

Form **990-PF**Department of the Treasury
Internal Revenue Service**Return of Private Foundation**
or Section 4947(a)(1) Trust Treated as Private Foundation**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.

OMB No. 1545-0047

2019

Open to Public Inspection

For calendar year 2019 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 \$ 28,992,275	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (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"/>		

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	64,132	64,132		
	4 Dividends and interest from securities	452,915	452,915		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,305,531			
	b Gross sales price for all assets on line 6a 4,406,487				
	7 Capital gain net income (from Part IV, line 2)		1,305,531		
	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	17,165	8,459		
	12 Total. Add lines 1 through 11	1,839,743	1,831,037	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	1,850	555		1,295
	c Other professional fees (attach schedule) STMT 3	106,292	106,292		
	17 Interest	644			
	18 Taxes (attach schedule) (see instructions) STMT 4	31,887	11,617		5,355
	19 Depreciation (attach schedule) and depletion STMT 5	2,482			
	20 Occupancy				
	21 Travel, conferences, and meetings	66,743			66,743
	22 Printing and publications				
	23 Other expenses (att. sch.) STMT 6	327,181	292,506		34,675
	24 Total operating and administrative expenses. Add lines 13 through 23	610,579	410,970	0	181,568
	25 Contributions, gifts, grants paid	1,288,872			1,288,872
	26 Total expenses and disbursements. Add lines 24 and 25 ...	1,899,451	410,970	0	1,470,440
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-59,708			
	b Net investment income (if negative, enter -0-)		1,420,067		
	c Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2019)

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	5,172	21,796	21,796
	2 Savings and temporary cash investments	225,732	229,098	229,098
	3 Accounts receivable u 7,892			
	Less: allowance for doubtful accounts u	18,171	7,892	7,892
	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	37,696	23,495	23,495
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule) SEE STMT 7	17,122,529	17,114,986	20,127,882
	c Investments – corporate bonds (attach schedule)			
Liabilities	11 Investments – land, buildings, and equipment: basis u			
	Less: accumulated depreciation (attach sch.) u			
	12 Investments – mortgage loans			
	13 Investments – other (attach schedule)			
	14 Land, buildings, and equipment: basis u 12,798			
	Less: accumulated depreciation (attach sch.) u STMT 8 11,615	2,380	1,183	1,183
	15 Other assets (describe u SEE STATEMENT 9)	5,437,847	5,391,360	8,580,929
	16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)		22,789,810	28,992,275
	17 Accounts payable and accrued expenses	2,379	2,370	
	18 Grants payable			
Net Assets or Fund Balances	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)			
	23 Total liabilities (add lines 17 through 22)	2,379	2,370	
	Foundations that follow FASB ASC 958, check here u <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	22,847,148	22,787,440	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here u <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
Part III Analysis of Changes in Net Assets or Fund Balances	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	22,847,148	22,787,440	
	30 Total liabilities and net assets/fund balances (see instructions)	22,849,527	22,789,810	

1 Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	22,847,148
2 Enter amount from Part I, line 27a	2	-59,708
3 Other increases not included in line 2 (itemize) u	3	
4 Add lines 1, 2, and 3	4	22,787,440
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 29	6	22,787,440

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 SEE WORKSHEET				
b				
c				
d				
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				
b				
c				
d				
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				
b				
c				
d				
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	1,305,531
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 				24,730

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.

(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))
2018	1,473,884	26,668,909	0.055266
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
2 Total of line 1, column (d)			2 0.261031
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 0.052206
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5			4 27,821,876
5 Multiply line 4 by line 3			5 1,452,469
6 Enter 1% of net investment income (1% of Part I, line 27b)			6 14,201
7 Add lines 5 and 6			7 1,466,670
8 Enter qualifying distributions from Part XII, line 4 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.			8 1,470,440

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	14,201
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	14,201
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	14,201
6	Credits/Payments:		
a	2019 estimated tax payments and 2018 overpayment credited to 2019	6a	35,696
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	35,696
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	21,495
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax 21,495 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 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?	X	
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. u 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 2019 or the tax year beginning in 2019? 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 SEE STATEMENT 10	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 2019, 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		X
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 2019? N/A		
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 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019? <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 2019 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 Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2019.) N/A		
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
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 2019?		X

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.

	Expenses
1 N/A	
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.

