

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

OMB No. 1545-0047

**2020**Department of the Treasury  
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

For calendar year 2020 or tax year beginning , and ending

Name of foundation <b>CAROLYN W. &amp; CHARLES T. BEAIRD FAMILY FOUNDATION</b>		A Employer identification number <b>72-6027212</b>						
Number and street (or P.O. box number if mail is not delivered to street address) <b>330 MARSHALL ST. #1440</b>		B Telephone number (see instructions) <b>318-221-2823</b>						
City or town, state or province, country, and ZIP or foreign postal code <b>SHREVEPORT LA 71101-3015</b>		C If exemption application is pending, check here <input type="checkbox"/>						
G Check all that apply: <table border="0"> <tr> <td><input type="checkbox"/> Initial return</td> <td><input type="checkbox"/> Initial return of a former public charity</td> </tr> <tr> <td><input type="checkbox"/> Final return</td> <td><input type="checkbox"/> Amended return</td> </tr> <tr> <td><input type="checkbox"/> Address change</td> <td><input type="checkbox"/> Name change</td> </tr> </table>		<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity	<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return	<input type="checkbox"/> Address change	<input type="checkbox"/> Name change	D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<input type="checkbox"/> Initial return	<input type="checkbox"/> Initial return of a former public charity							
<input type="checkbox"/> Final return	<input type="checkbox"/> Amended return							
<input type="checkbox"/> Address change	<input type="checkbox"/> Name change							
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) <b>\$ 31,223,395</b>		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 <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments .....	48,436	48,436		
	4 Dividends and interest from securities .....	364,578	364,578		
	5a Gross rents .....				
	b Net rental income or (loss) .....				
	6a Net gain or (loss) from sale of assets not on line 10 .....	1,035,729			
	b Gross sales price for all assets on line 6a <b>5,123,964</b>				
	7 Capital gain net income (from Part IV, line 2) .....		1,035,729		
	8 Net short-term capital gain .....			0	
	9 Income modifications .....				
	10a Gross sales less returns and allowances .....				
b Less: Cost of goods sold .....					
c Gross profit or (loss) (attach schedule) .....					
11 Other income (attach schedule) <b>STMT 1</b>	4,766	4,766			
12 Total. Add lines 1 through 11 .....	1,453,509	1,453,509	0		
Operating and Administrative Expenses	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) <b>STMT 2</b>	7,350	2,205		5,145
	c Other professional fees (attach schedule) <b>STMT 3</b>	108,642	108,642		
	17 Interest .....				
	18 Taxes (attach schedule) (see instructions) <b>STMT 4</b>	27,739	12,205		5,355
	19 Depreciation (attach schedule) and depletion <b>STMT 5</b>	711			
	20 Occupancy .....				
	21 Travel, conferences, and meetings .....	11,703			11,703
	22 Printing and publications .....				
	23 Other expenses (att. sch.) <b>STMT 6</b>	305,470	271,456		34,014
	24 Total operating and administrative expenses. Add lines 13 through 23 .....	535,115	394,508	0	129,717
	25 Contributions, gifts, grants paid .....	1,392,059			1,392,059
	26 Total expenses and disbursements. Add lines 24 and 25 .....	1,927,174	394,508	0	1,521,776
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements .....	-473,665				
b Net investment income (if negative, enter -0-) .....		1,059,001			
c Adjusted net income (if negative, enter -0-) .....			0		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2020)

**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
<b>Assets</b>	1 Cash – non-interest-bearing	21,796	24,345	24,345
	2 Savings and temporary cash investments	229,098	95,339	95,339
	3 Accounts receivable u 6,928			
	Less: allowance for doubtful accounts u	7,892	6,928	6,928
	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	23,495	32,385	32,385
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule) SEE STMT 7	17,114,986	17,240,361	21,640,669
	c Investments – corporate bonds (attach schedule)			
<b>Liabilities</b>	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 12,325	1,183	473	473
	15 Other assets (describe u SEE STATEMENT 9 )	5,391,360	4,927,606	9,423,256
	16 <b>Total assets</b> (to be completed by all filers – see the instructions. Also, see page 1, item I)	22,789,810	22,327,437	31,223,395
	17 Accounts payable and accrued expenses	2,370	13,662	
	18 Grants payable			
<b>Net Assets or Fund Balances</b>	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 <b>Total liabilities</b> (add lines 17 through 22)	2,370	13,662	
	<b>Foundations that follow FASB ASC 958, check here</b> u <input checked="" type="checkbox"/> <b>and complete lines 24, 25, 29, and 30.</b>			
	24 Net assets without donor restrictions	22,787,440	22,313,775	
	25 Net assets with donor restrictions			
	<b>Foundations that do not follow FASB ASC 958, check here</b> u <input type="checkbox"/> <b>and complete lines 26 through 30.</b>			
	26 Capital stock, trust principal, or current funds			
<b>Net Assets or Fund Balances</b>	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 <b>Total net assets or fund balances</b> (see instructions)	22,787,440	22,313,775	
	30 <b>Total liabilities and net assets/fund balances</b> (see instructions)	22,789,810	22,327,437	

**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 29 (must agree with end-of-year figure reported on prior year's return)	1	22,787,440
2 Enter amount from Part I, line 27a	2	-473,665
3 Other increases not included in line 2 (itemize) u	3	
4 Add lines 1, 2, and 3	4	22,313,775
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	22,313,775

**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.)
<b>1a BEAIRD PROPERTIES</b>	<b>P</b>		<b>12/31/20</b>
<b>b BERNSTEIN - SALE OF ST COV SEC</b>	<b>P</b>		<b>12/11/20</b>
<b>c BERNSTEIN - SALE OF LT COV SEC</b>	<b>P</b>		<b>12/14/20</b>
<b>d BERNSTEIN</b>			
<b>e</b>			

  

(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)
<b>a 326,719</b>			<b>326,719</b>
<b>b 984,831</b>		<b>939,424</b>	<b>45,407</b>
<b>c 3,754,237</b>		<b>3,148,811</b>	<b>605,426</b>
<b>d 58,177</b>			<b>58,177</b>
<b>e</b>			

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))
<b>a</b>			<b>326,719</b>
<b>b</b>			<b>45,407</b>
<b>c</b>			<b>605,426</b>
<b>d</b>			<b>58,177</b>
<b>e</b>			

  

<b>2 Capital gain net income or (net capital loss)</b>	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 7            If (loss), enter -0- in Part I, line 7         </div>	<b>2</b>	<b>1,035,729</b>
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):</b>	<div style="border: 1px solid black; padding: 2px;">           If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in            Part I, line 8         </div>	<b>3</b>	<b>45,407</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income****SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 – DO NOT COMPLETE.**

1 Reserved

(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
Reserved			
Reserved			
Reserved			
Reserved			
Reserved			

  

<b>2 Reserved</b>	<b>2</b>	
<b>3 Reserved</b>	<b>3</b>	
<b>4 Reserved</b>	<b>4</b>	
<b>5 Reserved</b>	<b>5</b>	
<b>6 Reserved</b>	<b>6</b>	
<b>7 Reserved</b>	<b>7</b>	
<b>8 Reserved</b>	<b>8</b>	

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

<b>1a</b>	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>b</b>	Reserved	<b>1</b>	<b>14,720</b>
<b>c</b>	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).		
<b>2</b>	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>2</b>	<b>0</b>
<b>3</b>	Add lines 1 and 2	<b>3</b>	<b>14,720</b>
<b>4</b>	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<b>4</b>	<b>0</b>
<b>5</b>	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	<b>5</b>	<b>14,720</b>
<b>6</b>	Credits/Payments:		
<b>a</b>	2020 estimated tax payments and 2019 overpayment credited to 2020	<b>6a</b>	<b>21,495</b>
<b>b</b>	Exempt foreign organizations – tax withheld at source	<b>6b</b>	
<b>c</b>	Tax paid with application for extension of time to file (Form 8868)	<b>6c</b>	<b>11,300</b>
<b>d</b>	Backup withholding erroneously withheld	<b>6d</b>	
<b>7</b>	Total credits and payments. Add lines 6a through 6d	<b>7</b>	<b>32,795</b>
<b>8</b>	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b> u	<b>9</b>	
<b>10</b>	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b> u	<b>10</b>	<b>18,075</b>
<b>11</b>	Enter the amount of line 10 to be: <b>Credited to 2021 estimated tax</b> u <b>18,075</b> <b>Refunded</b> u	<b>11</b>	

**Part VII-A Statements Regarding Activities**

		Yes	No
<b>1a</b>	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?		<b>X</b>
<b>1b</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 <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		<b>X</b>
<b>1c</b>	Did the foundation file <b>Form 1120-POL</b> for this year?		<b>X</b>
<b>d</b>	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 \$ _____		
<b>e</b>	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. u \$ _____		
<b>2</b>	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.		<b>X</b>
<b>3</b>	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		<b>X</b>
<b>4a</b>	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		<b>X</b>
<b>4b</b>	If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? <b>N/A</b>		
<b>5</b>	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		<b>X</b>
<b>6</b>	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?		<b>X</b>
<b>7</b>	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	<b>X</b>	
<b>8a</b>	Enter the states to which the foundation reports or with which it is registered. See instructions. u <b>LA</b>		
<b>8b</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	<b>X</b>	
<b>9</b>	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 2020 or the tax year beginning in 2020? See instructions for Part XIV. If "Yes," complete Part XIV		<b>X</b>
<b>10</b>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		<b>X</b>



**Part VII-A Statements Regarding Activities (continued)**

	Yes	No
<b>11</b> 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		<b>X</b>
<b>12</b> 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 <b>SEE STATEMENT 10</b>	<b>X</b>	
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address u <b>WWW.BEAIRDFoundation.ORG</b>	<b>X</b>	
<b>14</b> The books are in care of u <b>THE ORGANIZATION</b> Telephone no. u <b>318-221-2823</b> <b>330 MARSHALL ST., #1440</b> Located at u <b>SHREVEPORT</b> LA ZIP+4 u <b>71101</b>		
<b>15</b> 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 <b>15</b>		
<b>16</b> At any time during calendar year 2020, 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	<b>X</b>	

**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
<b>1a</b> 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>b</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"/>	<b>1b</b>	<b>X</b>
<b>c</b> 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 2020? <b>N/A</b>	<b>1c</b>	
<b>2</b> 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)):		
<b>a</b> At the end of tax year 2020, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years u 20 , 20 , 20 , 20		
<b>b</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.) <b>N/A</b>	<b>2b</b>	
<b>c</b> 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		
<b>3a</b> 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>b</b> If "Yes," did it have excess business holdings in 2020 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 2020.) <b>N/A</b>	<b>3b</b>	
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	<b>4a</b>	<b>X</b>
<b>b</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 2020?	<b>4b</b>	<b>X</b>

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

		Yes	No
<b>5a</b>	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>b</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"/>	
<b>c</b>	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).		
<b>6a</b>	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>b</b>	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	6b	
	If "Yes" to 6b, file Form 8870.	X	
<b>7a</b>	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>b</b>	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b>	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	(b) Title, and average hours per week devoted to position	(c) 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				

<b>Total</b> 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**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	
<b>Total.</b> Add lines 1 through 3 <span style="float: right;">▶</span>	

**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	19,557,050
b	Average of monthly cash balances	1b	470,119
c	Fair market value of all other assets (see instructions)	1c	9,423,256
d	<b>Total</b> (add lines 1a, b, and c)	1d	29,450,425
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	29,450,425
4	Cash deemed held for charitable activities. Enter 1½% of line 3 (for greater amount, see instructions)	4	441,756
5	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3. Enter here and on Part V, line 4	5	29,008,669
6	<b>Minimum investment return.</b> Enter 5% of line 5	6	1,450,433

