THE TRANSACTION IS FAIR AND REASONABLE OT HTE FOUNDATION AND SHALL MAKE ITS DECISION AS TO WHETHER TO ENTER INTO THE TRANSACTION OR ARRANGMENT IN CONFORMITY WITH SUCH DETERMINATION.

FORM 990, PART VI, SECTION B, LINE 15A:

AN INDEPENDENT BOARD APPROVES THE CEO COMPENSAITON. OUTSIDE SOURCES OF INFORMATION INCLUDING FORM 990 OF OTHER ORGANIZATIONS ARE USED TO DETERMINE THE LEVEL AS WELL AS EXPECTATIONS. THE BOARD MAINTAINS CONTEMPORANEOUS DOCUMENTATION WITH RESPECT TO DELIVERATIONS AND DECISIONS REGARDING THE

Name of the organization

NORTHSHORE COMMUNITY FOUNDATION

Employer identification number

61-1517784

COMPENSATION ARRANGEMENT. THE CEO THEN SETS COMPENSATION FOR ALL OTHER STAFF.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS ARE AVAILABLE TO THE PUBLIC UPON REQUEST.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2023

Open to Public Inspection

Name of the organization **NORTHSHORE COMMUNITY FOUNDATION** Employer identification number **61-1517784**

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
BATON ROUGE AREA FOUNDATION - 72-6030391 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	GRANT MAKING	LOUISIANA	501(C)(3)	LINE 7	N/A		X
WILBUR MARVIN FOUNDATION - 58-2019715 450 MAIN STREET BATON ROUGE, LA 70802	SUPPORT ORG	LOUISIANA	501(C)(3)	LINE 11	BRBF		X
HELEN S. BARNES TRUST - 72-6092736 PO BOX 3038 MILWAUKEE, WI 53201	SUPPORT ORG	LOUISIANA	501(C)(3)	LINE 11	BRBF		X
E.J. & MARJORY OURSO FAMILY FOUNDATION - 72-1303806, PO BOX 690, DONALDSONVILLE, LA 70346	SUPPORT ORG	LOUISIANA	501(C)(3)	LINE 11	BRBF		X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2023

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled organization?	
						Yes	No
MILFORD WAMPOLD SUPPORT FOUNDATION - 72-1406374, 4171 ESSEN LANE, BATON ROUGE, LA 70809	SUPPORT ORG	LOUISIANA	501(C)(3)	LINE 11	BRAF		X
NEWTON B. THOMAS SUPPORT FOUNDATION - 30-0169264, 8183 W. EL CAJON, BATON ROUGE, LA 70815	SUPPORT ORG	LOUISIANA	501(C)(3)	LINE 11	BRAF		X
THE CREDIT BUREAU OF BR FOUNDATION - 20-0665987, PO BOX 82724, BATON ROUGE, LA 70884	SUPPORT ORG	LOUISIANA	501(C)(3)	LINE 11	BRAF		X
COMMUNITY FOUNDATION REALTY - 20-4265927 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	SUPPORT ORG	LOUISIANA	501(C)(3)	LINE 11	BRAF		X
THE JOHN W. BARTON FAMILY FOUNDATION - 72-1494869, PO BOX 1806, BATON ROUGE, LA 70821	SUPPORT ORG	LOUISIANA	501(C)(3)	LINE 11	BRAF		X
COMMUNITY FOUNDATION OF SOUTHWEST LA - 72-1508036, POST OFFICE BOX 3125, LAKE CHARLES, LA 70602	SUPPORT ORG	LOUISIANA	501(C)(3)	LINE 11	BRAF		X
EMPLOYEE ASSISTANCE FOUNDATION - 45-2478986 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	SUPPORT ORG	LOUISIANA	501(C)(3)	LINE 11	BRAF		X
CIVIC COLLABORATIVE FOUNDATION - 20-4146236 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	SUPPORT ORG	LOUISIANA	501(C)(3)	LINE 11	BRAF		X
LOUISIANA CLEAN ENERGY FUND - 92-3276764 100 NORTH STREET, SUITE 900 BATON ROUGE, LA 70802	SUPPORT ORG	LOUISIANA	501(C)(3)	LINE 11	BRAF		X

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
BCBC SHOPPES, LLC - 38-3993641, 450 MAIN STREET, BATON ROUGE, LA 70802	REAL ESTATE	LA	CPDC PROPERTIES	N/A				X	N/A		X	
5401 NORTH INVESTMENTS I, LLC - 38-4045235, 450 MAIN STREET, BATON ROUGE, LA 70802	REAL ESTATE	LA	CP REALTY TRUST	N/A				X	N/A		X	
5401 CFN I, LLC - 83-1285927 450 MAIN STREET BATON ROUGE, LA 70802	REAL ESTATE	LA	5401 NORTH INVESTMENTS I, LLC	N/A				X	N/A		X	
5401 NORTH INVESTMENTS III, LLC - 35-2647126, 450 MAIN STREET, BATON ROUGE, LA 70802	REAL ESTATE	LA	WMF					X	N/A		X	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
BON CARRE CPDC II, INC - 20-8661741 450 MAIN STREET BATON ROUGE, LA 70801	HOLDING CORP	LA	CP REALTY TRUST	C CORP					X
CHARITABLE REMAINDER TRUSTS (6) 100 NORTH STREET STE 900 BATON ROUGE, LA 70802	INVESTMENT	LA	N/A	TRUST					X
CHARITABLE REMAINDER TRUSTS (1) 100 NORTH STREET STE 900 BATON ROUGE, LA 70802	INVESTMENT	NC	N/A	TRUST					X
CHARITABLE REMAINDER TRUSTS (3) 100 NORTH STREET STE 900 BATON ROUGE, LA 70802	INVESTMENT	LA	N/A	TRUST					X
GRAY FOX MINERAL CORPORATION - 72-0779122 100 NORTH STREET STE 900 BATON ROUGE, LA 70802	INVESTMENT	LA	BRAF	S CORP					X