	Amount
1 N/A	
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	19,182,852
b	Average of monthly cash balances	1b	481,778
c	Fair market value of all other assets (see instructions)	1c	8,580,929
d	Total (add lines 1a, b, and c)	1d	28,245,559
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	28,245,559
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	423,683
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	27,821,876
6	Minimum investment return. Enter 5% of line 5	6	1,391,094

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	1,391,094
2a	Tax on investment income for 2019 from Part VI, line 5	2a	14,201
b	Income tax for 2019. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	14,201
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,376,893
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,376,893
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	1,376,893

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	1,470,440
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	1,470,440
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	14,201
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,456,239

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 2018	(c) 2018	(d) 2019
1 Distributable amount for 2019 from Part XI, line 7				1,376,893
2 Undistributed income, if any, as of the end of 2019:				
a Enter amount for 2018 only			416,530	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2019:				
a From 2014				
b From 2015				
c From 2016				
d From 2017				
e From 2018				
f Total of lines 3a through e				
4 Qualifying distributions for 2019 from Part XII, line 4: u \$ 1,470,440				
a Applied to 2018, but not more than line 2a			416,530	
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 2019 distributable amount				1,053,910
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2019 (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 2018. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				322,983
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 2014 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2015				
b Excess from 2016				
c Excess from 2017				
d Excess from 2018				
e Excess from 2019				