**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	1,450,433
2a	Tax on investment income for 2020 from Part VI, line 5	2a	14,720
b	Income tax for 2020. (This does not include the tax from Part VI.)	2b	
c	Add lines 2a and 2b	2c	14,720
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,435,713
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,435,713
6	Deduction from distributable amount (see instructions)	6	
7	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	1,435,713

**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	1,521,776
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	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	1,521,776
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	0
6	<b>Adjusted qualifying distributions.</b> Subtract line 5 from line 4	6	1,521,776

**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 2019	(c) 2019	(d) 2020
<b>1</b> Distributable amount for 2020 from Part XI, line 7				<b>1,435,713</b>
<b>2</b> Undistributed income, if any, as of the end of 2020:				
<b>a</b> Enter amount for 2019 only			<b>322,983</b>	
<b>b</b> Total for prior years: 20____, 20____, 20____				
<b>3</b> Excess distributions carryover, if any, to 2020:				
<b>a</b> From 2015				
<b>b</b> From 2016				
<b>c</b> From 2017				
<b>d</b> From 2018				
<b>e</b> From 2019				
<b>f</b> Total of lines 3a through e				
<b>4</b> Qualifying distributions for 2020 from Part XII, line 4: u \$ <b>1,521,776</b>				
<b>a</b> Applied to 2019, but not more than line 2a			<b>322,983</b>	
<b>b</b> Applied to undistributed income of prior years (Election required – see instructions)				
<b>c</b> Treated as distributions out of corpus (Election required – see instructions)				
<b>d</b> Applied to 2020 distributable amount				<b>1,198,793</b>
<b>e</b> Remaining amount distributed out of corpus				
<b>5</b> Excess distributions carryover applied to 2020 (If an amount appears in column (d), the same amount must be shown in column (a).)				
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b				
<b>c</b> 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				
<b>d</b> Subtract line 6c from line 6b. Taxable amount – see instructions				
<b>e</b> Undistributed income for 2019. Subtract line 4a from line 2a. Taxable amount – see instructions				
<b>f</b> Undistributed income for 2020. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2021				<b>236,920</b>
<b>7</b> 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)				
<b>8</b> Excess distributions carryover from 2015 not applied on line 5 or line 7 (see instructions)				
<b>9</b> Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a				
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2016				
<b>b</b> Excess from 2017				
<b>c</b> Excess from 2018				
<b>d</b> Excess from 2019				
<b>e</b> Excess from 2020				



**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 2020, 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) 2020	(b) 2019	(c) 2018	(d) 2017	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed					
<b>b</b> 85% of line 2a					
<b>c</b> Qualifying distributions from Part XII, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test – enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed					
<b>c</b> "Support" alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> 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 ☐ 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
<b>a</b> <i>Paid during the year</i>				
<b>ACADEMY OF CHILDREN'S THEATRE</b> 1666 EAST BERT KOUNS SHREVEPORT LA 71105		<b>GENERAL</b>	<b>OPERATING</b>	10,000
<b>ADVANCEMENT PROJECT</b> 1220 L STREET NW WASHINGTON DC 20005		<b>GENERAL</b>	<b>OPERATING</b>	300
<b>ALAMANCE ELDERCARE</b> P.O. BOX 202 BURLINGTON NC 27216		<b>GENERAL</b>	<b>OPERATING</b>	50
<b>AMERICAN UNIVERSITY</b> P.O. BOX 96609 WASHINGTON DC 20077		<b>GENERAL</b>	<b>OPERATING</b>	500
<b>AMERICAN UNIVERSITY</b> P.O. BOX 96609 WASHINGTON DC 20077		<b>PROGRAM</b>	<b>SERVICES</b>	250
<b>BE LOUD SOPHIE</b> 406 LONGLEAF DRIVE CHAPEL HILL NC 27517		<b>GENERAL</b>	<b>OPERATING</b>	25
<b>BEAT THE STREETS, LLC</b> 37270 LONGWOOD AVE PRAIRIEVILLE LA 70769		<b>GENERAL</b>	<b>OPERATING</b>	12,360
<b>BERNSTEIN DEVELOPMENT, INC.</b> 1706 HOLLYWOOD AVENUE SHREVEPORT LA 71108		<b>CAPITAL</b>	<b>EXPENSES</b>	24,475
<b>BIOMEDICAL RESEARCH FOUNDATION OF</b> 2031 KINGS HIGHWAY SHREVEPORT LA 71103		<b>PROGRAM</b>	<b>SERVICES</b>	31,000
<b>BLACKMON MEMORIAL SCHOLARSHIP FUND</b> P.O. BOX 3839 LUMBERTON NC 28359		<b>GENERAL</b>	<b>OPERATING</b>	25
<b>Total</b>			<b>u 3a</b>	<b>1,392,059</b>
<b>b</b> <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b>			<b>u 3b</b>	

<b>Part XVI-A</b>	<b>Analysis of Income-Producing Activities</b>
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Enter gross amounts unless otherwise indicated.

Enter gross amounts unless otherwise indicated.		Unrelated business income		Excluded by section 512, 513, or 514		(e) Related or exempt function income (See instructions.)
	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount		
<b>1</b> Program service revenue:						
<b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>f</b> _____						
<b>g</b> Fees and contracts from government agencies .....						
<b>2</b> Membership dues and assessments .....						
<b>3</b> Interest on savings and temporary cash investments .....			<b>14</b>	<b>48,436</b>		
<b>4</b> Dividends and interest from securities .....			<b>14</b>	<b>364,578</b>		
<b>5</b> Net rental income or (loss) from real estate:						
<b>a</b> Debt-financed property .....						
<b>b</b> Not debt-financed property .....						
<b>6</b> Net rental income or (loss) from personal property .....						
<b>7</b> Other investment income .....			<b>15</b>	<b>4,766</b>		
<b>8</b> Gain or (loss) from sales of assets other than inventory .....						<b>1,035,729</b>
<b>9</b> Net income or (loss) from special events .....						
<b>10</b> Gross profit or (loss) from sales of inventory .....						
<b>11</b> Other revenue: <b>a</b> _____						
<b>b</b> _____						
<b>c</b> _____						
<b>d</b> _____						
<b>e</b> _____						
<b>12</b> Subtotal. Add columns (b), (d), and (e) .....			<b>0</b>	<b>417,780</b>		<b>1,035,729</b>
<b>13</b> Total. Add line 12, columns (b), (d), and (e) .....				<b>13</b>		<b>1,453,509</b>

(See worksheet in line 13 instructions to verify calculations.)

Part XVI-B	Relationship of Activities to the Accomplishment of Exempt Purposes
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[illegible]

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

- 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

(2) Other assets

**b Other transactions:**

(1) Sales of assets to a noncharitable exempt organization

**(2) Purchases of assets from a noncharitable exempt organization**

(3) Rental of facilities, equipment, or other assets

#### (4) Reimbursement arrangements

**(5) Loans or loan guarantees**

**(6) Performance of services or membership or fundraising solicitations**

**c** Sharing of facilities, equipment, mailing lists, other assets, or paid employees

**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**

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

☒ Yes ☐ No

Signature of officer or trustee

Date \_\_\_\_\_

DIRECTOR

Title

**Paid**  
**Preparer**  
**Use Only**

Print/Type preparer's name \_\_\_\_\_

Preparer's signature

Date \_\_\_\_\_

Check ☐ if self-employed

ROBERT E. KING III

ROBERT E. KING III

Firm's name: **HUMMINGBIRD KING & BUTLER CPAS**

PTIN	P01346187
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Firm's address: 330 MARSHALL ST STE 600  
SHREVEPORT, LA 71101-3293

Firm's EIN: 72-0941949

Phone no. **318-221-1803**





**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)				
<b>a</b> <i>Paid during the year</i>				
CHURCH HEALTH CENTER 1350 CONCOURSE AVE MEMPHIS TN 38104		GENERAL	OPERATING	5,000
CHURCH HEALTH CENTER 1350 CONCOURSE AVE MEMPHIS TN 38104		GENERAL	OPERATING	2,500
CITY LAX - DENVER 1106 COLUMBINE STREET DENVER CO 80206		GENERAL	OPERATING	500
CLEO PARKER ROBINSON DANCE 119 PARK AVE WEST DENVER CO 80205		GENERAL	OPERATING	50
COLORADO CRIMINAL DEFENSE INSTITUTE 1120 LINCOLN ST. DENVER CO 80203		GENERAL	OPERATING	500
COLORADO CRIMINAL JUSTICE REFORM 1212 MARIPOSA ST, #6 DENVER CO 80204		GENERAL	OPERATING	500
COLORADO FRIENDS OF COLORADO WSRP 4500 CHERRY CREEK DR. DENVER CO 80246		GENERAL	OPERATING	500
COMBA P.O, BOX 280415 LAKEWOOD CO 80228		GENERAL	OPERATING	100
COMMON GROUND COMMUNITY, INC. 4830 LINE AVE. #117 SHREVEPORT LA 71106		GENERAL	OPERATING	20,000
COMMON GROUND COMMUNITY, INC. 4830 LINE AVE., #117 SHREVEPORT LA 71106		GENERAL	OPERATING	250
<b>Total</b> .....			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
N/A				
<b>Total</b> .....			<b>U 3b</b>	

**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
<b>a</b> <i>Paid during the year</i>				
COMMUNITY HOME TRUST PO BOX 2315 CHAPEL HILL NC 27515		GENERAL	OPERATING	625
COMMUNITY SAILING OF COLORADO P.O. BOX 102613 DENVER CO 80250		GENERAL	OPERATING	500
COMMUNITY SAILING OF COLORADO P.O. BOX 102613 DENVER CO 80250		GENERAL	OPERATING	250
COMPASSION FOR LIVES 7505 PINES ROAD SHREVEPORT LA 71129		GENERAL	OPERATING	30,000
COMPASSION FOR LIVES 7505 PINES ROAD SHREVEPORT LA 71129		PROGRAM	SERVICES	250
CONSCIOUS ALLIANCE 2525 ARAPAHOE AVE BOULDER CO 80302		GENERAL	OPERATING	500
CORNELL UNIVERSITY BOX 37334 BOONE IA 50037		GENERAL	OPERATING	500
COUNCIL ON ALCOHOLISM AND DRUG ABUS 2000 FAIRFIELD AVENUE SHREVEPORT LA 71104		CAPITAL	EXPENSES	30,000
DAVID RAINES COMMUNITY HEALTH 3041 MARTIN LUTHER KING SHREVEPORT LA 71107		GENERAL	OPERATING	3,000
DEMOCRACY NORTH CAROLINA 3000 AERIAL CENTER PKWY MOORISVILLE NC 27560		GENERAL	OPERATING	1,000
<b>Total</b> .....			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i> N/A				
<b>Total</b> .....			<b>U 3b</b>	

