

Form **990-PF****Return of Private Foundation**
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0052

2018Department 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/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year 2018 or tax year beginning , and ending

Name of foundation CAROLYN W. & CHARLES T. BEAIRD FAMILY FOUNDATION		A Employer identification number ** - ***7212
Number and street (or P.O. box number if mail is not delivered to street address) 330 MARSHALL ST. #1440		B Telephone number (see instructions) 318-221-2823
City or town, state or province, country, and ZIP or foreign postal code SHREVEPORT LA 71101-3015		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <div style="display: flex; justify-content: space-between;"> <div> <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change </div> <div> <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change </div> </div>		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) u \$ 24,654,481 (Part I, column (d) must be on cash basis.)		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)		

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check u <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	63,819	63,819		
	4 Dividends and interest from securities	448,281	448,281		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	2,272,861			
	b Gross sales price for all assets on line 6a 8,226,746				
	7 Capital gain net income (from Part IV, line 2)		2,272,861		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule) STMT 1	-3,750	10,501		
	12 Total. Add lines 1 through 11	2,781,211	2,795,462	0	
	13 Compensation of officers, directors, trustees, etc.	70,000			70,000
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	3,500			3,500
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) STMT 2	3,115	900		2,215
	c Other professional fees (attach schedule) STMT 3	112,516	112,516		
	17 Interest	229			
	18 Taxes (attach schedule) (see instructions) STMT 4	36,492	11,847		5,355
	19 Depreciation (attach schedule) and depletion STMT 5	1,547			
	20 Occupancy				
	21 Travel, conferences, and meetings	109,084			80,000
	22 Printing and publications				
	23 Other expenses (att. sch.) STMT 6	897,138	859,448		37,690
	24 Total operating and administrative expenses. Add lines 13 through 23	1,233,621	984,711	0	198,760
	25 Contributions, gifts, grants paid	1,293,232			1,293,232
	26 Total expenses and disbursements. Add lines 24 and 25 ...	2,526,853	984,711	0	1,491,992
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	254,358			
	b Net investment income (if negative, enter -0-)		1,810,751		
	c Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2018)

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash – non-interest-bearing	36,440	5,172	5,172
	2 Savings and temporary cash investments	292,570	225,732	225,732
	3 Accounts receivable u 18,171			
	Less: allowance for doubtful accounts u	35,379	18,171	18,171
	4 Pledges receivable u			
	Less: allowance for doubtful accounts u			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (att. schedule) u			
	Less: allowance for doubtful accounts u 0			
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	2,000	37,696	37,696
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule) SEE STMT 7	16,614,133	17,122,529	17,125,828
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment: basis u			
Liabilities	Less: accumulated depreciation (attach sch.) u			
	12 Investments – mortgage loans			
	13 Investments – other (attach schedule)			
	14 Land, buildings, and equipment: basis u 11,512			
	Less: accumulated depreciation (attach sch.) u STMT 8 9,132	3,927	2,380	2,380
	15 Other assets (describe u SEE STATEMENT 9)	5,699,188	5,437,847	7,239,502
	16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)		22,849,527	24,654,481
	17 Accounts payable and accrued expenses	53,111	2,379	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe u SEE STATEMENT 10)	37,736		
	23 Total liabilities (add lines 17 through 22)	90,847	2,379	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here u <input checked="" type="checkbox"/> X and complete lines 24 through 26, and lines 30 and 31.			
	24 Unrestricted	22,592,790	22,847,148	
	25 Temporarily restricted			
	26 Permanently restricted			
	Foundations that do not follow SFAS 117, check here u <input type="checkbox"/> and complete lines 27 through 31.			
	27 Capital stock, trust principal, or current funds			
	28 Paid-in or capital surplus, or land, bldg., and equipment fund			
	29 Retained earnings, accumulated income, endowment, or other funds			
	30 Total net assets or fund balances (see instructions)	22,592,790	22,847,148	
	31 Total liabilities and net assets/fund balances (see instructions)	22,683,637	22,849,527	

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	22,592,790
2 Enter amount from Part I, line 27a	2	254,358
3 Other increases not included in line 2 (itemize) u	3	
4 Add lines 1, 2, and 3	4	22,847,148
5 Decreases not included in line 2 (itemize) u	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	22,847,148

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	BERNSTEIN S/T COVERED	P	06/15/18	12/31/18
b	BERNSTEIN L/T COVERED	P	06/15/15	12/31/18
c	BEAIRD PROPERTIES	P	06/15/15	12/31/18
d	BERNSTEIN			
e				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a 820,636		763,134	57,502
b 6,268,753		5,190,751	1,078,002
c 1,022,299			1,022,299
d 115,058			115,058
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			57,502
b			1,078,002
c			1,022,299
d			115,058
e			

2 Capital gain net income or (net capital loss)

If gain, also enter in Part I, line 7
If (loss), enter -0- in Part I, line 7

2**2,272,861****3** Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):

If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in
Part I, line 8

57,502**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

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

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

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

☐ Yes ☒ No

If "Yes," the foundation doesn't qualify under section 4940(e). Do not complete this part.

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

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2017	1,309,413	25,746,084	0.050859
2016	1,277,608	24,250,277	0.052684
2015	1,256,486	24,167,254	0.051991
2014	1,195,311	23,796,340	0.050231
2013	1,104,342	22,235,118	0.049667

2 Total of line 1, column (d)**2****0.255432****3** Average distribution ratio for the 5-year base period – divide the total on line 2 by 5.0, or by the number of years the foundation has been in existence if less than 5 years**3****0.051086****4** Enter the net value of noncharitable-use assets for 2018 from Part X, line 5**4****26,668,909****5** Multiply line 4 by line 3**5****1,362,408****6** Enter 1% of net investment income (1% of Part I, line 27b)**6****18,108****7** Add lines 5 and 6**7****1,380,516****8** Enter qualifying distributions from Part XII, line 4**8****1,491,992**

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions.