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 2019, 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) 2019	(b) 2018	(c) 2017	(d) 2016	
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	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>				
ACADEMY OF CHILDREN'S THEATRE 1666 EAST BERT KOUNS SHREVEPORT LA 71105		GENERAL	OPERATING	1,250
ALLIANCE FOR EDUCATION 509 OLIVE WAY SEATTLE WA 98101-2557		GENERAL	OPERATING	5,670
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE. WASHINGTON DC 20016-8143		GENERAL	OPERATING	1,000
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVE. WASHINGTON DC 20016-8143		GENERAL	OPERATING	100
ANCHOR CENTER FOR BLIND CHILDREN 2550 ROSLYN ST DENVER CO 80238		GENERAL	OPERATING	50
BERNSTEIN DEVELOPMENT, INC. 1706 HOLLYWOOD AVENUE SHREVEPORT LA 71108		PROGRAM	SERVICES	28,100
BIOMEDICAL RESEARCH FOUNDATION OF 2031 KINGS HIGHWAY SHREVEPORT LA 71103		PROGRAM	SERVICES	10,000
BOOK HARVEST 5802 BRISBANE DRIVE CHAPEL HILL NC 27514		GENERAL	OPERATING	60
BOSSIER COUNCIL ON AGING 706 BEARKAT DR BOSSIER CITY LA 71111		CAPITAL	EXPENSES	15,000
BOY SCOUTS OF AMERICA NORWELA 3508 BEVERLY PLACE SHREVEPORT LA 71104		GENERAL	OPERATING	1,500
Total			u 3a	1,288,872
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				
CHILD CARE SERVICES ASSOCIATION P.O. BOX 901 CHAPEL HILL NC 27514		GENERAL	OPERATING	35
CHILDREN & ARTHRITIS, INC. 2751 ALBERT BICKNELL DR. SHREVEPORT LA 71103		GENERAL	OPERATING	500
CHIMP HAVEN 13600 CHIMPANZEE PLACE KEITHVILLE LA 71047		GENERAL	OPERATING	1,000
CHIMP HAVEN 13600 CHIMPANZEE PLACE KEITHVILLE LA 71047		GENERAL	OPERATING	500
CHIMP HAVEN 13600 CHIMPANZEE PLACE KEITHVILLE LA 71047		GENERAL	OPERATING	500
CHRISTIAN SERVICE PROGRAM 2346 LEVY STREET SHREVEPORT LA 71101		GENERAL	OPERATING	35,000
CHURCH HEALTH CENTER 1350 CONCOURSE AVE. MEMPHIS TN 38104		GENERAL	OPERATING	2,500
CITY LAX - DENVER 1106 COLUMBINE STREET DENVER CO 80206		GENERAL	OPERATING	1,000
COHABITAT FOUNDATION, INC. 500 CLYDE FANT PARKWAY SHREVEPORT LA 71101		PROGRAM	SERVICES	30,000
COHABITAT FOUNDATION, INC. 500 CLYDE FANT PARKWAY SHREVEPORT LA 71101		PROGRAM	SERVICES	1,000
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 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				
COHABITAT FOUNDATION, INC. 500 CLYDE FANT PARKWAY SHREVEPORT LA 71101		GENERAL	OPERATING	50
COHABITAT FOUNDATION, INC. 500 CLYDE FANT PARKWAY SHREVEPORT LA 71101		GENERAL	OPERATING	50
COLORADO FRIENDS OF COLORADO WSRP 600 S. CHERRY STREET DENVER CO 80246-1712		GENERAL	OPERATING	500
COMMON GROUND COMMUNITY, INC. 4830 LINE AVE. #117 SHREVEPORT LA 71106		CAPITAL	EXPENSES	20,000
COMMON GROUND COMMUNITY, INC. 4830 LINE AVE., #117 SHREVEPORT LA 71106		GENERAL	OPERATING	1,000
COMMON GROUND COMMUNITY, INC. 4830 LINE AVE., #117 SHREVEPORT LA 71106		GENERAL	OPERATING	500
COMMON GROUND COMMUNITY, INC. 4830 LINE AVE., #117 SHREVEPORT LA 71106		GENERAL	OPERATING	500
COMMUNITY FOUNDATION OF NORTH 401 EDWARDS STREET SHREVEPORT LA 71101		DONOR ADVISED FUND		46,000
COMMUNITY HOME TRUST PO BOX 2315 CHAPEL HILL NC 27517		GENERAL	OPERATING	750
COMMUNITY SAILING OF COLORADO P.O. BOX 102613 DENVER CO 80250		GENERAL	OPERATING	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 <i>Paid during the year</i>				
COMPASSION FOR LIVES 7505 PINES ROAD SHREVEPORT LA 71129		GENERAL	OPERATING	30,000
CORNELL UNIVERSITY 130 EAST SENECA STREET ITHACA NY 14850		GENERAL	OPERATING	1,000
COUNCIL ON ALCOHOLISM AND DRUG ABUS 2000 FAIRFIELD AVENUE SHREVEPORT LA 71115		CAPITAL	EXPENSES	25,000
DEMOCRACY NORTH CAROLINA 1821 GREEN STREET DURHAM NC 27705-4114		GENERAL	OPERATING	1,000
DENVER PUBLIC SCHOOLS, HALLETT 1860 LINCOLN ST. DENVER CO 80203		GENERAL	OPERATING	3,500
DENVER RESCUE MISSION 6100 SMITH ROAD DENVER CO 80216		GENERAL	OPERATING	350
EL CENTRO HISPANO 2000 CHAPEL HILL RD., DURHAM NC 27707		GENERAL	OPERATING	500