**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
<b>a</b> <i>Paid during the year</i>				
<b>DENVER RESCUE MISSION</b> <b>P.O. BOX 5206</b> <b>DENVER CO 80217</b>		<b>GENERAL</b>	<b>OPERATING</b>	<b>325</b>
<b>DRESS FOR SUCCESS SHREVEPORT-</b> <b>1520 N. HEARNE AVE</b> <b>SHREVEPORT LA 71107</b>		<b>GENERAL</b>	<b>OPERATING</b>	<b>18,750</b>
<b>EMBRACE RACE</b> <b>15 RESEARCH DRIVE</b> <b>AMHERST MA 01002</b>		<b>GENERAL</b>	<b>OPERATING</b>	<b>1,000</b>
<b>EMBRACE RACE</b> <b>15 RESEARCH DRIVE</b> <b>AMHERST MA 01002</b>		<b>GENERAL</b>	<b>OPERATING</b>	<b>100</b>
<b>EQUAL JUSTICE INITIATIVE</b> <b>122 COMMERCE ST</b> <b>MONTGOMERY AL 36104</b>		<b>GENERAL</b>	<b>OPERATING</b>	<b>500</b>
<b>EVERGREEN PRESBYTERIAN MINISTRIES</b> <b>2101 HIGHWAY 80</b> <b>HAUGHTON LA 71037</b>		<b>GENERAL</b>	<b>OPERATING</b>	<b>1,000</b>
<b>EVERGREEN PRESBYTERIAN MINISTRIES</b> <b>2101 HIGHWAY 80</b> <b>HAUGHTON LA 71037</b>		<b>CAPITAL</b>	<b>EXPENSES</b>	<b>150</b>
<b>FAITH AND FOSTERING</b> <b>318 CHANCELLORSVILLE CT</b> <b>BOSSIER CITY LA 71112</b>		<b>GENERAL</b>	<b>OPERATING</b>	<b>52,360</b>
<b>FILM PRIZE FOUNDATION INC</b> <b>401 MARKET ST</b> <b>SHREVEPORT LA 71101</b>		<b>CAPITAL</b>	<b>EXPENSES</b>	<b>15,000</b>
<b>FIRST PRESBYTERIAN CHURCH</b> <b>900 JORDAN ST.</b> <b>SHREVEPORT LA 71101</b>		<b>GENERAL</b>	<b>OPERATING</b>	<b>3,000</b>
<b>Total</b>			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>N/A</b>				
<b>Total</b>			<b>U 3b</b>	

**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
<b>a</b> <i>Paid during the year</i>				
<b>FIRST PRESBYTERIAN DAY SCHOOL</b> 900 JORDAN ST. SHREVEPORT LA 71101		<b>GENERAL</b>	<b>OPERATING</b>	<b>3,000</b>
<b>FIRST PRESBYTERIAN DAY SCHOOL</b> 900 JORDAN ST SHREVEPORT LA 71101		<b>GENERAL</b>	<b>OPERATING</b>	<b>500</b>
<b>FOOD BANK OF NORTHWEST</b> 2307 TEXAS AVE SHREVEPORT LA 71103		<b>GENERAL</b>	<b>OPERATING</b>	<b>800</b>
<b>FOOD BANK OF NORTHWEST</b> 2307 TEXAS AVE SHREVEPORT LA 71103		<b>GENERAL</b>	<b>OPERATING</b>	<b>750</b>
<b>FOUNDATION FOR FIGHTING BLINDNESS</b> 7168 COLUMBIA GATEWAY COLUMBIA MD 21046		<b>GENERAL</b>	<b>OPERATING</b>	<b>250</b>
<b>FRIENDS OF HAWTHORNE PTA</b> 4100 39TH AVE S SEATTLE WA 98118		<b>GENERAL</b>	<b>OPERATING</b>	<b>1,000</b>
<b>FRIENDS OF STATE PARKS (NORTH</b> P.O. BOX 37655 RALEIGH NC 27627		<b>PROGRAM</b>	<b>SERVICES</b>	<b>250</b>
<b>GEAUX 4 KIDS, INC.</b> P.O. BOX 597 SHREVEPORT LA 71162-0597		<b>GENERAL</b>	<b>OPERATING</b>	<b>500</b>
<b>GEAUX 4 KIDS, INC.</b> P.O. BOX 597 SHREVEPORT LA 71162-0597		<b>GENERAL</b>	<b>OPERATING</b>	<b>250</b>
<b>GINGERBREAD HOUSE</b> 1700 BUCKNER SQUARE SHREVEPORT LA 71101		<b>GENERAL</b>	<b>OPERATING</b>	<b>15,000</b>
<b>Total</b>			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>N/A</b>				
<b>Total</b>			<b>U 3b</b>	

**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)				
<b>a</b> <i>Paid during the year</i>				
GINGERBREAD HOUSE 1700 BUCKNER SQUARE SHREVEPORT LA 71101		GENERAL	OPERATING	800
GINGERBREAD HOUSE 1700 BUCKNER SQUARE SHREVEPORT LA 71101		GENERAL	OPERATING	500
GINGERBREAD HOUSE 1700 BUCKNER SQUARE SHREVEPORT LA 71101		GENERAL	OPERATING	250
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
HALLETT ACADEMY 2950 JASMINE ST DENVER CO 80207		GENERAL	OPERATING	4,000
HIGHLAND AREA PARTNERSHIP P.O. BOX 44292 SHREVEPORT LA 71134		PROGRAM	SERVICES	250
HOPE CONNECTIONS INC 2350 LEVY STREET SHREVEPORT LA 71103		GENERAL	OPERATING	1,000
HOPE CONNECTIONS INC 2350 LEVY ST SHREVEPORT LA 71103		GENERAL	OPERATING	800
HOPE CONNECTIONS INC 2350 LEVY ST SHREVEPORT LA 71103		GENERAL	OPERATING	500
<b>Total</b>			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
N/A				
<b>Total</b>			<b>U 3b</b>	



**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)				
<b>a</b> <i>Paid during the year</i>				
<b>HUMAN KINDNESS FOUNDATION</b> P.O. BOX 61619 DUHAM NC 27715			<b>GENERAL OPERATING</b>	<b>25</b>
<b>HUMANE SOCIETY OF NORTHWEST</b> 2544 LINWOOD AVE SHREVEPORT LA 71103			<b>CAPITAL EXPENSES</b>	<b>9,508</b>
<b>HUMANE SOCIETY OF NORTHWEST</b> 2544 LINWOOD AVE SHREVEPORT LA 71103			<b>GENERAL OPERATING</b>	<b>500</b>
<b>IMAGE CHANGERS</b> P.O. BOX 6301 SHREVEPORT LA 71136			<b>PROGRAM SERVICES</b>	<b>16,000</b>
<b>INVEST IN KIDS COLORADO</b> 1775 SHERMAN ST DENVER CO 80203			<b>GENERAL OPERATING</b>	<b>1,000</b>
<b>JUNETEENTH MUSIC FESTIVAL</b> P.O. BOX 460454 GLENDALE CO 80246			<b>GENERAL OPERATING</b>	<b>1,000</b>
<b>LEGAL COUNSEL FOR YOUTH AND</b> P.O. BOX 28629 SEATTLE WA 98118			<b>GENERAL OPERATING</b>	<b>250</b>
<b>LES PASSEES</b> 5489 MURRAY AVE MEMPHIS TN 38119			<b>GENERAL OPERATING</b>	<b>150</b>
<b>LEWISVILLE HIGH SCHOOL THEATRE</b> P.O. BOX 292912 LEWISVILLE TX 75029			<b>GENERAL OPERATING</b>	<b>3,188</b>
<b>LITERACY VOLUNTEERS AT CENTNARY</b> 2911 CENTENARY BLVD SHREVEPORT LA 71134			<b>PROGRAM SERVICES</b>	<b>15,525</b>
<b>Total</b> .....			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>N/A</b>				
<b>Total</b> .....			<b>U 3b</b>	

**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
<b>a</b> <i>Paid during the year</i>				
LOUISIANA ASSOCIATION FOR THE BLIND 1750 CLAIBORNE AVE SHREVEPORT LA 71103		GENERAL	OPERATING	500
LOUISIANA ASSOCIATION FOR THE BLIND 1750 CLAIBORNE AVE SHREVEPORT LA 71103		GENERAL	OPERATING	250
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	30,000
MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT LA 71104		GENERAL	OPERATING	500
MARTIN LUTHER KING - COMMUNITY 3067 DR. MARTIN L KING JR SHREVEPORT LA 71107		GENERAL	OPERATING	42,250
MICHAEL J FOX FOUNDATION P.O. BOX 5014 HAGERSTOWN MD 21741-5014		GENERAL	OPERATING	1,000
MID-SOUTH FOOD BANK 239 SOUTH DUDLEY MEMPHIS TN 38104		GENERAL	OPERATING	1,000
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	6,500
<b>Total</b> .....			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>N/A</b>				
<b>Total</b> .....			<b>U 3b</b>	

**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)				
<b>a</b> <i>Paid during the year</i>				
MISSIO DEI CHURCH 621 WHITE STATION RD MEMPHIS TN 38117		CAPITAL	EXPENSES	3,000
MORRIS ANIMAL FOUNDATION 720 S. COLORADO BLVD DENVER CO 80246		PROGRAM	SERVICES	1,000
NAACP LEGAL DEFENSE AND 40 RECTOR STREET NEW YORK NY 10006		GENREAL	OPERATING	300
NATIONAL KIDNEY FOUNDATION OF LA 8200HAMPSON STREET NEW ORLEANS LA 70118		PROGRAM	SERVICES	10,000
NEW HORIZONS 1701 NORTH MARKET SHREVEPORT LA 71107		PROGRAM	SERVICES	4,750
NORTH CAROLINA JUSTICE CENTER P.O BOX 28068 RALEIGH NC 27611		PROGRAM	SERVICES	1,000
NW LA COMMUNITY DEVELOPMENT CO 4725 GREENWOOD RD SHREVEPORT LA 71109		GENERAL	OPERATING	5,000
NW LA EDUCATION AND LEADERSHIP FOUN P.O. BOX 5956 BOSSIER CITY LA 71171-595		GENERAL	OPERATING	1,000
NWLA MAKERSPACE 5905 FINANCIAL PLAZA SHREVEPORT LA 71129		PROGRAM	SERVICES	50,000
ONE HUNDRED MEN OF SHREVEPORT 4137 WALLER DR SHREVEPORT LA 71119		GENERAL	OPERATING	3,500
<b>Total</b> .....			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
N/A				
<b>Total</b> .....			<b>U 3b</b>	

**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
<b>a</b> <i>Paid during the year</i>				
ONE HUNRED MEN OF SHREVEPORT 4137 WALLER DR SHREVEPORT LA 71119		GENERAL	OPERATING	500
PARK HILL COLLECTIVE IMPACT 3475 HOLLY ST. DENVER CO 80207		GENERAL	OPERATING	956
PARK HILL COLLECTIVE IMPACT 3475 HOLLY ST DENVER CO 80207		GENERAL	OPERATING	500
PARK HILL COLLECTIVE IMPACT 3475 HOLLY ST DENVER CO 80207		GENERAL	OPERATING	25
PARK HILL ELEMENTARY PTA 5050 EAST 19TH AVENUE DENVER CO 80220		GENERAL	OPERATING	800
PARTNERS IN HEALTH P.O. BOX 996 FREDERICK MD 21075-9942		GENERAL	OPERATING	5,000
PARTNERS IN HEALTH P.O. BOX 996 FREDERICK MD 21075		GENERAL	OPERATING	1,000
PARTNERS IN HEALTH P.O. BOX 996 FREDERICK MD 21075		GENERAL	OPERATING	50
PET SAVERS 632 DUDLEY DR SHREVEPORT LA 71104		GENERAL	OPERATING	1,000
PET SAVERS 632 DUDLEY DR SHREVEPORT LA 71104		GENERAL	OPERATING	500
<b>Total</b> .....			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b> .....			<b>U 3b</b>	