Part III Continuation of Identification of Related Organizations Taxable as a Partnership

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportion- ate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
CANCER FOCUS FUND - 83-2801543, 2450 HOLCOMBE BLVD, HOUSTON, TX 77021	INVESTMENT	LA	BRAF	N/A				X	N/A		X	
CPRT QOF I, LLC - 84-2069965 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST	N/A				X	N/A		X	
CPRT QOZB I, LLC - 84-2076325 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST	N/A				X	N/A		X	
CPRT QOZB II, LLC - 85-3162313, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST	N/A				X	N/A		X	
KANNAPOLIS CROSSING - 84-3924118, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST	N/A				X	N/A		X	
CPDC PROPERTIES, LP - 72-1553510, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST					X	N/A		X	
5401 NORTH, LLC - 20-8307307 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	WILBUR MARVIN FOUNDATION					X	N/A		X	
CPRT AMERICANA, LLC - 47-1677217, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST					X	N/A		X	
BCBC LAND, LLC - 26-2113124 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CPDC PROPERTIES					X	N/A		X	

Part IV Continuation of Identification of Related Organizations Taxable as a Corporation or Trust

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
FRONT STREET CONDOMINIUM ASSOCIATION, INC - 47-4003649, 450 MAIN STREET, BATON ROUGE, LA 70801	CONDO ASSOCIATION	LA	CP REALTY TRUST	C CORP					X
5401 NORTH COMMERCIAL OWNERS ASSOCIATION - 38-4094200, 3605 GLENWOOD AVE, STE 500, RALEIGH, NC 27612	COMMERCIAL ASSOCIATION	NC	CP REALTY TRUST	C CORP					X
COMMERCIAL PROPERTIES REALTY TRUST - 86-1086905, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	LA	WILBUR MARVIN FOUNDATION	C CORP					X
CAPITAL HOUSE HOTEL, LLC - 32-0105872 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	WILBUR MARVIN FOUNDATION	C CORP					X
COMMERCIAL PROPERTIES DEVELOPMENT CORP - 72-0594391, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE	LA	COMMERCIAL PROPERTIES MANAGEMENT	C CORP					X
COMMERCIAL PROPERTIES MANAGEMENT CORP - 72-0594389, 450 MAIN STREET, BATON ROUGE, LA 70801	REAL ESTATE MANAGEMENT	LA	WILBUR MARVIN FOUNDATION	C CORP					X
CPRT HE LLC 450 MAIN STREET BATON ROUGE, LA 70801	REAL ESTATE	LA	CP REALTY TRUST	C CORP					X

Part V 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.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)	X	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses	X	
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

COMMERCIAL PROPERTIES DEVELOPMENT CORP

DIRECT CONTROLLING ENTITY: COMMERCIAL PROPERTIES MANAGEMENT CORP

IRS E-file Signature Authorization for a Tax Exempt Entity

For calendar year 2023, or fiscal year beginning _____, 2023, and ending _____, 20____

2023

Department of the Treasury Internal Revenue Service

Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879TE for the latest information.

Name of filer NORTHSHORE COMMUNITY FOUNDATION EIN or SSN 61-1517784

Name and title of officer or person subject to tax MAUREEN CLARY SECRETARY

Part I Type of Return and Return Information

Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only.

Table with 10 rows (1a-10a) and 3 columns: Form type, checkbox, and amount field. Row 6a is checked with amount 0.

Part II Declaration and Signature Authorization of Officer or Person Subject to Tax

Under penalties of perjury, I declare that [X] I am an officer of the above entity or [] I am a person subject to tax with respect to (name of entity) _____, (EIN) _____ and that I have examined a copy of the 2023 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete.

PIN: check one box only

[X] I authorize HANNIS T. BOURGEOIS, LLP to enter my PIN 12345 Enter five numbers, but do not enter all zeros

as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

[] As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2023 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Signature of officer or person subject to tax

Date

Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

72126212345

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2023 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature

Date 11/15/24

ERO Must Retain This Form - See Instructions

Do Not Submit This Form to the IRS Unless Requested To Do So

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8879-TE (2023)

**Application for Extension of Time To File an Exempt Organization
Return or Excise Taxes Related to Employee Benefit Plans**

Department of the Treasury
Internal Revenue Service

File a separate application for each return.
Go to www.irs.gov/Form8868 for the latest information.