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b	1	18,108
c	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0
3	Add lines 1 and 2	3	18,108
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	18,108
6	Credits/Payments:		
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	53,804
b	Exempt foreign organizations – tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	53,804
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	35,696
11	Enter the amount of line 10 to be: Credited to 2019 estimated tax 35,696 Refunded <input type="checkbox"/>	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition. 12 If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		X
c Did the foundation file Form 1		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. u \$ _____ (2) On foundation managers. u \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. u \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. LA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2018 or the taxable year beginning in 2018? See instructions for Part XIV. If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

Part VII-A Statements Regarding Activities (continued)

	Yes	No
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions		X
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address u WWW.BEAIRDFoundation.ORG	X	
14 The books are in care of u THE ORGANIZATION Telephone no. u 318-221-2823 330 MARSHALL ST., #1440 Located at u SHREVEPORT LA ZIP+4 u 71101		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here u <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year u 15		
16 At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country u		X

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required**File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.**

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions		
Organizations relying on a current notice regarding disaster assistance, check here u <input type="checkbox"/>		
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2018?		
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2018? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years u 20 , 20 , 20 , 20		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions.) N/A		
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. u 20 , 20 , 20 , 20		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?		

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

		Yes	No
5a	During the year did the foundation pay or incur any amount to:		
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
	Organizations relying on a current notice regarding disaster assistance, check here	u <input type="checkbox"/>	
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?	N/A <input type="checkbox"/> Yes <input type="checkbox"/> No	
	If "Yes," attach the statement required by Regulations section 53.4945–5(d).		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes" to 6b, file Form 8870.		
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	<input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	Title, and average hours per week devoted to position	Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
SEE STATEMENT 11				

2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

Total number of other employees paid over \$50,000	0
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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)***3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	u	0

Part IX-A Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

1 N/A	Expenses
2	
3	
4	

Part IX-B Summary of Program-Related Investments (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

1 N/A	Amount
2	
All other program-related investments. See instructions. 3	
Total. Add lines 1 through 3	▶

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1a	19,396,034
b	Average of monthly cash balances	1b	439,499
c	Fair market value of all other assets (see instructions)	1c	7,239,502
d	Total (add lines 1a, b, and c)	1d	27,075,035
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	1e	0
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	27,075,035
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	406,126
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	26,668,909
6	Minimum investment return. Enter 5% of line 5	6	1,333,445

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6	1	1,333,445
2a	Tax on investment income for 2018 from Part VI, line 5	2a	18,108
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	18,108
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,315,337
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,315,337
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,315,337

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	1,491,992
b	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,491,992
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions	5	18,108
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,473,884

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

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI, line 7				1,315,337
2 Undistributed income, if any, as of the end of 2018:				
a Enter amount for 2017 only			593,185	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2018:				
a From 2013				
b From 2014				
c From 2015				
d From 2016				
e From 2017				
f Total of lines 3a through e				
4 Qualifying distributions for 2018 from Part XII, line 4: u \$ 1,491,992				
a Applied to 2017, but not more than line 2a			593,185	
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2018 distributable amount				898,807
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2017. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2018. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019				416,530
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2014				
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

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

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

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

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

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

1 Information Regarding Foundation Managers:

a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)
NONE

b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.
NONE

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

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

a The name, address, and telephone number or email address of the person to whom applications should be addressed:
SEE STATEMENT 12

b The form in which applications should be submitted and information and materials they should include:
SEE STATEMENT 13

c Any submission deadlines:
SEMI-ANNUAL DEADLINES: JANUARY 5TH AND JULY 21ST

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:
SEE STATEMENT 14

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
ACADEMY OF CHILDREN'S THEATRE 1666 EAST BERT KOUNS SHREVEPORT LA 71105		GENERAL	OPERATING	750
ACLU FOUNDATION OF LOUISIANA PO BOX 56157 NEW ORLEANS LA 70156		GENERAL	OPERATING	1,500
ADAM'S CAMP 6767 SOUTH SPRUCE ST. CENTENNIAL CO 80112		GENERAL	OPERATING	1,000
ADVOCATES FOR CHILDREN 10855 E. BETHANY DR. AURORA CO 80014		GENERAL	OPERATING	50
ALAMANCE ELDERCARE PO BOX 202 BURLINGTON NC 27216-0202		GENERAL	OPERATING	100
ALZHEIMERS ASSOCIATION 225 N. MICHIGAN AVE. CHICAGO IL 60601		GENERAL	OPERATING	240
AMERICAN FOUNDATION FOR THE BLIND 2 PENN PLAZA NEW YORK NY 10121	BLIND	GENERAL	OPERATING	250
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE. WASHINGTON DC 20016-8143		GENERAL	OPERATING	1,000
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE. WASHINGTON DC 20016-8143		GENERAL	OPERATING	250
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE. WASHINGTON DC 20016-8143		GENERAL	OPERATING	50
Total			u 3a	1,293,232
b <i>Approved for future payment</i>				
N/A				
Total			u 3b	

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

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

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.		
(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

Sign Here	<p>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.</p>	<p>May the IRS discuss this return with the preparer shown below? See instructions. <input checked="checked" type="checkbox"/> Yes <input type="checkbox"/> No</p>				
▶	<table style="width: 100%; border: none;"> <tr> <td style="border-bottom: 1px solid black; width: 50%;"></td> <td style="border-bottom: 1px solid black; width: 50%;"></td> </tr> <tr> <td style="text-align: center;">Signature of officer or trustee</td> <td style="text-align: center;">Date</td> </tr> </table>			Signature of officer or trustee	Date	DIRECTOR <div style="border-bottom: 1px solid black; width: 100%;"></div> Title
Signature of officer or trustee	Date					

Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed
	ROBERT E. KING III					
	Firm's name ,, HUMMINGBIRD KING & BUTLER CPAS				PTIN *****	
	Firm's address ,, 330 MARSHALL ST STE 600 SHREVEPORT, LA 71101-3293				Firm's EIN ,, Phone no. 318-221-1803	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
ANIMAL WELFARE INSTITUTE 900 PENNSYLVANIA AVE., SE WASHINGTON DC 20003		GENERAL	OPERATING	750
BILL ROBERTS PTA 2100 AKRON WAY DENVER CO 80238		PROGRAM	SERVICES	1,331
BOOK HARVEST 5802 BRISBANE DRIVE CHAPEL HILL NC 27514		GENERAL	OPERATING	60
BOY SCOUTS OF AMERICA NORWELA 3508 BEVERLY PLACE SHREVEPORT LA 71104		GENERAL	OPERATING	500
CARNIVAL EDUCATION FUND 4735 SPOTTSWOOD AVE. MEMPHIS TN 38117		GENERAL	OPERATING	3,500
CAROLINA FRIENDS SCHOOL 4809 FRIENDS SCHOOL ROAD DURHAM NC 27705		GENERAL	OPERATING	1,000
CAROLINA FRIENDS SCHOOL 4809 FRIENDS SCHOOL ROAD DURHAM NC 27705		GENERAL	OPERATING	500
CAROLINA FRIENDS SCHOOL 4809 FRIENDS SCHOOL ROAD DURHAM NC 27705		GENERAL	OPERATING	50
CATHOLIC DIOCESE OF LAFAYETTE 302 W. MAIN STREET BROUSSARD LA 70518		GENERAL	OPERATING	3,000
CATHOLIC DIOCESE OF LAFAYETTE 302 W. MAIN STREET BROUSSARD LA 70518		GENERAL	OPERATING	1,000
Total			u 3a	
b <i>Approved for future payment</i> N/A				
Total			u 3b	

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

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
a Paid during the year					
CATHOLIC SERVICES OF ACADIANA, INC. PO BOX 3177 LAFAYETTE LA 70502			PROGRAM	SERVICES	2,000
CATHOLIC SERVICES OF ACADIANA, INC. PO BOX 3177 LAFAYETTE LA 70502			GENERAL	OPERATING	500
CENTENARY COLLEGE OF LOUISIANA PO BOX 41188 SHREVEPORT LA 71134-1188			PROGRAM	SERVICES	6,000
CENTER FOR PET SAFETY 11921 FREEDOM DRIVE RESTON VA 20190			GENERAL	OPERATING	500
CHERRY CREEK SCHOOL DISTRICT 4700 S. YOSEMITE STREET GREENWOOD VILLAGE CO 8011			GENERAL	OPERATING	5,125
CHILDREN & ARTHRITIS, INC. 2751 ALBERT BICKNELL DR. SHREVEPORT LA 71103			PROGRAM	SERVICES	10,000
CHILDREN & ARTHRITIS, INC. 2751 ALBERT BICKNELL DR. SHREVEPORT LA 71103			PROGRAM	SERVICES	500
CHIMP HAVEN 13600 CHIMPANZEE PLACE KEITHVILLE LA 71047			GENERAL	OPERATING	27,000
CHIMP HAVEN 13600 CHIMPANZEE PLACE KEITHVILLE LA 71047			GENERAL	OPERATING	2,500
CHIMP HAVEN 13600 CHIMPANZEE PLACE KEITHVILLE LA 71047			GENERAL	OPERATING	50
Total			u 3a		
b Approved for future payment N/A					
Total			u 3b		

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CHRISTIAN SERVICE PROGRAM 2346 LEVY STREET SHREVEPORT LA 71101		GENERAL	OPERATING	31,000
CHURCH HEALTH CENTER 1350 CONCOURSE AVE. MEMPHIS TN 38104		GENERAL	OPERATING	5,000
CHURCH HEALTH CENTER 1350 CONCOURSE AVE. MEMPHIS TN 38104		GENERAL	OPERATING	1,000
COALITION FOR THE UPPER SOUTH PO BOX 726 LAKE GEORGE CO 80827		GENERAL	OPERATING	2,000
COALITION FOR THE UPPER SOUTH PO BOX 726 LAKE GEORGE CO 80827		GENERAL	OPERATING	1,650
COALITION FOR THE UPPER SOUTH PO BOX 726 LAKE GEORGE CO 80827		GENERAL	OPERATING	100
COHABITAT FOUNDATION, INC. 500 CLYDE FANT PARKWAY SHREVEPORT LA 71101		GENERAL	OPERATING	15,000
COLORADO CRIMINAL DEFENSE INSTITUTE 955 BANNOCK STREET DENVER CO 80202		GENERAL	OPERATING	500
COLORADO FRIENDS OF COLORADO WSRP 600 S. CHERRY STREET DENVER CO 80246-1712		GENERAL	OPERATING	625
COMMON GROUND COMMUNITY, INC. 4830 LINE AVE. #117 SHREVEPORT LA 71106		GENERAL	OPERATING	20,000
Total			u 3a	
b <i>Approved for future payment</i> N/A				
Total			u 3b	

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient		If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)					
a <i>Paid during the year</i>					
COMMUNITY HOME TRUST PO BOX 2315 CHAPEL HILL NC 27517			GENERAL	OPERATING	750
COMPASSION FOR LIVES 7505 PINES ROAD SHREVEPORT LA 71129			GENERAL	OPERATING	18,500
CORNELL UNIVERSITY 130 EAST SENECA STREET ITHACA NY 14850			GENERAL	OPERATING	2,500
DEMOCRACY NORTH CAROLINA 1821 GREEN STREET DURHAM NC 27705-4114			GENERAL	OPERATING	1,100
DRESS FOR SUCCESS SHREVEPORT-BOSSIE 1520 N. HEARNE AVE SHREVEPORT LA 71107			GENERAL	OPERATING	25,000
EVERGREEN PRESBYTERIAN MINISTRIES 2101 HIGHWAY 80 HAUGHTON LA 71037			PROGRAM	SERVICES	12,500
FILM PRIZE FOUNDATION, INC 401 MARKET STREET SHREVEPORT LA 71101			GENERAL	OPERATING	15,000
FIRST PRESBYTERIAN DAY SCHOOL 305 EAST MAIN STREET DURHAM NC 27701			GENERAL	OPERATING	500
FOOD BANK OF NORTHWEST LOUISIANA 2307 TEXAS AVENUE SHREVEPORT LA 71103			CAPITAL	EXPENSES	100,000
FOUNDATION OF FIGHTING BLINDNESS 7168 COLUMBIA GATEWAY DR COLUMBIA MD 21046			GENERAL	OPERATING	750
Total			u 3a		
b <i>Approved for future payment</i> N/A					
Total			u 3b		