**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
<b>a</b> <i>Paid during the year</i>				
<b>RENZI EDUCATION AND ART CENTER</b> 435 EGAN STREET SHREVEPORT LA 71101		<b>GENERAL</b>	<b>OPERATING</b>	15,000
<b>RENZI EDUCATION AND ART CENTER</b> 435 EGAN ST SHREVEPORT LA 71101		<b>GENERAL</b>	<b>OPERATING</b>	150
<b>REPAIRERS OF THE BREACH, INC.</b> P.O. BOX 1638 GOLDSBORO NC 27533-1638		<b>GENERAL</b>	<b>OPERATING</b>	60
<b>ROBESON COUNTY PARTNERSHIP</b> FOR 210 E 2ND ST LUMBERTON NC 28358		<b>GENERAL</b>	<b>OPERATING</b>	250
<b>ROBINSON'S RESCUE LOW COST</b> SPAY 2515 LINE AVENUE SHREVEPORT LA 71104		<b>CAPITAL</b>	<b>EXPENSES</b>	29,880
<b>ROBINSON'S RESCUE LOW COST</b> SPAY 2515 LINE AVE SHREVEPORT LA 71104		<b>GENERAL</b>	<b>OPERATING</b>	250
<b>ROBINSON'S RESCUE LOW COST</b> SPAY 2515 LINE AVE SHREVEPORT LA 71104		<b>GENERAL</b>	<b>OPERATING</b>	250
<b>SAME CAFE</b> 2023 E COLFAX AVE DENVER CO 80206		<b>GENERAL</b>	<b>OPERATING</b>	50
<b>SANCTUARY ARTS SCHOOL</b> 1200 MARSHALL STREET SHREVEPORT LA 71101		<b>GENERAL</b>	<b>OPERATING</b>	15,000
<b>SANCTUARY ARTS SCHOOL</b> 1200 MARSHALL ST SHREVEORT LA 71101		<b>GENERAL</b>	<b>OPEATING</b>	3,500
<b>Total</b> .....			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i>				
<b>N/A</b>				
<b>Total</b> .....			<b>U 3b</b>	

**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
<b>a</b> <i>Paid during the year</i>				
SANCTUARY ARTS SCHOOL 1200 MARSHALL ST SHREVEPORT LA 71101		GENERAL	OPERATING	1,500
SEMESTER AT SEA/ INST FOR SHIPBOARD COLORADO STATE UNIVERSITY FT COLLINS CO 80523		GENERAL	OPERATING	250
SHREVEPORT BAR FOUNDATION 625 TEXAS ST SHREVEPORT LA 71101		PROGRAM	SERVICES	75,000
SHREVEPORT COMMON 801 CROCKETT ST SHREVEPORT LA 71101		GENERAL	OPERATING	30,000
SHREVEPORT GREEN 3625 SOUTHERN AVENUE SHREVEPORT LA 71104		PROGRAM	SERVICES	15,033
SHREVEPORT REGIONAL ARTS COUNCIL 801 CROCKETT ST SHREVEPORT LA 71101		PROGRAM	SERVICES	25,000
SHREVEPORT SYMPHONY ORCHESTRA 616 JORDAN ST SHREVEPORT LA 71101		GENERAL	OPERATING	500
SOUTHERN UNIVERSITY AT SHREVEPORT 3050 MARTIN LUTHER KING SHREVEPORT LA 71107		GENERAL	OPERATING	30,000
ST GEORGE EPISCOPAL CHURCH 2425 S. GERMANTOWN RD GERMANTOWN TN 38138		GENERAL	OPERATING	1,500
ST. LUKE'S EPISCOPAL MOBILE P.O. BOX 53074 SHREVEPORT LA 71135	MEDICAL	GENERAL	OPERATING	15,000
<b>Total</b> .....			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i> N/A				
<b>Total</b> .....			<b>U 3b</b>	

**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
<b>a</b> <i>Paid during the year</i>				
ST. LUKE'S EPISCOPAL MOBILE P.O. BOX 53074 SHREVEPORT LA 71135	MEDICAL	GENERAL	OPERATING	500
STEDMAN PTA 2940 DEXTER ST DENVER CO 80207		GENERAL	OPERATING	4,000
STEVE'S CLUB DENVER 950 S. CHERRY ST DENVER CO 80246		GENERAL	OPERATING	4,075
STEVES CLUB NATIONAL PROGRAM PO BOX 18082 DENVER CO 80218		GENERAL	OPERATING	7,000
STEVE'S CLUB NATIONAL PROGRAM P.O. BOX 18082 DENVER CO 80218		GENERAL	OPERATING	4,400
STRATEGIC ACTION COUNCIL 331 MILAM STREET SHREVEPORT LA 71101		PROGRAM	SERVICES	70,000
SUPERMEN FOR CHRIST INC 4153 PINES RD SHREVEPORT LA 71119		PROGRAM	SERVICES	21,840
SURFARI PALS, INC 1010 MARSHALL ST SHREVEPORT LA 71101		GENERAL	OPERATING	14,625
TABLE TO TABLE 611 ROUTE 46 WEST HASBROUCK HEIGHTS NJ 0760		GENERAL	OPERATING	1,000
THE ARC CADD0-BOSSIER 351 JORDAN ST SHREVEPORT LA 71101		PROGRAM	SERVICES	32,000
<b>Total</b> .....			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i> N/A				
<b>Total</b> .....			<b>U 3b</b>	

**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
<b>a</b> <i>Paid during the year</i>				
<b>THE ARC CADDO-BOSSIER</b> 351 JORDAN ST SHREVEPORT LA 71101		GENERAL	OPERATING	500
<b>THE BAIL PROJECT</b> P.O. BOX 750 VENICE CA 90294		GENERAL	OPERATING	300
<b>THE BETTY AND LEONARD PHILLIPS</b> 601 JORDAN STREET SHREVEPORT LA 71101		CAPITAL	EXPENSES	13,854
<b>THE BRIDGE ALZHEIMER'S &amp;</b> 3825 GILBERT DRIVE SHREVEPORT LA 71104		GENERAL	OPERATING	60,000
<b>THE CHILDREN'S HOSPITAL COLORADO</b> 13123 E. 16TH AVENUE AURORA CO 80045		PROGRAM	SERVICES	10,000
<b>THE CHILDREN'S HOSPITAL COLORADO</b> 13123 E 16TH AVE AURORA CO 80045		GENERAL	OPERATING	2,225
<b>THE CHILDREN'S HOSPITAL COLORADO</b> 13123 E 16TH AVE AURORA CO 80045		PROGRAM	SERVICES	500
<b>THE CHILDREN'S HOSPITAL COLORADO</b> 13123 E 16TH AVE AURORA CO 80045		GENERAL	OPERATING	100
<b>THE COMMUNITY FOUNDATION OF NORTH</b> 401 EDWARDS ST SHREVEPORT LA 71101		DONOR ADVISED FUND		10,000
<b>THE FIRST TREE OF DENVER</b> 3181 E 23RD AVE DENVER CO 80205		GENERAL	OPERATING	100
<b>Total</b> .....			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b> .....			<b>U 3b</b>	

**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
<b>a</b> <i>Paid during the year</i>				
<b>THE GEORGE WASHINGTON UNIVERSITY</b> P.O. BOX 98131 WASHINGTON DC 20077			<b>PROGRAM SERVICES</b>	<b>250</b>
<b>THE MARSHALL PROJECT</b> 156 W 56TH ST NEW YORK NY 10019			<b>GENERAL OPERATING</b>	<b>300</b>
<b>THE MCCALLIE SCHOOL</b> 500 DODDS AVE CHATTANOOGA TN 37404			<b>GENERAL OPERATING</b>	<b>1,000</b>
<b>THE MORGAN ADAMS FOUNDATION</b> 5303 E EVANS AVE. DENVER CO 80222			<b>GENERAL OPERATING</b>	<b>1,000</b>
<b>THE O.L.L.I.E. INITIATIVE</b> 331 MILAM ST SHREVEPORT LA 71103			<b>PROGRAM SERVICES</b>	<b>28,125</b>
<b>THE STRAND THEATRE</b> P.O. BOX 1547 SHREVEPORT LA 71165			<b>PROGRAM SERVICES</b>	<b>10,000</b>
<b>THE STRAND THEATRE</b> P.O. BOX 1547 SHREVEPORT LA 71165			<b>GENERAL OPERATING</b>	<b>500</b>
<b>THE STRAND THEATRE</b> P.O. BOX 1547 SHREVEPORT LA 71165			<b>GENERAL OPERATING</b>	<b>500</b>
<b>THERE WITH CARE-DENVER</b> 2401 SOUTH COLORADO BLVD DENVER CO 80222			<b>GENERAL OPERATING</b>	<b>5,000</b>
<b>THERE WITH CARE-DENVER</b> 2401 SOUTH COLORADO BLVD DENVER CO 80222			<b>GENERAL OPERATING</b>	<b>2,175</b>
<b>Total</b> .....			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b> .....			<b>U 3b</b>	

**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
<b>a</b> <i>Paid during the year</i>				
<b>TONI'S KITCHEN</b> 73 SOUTH FULLERTON ST MONTCLAIR NJ 07042		GENERAL	OPERATING	1,000
<b>TRANSPLANTING TRADITIONS</b> P.O. BOX 835 HILLSBOROUGH NC 27278		GENERAL	OPERATING	1,000
<b>TRANSPLANTING TRADITIONS</b> P.O. BOX 835 HILLSBOROUGH NC 27278		GENERAL	OPERATING	50
<b>TROSA</b> 1820 JAMES ST DURHAM NC 27707		GENERAL	OPERATING	25
<b>TRUTHOUT</b> P.O. BOX 276414 SACRAMENTO CA 95827		GENERAL	OPERATING	65
<b>UNIVERSITY OF DENVER-STURM COLLEGE</b> 2255 E. EVANS AVENUE DENVER CO 80208		GENERAL	OPERATING	500
<b>UNIVERSITY OF PENNSYLVANIA LAW SCH</b> 3501 SANSOM ST PHILADELPHIA PA 19104-620		GENERAL	OPERATING	500
<b>VOLUNTEERS FOR YOUTH JUSTICE</b> 900 JORDON STREET SHREVEPORT LA 71101		PROGRAM	SERVICES	50,000
<b>VOLUNTEERS FOR YOUTH JUSTICE</b> 900 JORDON STREET SHREVEPORT LA 71101		GENERAL	OPERATING	800
<b>VOLUNTEERS FOR YOUTH JUSTICE</b> 900 JORDON STREET SHREVEPORT LA 71101		GENERAL	OPERATING	500
<b>Total</b> .....			<b>U 3a</b>	
<b>b</b> <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b> .....			<b>U 3b</b>	

## 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					
VOLUNTEERS FOR YOUTH JUSTICE 900 JORDAN STREET SHREVEPORT LA 71101			GENERAL	OPERATING	500
VOLUNTEERS OF AMERICA OF NORTH LA 360 JORDON ST SHREVEPORT LA 71101			PROGRAM	SERVICES	500
WABANAKI PUBLIC HEALTH 157 PARK ST BANGOR ME 04401			PROGRAM	SERVICES	5,000
WOMEN'S BIRTH AND WELLNESS 930 MARTIN LUTHER KING JR CHAPEL HILL NC 27514			GENERAL	OPERATING	1,000
WUNC 91.5 NC PUBLIC RADIO 120 FRIDAY CENTER DR CHAPEL HILL NC 27517			GENERAL	OPERATING	150
YOUTH OUTREACH SERVICES 7903 ARCADIAN SHORES DRIV SHREVEPORT LA 71129			GENERAL	OPERATING	40,000
YWCA OF NORTHWEST LA 850-B OLIVE STREET SHREVEPORT LA 71104			PROGRAM	SERVICES	28,000
YWCA OF NORTHWEST LA 850-B OLIVE STREET SHREVEPORT LA 71104			GENERAL	OPERATING	2,000
Total .....			u 3a		
b Approved for future payment 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	\$ 4,766	\$ 4,766	\$
TOTAL	\$ 4,766	\$ 4,766	\$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES	\$ 7,350	\$ 2,205	\$	\$ 5,145
TOTAL	\$ 7,350	\$ 2,205	\$ 0	\$ 5,145

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
BERNSTEIN ADVISORS	\$ 108,642	\$ 108,642	\$	\$
TOTAL	\$ 108,642	\$ 108,642	\$ 0	\$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FOREIGN TAXES PAID	\$ 12,205	\$ 12,205	\$	\$
PAYROLL TAXES	5,355			5,355
EXCISE TAX ON INVESTMENT INCOME	10,179			
TOTAL	\$ 27,739	\$ 12,205	\$ 0	\$ 5,355

