

Form **990-PF**

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service

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► Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For calendar year **2021** or tax year beginning , and ending

Name of foundation CAROLYN W. & CHARLES T. BEAIRD FAMILY FOUNDATION		A Employer identification number ** - ***7212
Number and street (or P.O. box number if mail is not delivered to street address) 330 MARSHALL ST. #1440	Room/suite	B Telephone number (see instructions) 318-221-2823
City or town, state or province, country, and ZIP or foreign postal code SHREVEPORT LA 71101-3015		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <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"/>
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) ► \$ 35,704,513	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule) ...				
	2 Check <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	91,260	91,260		
	4 Dividends and interest from securities	498,357	498,357		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,895,824			
	b Gross sales price for all assets on line 6a	4,778,523			
	7 Capital gain net income (from Part IV, line 2)		1,895,824		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
Operating and Administrative Expenses	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule) STMT 1	22,080	22,080		
	12 Total. Add lines 1 through 11	2,507,521	2,507,521	0	
	13 Compensation of officers, directors, trustees, etc.	75,000			75,000
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	3,750			3,750
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)				
	c Other professional fees (attach schedule) STMT 2	153,234	153,234		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) STMT 3	72,388	29,799		5,738
	19 Depreciation (attach schedule) and depletion STMT 4	315			
	20 Occupancy				
	21 Travel, conferences, and meetings	110,577			82,500
	22 Printing and publications				
	23 Other expenses (att. sch.) STMT 5	26,678			26,678
	24 Total operating and administrative expenses. Add lines 13 through 23	441,942	183,033	0	193,666
	25 Contributions, gifts, grants paid	1,400,965			1,400,965
	26 Total expenses and disbursements. Add lines 24 and 25	1,842,907	183,033	0	1,594,631
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	664,614			
	b Net investment income (if negative, enter -0-)		2,324,488		
	c Adjusted net income (if negative, enter -0-)			0	

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2021)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash – non-interest-bearing	24,345	34,289	34,289
	2 Savings and temporary cash investments	95,339	178,671	178,671
	3 Accounts receivable ▶			
	Less: allowance for doubtful accounts ▶	6,928		
	4 Pledges receivable ▶			
	Less: allowance for doubtful accounts ▶			
	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) ▶			
	Less: allowance for doubtful accounts ▶	0		
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges	32,385	2,000	2,000
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule) SEE STMT 6	17,240,361	18,436,075	24,060,251
	c Investments – corporate bonds (attach schedule)			
Liabilities	11 Investments – land, buildings, and equipment: basis ▶			
	Less: accumulated depreciation (attach sch.) ▶			
	12 Investments – mortgage loans			
	13 Investments – other (attach schedule)			
	14 Land, buildings, and equipment: basis ▶	12,798		
	Less: accumulated depreciation (attach sch.) ▶ STMT 7	12,640	473	158
	15 Other assets (describe ▶ SEE STATEMENT 8)	4,927,606	4,344,012	11,429,144
	16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	22,327,437	22,995,205	35,704,513
	17 Accounts payable and accrued expenses	13,662	16,816	
	18 Grants payable			
Net Assets or Fund Balances	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶)			
	23 Total liabilities (add lines 17 through 22)	13,662	16,816	
	Foundations that follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 24, 25, 29, and 30.			
	24 Net assets without donor restrictions	22,313,775	22,978,389	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
Net Assets or Fund Balances	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
	29 Total net assets or fund balances (see instructions)	22,313,775	22,978,389	
	30 Total liabilities and net assets/fund balances (see instructions)	22,327,437	22,995,205	

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	22,313,775
2 Enter amount from Part I, line 27a	2	664,614
3 Other increases not included in line 2 (itemize) ▶	3	
4 Add lines 1, 2, and 3	4	22,978,389
5 Decreases not included in line 2 (itemize) ▶	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29	6	22,978,389