Electronic filing (e-file). You can electronically file Form 8868 to request up to a 6-month extension of time to file any of the forms listed below except for Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts. An extension request for Form 8870 must be sent to the IRS in a paper format (see instructions). For more details on the electronic filing of Form 8868, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-TE and Form 8879-TE for payment instructions.

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Part I - Identification

Type or Print	Name of exempt organization, employer, or other filer, see instructions. NORTHSHORE COMMUNITY FOUNDATION	Taxpayer identification number (TIN) 61-1517784
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 807 N COLUMBIA ST	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. COVINGTON, LA 70433	

Enter the Return Code for the return that this application is for (file a separate application for each return) 07

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 4720 (other than individual)	09
Form 4720 (individual)	03	Form 5227	10
Form 990-PF	04	Form 6069	11
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 8870	12
Form 990-T (trust other than above)	06	Form 5330 (individual)	13
Form 990-T (corporation)	07	Form 5330 (other than individual)	14
Form 1041-A	08		

• After you enter your Return Code, complete either Part II or Part III. Part III, including signature, is applicable only for an extension of time to file Form 5330.

• If this application is for an extension of time to file Form 5330, you must enter the following information.

Plan Name _____
 Plan Number _____
 Plan Year Ending (MM/DD/YYYY) _____

Part II - Automatic Extension of Time To File for Exempt Organizations (see instructions)

The books are in the care of **DEBORAH PICKELL**
100 NORTH STREET, SUITE 900 - BATON ROUGE, LA 70802

Telephone No. **225-387-6126** Fax No. _____

- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four-digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and TINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **NOVEMBER 15**, 20 **24**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 calendar year 20 **23** or
 tax year beginning _____, 20 _____, and ending _____, 20 _____

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

3a If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

2023

For calendar year 2023 or other tax year beginning _____, and ending _____

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Open to Public Inspection for 501(c)(3) Organizations Only

Department of the Treasury Internal Revenue Service

Form section A-F: Name of organization (NORTHSHORE COMMUNITY FOUNDATION), Employer identification number (61-1517784), Group exemption number, Book value of all assets at end of year (38,596,578).

Form section G-L: Check organization type (501(c) corporation), Check if filing only to claim, Check if a 501(c)(3) organization filing a consolidated return, Enter the number of attached Schedules A, During the tax year, was the corporation a subsidiary, The books are in care of (DEBORAH PICKELL).

Table for Part I: Total Unrelated Business Taxable Income. Rows 1-11 showing calculations from 0 to 0.

Table for Part II: Tax Computation. Rows 1-7 showing tax amounts from 0 to 0.

Table for Part III: Tax and Payments. Rows 1a-5 showing foreign tax credit, other credits, and total tax liability from 0 to 0.

Part III Tax and Payments (continued)			
6 a	Payments: Preceding year's overpayment credited to the current year	6a	
b	Current year's estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b	
c	Tax deposited with Form 8868	6c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	6d	
e	Backup withholding (see instructions)	6e	
f	Credit for small employer health insurance premiums (attach Form 8941)	6f	
g	Elective payment election amount from Form 3800	6g	
h	Payment from Form 2439	6h	
i	Credit from Form 4136	6i	
j	Other (see instructions)	6j	
7	Total payments. Add lines 6a through 6j	7	
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8	
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9	
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10	
11	Enter the amount of line 10 you want: Credited to 2024 estimated tax Refunded	11	

Part IV Statements Regarding Certain Activities and Other Information (see instructions)		Yes	No
1	At any time during the 2023 calendar year, did the organization have an interest in or a signature or other authority 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 country here _____		X
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3	Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		
4	Enter available pre-2018 NOL carryovers here \$ _____ Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5	Post-2017 NOL carryovers. Enter the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
	Business Activity Code		Available post-2017 NOL carryover
			\$
			\$
			\$
			\$
6 a	Reserved for future use		
b	Reserved for future use		

Part V Supplemental Information
Provide any additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.			
	Signature of officer	Date	Title	
			DEBORAH PICKELL	
Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed
	MICHELLE D. GARBIRAS, CPA		11/15/24	PTIN
	Firm's name	HANNIS T. BOURGEOIS, LLP		Firm's EIN
	Firm's address	2322 TREMONT DRIVE BATON ROUGE, LA 70809		72-0636725
			Phone no.	225-928-4770

May the IRS discuss this return with the preparer shown below (see instructions)? Yes No

FORM 990-T PARENT CORPORATION'S NAME AND IDENTIFYING NUMBER STATEMENT 1

CORPORATION'S NAME

IDENTIFYING NO

BATON ROUGE AREA FOUNDATION

72-6030391

**SCHEDULE O
(Form 1120)**

(Rev. December 2018)
Department of the Treasury
Internal Revenue Service

**Consent Plan and Apportionment Schedule
for a Controlled Group**

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-L, 1120-PC, 1120-REIT, or 1120-RIC.
▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
--	---

Part I Apportionment Plan Information

1 Type of controlled group:

- a Parent-subsidiary group
- b Brother-sister group
- c Combined group
- d Life insurance companies only

2 This corporation has been a member of this group:

- a For the entire year.
- b From _____, until _____.