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

<u>Description</u>									
<u>Date</u>	<u>Cost</u>	<u>Prior Year</u>		<u>Method</u>	<u>Life</u>	<u>Current Year</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	
<u>Acquired</u>	<u>Basis</u>	<u>Depreciation</u>				<u>Depreciation</u>	<u>Income</u>	<u>Income</u>	
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	956	S/L		7	137			
LAPTOP									
6/20/17	888	740	S/L		3	148			
I-CLICKERS									
6/20/17	2,738	1,949	200DB		5	316			
PROJECTOR									
7/19/17	658	548	S/L		3	110			
FURNITURE & FIXTURES									
2/15/06	3,632	3,632	S/L		7				
DELL INSPIRON COMPUTER									
10/22/19	1,286	1,286	200DB		5				
TOTAL	\$ 12,798	\$ 11,614				\$ 711	\$ 0	\$ 0	

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

<u>Description</u>	<u>Total</u>	<u>Net Investment</u>	<u>Adjusted Net</u>	<u>Charitable Purpose</u>
	\$	\$	\$	\$
EXPENSES				
EMPLOYEE HEALTH INSURANCE	10,639			10,639
OFFICE EXPENSE	16,620			16,620
PROFESSIONAL DEVELOPMENT	25			25
INSURANCE	1,865			1,865
DUES	4,765			4,765
FILING FEES	100			100
BEAIRD PROPERTIES LLC - PASS T	271,456	271,456		
TOTAL	\$ 305,470	\$ 271,456	\$ 0	\$ 34,014

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Basis of Valuation</u>	<u>Fair Market Value</u>
BROKER INVESTMENTS	\$ 17,114,986	\$ 17,240,361	COST	\$ 21,640,669
TOTAL	\$ 17,114,986	\$ 17,240,361		\$ 21,640,669

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

<u>Description</u>	<u>Beginning Net Book</u>	<u>End Cost / Basis</u>	<u>End Accumulated Depreciation</u>	<u>Net FMV</u>
FURNITURE & FIXTURES	\$ 1,183	\$ 12,798	\$ 12,325	\$ 473
TOTAL	\$ 1,183	\$ 12,798	\$ 12,325	\$ 473

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Fair Market Value</u>
BEAIRD PROPERTIES LLC	\$ 5,391,360	\$ 4,927,606	\$ 9,423,256
TOTAL	\$ 5,391,360	\$ 4,927,606	\$ 9,423,256

**Statement 10 - Form 990-PF, Part VII-A, Line 12 - Distribution Information**Description

THE BEAIRD FOUNDATION CONTRIBUTED \$10,000 INTO THE CAROLYN AND CHARLES BEAIRD DONOR-ADVISED FUND AT THE COMMUNITY FOUNDATION IN 2020. THE BEAIRD FOUNDATION HAS THE ADVISORY CAPACITY OF THE FUND.

THE BEAIRD FOUNDATION HAS ADVISORY CAPACITY OF THE FUND AND WILL ADVISE THAT THE FUNDS BE USED IN THE SAME MANNER AS IF THEY WERE DIRECTLY DONATED FROM THE FOUNDATION.

**Federal Statements****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	20.00	0	0	0
NICOLE SEAWELL 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	VICE PRESIDE	20.00	0	0	0
VIKKI WOLF 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	SECRETARY	1.00	0	0	0
MARJORIE SEAWELL 330 MARSHALL 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>
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
LAUREN NAQUIN 330 MARSHALL ST SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
CHAD NAQUIN 330 MARSHALL ST, SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
JENNIFER MCCORMICK 330 MARSHALL ST, SUITE 1140 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****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 318-221-2823  
 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 2020 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

U Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

U 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

**2020**Open to Public Inspection  
for 501(c)(3)  
Organizations OnlyA ☐ Check box if  
address changed.

B Exempt under section

☒ 501(c) ( 3 )☐ 408(a)☐ 220(e)☐ 408A☐ 530(a)☐ 529(a)☐ 529APrint  
or  
TypeName of organization ( ☐ 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**C Book value of all assets at end of year \_\_\_\_\_ u **22,327,437**

D Employer identification number

**72-6027212**E Group exemption number  
(see instructions)F ☐ Check box if  
an amended return.G Check organization type u ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust ☐ Applicable reinsurance entityH Check if filing only to u ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439I Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation \_\_\_\_\_ u ☐J Enter the number of attached Schedules A (Form 990-T) \_\_\_\_\_ u **1**K 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

u

L The books are in care of u **THE ORGANIZATION** Telephone number u **318-221-2823****Part I Total Unrelated Business Taxable income**

1	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	1	
2	Reserved	2	
3	Add lines 1 and 2	3	
4	Charitable contributions (see instructions for limitation rules)	4	
5	Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3	5	
6	Deduction for net operating loss. See instructions	6	0
7	Total of unrelated business taxable income before specific deduction and section 199A deduction. Subtract line 6 from line 5	7	0
8	Specific deduction (generally \$1,000, but see instructions for exceptions)	8	1,000
9	Trusts. Section 199A deduction. See instructions	9	
10	Total deductions. Add lines 8 and 9	10	1,000
11	Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0

**Part II Tax Computation**

1	Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0
2	Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on Part I, line 11 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	2	0
3	Proxy tax. See instructions	3	
4	Other tax amounts. See instructions	4	
5	Alternative minimum tax (trusts only)	5	
6	Tax on noncompliant facility income. See instructions	6	
7	Total. Add lines 3 through 6 to line 1 or 2, whichever applies	7	0

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

**Part III Tax and Payments**

<b>1a</b>	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>1a</b>	
<b>b</b>	Other credits (see instructions)	<b>1b</b>	
<b>c</b>	General business credit. Attach Form 3800 (see instructions)	<b>1c</b>	
<b>d</b>	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>1d</b>	
<b>e</b>	<b>Total credits.</b> Add lines 1a through 1d	<b>1e</b>	
<b>2</b>	Subtract line 1e from Part II, line 7	<b>2</b>	
<b>3</b>	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 (attach statement)	<b>3</b>	
<b>4</b>	<b>Total tax.</b> Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	<b>4</b>	<b>0</b>
<b>5</b>	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	<b>5</b>	
<b>6a</b>	Payments: A 2019 overpayment credited to 2020	<b>6a</b>	<b>2,000</b>
<b>b</b>	2020 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/> u <input type="checkbox"/>	<b>6b</b>	
<b>c</b>	Tax deposited with Form 8868	<b>6c</b>	
<b>d</b>	Foreign organizations: Tax paid or withheld at source (see instructions)	<b>6d</b>	
<b>e</b>	Backup withholding (see instructions)	<b>6e</b>	
<b>f</b>	Credit for small employer health insurance premiums (attach Form 8941)	<b>6f</b>	
<b>g</b>	Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other <input type="checkbox"/> Total u	<b>6g</b>	
<b>7</b>	<b>Total payments.</b> Add lines 6a through 6g	<b>7</b>	<b>2,000</b>
<b>8</b>	Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/> u <input type="checkbox"/>	<b>8</b>	
<b>9</b>	<b>Tax due.</b> If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	<b>9</b>	<b>0</b>
<b>10</b>	<b>Overpayment.</b> If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	<b>10</b>	<b>2,000</b>
<b>11</b>	Enter the amount of line 10 you want: <b>Credited to 2021 estimated tax</b> u <b>2,000</b> <b>Refunded</b> u	<b>11</b>	

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

	Yes	No
<b>1</b> At any time during the 2020 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		<b>X</b>
<b>2</b> 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.		<b>X</b>
<b>3</b> Enter the amount of tax-exempt interest received or accrued during the tax year u \$		<b>X</b>
<b>4a</b> Did the organization change its method of accounting? (see instructions)		<b>X</b>
<b>b</b> If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No," explain in Part V		

**Part V Supplemental Information**

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

<b>Sign Here</b>	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)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	Signature of officer	Date	Title	
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed PTIN
	ROBERT E. KING III	ROBERT E. KING III		P01346187
	Firm's name	Firm's EIN		
	HUMMINGBIRD KING & BUTLER CPAS	72-0941949		
	330 MARSHALL ST STE 600			
	Firm's address	SHREVEPORT, LA 71101-3293	Phone no.	318-221-1803

**SCHEDULE A**  
**(Form 990-T)****Unrelated Business Taxable Income**  
**From an Unrelated Trade or Business**

OMB No. 1545-0047

**2020**Department of the Treasury  
Internal Revenue ServiceU Go to [www.irs.gov/Form990T](http://www.irs.gov/Form990T) for instructions and the latest information.

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

Open to Public Inspection for  
501(c)(3) Organizations Only**A** Name of the organization**CAROLYN W. & CHARLES T. BEAIRD****B** Employer identification number**72-6027212****C** Unrelated Business Activity Code (see instructions) U **531110****D** Sequence: **1** of **1****E** Describe the unrelated trade or business U **UNRELATED BUSINESS ACTIVITY**

<b>Part I</b>		<b>Unrelated Trade or Business Income</b>	<b>(A) Income</b>	<b>(B) Expenses</b>	<b>(C) Net</b>
<b>1a</b>	Gross receipts or sales				
<b>b</b>	Less returns and allowances				
	<b>c Balance</b>				
<b>2</b>	Cost of goods sold (Part III, line 8)				
<b>3</b>	Gross profit. Subtract line 2 from line 1c				
<b>4a</b>	Capital gain net income (attach Sch D (Form 1041 or Form 1120)) (see instructions)				
<b>b</b>	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)				
<b>c</b>	Capital loss deduction for trusts				
<b>5</b>	Income (loss) from partnership and S corporation (attach statement)				
<b>6</b>	Rent income (Part IV)				
<b>7</b>	Unrelated debt-financed income (Part V)				
<b>8</b>	Interest, annuities, royalties, and rents from a controlled organization (Part VI)				
<b>9</b>	Investment income of section 501(c)(7), (9), or (17) organization (Part VII)				
<b>10</b>	Exploited exempt activity income (Part VIII)				
<b>11</b>	Advertising income (Part IX)				
<b>12</b>	Other income (see instructions; attach statement)				
<b>13</b>	<b>Total.</b> Combine lines 3 through 12		<b>0</b>		<b>0</b>

**Part II** **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income

<b>1</b>	Compensation of officers, directors, and trustees (Part X)	<b>1</b>	
<b>2</b>	Salaries and wages	<b>2</b>	
<b>3</b>	Repairs and maintenance	<b>3</b>	
<b>4</b>	Bad debts	<b>4</b>	
<b>5</b>	Interest (attach statement) (see instructions)	<b>5</b>	
<b>6</b>	Taxes and licenses	<b>6</b>	
<b>7</b>	Depreciation (attach Form 4562) (see instructions)	<b>7</b>	
<b>8</b>	Less depreciation claimed in Part III and elsewhere on return	<b>8a</b>	
<b>9</b>	Depletion	<b>9</b>	
<b>10</b>	Contributions to deferred compensation plans	<b>10</b>	
<b>11</b>	Employee benefit programs	<b>11</b>	
<b>12</b>	Excess exempt expenses (Part VIII)	<b>12</b>	
<b>13</b>	Excess readership costs (Part IX)	<b>13</b>	
<b>14</b>	Other deductions (attach statement)	<b>14</b>	
<b>15</b>	<b>Total deductions.</b> Add lines 1 through 14	<b>15</b>	
<b>16</b>	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)	<b>16</b>	
<b>17</b>	Deduction for net operating loss (see instructions)	<b>17</b>	
<b>18</b>	<b>Unrelated business taxable income.</b> Subtract line 17 from line 16	<b>18</b>	<b>0</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