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
FRIENDS OF HAWTHORNE PTA 4100 39TH AVE S SEATTLE WA 98118		GENERAL	OPERATING	3,000
GEAUX 4 KIDS, INC P.O. BOX 597 SHREVEPORT LA 71162-0597		GENERAL	OPERATING	30,000
GERMANTOWN CHARITY HORSE SHOW P.O. BOX 38102 GERMANTOWN TN 38183		GENERAL	OPERATING	260
GINGERBREAD HOUSE 1700 BUCKNER SQUARE SHREVEPORT LA 71101		GENERAL	OPERATING	3,250
GOLDEN RETRIEVER RESCUE OF THE ROCK 15350 W 72ND AVE ARVADA CO 80007		GENERAL	OPERATING	50
GRAND TETON ASSOCIATION P.O. BOX 170 MOOSE WY 83012		PROGRAM	SERVICES	50
GREATER PARK HILL COMMUNITY 2823 FAIRFAX ST DENVER CO 80207		GENERAL	OPERATING	150
GULF SOUTH GOLDEN RETRIEVER RESCUE 2664 CHOCTAW TRAIL MARIANNA FL 32446		GENERAL	OPERATING	500
HAMPSTEAD STAGE COMPANY 1053 N BARNSTEAD RD CENTER BARNSTEAD NH 03225		PROGRAM	SERVICES	3,430
HEART OF HOPE A SANCTUARY FOR WOMEN 10420 HEART OF HOPE WAY KEITHVILLE LA 71047		CAPITAL	EXPENSES	18,750
Total			u 3a	
b <i>Approved for future payment</i> N/A				
Total			u 3b	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
HIGHER HEIGHTS LEADERSHIP FUND 147 PRINCE ST BROOKLYN NY 11201		GENERAL	OPERATING	25
HOPE CONNECTIONS INC 2350 LEVY STREET SHREVEPORT LA 71103		GENERAL	OPERATING	2,000
JUNETEENTH MUSIC FESTIVAL P.O. BOX 460454 GLENDALE CO 80246		GENERAL	OPERATING	1,000
LEGAL CONSEL FOR YOUTH AND CHILDREN P.O. BOX 28629 SEATTLE WA 98118		GENERAL	OPERATING	2,000
LEWISVILLE HIGH SCHOOL THEATRE BOOS P.O. BOX 292912 LEWISVILLE TX 75029		GENERAL	OPERATING	500
LITERACY VOLUNTEERS AT CENTENARY 2911 CENTENARY BLVD SHREVEPORT LA 71134		GENERAL	OPERATING	15,525
LOUISIANA A+ SCHOOLS 100 LAFAYETTE ST BATON ROUGE LA 70801		GENERAL	OPERATING	21,525
LOUISIANA ASSOCIATION OF NONPROFIT P.O. BOX 1924 BATON ROUGE LA 70821		PROGRAM	SERVICES	10,000
MACULAR DEGENERATION RESEARCH 22512 GATEWAY CENTER DR. CLARKSBURG MD 20871		GENERAL	OPERATING	150
MAIA 1031 33RD ST DENVER CO 80205		GENERAL	OPERATING	2,300
Total			u 3a	
b <i>Approved for future payment</i> N/A				
Total			u 3b	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
MAKE-A-WISH CENTRAL AND WESTERN NC 1131 HARDING PLACE CHARLOTTE NC 28204		GENERAL	OPERATING	750
MAKE-A-WISH MID-SOUTH 1780 MORIAH WOODS BLVD MEMPHIS TN 38117		GENERAL	OPERATING	500
MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT LA 71104		GENERAL	OPERATING	30,750
MICHAEL J FOX FOUNDATION P.O. BOX 5014 HAGERSTOWN MD 21741-5014		GENERAL	OPERATING	500
MID-SOUTH FOOD BANK 239 SOUTH DUDLEY MEMPHIS TN 38104		GENERAL	OPERATING	500
MISSIO DEI CHURCH 621 S. WHITE STATION RD MEMPHIS TN 38117		GENERAL	OPERATING	1,000
MORRIS ANIMAL FOUNDATION 720 S. COLORADO BLVD DENVER CO 80246		PROGRAM	SERVICES	700
NEW HORIZONS 1111 HAWN AVE SHREVEPORT LA 71107		CAPITAL	EXPENSES	4,851
NORTH CAROLINA JUSTICE CENTER P.O BOX 28068 RALEIGH NC 27611		PROGRAM	SERVICES	1,000
NORTH LOUISIANA ECONOMIC PARTNERSHI 333 TEXAS ST SHREVEPORT LA 71101		PROGRAM	SERVICES	10,000
Total			u 3a	
b Approved for future payment N/A				
Total			u 3b	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
NORTHERN AND CENTRAL LOUISIANA INTE 3301 ST. MATTHIAS DR SHREVEPORT LA 71119		GENERAL	OPERATING	12,500
NW LA EDUCATION AND LEADERSHIP FOUN P.O. BOX 5956 BOSSIER CITY LA 71171-595		GENERAL	OPERATING	44,400
NWLA MAKERSPACE 1545 LINE AVENUE SHREVEPORT LA 71109		GENERAL	OPERATING	15,000
OPERATION OUTREACH-USA, INC 360 WOODLAND ST HOLLISTON MA 01746		GENERAL	OPERATING	20,000
PARK HILL ELEMENTARY PTA 5050 EAST 19TH AVENUE DENVER CO 80220		GENERAL	OPERATING	2,250
PARTNERS IN HEALTH P.O. BOX 996 FREDERICK MD 21075-9942		GENERAL	OPERATING	5,000
PEOPLE ACTING FOR CHANGE AND EQUALI 906 KIRBY PL SHREVEPORT LA 71104		PROGRAM	SERVICES	15,000
PET SAVERS 632 DUDLEY DR SHREVEPORT LA 71104		GENERAL	OPERATING	1,500
PLANNED PARENTHOOD SOUTH ATLANTIC 100 SOUTH BOYLAN AVENUE RALEIGH NC 27603		GENERAL	OPERATING	3,070
PLANT A SEED IN OUR YOUTH FOUNDATIO 1518 COX STREET BOSSIER CITY LA 71111		GENERAL	OPERATING	40,000
Total			u 3a	
b <i>Approved for future payment</i> N/A				
Total			u 3b	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
PLAYAZ AND PLAYETTES, INC 835 BUTLER STREET SHREVEPORT LA 71103		GENERAL	OPERATING	10,000
PRESBYTERIAN CHURCH USA 100 WITHERSPOON STREET LOUISVILLE KY 40202-1396		PROGRAM	SERVICES	100
PREVENT CHILD ABUSE LOUISIANA 412 NORTH 4TH ST BATON ROUGE LA 70802		PROGRAM	SERVICES	5,000
RAINIER DISTRICT LITTLE LEAGUE PO BOX 28994 SEATTLE WA 98118		GENERAL	OPERATING	3,000
RED RIVER FILM SOCIETY 617 TEXAS STREET SHREVEPORT LA 71101		GENERAL	OPERATING	10,000