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a BEAIRD PROPERTIES	P		12/31/21
b BERNSTEIN - SALE OF ST COV SEC	P		12/31/21
c BERNSTEIN - SALE OF LT COV SEC	P		12/31/21
d BERNSTEIN - CIL	P		12/31/21
e BERNSTEIN			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a 2,078			2,078
b 1,326,016		986,781	339,235
c 3,222,911		1,895,918	1,326,993
d 68			68
e 227,450			227,450

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

(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
a			2,078
b			339,235
c			1,326,993
d			68
e			227,450

2 Capital gain net income or (net capital loss) If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7	2	1,895,824
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8	3	339,303

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

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)	1	32,310
b All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0
3 Add lines 1 and 2	3	32,310
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	32,310
6 Credits/Payments:		
a 2021 estimated tax payments and 2020 overpayment credited to 2021	6a	18,075
b Exempt foreign organizations – tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	14,100
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d	7	32,175
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8	
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	135
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	
11 Enter the amount of line 10 to be: Credited to 2022 estimated tax Refunded	11	

Part VI-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition		X
If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?		X
If "Yes," attach a detailed description of the activities.		
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	X	
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV	X	
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ LA		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation	X	
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See instructions for Part XIII. If "Yes," complete Part XIII		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X
11 At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		X
12 Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions SEE STATEMENT 9	X	
13 Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ WWW.BEAIRDFOUNDATION.ORG	X	
14 The books are in care of ▶ THE ORGANIZATION Telephone no. ▶ 318-221-2823 330 MARSHALL ST., #1440 Located at ▶ SHREVEPORT LA ZIP+4 ▶ 71101		
15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here		<input type="checkbox"/>
and enter the amount of tax-exempt interest received or accrued during the year	15	
16 At any time during calendar year 2021, 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?		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

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

	Yes	No
1a During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1a(1)	X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(2)	X
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1a(3)	X
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	1a(4)	X
(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)?	1a(5)	X
(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.)	1a(6)	X
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	1b	X
c Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
d 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 2021? N/A	1d	
2 Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a At the end of tax year 2021, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2021?	2a	X
If "Yes," list the years ► 20, 20, 20, 20		
b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement – see instructions.) N/A	2b	
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► 20, 20, 20, 20		
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	3a	X
b If "Yes," did it have excess business holdings in 2021 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 2021.) N/A	3b	
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?	4b	X

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

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

Part VII 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 10				

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

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

Total number of other employees paid over \$50,000 **0**

Part VII 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		

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

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

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

Part IX 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	23,202,034
b	Average of monthly cash balances	1b	405,390
c	Fair market value of all other assets (see instructions)	1c	11,429,144
d	Total (add lines 1a, b, and c)	1d	35,036,568
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	35,036,568
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	525,549
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	34,511,019
6	Minimum investment return. Enter 5% (0.05) of line 5	6	1,725,551

Part X 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 IX, line 6		1,725,551
2a	Tax on investment income for 2021 from Part V, line 5	2a	32,310
b	Income tax for 2021. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	32,310
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,693,241
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,693,241
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	7	1,693,241

Part XI 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	1,594,631
b	Program-related investments – total from Part VIII-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4	4	1,594,631

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				1,693,241
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only			236,920	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f Total of lines 3a through e				
4 Qualifying distributions for 2021 from Part XI, line 4: ► \$ 1,594,631				
a Applied to 2020, but not more than line 2a			236,920	
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2021 distributable amount				1,357,711
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 Enter the net total of each column as indicated below:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				335,530
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2022. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021				

Part XIII Private Operating Foundations (see instructions and Part VI-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 2021, enter the date of the ruling ▶

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) 2021	(b) 2020	(c) 2019	(d) 2018	
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
b 85% (0.85) of line 2a					
c Qualifying distributions from Part XI, line 4, for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test – enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
c "Support" alternative test – enter:					
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from an exempt organization					
(4) Gross investment income					

Part XIV 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 11

b The form in which applications should be submitted and information and materials they should include:
SEE STATEMENT 12