**Part III Cost of Goods Sold**

Enter method of inventory valuation U

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

**Part IV Rent Income (From Real Property and Personal Property Leased with Real Property)**

1	Description of property (property street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Rent received or accrued	A	B	C	D
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)				
c	<b>Total rents received or accrued by property.</b> Add lines 2a and 2b, columns A through D				
3	<b>Total rents received or accrued.</b> Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	u			
4	Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5	<b>Total deductions.</b> Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	u			

**Part V Unrelated Debt-Financed Income (see instructions)**

1	Description of debt-financed property (street address, city, state, ZIP code). Check if a dual-use (see instructions)				
A	<input type="checkbox"/>				
B	<input type="checkbox"/>				
C	<input type="checkbox"/>				
D	<input type="checkbox"/>				
2	Gross income from or allocable to debt-financed property	A	B	C	D
3	Deductions directly connected with or allocable to debt-financed property				
a	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
c	<b>Total deductions</b> (add lines 3a and 3b, columns A through D)				
4	Amount of average acquisition debt on or allocable to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-financed property (attach statement)				
6	Divide line 4 by line 5	%	%	%	%
7	Gross income reportable. Multiply line 2 by line 6				
8	<b>Total gross income</b> (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	u			
9	Allocable deductions. Multiply line 3c by line 6				
10	<b>Total allocable deductions.</b> Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	u			
11	<b>Total dividends-received deductions</b> included in line 10	u			

**Part VI Interest, Annuities, Royalties, and Rents from Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt/Nonexempt Controlled Organization			
		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)					
(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)				
<b>Totals</b> .....			U Add columns 5 and 10. Enter here and on Part I, line 8, column (A)	Add columns 6 and 11. Enter here and on Part I, line 8, column (B)

**Part VII 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 statement)	4. Set-asides (attach statement)	5. Total deductions and set-asides (add columns 3 and 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b> .....		U Add amounts in column 2. Enter here and on Part I, line 9, column (A)		Add amounts in column 5. Enter here and on Part I, line 9, column (B)

**Part VIII Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1	Description of exploited activity: .....	
2	Gross unrelated business income from trade or business. Enter here and on Part I, line 10, column (A) .....	2
3	Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	3
4	Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	4
5	Gross income from activity that is not unrelated business income .....	5
6	Expenses attributable to income entered on line 5 .....	6
7	Excess exempt expenses. Subtract line 5 from line 6, but do not enter more than the amount on line 4. Enter here and on Part II, line 12 .....	7

**Part IX Advertising Income**

1 Name(s) of periodical(s). Check box if reporting two or more periodicals on a consolidated basis.

A	<input type="checkbox"/>
B	<input type="checkbox"/>
C	<input type="checkbox"/>
D	<input type="checkbox"/>

Enter amounts for each periodical listed above in the corresponding column.

2 Gross advertising income

A	B	C	D

a Add columns A through D. Enter here and on Part I, line 11, column (A)

U

3 Direct advertising costs by periodical

--	--	--	--

a Add columns A through D. Enter here and on Part I, line 11, column (A)

U

4 Advertising gain (loss). Subtract line 3 from line 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column in line 4 showing a loss or zero, do not complete lines 5 through 7, and enter zero on line 8

5 Readership costs

6 Circulation income

7 Excess readership costs. If line 6 is less than line 5, subtract line 6 from line 5. If line 5 is less than line 6, enter zero

8 Excess readership costs allowed as a deduction. For each column showing a gain on line 4, enter the lesser of line 4 or line 7

a Add line 8, columns A through D. Enter the greater of the line 8a, columns total or zero here and on Part II, line 13

U

**Part X Compensation of Officers, Directors, and Trustees (see instructions)**

1. Name	2. Title	3. Percentage of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on Part II, line 1			U

**Part XI Supplemental Information (see instructions)**



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](http://www.irs.gov/Form4562) for instructions and the latest information.

OMB No. 1545-0172

**2020**Attachment  
Sequence No. **179**Name(s) shown on return **CAROLYN W. & CHARLES T. BEAIRD  
FAMILY FOUNDATION**Identifying number  
**72-6027212**

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	1,040,000
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	2,590,000
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 2019 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 2021. 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 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	711

**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 2020	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 type="checkbox"/> U <input type="checkbox"/>		

**Section B—Assets Placed in Service During 2020 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 2020 Tax Year Using the Alternative Depreciation System**

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	<b>Total.</b> 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	711
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** (2020)  
**THERE ARE NO AMOUNTS FOR PAGE 2**



72-6027212

**Federal Asset Report**

FYE: 12/31/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
4	DESKTOP COMPUTER	8/24/10	1,296			X	648	5 HY 200DB	1,296	0
9	Dell Inspiron Computer	10/22/19	1,286			X	0	5 MQ200DB	1,286	0
			<u>2,582</u>				<u>648</u>		<u>2,582</u>	<u>0</u>
<b>Other Depreciation:</b>										
1	FURNITURE & FIXTURES	2/15/06	3,632				3,632	7 MO S/L	3,632	0
2	COMPUTER	3/15/06	727				727	5 MO S/L	727	0
3	OFFICE SOFTWARE	3/15/06	480				480	3 MO Amort	480	0
5	CONFERENCE TABLE	12/03/13	1,093				1,093	7 MO S/L	956	137
6	LAPTOP	6/20/17	888				888	3 MO S/L	740	148
7	I-CLICKERS	6/20/17	2,738				2,738	5 MO200DB	1,949	316
8	PROJECTOR	7/19/17	658				658	3 MO S/L	548	110
	<b>Total Other Depreciation</b>		<u>10,216</u>				<u>10,216</u>		<u>9,032</u>	<u>711</u>
	<b>Total ACRS and Other Depreciation</b>		<u>10,216</u>				<u>10,216</u>		<u>9,032</u>	<u>711</u>
	<b>Grand Totals</b>		12,798				10,864		11,614	711
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Less: Start-up/Org Expense</b>		0				0		0	0
	<b>Net Grand Totals</b>		<u>12,798</u>				<u>10,864</u>		<u>11,614</u>	<u>711</u>

72-6027212

**LA Asset Report**

FYE: 12/31/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Basis for Depr	LA Prior	LA Current	Federal Current	Difference Fed - LA
<b>Prior MACRS:</b>								
4	DESKTOP COMPUTER	8/24/10	1,296	648	1,296	0	0	0
9	Dell Inspiron Computer	10/22/19	1,287	0	1,287	0	0	0
			<u>2,583</u>	<u>648</u>	<u>2,583</u>	<u>0</u>	<u>0</u>	<u>0</u>
<b>Other Depreciation:</b>								
1	FURNITURE & FIXTURES	2/15/06	3,632	3,632	3,632	0	0	0
2	COMPUTER	3/15/06	727	727	727	0	0	0
3	OFFICE SOFTWARE	3/15/06	480	480	480	0	0	0
5	CONFERENCE TABLE	12/03/13	1,093	1,093	956	137	137	0
6	LAPTOP	6/20/17	888	888	740	148	148	0
7	I-CLICKERS	6/20/17	2,738	2,738	1,949	316	316	0
8	PROJECTOR	7/19/17	658	658	548	110	110	0
	<b>Total Other Depreciation</b>		<u>10,216</u>	<u>10,216</u>	<u>9,032</u>	<u>711</u>	<u>711</u>	<u>0</u>
	<b>Total ACRS and Other Depreciation</b>		<u>10,216</u>	<u>10,216</u>	<u>9,032</u>	<u>711</u>	<u>711</u>	<u>0</u>
	<b>Grand Totals</b>		12,799	10,864	11,615	711	711	0
	<b>Less: Dispositions</b>		0	0	0	0	0	0
	<b>Less: Start-up/Org Expense</b>		0	0	0	0	0	0
	<b>Net Grand Totals</b>		<u>12,799</u>	<u>10,864</u>	<u>11,615</u>	<u>711</u>	<u>711</u>	<u>0</u>

72-6027212

**AMT Asset Report**

FYE: 12/31/2020

**Form 990, Page 1**

Asset	Description	Date In Service	Cost	Bus %	Sec 179	Bonus	Basis for Depr	PerConv Meth	Prior	Current
<b>Prior MACRS:</b>										
2	COMPUTER	3/15/06	727				727	5 HY 150DB	727	0
4	DESKTOP COMPUTER	8/24/10	1,296			X	648	5 HY 200DB	1,296	0
5	CONFERENCE TABLE	12/03/13	1,093			X	546	7 HY 200DB	1,007	86
9	Dell Inspiron Computer	10/22/19	1,287			X	0	5 MQ200DB	1,287	0
			<u>4,403</u>				<u>1,921</u>		<u>4,317</u>	<u>86</u>
<b>Other Depreciation:</b>										
1	FURNITURE & FIXTURES	2/15/06	3,632				3,632	7 MO S/L	3,632	0
6	LAPTOP	6/20/17	0				0	3 MO S/L	0	0
7	I-CLICKERS	6/20/17	2,738				2,738	5 MO200DB	1,949	316
8	PROJECTOR	7/19/17	658				658	3 MO S/L	548	110
	<b>Total Other Depreciation</b>		<u>7,028</u>				<u>7,028</u>		<u>6,129</u>	<u>426</u>
	<b>Total ACRS and Other Depreciation</b>		<u>7,028</u>				<u>7,028</u>		<u>6,129</u>	<u>426</u>
	<b>Grand Totals</b>		11,431				8,949		10,446	512
	<b>Less: Dispositions and Transfers</b>		0				0		0	0
	<b>Net Grand Totals</b>		<u>11,431</u>				<u>8,949</u>		<u>10,446</u>	<u>512</u>

**Bonus Depreciation Report****Form 990, Page 1**

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
4	DESKTOP COMPUTER	8/24/10	1,296		0	0	648	648
9	Dell Inspiron Computer	10/22/19	1,286		0	0	1,286	0
<b>Grand Total</b>			<u>2,582</u>		<u>0</u>	<u>0</u>	<u>1,934</u>	<u>648</u>

**Depreciation Adjustment Report****All Business Activities**

<u>Form</u>	<u>Unit</u>	<u>Asset</u>	<u>Description</u>	<u>Tax</u>	<u>AMT</u>	<u>AMT Adjustments/ Preferences</u>
<b><u>MACRS Adjustments:</u></b>						
Page 1	1	4	DESKTOP COMPUTER	0	0	0
Page 1	1	9	Dell Inspiron Computer	0	0	0
				<u>0</u>	<u>0</u>	<u>0</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>Tax</u>	<u>AMT</u>
<b><u>Prior MACRS:</u></b>					
4	DESKTOP COMPUTER	8/24/10	1,296	0	0
9	Dell Inspiron Computer	10/22/19	1,286	0	0
			<u>2,582</u>	<u>0</u>	<u>0</u>
<b><u>Other Depreciation:</u></b>					
1	FURNITURE & FIXTURES	2/15/06	3,632	0	0
2	COMPUTER	3/15/06	727	0	0
3	OFFICE SOFTWARE	3/15/06	480	0	0
5	CONFERENCE TABLE	12/03/13	1,093	0	0
6	LAPTOP	6/20/17	888	0	0
7	I-CLICKERS	6/20/17	2,738	315	315
8	PROJECTOR	7/19/17	658	0	0
	<b>Total Other Depreciation</b>		<u>10,216</u>	<u>315</u>	<u>315</u>
	<b>Total ACRS and Other Depreciation</b>		<u>10,216</u>	<u>315</u>	<u>315</u>
	<b>Grand Totals</b>		<u>12,798</u>	<u>315</u>	<u>315</u>