RENESTING PROJECT INC 1331 DRIFTWOOD DRIVE BOSSIER CITY LA 71111		GENERAL	OPERATING	28,000
RED RIVER REVEL, INC 101 CROCKETT STREET SHREVEPORT LA 71101		GENERAL	OPERATING	25,000
RENZI EDUCATION AND ART CENTER 435 EGAN STREET SHREVEPORT LA 71101		GENERAL	OPERATING	15,000
RHODES COLLEGE 2000 NORTH PARKWAY MEMPHIS TN 38112		GENERAL	OPERATING	1,000
ROBINSON'S RESCUE LOW COST SPAY 2515 LINE AVENUE SHREVEPORT LA 71104		GENERAL	OPERATING	17,500
Total			u 3a	
b Approved for future payment N/A				
Total			u 3b	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SALVATION ARMY 696 JACKSON AVE MEMPHIS TN 38105		GENERAL	OPERATING	250
SEMESTER AT SEA/INSTITUTE FOR SHIPB CAMPUS DELIVERY 1587 FT COLLINS CO 80523-1587		GENERAL	OPERATING	500
SEMESTER AT SEA/INSTITUTE FOR SHIPBO CAMPUS DELIVERY 1587 FT COLLINS CO 80523-1587		PROGRAM	SERVICES	250
SHREVEPORT BAR FOUNDATION 625 TEXAS STREET SHREVEPORT LA 71101		GENERAL	OPERATING	37,500
SHREVEPORT COMMON 801 CROCKETT ST SHREVEPORT LA 71101		CAPITAL	EXPENSES	100,000
SHREVEPORT GREEN 3625 SOUTHERN AVENUE SHREVEPORT LA 71104		GENERAL	OPERATING	6,000
SHREVEPORT OPERA 6969 FERN LOOP SHREVEPORT LA 71105		PROGRAM	SERVICES	5,000
SHREVEPORT REGIONAL ARTS COUNCIL 801 CROCKETT ST SHREVEPORT LA 71101		CAPITAL	EXPENSES	12,500
SHREVEPORT SYMPHONY ORCHESTRA 616 JORDAN ST SHREVEPORT LA 71101		PROGRAM	SERVICES	3,750
SPEAKING PLACE P.O. BOX 905 ROCKLAND ME 04841		GENERAL	OPERATING	2,000
Total			u 3a	
b <i>Approved for future payment</i>				
N/A				
Total			u 3b	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
ST GEORGE EPISCOPAL CHURCH 2425 S. GERMANTOWN RD GERMANTOWN TN 38138		GENERAL	OPERATING	6,000
ST. LUKE'S EPISCOPAL MOBILE MEDICAL P.O. BOX 53074 SHREVEPORT LA 71135		GENERAL	OPERATING	18,250
STEDMAN PTA 2940 DEXTER ST DENVER CO 80207		PROGRAM	SERVICES	5,000
STEP FORWARD 401 EDWARDS STREET SHREVEPORT LA 71101		GENERAL	OPERATING	35,000
STEVE'S CLUB DENVER 950 S. CHERRY ST DENVER CO 80246		GENERAL	OPERATING	15,175
STEVES CLUB NATIONAL PROGRAM PO BOX 18082 DENVER CO 80218		PROGRAM	SERVICES	6,000
SURFARI PALS INC 8455 FERN AVE SHREVEPORT LA 71105		GENERAL	OPERATING	6,700
THE CHILDREN'S HOSPITAL COLORADO 13123 E. 16TH AVENUE AURORA CO 80045		GENERAL	OPERATING	2,350
THE CHILDREN'S MUSEUM OF ACADIANA 201 E. CONGRESS ST LAFAYETTE LA 70501		GENERAL	OPERATING	100
THE CIVIC CANOPY 3532 FRANKLIN ST DENVER CO 80305		PROGRAM	SERVICES	3,500
Total			u 3a	
b Approved for future payment N/A				
Total			u 3b	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
THE COMMUNITY FOUNDATION OF NORTH 401 EDWARDS ST SHREVEPORT LA 71101			DONOR ADVISED FUND	50,000
THE FIRST TEE OF DENVER 4601 WEST 46TH AVE DENVER CO 80212			GENERAL OPERATING	100
THE MCCALLIE SCHOOL 500 DODDS AVENUE CHATTANOOGA TN 37404			GENERAL OPERATING	1,000
THE NORTH LOUISIANA CIVIL RIGHTS CO 424 TEXAS ST SHREVEPORT LA 71101			GENERAL OPERATING	35,000
THE PERIWINKLE FOUNDATION 3400 BISSONNET ST HOUSTON TX 77005			GENERAL OPERATING	4,000
THE STRAND THEATRE P.O. BOX 1547 SHREVEPORT LA 71165-1547			CAPITAL EXPENSES	5,000
THE WATER PROJECT P.O. BOX 3353 CONCORD NH 03302-3353			GENERAL OPERATING	50
THEATRE OF THE PERFORMING ARTS 4005 LAKESHORE DRIVE SHREVEPORT LA 71109			PROGRAM SERVICES	15,000
THERE WITH CARE-DENVER 2401 SOUTH COLORADO BLVD DENVER CO 80222			GENERAL OPERATING	1,350
TROOP 712 BOYS SCOUTS 4500 E HAMPDEN AVE CHERRY HILLS VILLAGE CO 8			GENERAL OPERATING	3,700
Total			u 3a	
b Approved for future payment N/A				
Total			u 3b	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
TROSA 1820 JAMES STREET DURHAM NC 27707		GENERAL	OPERATING	25
UNC TV NC CENTER FOR PUBLIC TV 10 T.W. ALEXANDER DR RESEARCH TRIANGLE PARK NC	TV	GENERAL	OPERATING	35
UNC-GREENSBORO PO BOX 26170 GREENSBORO NC 27402-6170		GENERAL	OPERATING	250
UNITED WAY OF NW LOUISIANA 820 JORDON SHREVEPORT LA 71101	PROGRAM SERVICES FOR THE TEAL ROSE			4,040
UNIVERSITY OF DENVER-STURM COLLEGE 2255 E. EVANS AVENUE DENVER CO 80208	COLLEGE	GENERAL	OPERATING	1,000
UNIVERSITY OF PENNSYLVANIA LAW SCH 3451 WALNUT ST PHILADELPHIA PA 19104-620	LAW SCH	GENERAL	OPERATING	1,000
USO 2111 WILSON BOULEVARD SHREVEPORT LA 71101		PROGRAM	SERVICES	200
VOLUNTEERS FOR YOUTH JUSTICE 900 JORDON STREET SHREVEPORT LA 71101		PROGRAM	SERVICES	50,500
VOLUNTEERS FOR YOUTH JUSTICE 900 JORDON STREET SHREVEPORT LA 71101		GENERAL	OPERATING	500
VOLUNTEERS OF AMERICA OF NORTH LA 360 JORDON ST SHREVEPORT LA 71101		CAPITAL	EXPENSES	30,000
Total			u 3a	
b Approved for future payment N/A				
Total			u 3b	