3 This corporation consents and represents to:

- a Adopt an apportionment plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.
- b Amend the current apportionment plan. All the other members of this group are currently amending a previously adopted plan, which was in effect for the tax year ending _____, and for all succeeding tax years.
- c Terminate the current apportionment plan and not adopt a new plan. All the other members of this group are not adopting an apportionment plan.
- d Terminate the current apportionment plan and adopt a new plan. All the other members of this group are adopting an apportionment plan effective for the current tax year which ends on _____, and for all succeeding tax years.

4 If you checked box 3c or 3d above, check the applicable box below to indicate if the termination of the current apportionment plan was:

- a Elected by the component members of the group.
- b Required for the component members of the group.

5 If you did not check a box on line 3 above, check the applicable box below concerning the status of the group's apportionment plan (see instructions).

- a No apportionment plan is in effect and none is being adopted.
- b An apportionment plan is already in effect. It was adopted for the tax year ending _____, and for all succeeding tax years.

6 If all the members of this group are adopting a plan or amending the current plan for a tax year after the due date (including extensions) of the tax return for this corporation, is there at least one year remaining on the statute of limitations from the date this corporation filed its amended return for such tax year for assessing any resulting deficiency? See instructions.

- a Yes.
 - (i) The statute of limitations for this year will expire on _____.
 - (ii) On _____, this corporation entered into an agreement with the Internal Revenue Service to extend the statute of limitations for purposes of assessment until _____.
- b No. The members may not adopt or amend an apportionment plan.

7 If the corporation has a short tax year that does not include December 31, check the box. See instructions.

Alternative Minimum Tax-Corporations

2023

Attach to your tax return.
 Go to www.irs.gov/Form4626 for instructions and the latest information.

Name NORTHSHORE COMMUNITY FOUNDATION	Employer identification number 61-1517784
--	---

- A** Is the corporation filing this form a member of a controlled group treated as a single employer under sections 59(k)(1)(D) and 52? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the controlled group treated as a single employer taken into account in the determination of "applicable corporation" under section 59(k)(1)(D).
- B** Is the corporation filing this form a member of a foreign-parented multinational group (FPMG) within the meaning of section 59(k)(2)(B)? Yes No
 If "Yes," the corporation must complete Part V listing the names, EINs, and separate company financial statement income or loss for each member of the FPMG under section 59(k)(2)(B).

Part I Applicable Corporation Determination (Report all amounts in U.S. dollars.)
If you have already determined in current or prior years you are an applicable corporation, skip Part I and continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended
1 Net income or loss per applicable financial statement(s) (AFS) (see inst):			
a Consolidated net income or loss per the AFS of the corporation	1a		
b Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b		
c Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c		
d Adjustment for certain consolidating entries (see instructions)	1d		
e Specified additional net income or loss item B. Reserved for future use	1e		
f AFS net income or loss of all entities in the test group before adjustments. Combine lines 1a through 1d	1f		
2 Adjustments:			
a Financial statements covering different tax years	2a		
b Corporations that are not included on the taxpayer's consolidated return (see instructions)	2b		
c Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0- (see instructions for special rules if completing this form for an FPMG)	2c		
d Amounts that are not effectively connected to a U.S. trade or business (see instructions for special rules if completing this form for an FPMG)	2d		
e Certain taxes (see instructions)	2e		
f Patronage dividends and per-unit retain allocations (cooperatives only)	2f		
g Alaska native corporations	2g		
h Certain credits (see instructions)	2h		
i Mortgage servicing income	2i		
j Tax-exempt entities (organizations subject to tax under section 511)	2j		
k Depreciation	2k		
l Qualified wireless spectrum	2l		
m Covered transactions	2m		
n Adjustments related to bankruptcy and insolvency	2n		
o Certain insurance company adjustments	2o		
p Adjustment P - Reserved for future use	2p		
q Adjustment Q - Reserved for future use	2q		
r Adjustment R - Reserved for future use	2r		
s Adjustment S - Reserved for future use	2s		
z Other (see instructions)	2z		
3 Specified adjustment. Reserved for future use	3		
4 Total adjustments. Combine lines 2a through 2z	4		
5 AFSI. Combine lines 1f and 4	5		
6 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 5			6
7 3-year average annual AFSI (see instructions)			7

Part I **Applicable Corporation Determination** (Report all amounts in U.S. dollars.) *(continued)*

- 8** Is line 7 more than \$1 billion?
 Yes. Continue to line 9.
 No. STOP here and attach to your tax return.
- 9** Is the corporation a member of an FPMG within the meaning of section 59(k)(2)(B)?
 Yes. Continue to line 10.
 No. Continue to Part II.

	(a) First Preceding Year Ended	(b) Second Preceding Year Ended	(c) Third Preceding Year Ended	
10 AFSI for purposes of the \$100 million test before adjustments:				
a AFSI from line 5	10a			
b Aggregation differences (see instructions)	10b			
c Total AFSI for purposes of the \$100 million test before adjustments. Combine lines 10a and 10b	10c			
11 Adjustments:				
a Income not effectively connected to a U.S. trade or business	11a			
b Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	11b			
c Reserved for future use - Other adjustments 1	11c			
d Reserved for future use - Other adjustments 2	11d			
12 Total adjustments. Combine lines 11a and 11b	12			
13 Total AFSI for purposes of the \$100 million test. Combine lines 10c and 12	13			
14 AFSI of first, second, and third preceding tax years. Combine columns (a), (b), and (c) of line 13				14
15 3-year average annual AFSI for purposes of the \$100 million test				15

- 16** Is line 15 \$100 million or more?
 Yes. Continue to Part II.
 No. STOP here. Attach to your tax return.