<u>Asset</u>	<u>Description</u>	<u>Date In Service</u>	<u>Cost</u>	<u>LA</u>
<b><u>Prior MACRS:</u></b>				
4	DESKTOP COMPUTER	8/24/10	1,296	0
9	Dell Inspiron Computer	10/22/19	1,287	0
			<u>2,583</u>	<u>0</u>
<b><u>Other Depreciation:</u></b>				
1	FURNITURE & FIXTURES	2/15/06	3,632	0
2	COMPUTER	3/15/06	727	0
3	OFFICE SOFTWARE	3/15/06	480	0
5	CONFERENCE TABLE	12/03/13	1,093	0
6	LAPTOP	6/20/17	888	0
7	I-CCLICKERS	6/20/17	2,738	315
8	PROJECTOR	7/19/17	658	0
	<b>Total Other Depreciation</b>		<u>10,216</u>	<u>315</u>
	<b>Total ACRS and Other Depreciation</b>		<u>10,216</u>	<u>315</u>
	<b>Grand Totals</b>		<u>12,799</u>	<u>315</u>



Asset	d t	Property Description	Date In Service	Tax Cost	Sec 179 Exp Current = c	Tax Bonus Amt	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1</b>												
<b>Group:</b>												
1		FURNITURE & FIXTURES	2/15/06	3,632.00	0.00	0.00	3,632.00	0.00	3,632.00	0.00	S/L	7.00
2		COMPUTER	3/15/06	727.00	0.00	0.00	727.00	0.00	727.00	0.00	S/L	5.00
3		OFFICE SOFTWARE	3/15/06	480.00	0.00	0.00	480.00	0.00	480.00	0.00	Amort	3.00
4		DESKTOP COMPUTER	8/24/10	1,296.00	0.00	648.00	1,296.00	0.00	1,296.00	0.00	200DB	5.0
5		CONFERENCE TABLE	12/03/13	1,093.00	0.00	0.00	956.42	136.58	1,093.00	0.00	S/L	7.00
6		LAPTOP	6/20/17	888.00	0.00	0.00	740.00	148.00	888.00	0.00	S/L	3.00
7		I-CLICKERS	6/20/17	2,738.00	0.00	0.00	1,949.46	315.42	2,264.88	473.12	200DB	5.00
8		PROJECTOR	7/19/17	658.00	0.00	0.00	548.33	109.67	658.00	0.00	S/L	3.00
9		Dell Inspiron Computer	10/22/19	1,285.86	0.00	1,285.86	1,285.86	0.00	1,285.86	0.00	200DB	5.0
<b>No Group</b>				12,797.86	0.00c	1,933.86	11,615.07	709.67	12,324.74	473.12		
<b>Form 990, Page 1</b>				12,797.86	0.00c	1,933.86	11,615.07	709.67	12,324.74	473.12		
<b>Grand Total</b>				12,797.86	0.00c	1,933.86	11,615.07	709.67	12,324.74	473.12		
<b>Other Assets</b>				12,797.86	0.00c	1,933.86	11,615.07	709.67	12,324.74	473.12		

Asset	Property Description	Date In Service	Tax Cost	Tax Sec 179 Exp	Tax Salvage Value	Tax Prior Depreciation	Tax Current Depreciation	Tax End Depr	Tax Net Book Value	Tax Method	Tax Period
<b>Activity: Form 990, Page 1</b>											
<b>Group:</b>											
1	FURNITURE & FIXTURES	2/15/06	3,632.00	0.00	0.00	3,632.00	0.00	3,632.00	0.00	S/L	7.00
2	COMPUTER	3/15/06	727.00	0.00	0.00	727.00	0.00	727.00	0.00	S/L	5.00
3	OFFICE SOFTWARE	3/15/06	480.00	0.00	0.00	480.00	0.00	480.00	0.00	Amort	3.00
4	DESKTOP COMPUTER	8/24/10	1,296.00	0.00	0.00	1,296.00	0.00	1,296.00	0.00	200DB	5.0
5	CONFERENCE TABLE	12/03/13	1,093.00	0.00	0.00	1,093.00	0.00	1,093.00	0.00	S/L	7.00
6	LAPTOP	6/20/17	888.00	0.00	0.00	888.00	0.00	888.00	0.00	S/L	3.00
7	I-CLICKERS	6/20/17	2,738.00	0.00	0.00	2,264.88	315.41	2,580.29	157.71	200DB	5.00
8	PROJECTOR	7/19/17	658.00	0.00	0.00	658.00	0.00	658.00	0.00	S/L	3.00
9	Dell Inspiron Computer	10/22/19	1,285.86	0.00	0.00	1,285.86	0.00	1,285.86	0.00	200DB	5.0
<b>No Group</b>			<u>12,797.86</u>	<u>0.00</u>	<u>0.00</u>	<u>12,324.74</u>	<u>315.41</u>	<u>12,640.15</u>	<u>157.71</u>		
<b>Form 990, Page 1</b>			<u>12,797.86</u>	<u>0.00</u>	<u>0.00</u>	<u>12,324.74</u>	<u>315.41</u>	<u>12,640.15</u>	<u>157.71</u>		
<b>Grand Total</b>			<u>12,797.86</u>	<u>0.00</u>	<u>0.00</u>	<u>12,324.74</u>	<u>315.41</u>	<u>12,640.15</u>	<u>157.71</u>		

Form <b>990-T</b>	<b>Schedule A Loss Carryover Calculation</b> Description <b>UNRELATED BUSINESS ACTIVITY</b>	<b>2020</b>
Name <b>CAROLYN W. &amp; CHARLES T. BEAIRD</b>		Taxpayer Identification Number <b>72-6027212</b>
Unincorporated Business Income Tax Code: <b>531110</b> Activity: <b>LESSORS OF RESIDENTIAL BUILDINGS</b>		
Each activity may carryforward losses after 2018		

1 Activity income .....	1	
2 Activity deductions .....	2	
3 Activities income or loss, after deductions .....	3	
4 Losses carried over to this year (do not include amounts prior to 2018) .....	4	11,545
5 Enter 100% of the amount on Line 3, if both lines 3 and 4 are positive. ....	5	
6 Take the lesser of Line 4 or Line 5. Enter here and on Line 17 of Form 990-T, Sch A, Part II .....	6	
7 Remaining losses to be carried forward to 2021 (Subtract Line 6 from line 4) .....	7	11,545
8 If line 3 is less than zero, enter that amount here as a positive number .....	8	0
9 Total loss carried forward to 2021 (Add lines 7 and 8) .....	9	11,545

Electronic Filing includes the report of additional amounts for this activity

E1 Activity loss amounts from 2019 .....	E1	11,545
E2 Prior year activity losses included on Schedule A, Line 17 .....	E2	

<b>Net Operating Loss Carryover Worksheet for Pre-2018 Losses</b>					<b>2020</b>
Form <b>990-T</b>	For calendar year 2020, or tax year beginning _____, ending _____				
Name <b>CAROLYN W. &amp; CHARLES T. BEAIRD FAMILY FOUNDATION</b>					Employer Identification Number <b>72-6027212</b>
		Prior Year		Current Year	
Preceding Taxable Year	Adj. To NOL Inc/(Loss) After Adj.	NOL Utilized (Income Offset)	Carryovers to Current Year	Income Offset By Prior Carryover	Next Year Carryover
18th 12/31/00					
17th 12/31/01					
16th 12/31/02					
15th 12/31/03					
14th 12/31/04					
13th 12/31/05					
12th 12/31/06					
11th 12/31/07					
10th 12/31/08	-54,709		54,709		54,709
9th 12/31/09	-9,077		9,077		9,077
8th 12/31/10	-8,572		8,572		8,572
7th 12/31/11	-50,119		50,119		50,119
6th 12/31/12	-37,106		37,106		37,106
5th 12/31/13	-31,022		31,022		31,022
4th 12/31/14	-34,679		34,679		34,679
3rd 12/31/15	-41,221		41,221		41,221
2nd 12/31/16	-19,560		19,560		19,560
1st 12/31/17	-66,369		66,369		66,369
NOL carryover available to current year			352,434		
Current year	0				
NOL carryover available to next year					352,434

<b>Underdistribution and Excess Distributions for Part XIII</b>		<b>2020</b>
Form <b>990-PF</b>	For calendar year 2020, or tax year beginning _____, ending _____	
Name <b>CAROLYN W. &amp; CHARLES T. BEAIRD FAMILY FOUNDATION</b>		Employer Identification Number <b>72-6027212</b>

### Undistributed Income Carryovers

Form 990-PF, Part XIII

Tax Year	Prior Undistributed Income			Current Year Decreases	Next Year Carryover	
	Nontaxable or Previously Taxed	Taxable in 2020	Total per Year		Nontaxable or Previously Taxed	Taxable in 2021
Years prior						
20 <b>16</b>						
20 <b>17</b>						
20 <b>18</b>						
2019		322,983	322,983	322,983		
2020			1,435,713	1,198,793		236,920
Total Carryover to Next Year						236,920

\* Carryover amount includes 4942(a) amounts

### Excess Distribution Carryovers

Form 990-PF, Part XIII

	Current Year	Next Year
Preceding Tax Year Excess Distributions	Decreases	Carryover
2015		
2016		
2017		
2018		
2019		
Current Year Excess Distribution Generated (2020)		0
Total Carryover to Next Year		0

Form <b>990PF</b>	<b>Two Year Comparison Report</b> For calendar year 2020, or tax year beginning _____, ending _____	<b>2019 &amp; 2020</b>
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Name

**CAROLYN W. & CHARLES T. BEAIRD**

Taxpayer Identification Number

**72-6027212**

		2019		2020		Differences	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
<b>Revenue</b>	1. Contributions, gifts, grants, and similar amounts received	1.					
	2. Interest on savings and temporary cash investments	2.	64,132	48,436	48,436	-15,696	-15,696
	3. Dividends and interest from securities	3.	452,915	364,578	364,578	-88,337	-88,337
	4. Gross rents	4.					
	5. Net gain or (loss) from sale of assets	5.	1,305,531	1,035,729		-269,802	
	6. Capital gain net income	6.		1,035,729			-269,802
	7. Gross profit or (loss)	7.					
	8. Other income	8.	17,165	4,766	4,766	-12,399	-3,693
	9. <b>Total.</b> Add lines 1 through 8	9.	1,839,743	1,453,509	1,453,509	-386,234	-377,528
<b>Expenses &amp; Deductions</b>	10. Compensation of officers, directors, trustees, etc.	10.	70,000	70,000			
	11. Other employee salaries and wages	11.					
	12. Pension plans, employee benefits	12.	3,500	3,500			
	13. Professional fees	13.	108,142	115,992	110,847	7,850	4,000
	14. Interest	14.	644			-644	
	15. Taxes	15.	31,887	27,739	12,205	-4,148	588
	16. Depreciation and depletion	16.	2,482	711		-1,771	
	17. Occupancy	17.					
	18. Other expenses	18.	393,924	317,173	271,456	-76,751	-21,050
	19. Contributions, gifts, grants paid	19.	1,288,872	1,392,059		103,187	
	20. <b>Total expenses and disbursements.</b> Add lines 10 through 19	20.	1,899,451	1,927,174	394,508	27,723	-16,462
	21. <b>Net income (if negative investment activity, enter -0-)</b>	21.	-59,708	-473,665	1,059,001	-413,957	-361,066
<b>Taxes</b>	22. Excise Tax	22.		14,201	14,720		519
	23. Section 511 Tax	23.					
	24. Subtitle A income tax	24.					
	25. <b>Total Taxes</b>	25.		14,201	14,720		519
	26. Estimates and overpayments credited	26.		35,696	21,495		-14,201
<b>Due / Refund</b>	27. Foreign tax withheld	27.					
	28. Other Payments	28.			11,300		11,300
	29. <b>Total payments and credits</b>	29.		35,696	32,795		-2,901
	30. <b>Balance due / (Overpayment)</b>	30.		-21,495	-18,075		3,420
	31. Overpayment credited to next year	31.		21,495	18,075		-3,420
	32. Penalty	32.					
	33. <b>Net due / (Refund)</b>	33.		0	0		
<b>Other</b>	34. Total assets	34.	22,789,810	22,327,437		0	
	35. Total liabilities	35.	2,370	13,662		0	
	36. <b>Net assets</b>	36.	22,787,440	22,313,775		0	