ELM FORK CHAPTER OF TEXAS MASTER 401 W. HICKORY ST. DENTON TX 76201		GENERAL	OPERATING	1,619
EVERGREEN PRESBYTERIAN MINISTRIES 2101 HIGHWAY 80 HAUGHTON LA 71037		PROGRAM	SERVICES	1,000
FIRST PRESBYTERIAN CHURCH 900 JORDAN ST. SHREVEPORT LA 71101		GENERAL	OPERATING	4,000
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 <i>Paid during the year</i>				
FIRST PRESBYTERIAN DAY SCHOOL 900 JORDAN ST. SHREVEPORT LA 71101		GENERAL	OPERATING	4,000
FIRST PRESBYTERIAN DAY SCHOOL 900 JORDAN ST SHREVEPORT LA 71101		PROGRAM	SERVICES	1,500
FORENSIC NURSES OF LOUISIANA, INC. 2900 HEARNE AVE. SHREVEPORT LA 71103		GENERAL	OPERATING	500
FOUNDATION OF FIGHTING BLINDNESS 7168 COLUMBIA GATEWAY DR COLUMBIA MD 21046		GENERAL	OPERATING	250
FRIENDS OF HAWTHORNE PTA 4100 39TH AVE S SEATTLE WA 98118		GENERAL	OPERATING	5,150
FRONTLINE INCIDENT RESPONSE P.O. BOX 5310 SHREVEPORT LA 71135		GENERAL	OPERATING	20,000
GAYLORD HOSPITAL P.O. BOX 400 WALLINGFORD CT 06492		PROGRAM	SERVICES	500
GEAUX 4 KIDS, INC P.O. BOX 597 SHREVEPORT LA 71162-0597		GENERAL	OPERATING	12,000
GEAUX 4 KIDS, INC. P.O. BOX 597 SHREVEPORT LA 71162-0597		GENERAL	OPERATING	3,500
GEAUX 4 KIDS, INC. P.O. BOX 597 SHREVEPORT LA 71162-0597		PROGRAM	SERVICES	2,500
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				
GULF SOUTH GOLDEN RETRIEVER RESCUE 2664 CHOCTAW TRAIL MARIANNA FL 32446		GENERAL	OPERATING	500
HEARTS OF HOPE P.O. BOX 53967 LAFAYETTE LA 70505		GENERAL	OPERATING	500
HOPE CONNECTIONS INC 2350 LEVY STREET SHREVEPORT LA 71103		GENERAL	OPERATING	500
INTER CITY ROW MODERN DANCE COMPANY 2021 MARTIN LUTHER KING SHREVEPORT LA 71107		GENERAL	OPERATING	13,500
JEWISH FAMILY SERVICES OF SAN DIEGO 8804 BALBOA AVE SAN DIEGO CA 92123		PROGRAM	SERVICES	500
JEWISH FAMILY SERVICES OF SAN DIEGO 8804 BALBOA AVE. SAN DIEGO CA 92123		PROGRAM	SERVICES	250
JEWISH FAMILY SERVICES OF SAN DIEGO 8804 BALBOA AVE. SAN DIEGO CA 92123		GENERAL	OPERATING	25
JUNETEENTH MUSIC FESTIVAL P.O. BOX 460454 GLENDALE CO 80246		GENERAL	OPERATING	1,000
LEWISVILLE HIGH SCHOOL THEATRE P.O. BOX 292912 LEWISVILLE TX 75029		GENERAL	OPERATING	100
LEWISVILLE HIGH SCHOOL THEATRE P.O. BOX 292912 LEWISVILLE TX 75029		GENERAL	OPERATING	100
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 <i>Paid during the year</i>				
LEWISVILLE HIGH SCHOOL THEATRE BOOS P.O. BOX 292912 LEWISVILLE TX 75029			GENERAL OPERATING	500
LOUISIANA A+ SCHOOLS 100 LAFAYETTE ST. BATON ROUGE LA 70801			PROGRAM SERVICES	60,000
LOUISIANA ARCHITECTURE FOUNDATION 521 AMERICA STREET BATON ROUGE LA 70802			PROGRAM SERVICES	16,000
LOUISIANA ASSOCIATION FOR THE BLIND 1750 CLAIBORNE AVE SHREVEPORT LA 71103			CAPITAL EXPENSES	15,000
LOUISIANA ASSOCIATION FOR THE BLIND 1750 CLAIBORNE AVE SHREVEPORT LA 71103			GENERAL OPERATING	250
MAIA 1031 33RD ST DENVER CO 80205			GENERAL OPERATING	500
LOUISIANA ENDOWMENT FOR THE HUMANIT 938 LAFAYETTE STREET NEW ORLEANS LA 70113			PROGRAM SERVICES	37,155
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
MARTIN LUTHER KING COMMUNITY 3067 DR. MARTIN L KING, SHREVEPORT LA 71107			PROGRAM SERVICES	35,000
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>				
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
MIRACLES ON ICE-HOWARD FAMILY FOUND 9 WATERSIDE TERRACE CHERRY HILLS VILLAGE CO 8		GENERAL	OPERATING	500
MISSIO DEI CHURCH 621 S. WHITE STATION RD MEMPHIS TN 38117		GENERAL	OPERATING	6,000
MORRIS ANIMAL FOUNDATION 720 S. COLORADO BLVD DENVER CO 80246		PROGRAM	SERVICES	1,000
NORTH CAROLINA JUSTICE CENTER P.O BOX 28068 RALEIGH NC 27611		PROGRAM	SERVICES	1,000
NW LA EDUCATION AND LEADERSHIP FOUN P.O. BOX 5956 BOSSIER CITY LA 71171-595		GENERAL	OPERATING	30,000
PAMOJA ART SOCIETY 3806 LINWOOD AVENUE SHREVEPORT LA 71103		CAPITAL	EXPENSES	12,500
PARK HILL COLLECTIVE IMPACT 3475 HOLLY ST. DENVER CO 80207		GENERAL	OPERATING	3,100
PARK HILL ELEMENTARY PTA 5050 EAST 19TH AVENUE DENVER CO 80220		GENERAL	OPERATING	800