Part II Corporate Alternative Minimum Tax

1 Net income or loss per applicable financial statement(s) (AFS) (see instructions):		
a	Consolidated net income or loss per the AFS of the corporation	1a -1,000.
b	Include AFS net income or loss of other includible entities (add net income and subtract net loss)	1b
c	Exclude AFS net income or loss of excludible entities (add net loss and subtract net income)	1c
d	Adjustment for certain consolidating entries (see instructions)	1d
e	Specified additional net income or loss item D. Reserved for future use	1e
f	AFS net income or loss before adjustments. Combine lines 1a through 1d	1f -1,000.
2 Adjustments:		
a	Financial statements covering different tax years	2a
b	Reserved for future use - Adjustment 2b	2b
c	Corporations that are not included on the taxpayers - consolidated return (see instructions)	2c
d	The corporation's distributive share of adjusted financial statement income of partnerships	2d
e	Pro-rata share of net income from controlled foreign corporations for which the corporation is a U.S. shareholder. If zero or less, enter -0-. (See instructions)	2e
f	Amounts that are not effectively connected to a U.S. trade or business	2f
g	Certain taxes. Enter the amount from Part III, line 7	2g
h	Patronage dividends and per-unit retain allocations (cooperatives only)	2h
i	Alaska native corporations	2i
j	Certain credits (see instructions)	2j
k	Mortgage servicing income	2k
l	Covered benefit plans described in section 56A(c)(11)(B)	2l
m	Tax-exempt entities (organizations subject to tax under section 511)	2m
n	Depreciation	2n
o	Qualified wireless spectrum	2o
p	Covered transactions	2p
q	Adjustments related to bankruptcy and insolvency	2q
r	Certain insurance company adjustments	2r
s	AFSI adjustment S - Reserved for future use	2s
t	AFSI adjustment T - Reserved for future use	2t
u	AFSI adjustment U - Reserved for future use	2u
z	Other (see instructions)	2z
3	Total adjustments. Combine lines 2a through 2z	3
4	AFSI before financial statement net operating loss carryover. Combine lines 1f and 3	4 -1,000.
5	Financial statement net operating loss (FSNOL) (see instructions)	5
6	AFSI. Subtract line 5 from line 4. If zero or less, enter -0-	6
7	Multiply line 6 by 15% (0.15)	7
8	Corporate alternative minimum tax foreign tax credit (CAMT FTC). Enter amount from Part IV, Section I, line 6 (see inst)	8
9	Tentative minimum tax. Subtract line 8 from line 7. If zero or less, enter -0-	9
10	Regular tax liability (see instructions)	10
11	Base erosion minimum tax (see instructions)	11
12	Combine lines 10 and 11	12
13	Alternative minimum tax. Subtract line 12 from line 9. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	13

Part III Adjustment for Certain Taxes Under Section 56A(c)(5)

1	Current income tax provision - Foreign	1
2	Current income tax provision - Federal	2
3	Deferred income tax provision - Foreign	3
4	Deferred income tax provision - Federal	4
5	Income taxes included in equity method investment income	5
6a	Adjustment A - Reserved for future use	6a
b	Adjustment B - Reserved for future use	6b
c	Adjustment C - Reserved for future use	6c
d	Adjustment D - Reserved for future use	6d
e	Adjustment E - Reserved for future use	6e
f	Adjustment F - Reserved for future use	6f
g	Adjustment G - Reserved for future use	6g
h	Adjustment H - Reserved for future use	6h
z	Income taxes in other places	6z
7	Total. Combine lines 1 through 6z. Enter here and on Part II, line 2g	7

Part IV Alternative Minimum Tax - Corporations Foreign Tax Credit

Section I - AMT Foreign Tax Credit

1	Domestic corporation AMT foreign income taxes:			
a	Total foreign taxes paid or accrued as reported on Form 1118, Schedule B, Part I, column 2(j)	1a		
b	Adjustment	1b		
c	Adjustment	1c		
d	Adjustment	1d		
e	Adjustment	1e		
f	Adjustment	1f		
g	Adjustment	1g		
2	Total domestic corporation AMT foreign income taxes. Combine lines 1a through 1g			2
3	Allowable controlled foreign corporation (CFC) AMT foreign income taxes:			
a	Pro-rata share of CFC AMT foreign income taxes from Part IV, Section II, line 11, column (n)	3a		
b	Carryover of excess foreign taxes (from Part IV, Section III, line 4, column (vii))	3b		
c	Total CFC AMT foreign income taxes. Add lines 3a and 3b			3c
d	Percentage specified in section 55(b)(2)(A)(i)	3d	15%	
e	Pro-rata share of CFC net income described in section 56A(c)(3) (attach worksheet) (see instructions)	3e		
f	CFC AMT foreign tax credit limitation (multiply line 3d by line 3e)			3f
g	Allowable CFC AMT foreign income taxes (lesser of line 3c or line 3f)			3g
4	CAMT FTC Line 4 - Reserved for future use			4
5	CAMT FTC Line 5 - Reserved for future use			5
6	Total AMT foreign income taxes. Combine lines 2 and 3g. Enter this amount on Part II, line 8			6