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 13

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
ACADEMY OF CHILDREN'S THEATRE 1666 EAST BERT KOUNS SHREVEPORT LA 71105		OPERATING	EXPENSES	750
AMERICAN UNIVERSITY P.O. BOX 96609 WASHINGTON DC 20077		OPERATING	EXPENSES	350
ANIMAL WELFARE INSTITUTE 900 PENNSYLVANIA AVE, SE WASHINGTON DC 20003		OPERATING	EXPENSES	1,000
BE LOUD SOPHIE 406 LONGLEAF DRIVE CHAPEL HILL NC 27517		OPERATING	EXPENSES	250
BERNSTEIN DEVELOPMENT, INC. 1706 HOLLYWOOD AVENUE SHREVEPORT LA 71108		PROGRAM	SERVICES	26,175
BOOK HARVEST 2501 UNIVERSITY DRIVE DURHAM NC 27707		OPERATING	EXPENSES	310
BPCC FOUNDATION, INC 6220 E TEXAS ST. BLDG A BOSSIER CITY LA 71111		PROGRAM	SERVICES	17,306
BUFFALO BILL MEMORIAL ASSOCIATION 720 SHERIDAN AVE CODY WY 82414		CAPITAL	EXPENSES	8,000
CAL POLY - DEVELOPMENT SUPPORT SVCS 1 GRAND AVE SAN LUIS OBISPO CA 93407		OPERATING	EXPENSES	6,475
CANINE COMPANIONS FOR INDEPENDENCE P.O. BOX 446 SANTA ROSA CA 95402		OPERATING	EXPENSES	350
Total			▶ 3a	1,400,965
b <i>Approved for future payment</i> N/A				
Total			▶ 3b	

Part XV-A Analysis of Income-Producing Activities

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	
1	Program service revenue:					
a	_____					
b	_____					
c	_____					
d	_____					
e	_____					
f	_____					
g	Fees and contracts from government agencies					
2	Membership dues and assessments					
3	Interest on savings and temporary cash investments			14	91,260	
4	Dividends and interest from securities			14	498,357	
5	Net rental income or (loss) from real estate:					
a	Debt-financed property					
b	Not debt-financed property					
6	Net rental income or (loss) from personal property					
7	Other investment income			15	8,294	13,786
8	Gain or (loss) from sales of assets other than inventory					1,895,824
9	Net income or (loss) from special events					
10	Gross profit or (loss) from sales of inventory					
11	Other revenue: a _____					
b	_____					
c	_____					
d	_____					
e	_____					
12	Subtotal. Add columns (b), (d), and (e)		0		597,911	1,909,610
13	Total. Add line 12, columns (b), (d), and (e)				13	2,507,521

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

Part XV-B	Relationship of Activities to the Accomplishment of Exempt Purposes
------------------	--

[illegible]

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

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

[illegible]

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

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

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.

Sign Here

May the IRS discuss this return with the preparer shown below? See instructions. ☒ Yes ☐ No

Signature of officer or trustee _____ Date _____

DIRECTOR _____
Title

Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date	Check <input type="checkbox"/> if self-employed
	ROBERT E. KING III		ROBERT E. KING III			
	Firm's name ▶ HUMMINGBIRD KING & BUTLER CPAS			PTIN *****		
	Firm's address ▶ 330 MARSHALL ST STE 600 SHREVEPORT, LA 71101-3293			Firm's EIN ▶ **-***1949		
				Phone no. 318-221-1803		