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>				
PARTNERS IN HEALTH P.O. BOX 996 FREDERICK MD 21075-9942		GENERAL	OPERATING	5,025
PEOPLE ACTING FOR CHANGE AND EQUALI 906 KIRBY PL SHREVEPORT LA 71104		PROGRAM	SERVICES	5,215
PET SAVERS 632 DUDLEY DR SHREVEPORT LA 71104		GENERAL	OPERATING	2,000
PHILADELPHIA CENTER 2020 CENTENARY BOULEVARD SHREVEPORT LA 71104		GENERAL	OPERATING	250
PLANNED PARENTHOOD SOUTH ATLANTIC 100 SOUTH BOYLAN AVENUE RALEIGH NC 27603		GENERAL	OPERATING	3,984
PLANT A SEED IN OUR YOUTH FOUNDATIO 1518 COX STREET BOSSIER CITY LA 71111		GENERAL	OPERATING	500
PLAYAZ AND PLAYETTES, INC 835 BUTLER STREET SHREVEPORT LA 71103		GENERAL	OPERATING	3,000
PROJECT RECLAIM OF MINDEN, INC. P.O. BOX 444 MINDEN LA 71058		GENERAL	OPERATING	16,000
PROVIDENCE HOUSE 814 COTTON STREET SHREVEPORT LA 71101		PROGRAM	SERVICES	50,000
REPAIRERS OF THE BREACH, INC. P.O. BOX 1638 GOLDSBORO NC 27533-1638		GENERAL	OPERATING	310
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>				
RED RIVER REVEL 101 CROCKETT STREET SHREVEPORT LA 71101		GENERAL	OPERATING	10,000
RED RIVER STEM 820 CLYDE FANT PARKWAY SHREVEPORT LA 71101		PROGRAM	SERVICES	25,934
RENESTING PROJECT INC 1331 DRIFTWOOD DRIVE BOSSIER CITY LA 71111		GENERAL	OPERATING	25,000
RENZI EDUCATION AND ART CENTER 435 EGAN STREET SHREVEPORT LA 71101		GENERAL	OPERATING	250
RHO OMEGA AND FRIENDS, INC. P.O. BOX 19431 SHREVEPORT LA 71149		PROGRAM	SERVICES	10,000
ROBINSON'S RESCUE LOW COST SPAY 2515 LINE AVENUE SHREVEPORT LA 71104		GENERAL	OPERATING	1,750
SACRED HEART OF JESUS P.O. BOX 737 BROUSSARD LA 70518		GENERAL	OPERATING	1,500
SADIE'S ARMS, INC 4466 FAIRWAY DR. SHREVEPORT LA 71109		GENERAL	OPERATING	15,000
SANCTUARY ARTS SCHOOL 1200 MARSHALL STREET SHREVEPORT LA 71101		GENERAL	OPERATING	750
SEMESTER AT SEA/INSTITUTE FOR SHIPB CAMPUS DELIVERY 1587 FT COLLINS CO 80523-1587		GENERAL	OPERATING	350
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				
SHREVEPORT GREEN 3625 SOUTHERN AVENUE SHREVEPORT LA 71104		GENERAL	OPERATING	16,400
SHREVEPORT OPERA 6969 FERN LOOP SHREVEPORT LA 71105		PROGRAM	SERVICES	10,000
SHREVEPORT REGIONAL ARTS COUNCIL 801 CROCKETT ST SHREVEPORT LA 71101		CAPITAL	EXPENSES	25,000
SOUTHERN POVERTY LAW CENTER 400 WASHINGTON AVE MONTGOMERY AL 36104		GENERAL	OPERATING	500
SPEAKING PLACE P.O. BOX 905 ROCKLAND ME 04841		GENERAL	OPERATING	3,000
ST GEORGE EPISCOPAL CHURCH 2425 S. GERMANTOWN RD GERMANTOWN TN 38138		GENERAL	OPERATING	4,000
ST. LUKE'S EPISCOPAL MOBILE MEDICAL P.O. BOX 53074 SHREVEPORT LA 71135		GENERAL	OPERATING	1,000
STEDMAN PTA 2940 DEXTER ST DENVER CO 80207		PROGRAM	SERVICES	3,500
STEP FORWARD 401 EDWARDS STREET SHREVEPORT LA 71101		GENERAL	OPERATING	30,000
STEVE'S CLUB DENVER 950 S. CHERRY ST DENVER CO 80246		GENERAL	OPERATING	8,400
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 <i>Paid during the year</i>				
STEVES CLUB NATIONAL PROGRAM PO BOX 18082 DENVER CO 80218		PROGRAM	SERVICES	11,450
STRATEGIC ACTION COUNCIL 331 MILAM STREET SHREVEPORT LA 71101		GENERAL	OPERATING	25,000
THE BETTY AND LEONARD PHILLIPS 601 JORDAN STREET SHREVEPORT LA 71101		CAPITAL	EXPENSES	10,000
THE CHERRY HILLS LAND PRESERVE P.O. BOX 522 ENGLEWOOD CO 80151		GENERAL	OPERATING	1,000
THE CHILDREN'S HOSPITAL COLORADO 13123 E. 16TH AVENUE AURORA CO 80045		GENERAL	OPERATING	11,450
THE FIRST TEE MIAMI-DADE AMATEUR 1802 NW 37TH AVE MIAMI FL 33125		GENERAL	OPERATING	100
THE GEORGE WASHINGTON UNIVERSITY P.O. BOX 98131 WASHINGTON DC 20077		GENERAL	OPERATING	250
THE MORGAN ADAMS FOUNDATION 5303 E EVANS AVE. DENVER CO 80222		GENERAL	OPERATING	1,000
THE NATURE CONSERVANCY 721 GOVERNMENT ST BATON ROUGE LA 70802		PROGRAM	SERVICES	15,000
THE PERIWINKLE FOUNDATION 3400 BISSONNET ST HOUSTON TX 77005		GENERAL	OPERATING	4,000
Total			u 3a	
b <i>Approved for future payment</i> N/A				
Total			u 3b	