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor NORTHSHORE COMMUNITY FOUNDATION	Identifying number (see instructions) 61-1517784
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) PRIVATE CREDIT MANAGERS III OFFSHORE LP	5a Identifying number, if any
---	--------------------------------------

6 Address (including country) 190 ELGIN AVENUE GRAND CAYMAN, GEORGETOWN KY1-9005 CAYMAN ISLANDS	5b Reference ID number PCM30001
--	--

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
EXEMPTED LIMITED PARTNERSHIP

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2023		102,591.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a** Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b** At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c** Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d** If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ► \$ _____
- 15** Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16** Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before 1.180 % (b) After 1.142 %
- 17** Type of nonrecognition transaction (see instructions) ► IRC SECTION 351
- 18** Indicate whether any transfer reported in Part III is subject to any of the following.
 - a** Gain recognition under section 904(f)(3) Yes No
 - b** Gain recognition under section 904(f)(5)(F) Yes No
 - c** Recapture under section 1503(d) Yes No
 - d** Exchange gain under section 987 Yes No
- 19** Did this transfer result from a change in entity classification? Yes No
- 20 a** Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b** Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ► \$ _____
- c** Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21** Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

**Return by a U.S. Transferor of Property
 to a Foreign Corporation**

▶ Go to www.irs.gov/Form926 for instructions and the latest information.
 ▶ Attach to your income tax return for the year of the transfer or distribution.

Part I U.S. Transferor Information (see instructions)

Name of transferor NORTHSHORE COMMUNITY FOUNDATION	Identifying number (see instructions) 61-1517784
--	--

- 1** Is the transferee a specified 10%-owned foreign corporation that is not a controlled foreign corporation? Yes No
- 2** If the transferor was a corporation, complete questions 2a through 2d.
- a** If the transfer was a section 361(a) or (b) transfer, was the transferor controlled (under section 368(c)) by five or fewer domestic corporations? Yes No
- b** Did the transferor remain in existence after the transfer? Yes No
- If not, list the controlling shareholder(s) and their identifying number(s).

Controlling shareholder	Identifying number

- c** If the transferor was a member of an affiliated group filing a consolidated return, was it the parent corporation? Yes No
- If not, list the name and employer identification number (EIN) of the parent corporation.

Name of parent corporation	EIN of parent corporation

- d** Have basis adjustments under section 367(a)(4) been made? Yes No

- 3** If the transferor was a partner in a partnership that was the actual transferor (but is not treated as such under section 367), complete questions 3a through 3d.
- a** List the name and EIN of the transferor's partnership.

Name of partnership	EIN of partnership

- b** Did the partner pick up its pro rata share of gain on the transfer of partnership assets? Yes No
- c** Is the partner disposing of its **entire** interest in the partnership? Yes No
- d** Is the partner disposing of an interest in a limited partnership that is regularly traded on an established securities market? Yes No

Part II Transferee Foreign Corporation Information (see instructions)

4 Name of transferee (foreign corporation) PRIVATE CREDIT MANAGERS IV OFFSHORE LP	5a Identifying number, if any
--	--------------------------------------

6 Address (including country) GOLDMAN SACHS AND CO LLC 200 WEST STREET NEW YORK, NY 10282	5b Reference ID number PRIV00IV
--	--

7 Country code of country of incorporation or organization
CJ

8 Foreign law characterization (see instructions)
EXEMPTED LIMITED PARTNERSHIP

- 9** Is the transferee foreign corporation a controlled foreign corporation? Yes No

Part III Information Regarding Transfer of Property (see instructions)

Section A - Cash

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Cash	12/31/2023		161,288.		

10 Was cash the only property transferred? **Yes** **No**
 If "Yes," skip the remainder of Part III and go to Part IV.

Section B - Other Property (other than intangible property subject to section 367(d))

Type of property	(a) Date of transfer	(b) Description of property	(c) Fair market value on date of transfer	(d) Cost or other basis	(e) Gain recognized on transfer
Stock and securities					
Inventory					
Other property (not listed under another category)					
Property with built-in loss					
Totals					

11 Did the transferor transfer stock or securities subject to section 367(a) with respect to which a gain recognition agreement was filed? **Yes** **No**

12 a Were any assets of a foreign branch (including a branch that is a foreign disregarded entity) transferred to a foreign corporation? **Yes** **No**
 If "Yes," go to line 12b.

b Was the transferor a domestic corporation that transferred substantially all of the assets of a foreign branch (including a branch that is a foreign disregarded entity) to a specified 10%-owned foreign corporation? **Yes** **No**
 If "Yes," continue to line 12c. If "No," skip lines 12c and 12d, and go to line 13.

c Immediately after the transfer, was the domestic corporation a U.S. shareholder with respect to the transferee foreign corporation? **Yes** **No**
 If "Yes," continue to line 12d. If "No," skip line 12d, and go to line 13.

d Enter the transferred loss amount included in gross income as required under section 91 ► \$ _____

13 Did the transferor transfer property described in section 367(d)(4)? **Yes** **No**
 If "No," skip Section C and questions 14a through 15.