Federal Statements

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Statement 1 - Form 990-PF, Part I, Line 11 - Other Income

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
BEAIRD PROPERTIES FROM K-1	\$ 10,501 -14,251	\$ 10,501	\$
TOTAL	\$ -3,750	\$ 10,501	\$ 0

Statement 2 - Form 990-PF, Part I, Line 16b - Accounting Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
TMCE LLP	\$ 3,115	\$ 900	\$	\$ 2,215
TOTAL	\$ 3,115	\$ 900	\$ 0	\$ 2,215

Statement 3 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
BERNSTEIN ADVISORS	\$ 112,516	\$ 112,516	\$	\$
TOTAL	\$ 112,516	\$ 112,516	\$ 0	\$ 0

Statement 4 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXCISE TAX ON INVESTMENT INCOME	\$ 18,108	\$	\$	\$
FOREIGN TAXES PAID	11,847	11,847		
PAYROLL TAXES	5,355			5,355
PENALTY	1,182			
TOTAL	\$ 36,492	\$ 11,847	\$ 0	\$ 5,355

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Federal Statements

FYE: 12/31/2018

Statement 5 - Form 990-PF, Part I, Line 19 - Depreciation

Description								
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income	
COMPUTER								
3/15/06	\$ 727	\$ 727	S/L	5	\$	\$	\$	
OFFICE SOFTWARE								
3/15/06	480	480		3				
DESKTOP COMPUTER								
8/24/10	1,296	1,296	200DB	5				
CONFERENCE TABLE								
12/03/13	1,093	644	S/L	7	156			
LAPTOP								
6/20/17	888	148	S/L	3	296			
I-CLICKERS								
6/20/17	2,738	548	200DB	5	876			
PROJECTOR								
7/19/17	658	110	S/L	3	219			
FURNITURE & FIXTURES								
2/15/06	3,632	3,632	S/L	7				
TOTAL	\$ 11,512	\$ 7,585			\$ 1,547	\$ 0	\$ 0	

Federal Statements**Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
EXPENSES				
CONSULTING SERVICES	2,500			2,500
EMPLOYEE HEALTH INSURANCE	10,373			10,373
MEMBER COMPENSATION	3,823			3,823
OFFICE EXPENSE	13,618			13,618
PROFESSIONAL DEVELOPMENT	25			25
INSURANCE	1,301			1,301
DUES	6,050			6,050
BEAIRD PROPRITIES LLC - PASS T	859,448	859,448		
TOTAL	\$ 897,138	\$ 859,448	\$ 0	\$ 37,690

Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
BROKER INVESTMENTS	\$ 16,614,133	\$ 17,122,529	COST	\$ 17,125,828
TOTAL	\$ 16,614,133	\$ 17,122,529		\$ 17,125,828