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

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
BEAIRD PROPERTIES	\$ 8,459	\$ 8,459	\$
OTHER REVENUE	6,000		
FROM K-1	2,706		
TOTAL	\$ 17,165	\$ 8,459	\$ 0

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

Description	\$ Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES	\$ 1,850	\$ 555	\$	\$ 1,295
TOTAL	\$		0	\$ 1,295

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
BERNSTEIN ADVISORS	\$ 106,292	\$ 106,292	\$	\$
TOTAL	\$ 106,292	\$ 106,292	\$ 0	\$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FOREIGN TAXES PAID	\$ 11,617	\$ 11,617	\$	\$
PAYROLL TAXES	5,355			5,355
PENALTY	714			
EXCISE TAX ON INVESTMENT INCOME	14,201			
TOTAL	\$ 31,887	\$ 11,617	\$ 0	\$ 5,355

-*7212

Federal Statements

FYE: 12/31/2019

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	800	S/L	7	156				
LAPTOP									
6/20/17	888	444	S/L	3	296				
I-CLICKERS									
6/20/17	2,738	1,424	200DB	5	525				
PROJECTOR									
7/19/17	658	329	S/L	3	219				
FURNITURE & FIXTURES									
2/15/06	3,632	3,632	S/L	7					
DELL INSPIRON COMPUTER									
10/22/19	1,286		200DB	5	1,286				
TOTAL	\$ 12,798	\$ 9,132			\$ 2,482	\$ 0	\$ 0		

-*7212

Federal Statements

FYE: 12/31/2019

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
EXPENSES				
EMPLOYEE HEALTH INSURANCE	10,862			10,862
MEMBER COMPENSATION	4,214			4,214
OFFICE EXPENSE	5,535			5,535
PROFESSIONAL DEVELOPMENT	5,102			5,102
INSURANCE	1,397			1,397
DUES	7,550			7,550
FILING FEES	15			15
BEAIRD PROPRITIES LLC - PASS T	292,506	292,506		
TOTAL	\$ 327,181	\$ 292,506	\$ 0	\$ 34,675

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	\$ 17,122,529	\$ 17,114,986	COST	\$ 20,127,882
TOTAL	\$ 17,122,529	\$ 17,114,986		\$ 20,127,882

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	\$ 2,380	\$ 12,798	\$ 11,615	\$ 1,183
TOTAL	\$ 2,380	\$ 12,798	\$ 11,615	\$ 1,183

Federal Statements

FYE: 12/31/2019

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

Description	Beginning of Year	End of Year	Fair Market Value
BEAIRD PROPERTIES LLC	\$ 5,437,847	\$ 5,391,360	\$ 8,580,929
TOTAL	\$ 5,437,847	\$ 5,391,360	\$ 8,580,929

Statement 10 - Form 990-PF, Part VII-A, Line 12 - Distribution InformationDescription

THE BEAIRD FOUNDATION CONTRIBUTED \$46,000 INTO THE CAROLYN AND CHARLES BEAIRD DONOR-ADVISED FUND AT THE COMMUNITY FOUNDATION IN 2019. THE BEAIRD FOUNDATION HAS THE ADVISORY CAPACITY OF THE FUND.