Section C - Intangible Property Subject to Section 367(d)

Type of property	(a) Date of transfer	(b) Description of property	(c) Useful life	(d) Arm's length price on date of transfer	(e) Cost or other basis	(f) Income inclusion for year of transfer
Property described in sec. 367(d)(4)						
Totals						

- 14 a Did the transferor transfer any intangible property that, at the time of the transfer, had a useful life reasonably anticipated to exceed 20 years? Yes No
- b At the time of the transfer, did any of the transferred intangible property have an indefinite useful life? Yes No
- c Did the transferor choose to apply the 20-year inclusion period provided under Regulations section 1.367(d)-1(c)(3)(ii) for any intangible property? Yes No
- d If the answer to line 14c is "Yes," enter the total estimated anticipated income or cost reduction attributable to the intangible property's, or properties', as applicable, use(s) beyond the 20-year period described in Regulations section 1.367(d)-1(c)(3)(ii) ▶ \$ _____
- 15 Was any intangible property transferred considered or anticipated to be, at the time of the transfer or at any time thereafter, a platform contribution as defined in Regulations section 1.482-7(c)(1)? Yes No

Supplemental Part III Information Required To Be Reported (see instructions)

Part IV Additional Information Regarding Transfer of Property (see instructions)

- 16 Enter the transferor's interest in the transferee foreign corporation before and after the transfer.
(a) Before .931 % (b) After .730 %
- 17 Type of nonrecognition transaction (see instructions) ▶ IRC SECTION 351
- 18 Indicate whether any transfer reported in Part III is subject to any of the following.
 - a Gain recognition under section 904(f)(3) Yes No
 - b Gain recognition under section 904(f)(5)(F) Yes No
 - c Recapture under section 1503(d) Yes No
 - d Exchange gain under section 987 Yes No
- 19 Did this transfer result from a change in entity classification? Yes No
- 20 a Did a domestic corporation make a distribution of property covered by section 367(e)(2)? (see instructions) Yes No
If "Yes," complete lines 20b and 20c.
- b Enter the total amount of gain or loss recognized pursuant to Regulations section 1.367(e)-2(b) ▶ \$ _____
- c Did the domestic corporation not recognize gain or loss on the distribution of property because the property was used in the conduct of U.S. trade or business under Regulations section 1.367(e)-2(b)(2)? Yes No
- 21 Did a domestic corporation make a section 355 distribution of stock in a foreign controlled corporation covered by section 367(e)(1)? See instructions Yes No

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STATEMENT PURSUANT TO §1.351-3(A) BY
NORTSHORE COMMUNITY FOUNDATION

EIN: 61-1517784

A SIGNIFICANT TRANSFEROR

1. THE NAME AND EMPLOYER IDENTIFICATION NUMBER (IF ANY) OF THE TRANSFEREE CORPORATION:

NAME: PRIVATE CREDIT MANAGERS III OFFSHORE LP
EIN/REFERENCE ID: PCM30001

2. THE DATE(S) OF THE TRANSFER(S) OF ASSETS:

12/31/2023

3. THE AGGREGATE FAIR VALUE AND BASIS, DETERMINED IMMEDIATELY BEFORE THE EXCHANGE, OF PROPERTY TRANSFERRED BY SUCH TRANSFEROR IN THE EXCHANGE:

FMV: \$102,591
BASIS: \$102,591

4. THE DATE AND CONTROL NUMBER OF ANY PRIVATE LETTER RULING(S) ISSUED BY THE INTERNAL REVENUE SERVICE IN CONNECTION WITH THIS SECTION 351 EXCHANGE: N/A

NOTE THAT PURSUANT TO §1.351-3(C), THE INFORMATION REQUIRED TO BE FILED BY THE TRANSFEREE CORPORATION UNDER §1.351-3(B) IS NOT REQUIRED TO BE FILED BECAUSE THAT SAME INFORMATION IS INCLUDED ON THIS STATEMENT UNDER §1.351-3(A) AND WOULD BE INCLUDED ON THE SAME RETURN.

ATTACHMENT TO 12/31/2023 FORM 926

INFORMATION REQUIRED PURSUANT TO TREAS. REGULATION §1.6038B-1(C)

1. TRANSFEROR:

NORTHSHORE COMMUNITY FOUNDATION
EIN: 61-1517784
807 N. COLUMBIA STREET
COVINGTON, LA 70433

2. TRANSFeree:

- i. PRIVATE CREDIT MANAGERS III OFFSHORE LP
- ii. FEIN/REFERENCE ID: PCM30001
ADDRESS: SEE FORM 926 PART II
COUNTRY OF INCORPORATION: SEE FORM 926 PART II
- iii. A GENERAL DESCRIPTION OF THE TRANSFER: A TRANSFER OF
CASH OR PROPERTY IN A SECTION 351 TRANSACTION