Statement 8 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
FURNITURE & FIXTURES	\$ 3,927	\$ 11,512	\$ 9,132	\$ 2,380
TOTAL	\$ 3,927	\$ 11,512	\$ 9,132	\$ 2,380

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Federal Statements

FYE: 12/31/2018

Statement 9 - Form 990-PF, Part II, Line 15 - Other Assets

Description	Beginning of Year	End of Year	Fair Market Value
BEAIRD PROPERTIES LLC	\$ 5,699,188	\$ 5,437,847	\$ 7,239,502
TOTAL	\$ 5,699,188	\$ 5,437,847	\$ 7,239,502

Statement 10 - Form 990-PF, Part II, Line 22 - Other Liabilities

Description	Beginning of Year	End of Year
	\$ 37,736	\$
TOTAL	\$ 37,736	\$ 0

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Federal Statements

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**Statement 11 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,
Etc.**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
ELIZABETH BEAIRD 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	PRESIDENT	25.00	0	0	0
NICOLE SEAWELL 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	VICE PRESIDE	5.00	0	0	0
VIKKI WOLF 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	SECRETARY	1.00	0	0	0
SUSIE SEAWELL 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
MARJORIE SEAWELL 330 MARHSALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
SUSAN BEAIRD 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
DUNCAN SEAWELL 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
JOHN BEAIRD 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	2.00	0	0	0
DAVID SEAWELL 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0

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Federal Statements

FYE: 12/31/2018

**Statement 11 - Form 990-PF, Part VIII, Line 1 - List of Officers, Directors, Trustees,
Etc. (continued)**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
CHAD NAQUIN 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
TOYA GRAHAM 330 MARSHALL ST., SUITE 330 SHREVEPORT LA 71101	EXECUTIVE DI	40.00	70,000	0	0
AUSTIN DARR 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
MATT WOLF 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
MALCOLM SEAWELL 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	TREASURER	1.00	0	0	0

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Federal Statements

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Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	Amount
NONE	\$
TOTAL	\$ 0

Form 990-PF, Part XV, Line 1b - Managers Who Own 10% or More Stock

Name of Manager	Amount
NONE	\$
TOTAL	\$ 0

Statement 12 - Form 990-PF, Part XV, Line 2a - Name, Address and Email for Applications

Description
TOYA GRAHAM, EXECUTIVE DIRECTOR 318-221-8276 330 MARSHALL ST., #1440 SHREVEPORT LA 71101 TOYA@BEAIRDFOUNDATION.ORG

**Statement 13 - Form 990-PF, Part XV, Line 2b -
Application Format and Required Contents**

Description
THE APPLICATION FORM IS AVAILABLE AT WWW.BEAIRDFOUNDATION.ORG. APPLICANTS MUST USE THIS FORM AND SUBMIT ONLINE AT THIS WEBSITE. IN ADDITION, PRIOR TO THE SUBMISSION OF AN APPLICATION, APPLICANT MUST COMPLETE A LETTER OF INTENT.

Form 990-PF, Part XV, Line 2c - Submission Deadlines

Description
SEMI-ANNUAL DEADLINES: JANUARY 5TH AND JULY 21ST

Statement 14 - Form 990-PF, Part XV, Line 2d - Award Restrictions or Limitations

Description
AWARDS ARE PRIMARILY TO QUALIFIED NON-PROFIT ORGANIZATIONS LOCATED IN THE SHREVEPORT AND BOSSIER CITY AREAS OF NORTH LOUISIANA. NO SCHOLARSHIPS OR GRANTS ARE AWARDED TO INDIVIDUALS.

Form **990-T**Department of the Treasury
Internal Revenue Service**Exempt Organization Business Income Tax Return**
(and proxy tax under section 6033(e))For calendar year 2018 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).

OMB No. 1545-0687

2018Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408(e) <input type="checkbox"/> 530(a) <input type="checkbox"/> 408A <input type="checkbox"/> 529(a)		Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) CAROLYN W. & CHARLES T. BEAIRD FAMILY FOUNDATION Number, street, and room or suite no. If a P.O. box, see instructions. 330 MARSHALL ST. #1440 City or town, state or province, country, and ZIP or foreign postal code SHREVEPORT LA 71101-3015		D Employer identification number (Employees' trust, see instructions.) ** - ***7212 E Unrelated business activity code (See instructions.) 531110	
C Book value of all assets at end of year 22,849,527		F Group exemption number (See instructions.) u G Check organization type u <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust			

H Enter the number of the organization's unrelated trades or businesses. **u** 1 Describe the only (or first) unrelated trade or business here
u PASSTHROUGH - FROM PARTNERSHIP INVESTMENTS If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete Schedule M for each additional trade or business, then complete Parts III-V.

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? **u** ☐ Yes ☐ No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **u THE ORGANIZATION** Telephone number **u 318-221-2823**

Part I Unrelated Trade or Business Income				(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales	c Balance u	1c			
b	Less returns and allowances					
2	Cost of goods sold (Schedule A, line 7)		2			
3	Gross profit. Subtract line 2 from line 1c		3			
4a	Capital gain net income (attach Schedule D)		4a			
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)		4b			
c	Capital loss deduction for trusts		4c			
5	Income (loss) from partnership and S corporation (attach statement) SEE STMT 1			-14,251		-14,251
6	Rent income (Schedule C)		6			
7	Unrelated debt-financed income (Schedule E)		7			
8	Interest, annuities, royalties, and rents from controlled organization (Schedule F)		8			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)		9			
10	Exploited exempt activity income (Schedule I)		10			
11	Advertising income (Schedule J)		11			
12	Other income (See instructions; attach schedule)		12			
13	Total. Combine lines 3 through 12		13	-14,251		-14,251