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
CANINE PARTNERS OF THE ROCKIES 651 POTOMAC ST., STE. E. AURORA CO 80011		OPERATING	EXPENSES	500
CAROLINA FRIENDS SCHOOL 4809 FRIENDS SCHOOL ROAD DURHAM NC 27705		OPERATING	EXPENSES	500
CENTRAL COAST CONCERNED MOUNTAIN P.O. BOX 1022 SAN LUIS OBISPO CA 93406		OPERATING	EXPENSES	1,000
CHERRY CREEK SCHOOL DISTRICT 4700 S. YOSEMITE STREET GREENWOOD VILLAGE CO 8011		OPERATING	EXPENSES	3,750
CHILDREN & ARTHRITIS, INC. 2751 ALBERT BICKNELL DR. SHREVEPORT LA 71103		OPERATING	EXPENSES	500
CHIMP HAVEN 13600 CHIMPANZEE PLACE KEITHVILLE LA 71047		OPERATING	EXPENSES	1,000
CHURCH HEALTH CENTER 1350 CONCOURSE AVE. MEMPHIS TN 38104		OPERATING	EXPENSES	5,000
CITIZENS ABOUT PROGRESS 363 MILL POND RD SPRING HILL LA 71075		GENERAL	OPERATING	2,148
CLOSE UP FOUNDATION 1330 BRADDOCK PLACE ALEXANDRIA VA 22314		PROGRAM	SERVICES	10,000
COHABITAT FOUNDATION, INC 500 CLYDE FANT PARKWAY SHREVEPORT LA 71101		PROGRAM	SERVICES	25,000
Total			3a	
b Approved for future payment				
N/A				
Total			3b	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
COLORADO FRIENDS OF COLORADO WSRP 4500 CHERRY CREEK DR. DENVER CO 80246		OPERATING	EXPENSES	700
COMBA P.O., BOX 280415 LAKEWOOD CO 80228		OPERATING	EXPENSES	1,000
COMMON GROUND COMMUNITY, INC. 4830 LINE AVE. #117 SHREVEPORT LA 71106		OPERATING	EXPENSES	750
COMMUNITY HOME TRUST PO BOX 2315 CHAPEL HILL NC 27515		OPERATING	EXPENSES	100
CONSCIOUS ALLIANCE 3801 INDUSTRIAL LN BROOMFIELD CO 80020		OPERATING	EXPENSES	1,000
CORNELL UNIVERSITY BOX 37334 BOONE IA 50037		OPERATING	EXPENSES	250
CULLEN ASSOCIATION FOR RESOURCEFUL 401 EAST ROAD CULLEN LA 71021		GENERAL	OPERATING	12,500
DEMOCRACY NORTH CAROLINA 3000 AERIAL CENTER PKWY MOORISVILLE NC 27560		OPERATING	EXPENSES	1,000
DENVER METRO COMMUNITY IMPACT 3475 HOLLY ST. DENVER CO 80207		PROGRAM	SERVICES	956
DENVER PET PARTNERS P.O. BOX 271505 LITTLETON CO 80127		OPERATING	EXPENSES	50
Total			3a	
b <i>Approved for future payment</i>				
N/A				
Total			3b	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DTH PUBLISHING CORPORATION 109 E. FRANKLIN ST. CHAPEL HILL NC 27514		OPERATING	EXPENSES	25
DUCKS UNLIMITED ONE WATERFOWL WAY MEMPHIS TN 38120		OPERATING	EXPENSES	500
DZI FOUNDATION 565 SHERMAN ST. #7 RIDGWAY CO 81432		OPERATING	EXPENSES	6,875
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY AL 36104		OPERATING	EXPENSES	100
EVERGREEN PRESBYTERIAN MINISTRIES 2101 HIGHWAY 80 HAUGHTON LA 71037		PROGRAM	SERVICES	26,000
FAITH AND FOSTERING 318 CHANCELLORSVILLE CT BOSSIER CITY LA 71112		GENERAL	OPERATING	52,960
FAITH AND FOSTERING 318 CHANCELLORSVILLE CT BOSSIER CITY LA 71112		OPERATING	EXPENSES	500
FILM PRIZE FOUNDATION INC 401 MARKET ST SHREVEPORT LA 71101		CAPITAL	EXPENSES	30,000
FIRST PRESBYTERIAN DAY SCHOOL 305 EAST MAIN STREET DURHAM NC 27701		CAPITAL	EXPENSES	1,000
FIRST PRESBYTERIAN DAY SCHOOL 900 JORDAN ST SHREVEPORT LA 71101		OPERATING	EXPENSES	500
Total			3a	
b <i>Approved for future payment</i> N/A				
Total			3b	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
FOOD ALLERGY RESEARCH & EDUCATION 7901 JONES BRANCH DRIVE MCLEAN VA 22102		OPERATING	EXPENSES	6,500
FOOD BANK OF NORTHWEST P.O. BOX 65150 SHREVEPORT LA 71136		OPERATING	EXPENSES	1,000
FORENSIC NURSES OF LOUISIANA, INC. 2900 HEARNE AVE. SHREVEPORT LA 71103		OPERATING	EXPENSES	250
FOUNDATION FOR FIGHTING BLINDNESS 6925 OAKLAND MILLS ROAD COLUMBIA MD 21045		PROGRAM	SERVICES	250
FRIENDS OF STATE PARKS (NORTH P.O. BOX 37655 RALEIGH NC 27627		OPERATING	EXPENSES	250