3. CONSIDERATION RECEIVED:

ORDINARY SHARES

**4. PROPERTY TRANSFERRED INCLUDING THE ESTIMATED FAIR MARKET
VALUE ("FMV") AND ADJUSTED BASIS ("AB") OF THE PROPERTY:**

- i. ACTIVE BUSINESS PROPERTY: FMV \$102,591 BASIS \$102,591
- ii. STOCK OR SECURITIES: NOT APPLICABLE
- iii. DEPRECIATED PROPERTY: NOT APPLICABLE
- iv. PROPERTY TO BE LEASED: NOT APPLICABLE
- v. PROPERTY TO BE SOLD: NOT APPLICABLE
- vi. TRANSFERS TO FSC'S: NOT APPLICABLE
- vii. TAINTED PROPERTY: NOT APPLICABLE
- viii. FOREIGN LOSS BRANCH: NOT APPLICABLE
- ix. OTHER INTANGIBLES: NOT APPLICABLE

**5. TRANSFERS OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED
LOSSES:**

- i. BRANCH OPERATION: NOT APPLICABLE
- ii. BRANCH PROPERTY: NOT APPLICABLE
- iii. PREVIOUSLY DEDUCTED LOSSES: NOT APPLICABLE
- iv. CHARACTER OF GAIN: NOT APPLICABLE

6. APPLICATION OF SECTION 367(A)(5) NOT APPLICABLE

STATEMENT PURSUANT TO §1.351-3(A) BY

NORTHSHORE COMMUNITY FOUNDATION

EIN: 61-1517784

A SIGNIFICANT TRANSFEROR

1. THE NAME AND EMPLOYER IDENTIFICATION NUMBER (IF ANY) OF THE TRANSFEREE CORPORATION:

NAME: PRIVATE CREDIT MANAGERS IV OFFSHORE LP
EIN/REFERENCE ID: PRIV00IV

2. THE DATE(S) OF THE TRANSFER(S) OF ASSETS:

12/31/2023

3. THE AGGREGATE FAIR VALUE AND BASIS, DETERMINED IMMEDIATELY BEFORE THE EXCHANGE, OF PROPERTY TRANSFERRED BY SUCH TRANSFEROR IN THE EXCHANGE:

FMV: \$161,288
BASIS: \$161,288

4. THE DATE AND CONTROL NUMBER OF ANY PRIVATE LETTER RULING(S) ISSUED BY THE INTERNAL REVENUE SERVICE IN CONNECTION WITH THIS SECTION 351 EXCHANGE: N/A

NOTE THAT PURSUANT TO §1.351-3(C), THE INFORMATION REQUIRED TO BE FILED BY THE TRANSFEREE CORPORATION UNDER §1.351-3(B) IS NOT REQUIRED TO BE FILED BECAUSE THAT SAME INFORMATION IS INCLUDED ON THIS STATEMENT UNDER §1.351-3(A) AND WOULD BE INCLUDED ON THE SAME RETURN.

ATTACHMENT TO 12/31/2023 FORM 926

INFORMATION REQUIRED PURSUANT TO TREAS. REGULATION §1.6038B-1(C)

1. TRANSFEROR:

NORTHSHORE COMMUNITY FOUNDATION
EIN: 61-1517784
807 N. COLUMBIA STREET
COVINGTON, LA 70433

2. TRANSFeree:

- i. PRIVATE CREDIT MANAGERS IV OFFSHORE LP
- ii. FEIN/REFERENCE ID: PRIV00IV
ADDRESS: SEE FORM 926 PART II
COUNTRY OF INCORPORATION: SEE FORM 926 PART II
- iii. A GENERAL DESCRIPTION OF THE TRANSFER: A TRANSFER OF
CASH OR PROPERTY IN A SECTION 351 TRANSACTION

3. CONSIDERATION RECEIVED:

ORDINARY SHARES

**4. PROPERTY TRANSFERRED INCLUDING THE ESTIMATED FAIR MARKET
VALUE ("FMV") AND ADJUSTED BASIS ("AB") OF THE PROPERTY:**

- i. ACTIVE BUSINESS PROPERTY: FMV \$161,288 BASIS \$161,288
- ii. STOCK OR SECURITIES: NOT APPLICABLE
- iii. DEPRECIATED PROPERTY: NOT APPLICABLE
- iv. PROPERTY TO BE LEASED: NOT APPLICABLE
- v. PROPERTY TO BE SOLD: NOT APPLICABLE
- vi. TRANSFERS TO FSC'S: NOT APPLICABLE
- vii. TAINTED PROPERTY: NOT APPLICABLE
- viii. FOREIGN LOSS BRANCH: NOT APPLICABLE
- ix. OTHER INTANGIBLES: NOT APPLICABLE

**5. TRANSFERS OF FOREIGN BRANCH WITH PREVIOUSLY DEDUCTED
LOSSES:**

- i. BRANCH OPERATION: NOT APPLICABLE
- ii. BRANCH PROPERTY: NOT APPLICABLE
- iii. PREVIOUSLY DEDUCTED LOSSES: NOT APPLICABLE
- iv. CHARACTER OF GAIN: NOT APPLICABLE

6. APPLICATION OF SECTION 367(A)(5) NOT APPLICABLE