Form **990T****Two Year Comparison Report****2019 & 2020**

For calendar year 2020, or tax year beginning

, ending

Name

Taxpayer Identification Number

**CAROLYN W. & CHARLES T. BEAIRD  
FAMILY FOUNDATION****72-6027212**

		2019	2020	Differences
<b>Revenue</b>	1. Gross profit/loss on business activities	1.		
	2. Capital gains/losses	2.		
	3. Income/loss from partnerships and S corporations	3.	2,706	-2,706
	4. Rent income (net of expense)	4.		
	5. Unrelated debt-financed income (net of expense)	5.		
	6. Income from controlled organizations (net of expense)	6.		
	7. Section 501(c)(7)(9)(17) organization income (net of expense)	7.		
	8. Exploited exempt activity income (net of expense)	8.		
	9. Advertising income (net of expense)	9.		
	10. Other income	10.		
	<b>11. Total trade or business income.</b> Combine lines 1 through 10	<b>11.</b>	<b>2,706</b>	<b>-2,706</b>
<b>Expenses</b>	12. Compensation of officers, directors, and trustees	12.		
	13. Other salaries and wages	13.		
	14. Repairs and maintenance	14.		
	15. Bad debts	15.		
	16. Interest	16.		
	17. Taxes and licenses	17.		
	18. Charitable contributions	18.		
	19. Depreciation and Depletion	19.		
	20. Contributions to deferred compensation plans	20.		
	21. Employee benefit programs	21.		
	22. Other deductions	22.		
	<b>23. Total deductions.</b> Add lines 12 through 22	<b>23.</b>		
	<b>24. Net income (990T/first activity);</b> Subtract line 23 from 11	<b>24.</b>	<b>2,706</b>	<b>-2,706</b>
	25. Number of unrelated business activities for this return	25.	1	
<b>Tax &amp; Credits</b>	26. Unrelated business taxable income from all trades	26.	2,706	-2,706
	27. Disallowed employee fringe benefits	27.		
	28. Charitable contributions	28.		
	<b>29. Taxable income before NOL loss</b>	<b>29.</b>	<b>2,706</b>	<b>-2,706</b>
	30. Net operating loss (pre-2018)	30.		
	31. Specific deduction	31.	1,000	1,000
	<b>32. Unrelated business taxable income.</b>	<b>32.</b>	<b>1,706</b>	<b>-1,706</b>
	33. Income tax (corporate or trust)	33.		
	34. Proxy tax	34.		
	35. Other taxes	35.		
<b>Due/Refund</b>	<b>36. Total taxes</b>	<b>36.</b>		
	37. Other credits	37.		
	38. General business credit	38.		
	39. Credit for prior year minimum tax	39.		
	<b>40. Total credits</b>	<b>40.</b>		
	<b>41. Net tax after credits</b>	<b>41.</b>		
	42. Recapture taxes and 965 tax	42.		
	<b>43. Total Taxes</b>	<b>43.</b>		
	44. Prior year overpayment and estimated tax payments	44.	2,000	2,000
	45. Payment made with extension	45.		
	46. Backup withholding and foreign withholding	46.		
	47. Other payments	47.		
	<b>48. Total payments</b>	<b>48.</b>	<b>2,000</b>	<b>2,000</b>
	<b>49. Balance due/(Overpayment)</b>	<b>49.</b>	<b>-2,000</b>	<b>-2,000</b>
	50. Overpayment applied to next year	50.	2,000	2,000
	51. Penalties	51.		
	<b>52. Total due/(Refund)</b>	<b>52.</b>		

Form <b>SchM</b>	<b>Two Year Comparison for Unrelated Business Activity</b> For calendar year 2020, or tax year beginning _____, ending _____	<b>2019 &amp; 2020</b>
Organization Name <b>CAROLYN W. &amp; CHARLES T. BEAIRD</b>		Taxpayer Identification Number <b>72-6027212</b>

 Unincorporated Business Income Tax Code: **531110** Activity: **UNRELATED BUSINESS ACTIVITY**

		2019	2020	Differences
<b>Revenue</b>	1. Gross profit/loss on business activities .....	1.		
	2. Capital gains/losses .....	2.		
	3. Income/loss from partnerships and S corporations .....	3.	2,706	-2,706
	4. Rental income (net of expense) .....	4.		
	5. Unrelated debt-financed income (net of expense) .....	5.		
	6. Interest, and other income from controlled organizations (net of expense) .....	6.		
	7. Investment income of specific organizations (net of expense) .....	7.		
	8. Exploited exempt activity income (net of expense) .....	8.		
	9. Advertising income (net of expense) .....	9.		
	10. Other income .....	10.		
	11. <b>Total trade or business income.</b> Combine lines 1 through 10 .....	11.	2,706	-2,706
<b>Expenses</b>	12. Compensation of officers, directors, and trustees .....	12.		
	13. Other salaries and wages .....	13.		
	14. Repairs and maintenance .....	14.		
	15. Bad debts .....	15.		
	16. Interest .....	16.		
	17. Taxes and licenses .....	17.		
	18. Depreciation and Depletion .....	18.		
	19. Contributions to deferred compensation plans .....	19.		
	20. Employee benefit programs .....	20.		
	21. Other deductions .....	21.		
	22. <b>Total deductions.</b> Add lines 12 through 22 .....	22.		
	23. <b>Taxable income before deductions.</b> Subtract line 23 from 11 ..	23.	2,706	-2,706
	24. Deductible losses .....	24.	11,545	8,839
	25. <b>Unrelated business taxable income (loss)</b> .....	25.	-11,545	-11,545



Form **990PF****Tax Return History****2020**

Use the 2Yr Report for more recent historical information

Name

**CAROLYN W. & CHARLES T. BEAIRD  
FAMILY FOUNDATION**

Taxpayer Identification Number

**72-6027212**

		2016		2017		2018	
		Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income	Revenue and expenses per books	Net investment income
<b>Revenue</b>	1. Contributions, gifts, grants, and similar amounts received	1.					
	2. Interest on savings and temporary cash investments	2. 637	637	3,561	3,561	63,819	63,819
	3. Dividends and interest from securities	3. 486,467	486,467	434,288	434,288	448,281	448,281
	4. Gross rents	4.					
	5. Net gain or (loss) from sale of assets	5. 1,287,482		2,638,394		2,272,861	
	6. Capital gain net income	6.	1,287,482		2,638,394		2,272,861
	7. Gross profit or (loss)	7.					
	8. Other income	8. -13,504	-13,504	-275,829	-275,829	-3,750	10,501
	9. <b>Total.</b> Add lines 1 through 8	9. 1,761,082	1,761,082	2,800,414	2,800,414	2,781,211	2,795,462
<b>Expenses &amp; Deductions</b>	10. Compensation of officers, directors, trustees, etc.	10. 65,500		65,500		70,000	
	11. Other employee salaries and wages	11.					
	12. Pension plans, employee benefits	12.				3,500	
	13. Professional fees	13. 96,619	93,619	102,407	99,982	115,631	113,416
	14. Interest	14.		26		229	
	15. Taxes	15. 28,682	8,573	69,248	10,378	36,492	11,847
	16. Depreciation and depletion	16. 156		962		1,547	
	17. Occupancy	17.					
	18. Other expenses	18. 269,911	170,155	109,258		1,006,222	859,448
	19. Contributions, gifts, grants paid	19. 1,119,228		1,127,219		1,293,232	
	20. <b>Total expenses and disbursements.</b> Add lines 10 through 19	20. 1,580,096	272,347	1,474,620	110,360	2,526,853	984,711
	21. <b>Net income (if negative investment activity, enter -0-)</b>	21. 180,986	1,488,735	1,325,794	2,690,054	254,358	1,810,751
<b>Taxes</b>	22. Excise Tax	22.	14,887		53,801		18,108
	23. Section 511 Tax	23.					
	24. Subtitle A income tax	24.					
	25. <b>Total Taxes</b>	25.	14,887		53,801		18,108
	26. Estimates and overpayments credited	26.	12,000		20,000		53,804
<b>Due / Refund</b>	27. Foreign tax withheld	27.					
	28. Other Payments	28.	3,000		10,000		
	29. <b>Total payments and credits</b>	29.	15,000		30,000		53,804
	30. <b>Balance due / (Overpayment)</b>	30.	0		23,801		0
	31. Overpayment credited to next year	31.	65				35,696
	32. Penalty	32.	-48		1,054		
	33. <b>Net due / (Refund)</b>	33.	0		22,747		0
<b>Other</b>	34. Total assets	34. 21,227,364		22,683,637		22,849,527	
	35. Total liabilities	35. 10,369		90,847		2,379	
	36. <b>Net assets</b>	36. 21,266,995		22,592,790		22,847,148	

Form <b>990T</b>	<b>Tax Return History</b>	<b>2020</b>
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Name <b>CAROLYN W. &amp; CHARLES T. BEAIRD FAMILY FOUNDATION</b>	Employer Identification Number <b>72-6027212</b>
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\* Income shown net of expenses

	2016	2017	2018	2019	2020	2021
Business activity profit/loss .....						
Capital gains/losses .....						
Partner and S Corp gain/loss .....		- 66,369	- 14,251	2,706		
Rental income* .....						
Debt-financed income* .....						
Controlled organizations income/interest* .....						
Investment income, specific organizations* .....						
Exploited exempt activity income* .....						
Other income .....						
<b>Total trade or business income.</b> .....		- 66,369	- 14,251	2,706		
Compensation of officers, ect. ....						
Other salaries and wages .....						
Repairs and maintenance .....						
Bad debts .....						
Interest .....						
Taxes and licenses .....						
Charitable contributions .....						
Depreciation and Depletion .....						
Deferred compensation plans .....						
Employee benefit programs .....						

Form	<b>990T</b>	<b>Tax Return History</b>		<b>2020</b>
Name <b>CAROLYN W. &amp; CHARLES T. BEAIRD FAMILY FOUNDATION</b>			Employer Identification Number <b>72-6027212</b>	

	2016	2017	2018	2019	2020	2021
Other deductions .....						
<b>Net income (990T/first activity)</b> .....		- 66,369	-14,251	2,706		
UBTI from all trades .....	0	0	0	2,706	0	
Taxable employee fringe benefits .....						
Charitable contributions .....						
Net operating loss deduction .....						
Specific deduction .....			1,000	1,000	1,000	
<b>Income after expense and deductions</b> .....				1,706		
Income tax (corporate or trust) .....						
Other taxes .....						
<b>Total taxes</b> .....						
General business credit .....						
Other credits .....						
<b>Net tax after credits</b> .....						
Estimated tax payments .....		1,000	2,000	2,000	2,000	
Other payments .....		1,000				
<b>Balance due/Overpayment</b> .....		-2,000	-2,000	-2,000	-2,000	

72-6027212

**Federal Statements**

FYE: 12/31/2020

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

<u>Name of Manager</u>	<u>Amount</u>
NONE	\$
TOTAL	\$ 0

**Taxable Interest on Investments**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>US Obs (\$ or %)</u>
BERSTEIN INVESTMENTS	\$ 1,076		14	LA	
BEAIRD PROPERTIES LLC	47,360		14	LA	
TOTAL	\$ 48,436				

**Taxable Dividends from Securities**

<u>Description</u>	<u>Amount</u>	<u>Unrelated Business</u>	<u>Exclusion Code</u>	<u>Postal Code</u>	<u>US Obs (\$ or %)</u>
BERSTEIN INVESTMENTS	\$ 321,414		14		
BEAIRD PROPERTIES LLC	43,164		14		
TOTAL	\$ 364,578				