GEAUX 4 KIDS, INC. 1513 DOCTORS DR BOSSIER CITY LA 71111		PROGRAM	SERVICES	25,000
GEAUX 4 KIDS, INC. 1513 DOCTORS DRIVE BOSSIER CITY LA 71111		OPERATING	EXPENSES	250
GERMANTOWN CHARITY HORSE SHOW P.O. BOX 38102 GERMANTOWN TN 38183		PROGRAM	SERVICES	1,000
GINGERBREAD HOUSE 1700 BUCKNER SQUARE SHREVEPORT LA 71101		GENERAL	OPERATING	15,000
GINGERBREAD HOUSE 1700 BUCKNER SQUARE SHREVEPORT LA 71101		OPERATING	EXPENSES	1,500
Total			▶ 3a	
b <i>Approved for future payment</i> N/A				
Total			▶ 3b	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
GOODWILL INDUSTRIES OF NORTH 800 W. 70TH STREET SHREVEPORT LA 71106		PROGRAM	SERVICES	20,000
GREATER PARK HILL COMMUNITY 2823 FAIRFAX ST. DENVER CO 80207		OPERATING	EXPENSES	150
GULF SOUTH GOLDEN RETRIEVER RESCUE 2664 CHOCTAW TRAIL MARIANNA FL 32446		OPERATING	EXPENSES	500
HALLETT ACADEMY 2950 JASMINE ST DENVER CO 80207		OPERATING	EXPENSES	2,000
HOPE CONNECTIONS INC 2350 LEVY STREET SHREVEPORT LA 71103		OPERATING	EXPENSES	1,000
HUMANE SOCIETY OF NORTHWEST 2544 LINWOOD AVE SHREVEPORT LA 71103		OPERATING	EXPENSES	500
I LOVE A CLEAN SAN DIEGO 5797 CHESAPEAKE COURT SAN DIEGO CA 92123		OPERATING	EXPENSES	3,000
INNOCENCE PROJECT NEW ORLEANS 4051 ULLOA STREET NEW ORLEANS LA 70119		OPERATING	EXPENSES	250
JDRF INTERNATIONAL - COLORADO 2727 BRYANT ST DENVER CO 80211		OPERATING	EXPENSES	50
JUNETEENTH MUSIC FESTIVAL P.O. BOX 460454 GLENDALE CO 80246		OPERATING	EXPENSES	2,000
Total			▶ 3a	
b <i>Approved for future payment</i>				
N/A				
Total			▶ 3b	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MID-SOUTH FOOD BANK 3865 SOUTH PERKINS RD. MEMPHIS TN 38118		OPERATING	EXPENSES	1,000
MIRACLES ON ICE-HOWARD FAMILY FOUND 9 WATERSIDE TERRACE CHERRY HILLS VILLAGE CO 8		OPERATING	EXPENSES	500
MISSIO DEI CHURCH 621 S. WHITE STATION RD MEMPHIS TN 38117		PROGRAM	SERVICES	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		OPERATING	EXPENSES	500
NEWARK BASEBALL ACADEMY 19 ASPEN DR. LIVINGSTON NJ 07039		OPERATING	EXPENSES	1,000
NORTH CAROLINA JUSTICE CENTER P.O BOX 28068 RALEIGH NC 27611		PROGRAM	SERVICES	1,000
NW LA EDUCATION AND LEADERSHIP FOUN P.O. BOX 5956 BOSSIER CITY LA 71171-595		GENERAL	OPERATING	20,000
ONE HUNDRED MEN OF SHREVEPORT 4137 WALLER DR SHREVEPORT LA 71119		OPERATING	EXPENSES	2,000
PARK HILL ELEMENTARY PTA 5050 EAST 19TH AVENUE DENVER CO 80220		OPERATING	EXPENSES	800
Total			3a	
b <i>Approved for future payment</i>				
N/A				
Total			3b	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
PREVENT CHILD ABUSE NORTH CAROLINA 3000 AERIAL CENTER PKWY MORRISVILLE NC 27560		OPERATING	EXPENSES	125
PROJECT RECLAIM OF MINDEN, INC. P.O. BOX 444 MINDEN LA 71058		GENERAL	OPERATING	35,000
RED RIVER STEM, INC. 820 CLYDE FANT PARKWAY SHREVEPORT LA LA 71107		PROGRAM	SERVICES	27,500
RENESTING PROJECT INC 1331 DRIFTWOOD DRIVE BOSSIER CITY LA 71111		PROGRAM	SERVICES	40,000
REPAIRERS OF THE BREACH, INC. P.O. BOX 1638 GOLDSBORO NC 27533-1638		OPERATING	EXPENSES	60
ROBINSON'S RESCUE LOW COST SPAY 2515 LINE AVENUE SHREVEPORT LA 71104		OPERATING	EXPENSES	1,500
SACRED WATERS CO FOUNDATION INC 135 COUNTRY CENTER DR. PAGOSA SPRINGS CO 81147		OPERATING	EXPENSES	750
SANCTUARY ARTS SCHOOL 423 LAKE ST. SHREVEPORT LA 71101		GENERAL	OPERATING	30,000
SANCTUARY ARTS SCHOOL 423 LAKE ST. SHREVEORT LA 71101		OPERATING	EXPENSES	500
SEMESTER AT SEA/ INST FOR SHIPBOARD P.O. BOX 842945 DALLAS TX 75284		OPERATING	EXPENSES	1,250
Total			3a	
b <i>Approved for future payment</i>				
N/A				
Total			3b	