-*7212

Federal Statements

FYE: 12/31/2019

**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
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
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

Federal Statements

**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>
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
JACKSON DARR 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
TYLER WOLF 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0

Federal Statements

FYE: 12/31/2019

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 2019 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. 1545-0047

2019Open 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"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <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 22,789,810	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 a 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						
b Less returns and allowances		c Balance	1c			
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	5	2,706		2,706
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	2,706		2,706

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (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 Depreciation (attach Form 4562)	20		
21 Less depreciation claimed on Schedule A and elsewhere on return	21a	21b	0
22 Depletion		22	
23 Contributions to deferred compensation plans		23	
24 Employee benefit programs		24	
25 Excess exempt expenses (Schedule I)		25	
26 Excess readership costs (Schedule J)		26	
27 Other deductions (attach schedule)		27	
28 Total deductions. Add lines 14 through 27		28	
29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13		29	2,706
30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		30	2,706
31 Unrelated business taxable income. Subtract line 30 from line 29		31	

32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deductions. Subtract line 34 from the sum of lines 32 and 33	35	
36	Deductions for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36	
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	0
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37, enter the smaller of zero or line 37	39	0

40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0

46a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	46a			
b	Other credits (see instructions)	46b			
c	General business credit. Attach Form 3800 (see instructions)	46c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	46d			
e	Total credits. Add lines 46a through 46d			46e	
47	Subtract line 46e from line 45			47	
48	Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> Line 3 <input type="checkbox"/> Other (att. sch.)			48	
49	Total tax. Add lines 47 and 48 (see instructions)			49	0
50	2019 net 965 tax liability paid f (k) li			50	
51a	Payments: A 2018 overpayment credited to 2019 Form 8611 Form 8697 Form 8866	51a		2,000	
b	2019 estimated tax payments	51b			
c	Tax deposited with Form 8868	51c			
d	Foreign organizations: Tax paid or withheld at source (see instructions)	51d			
e	Backup withholding (see instructions)	51e			
f	Credit for small employer health insurance premiums (attach Form 8941)	51f			
g	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other Total u	51g			
52	Total payments. Add lines 51a through 51g			52	2,000
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached u <input type="checkbox"/>			53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed u			54	0
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid u			55	2,000
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax u 2,000 Refunded u			56	

<p>57 At any time during the 2019 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>u</u></p>	<p>Yes</p>	<p>No</p>
		<p>X</p>
<p>58 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.</p>		<p>X</p>
<p>59 Enter the amount of tax-exempt interest received or accrued during the tax year <u>u</u> \$</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.

May the IRS discuss this return with the preparer shown below (see instructions)?

☒ Yes ☐ No

Here u _____ **u DIRECTOR**

Signature of officer Date Title

Paid Preparer Use Only	Signature of preparer		Date	Preparer's signature		Date	Check <input type="checkbox"/> if self-employed	PTIN
	ROBERT E. KING III			ROBERT E. KING III				*****
	Firm's name	} HUMMINGBIRD KING & BUTLER CPAS					Firm's EIN	} **-***1949
	Firm's address	} 330 MARSHALL ST STE 600 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			8 Do the rules of section 263A (with respect to		Yes
(attach schedule)	4b		property produced or acquired for resale) apply		No
5 Total. Add lines 1 through 4b	5		to the organization?		

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		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 25.

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 26.
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	

-*7212

Federal Statements

FYE: 12/31/2019

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	\$ 2,706	\$	\$ 2,706
	TOTAL	\$ 2,706	\$ 0	\$ 2,706

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

2019Attachment
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	1,020,000
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	2,550,000
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 2018 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 2020. 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	1,286
15	Property subject to section 16	15	
16	Other depreciation (including ACRS)	16	1,196

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 2019	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 2019 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	
				MM	S/L	

Section C—Assets Placed in Service During 2019 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	2,482
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.

DAA

Form **4562** (2019)
THERE ARE NO AMOUNTS FOR PAGE 2