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)					
14	Compensation of officers, directors, and trustees (Schedule K)	14			
15	Salaries and wages	15			
16	Repairs and maintenance	16			
17	Bad debts	17			
18	Interest (attach schedule) (see instructions)	18			
19	Taxes and licenses	19			
20	Charitable contributions (See instructions for limitation rules)	20			
21	Depreciation (attach Form 4562)	21			
22	Less depreciation claimed on Schedule A and elsewhere on return	22a		22b	0
23	Depletion	23			
24	Contributions to deferred compensation plans	24			
25	Employee benefit programs	25			
26	Excess exempt expenses (Schedule I)	26			
27	Excess readership costs (Schedule J)	27			
28	Other deductions (attach schedule)	28			
29	Total deductions. Add lines 14 through 28	29			
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30			-14,251
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)	31			
32	Unrelated business taxable income. Subtract line 31 from line 30	32			-14,251

Part III Total Unrelated Business Taxable income

33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	
34	Amounts paid for disallowed fringes	34	
35	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of lines 33 and 34	36	0
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36	38	0

Part IV Tax Computation

39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	39	
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	40	
41	Proxy tax. See instructions	41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income. See instructions	43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0

Part V Tax and Payments

45a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a	
b	Other credits (see instructions)	45b	
c	General business credit. Attach Form 3800 (see instructions)	45c	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d	
e	Total credits. Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	
47	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (att. sch.)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k) line 2	49	
50a	Payments: A 2017 overpayment credited to 2018	50a	2,000
b	2018 estimated tax payments	50b	
c	Tax deposited with Form 8868	50c	
d	Foreign organizations: Tax paid or withheld at source (see instructions)	50d	
e	Backup withholding (see instructions)	50e	
f	Credit for small employer health insurance premiums (attach Form 8941)	50f	
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	50g	
51	Total payments. Add lines 50a through 50g	51	2,000
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	52	
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	0
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	2,000
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax u 2,000 Refunded u	55	

Part VI Statements Regarding Certain Activities and Other Information (see instructions)

56	At any time during the 2018 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 u	Yes	No
57	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
58	Enter the amount of tax-exempt interest received or accrued during the tax year u \$		

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.

u**u DIRECTOR**

Signature of officer

Date

Title

May the IRS discuss this return with the preparer shown below (see instructions)?
☒ Yes ☐ No**Paid****Preparer Use Only**

Print/Type preparer's name

Preparer's signature

Date

Check ☐ if self-employed

PTIN

ROBERT E. KING III

Firm's name } HUMMINGBIRD KING & BUTLER CPAS

Firm's EIN }

330 MARSHALL ST STE 600

Firm's address } SHREVEPORT, LA 71101-3293

Phone no. 318-221-1803

Schedule A – Cost of Goods Sold. Enter method of inventory valuation **u**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 Cost of goods sold. Subtract		
3 Cost of labor	3		line 6 from line 5. Enter here and		
4a Additional sec. 263A costs			in Part I, line 2	7	
(attach schedule)	4a				
b Other costs	4b		8 Do the rules of section 263A (with respect to		
(attach schedule)			property produced or acquired for resale) apply		
5 Total. Add lines 1 through 4b	5		to the organization?		
				Yes	No

Schedule C – Rent Income (From Real Property and Personal Property Leased With Real Property)

(see instructions)

1. Description of property(1) **N/A**

(2)

(3)

(4)

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	Total	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) u

(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **u****Schedule E – Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1) N/A				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			Enter here and on page 1, Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).
Total dividends-received deductions included in column 8			u	

Schedule F – Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1) N/A					
(2)					
(3)					
(4)					

Nonexempt Controlled Organizations

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
Totals			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).

Schedule G – Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col.4)
(1) N/A				
(2)				
(3)				
(4)				
Totals		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).

Schedule I – Exploited Exempt Activity Income, Other Than Advertising Income (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals		Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).			Enter here and on page 1, Part II, line 26.

Schedule J – Advertising Income (see instructions)**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1) N/A						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5)) ...						

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

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

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

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

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Federal Statements

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Statement 1 - Form 990-T, Part I, Line 5 - Income (Loss) from Partnerships or S-Corps

Name of Partnership or S-Corp		Gross Income	Direct Deductions (Part. only)	Net Income
FROM	K-1	\$ -14,251	\$	\$ -14,251
	TOTAL	\$ -14,251	\$ 0	\$ -14,251

Form **4562**Department of the Treasury
Internal Revenue Service (99)**Depreciation and Amortization**
(Including Information on Listed Property)

u Attach to your tax return.

u Go to www.irs.gov/Form4562 for instructions and the latest information.

OMB No. 1545-0172

2018Attachment
Sequence No. **179**Name(s) shown on return **CAROLYN W. & CHARLES T. BEAIRD
FAMILY FOUNDATION**Identifying number
****-***7212**

Business or activity to which this form relates

INDIRECT DEPRECIATION**Part I Election To Expense Certain Property Under Section 179****Note:** If you have any listed property, complete Part V before you complete Part I.

1	Maximum amount (see instructions)	1	1,000,000
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation (see instructions)	3	2,500,000
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	
6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost
7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the smaller of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions	11	
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11	12	
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12	13	

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.**Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)**

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions	14	
15	Property subject to section 16	15	
16	Other depreciation (including ACRS)	16	1,547

Part III MACRS Depreciation (Don't include listed property. See instructions.)**Section A**

17	MACRS deductions for assets placed in service in tax years beginning before 2018	17	0
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here <input checked="" type="checkbox"/> u		

Section B—Assets Placed in Service During 2018 Tax Year Using the General Depreciation System

(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property						
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
i Nonresidential real property			39 yrs.	MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

(a) Class life	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
20a Class life					S/L	
b 12-year			12 yrs.		S/L	
c 30-year			30 yrs.	MM	S/L	
d 40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	1,547
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

For Paperwork Reduction Act Notice, see separate instructions.

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DAA

THERE ARE NO AMOUNTS FOR PAGE 2