Part XIV 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				
SERVE DENTON 306 N. LOOP 288 DENTON TX 76209		OPERATING	EXPENSES	100
SETTING CHILDREN ON THE ROAD TO 6224 NORTH INWOOD RD. SHREVEPORT LA 71119		PROGRAM	SERVICES	45,000
SHREVEPORT BAR FOUNDATION 625 TEXAS ST SHREVEPORT LA 71101		PROGRAM	SERVICES	56,250
SHREVEPORT COMMON 801 CROCKETT ST SHREVEPORT LA 71101		OPERATING	EXPENSES	3,000
SHREVEPORT OPERA 6969 FERN LOOP SUITE 206 SHREVEPORT LA 71105		PROGRAM	SERVICES	11,250
SICKLE CELL DISEASE ASSOC OF AMERIC 3658 JUDSON STREET SHREVEPORT LA 71109		GENERAL	OPERATING	15,000
SPECIAL OLYMPICS COLORADO 12450 E ARAPAHOE ROAD CENTENNIAL CO 80112		OPERATING	EXPENSES	518
ST. JUDE 501 ST. JUDE PLACE MEMPHIS TN 38105		OPERATING	EXPENSES	400
ST GEORGE EPISCOPAL CHURCH 2425 S. GERMANTOWN RD GERMANTOWN TN 38138		PROGRAM	SERVICES	540
ST. LUKE'S EPISCOPAL MOBILE MEDICAL P.O. BOX 53074 SHREVEPORT LA 71135		GENERAL	OPERATING	20,000
Total			3a	
b Approved for future payment				
N/A				
Total			3b	

Part XIV 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				
ST. LUKE'S EPISCOPAL MOBILE MEDICAL P.O. BOX 53074 SHREVEPORT LA 71135			OPERATING EXPENSES	500
STEDMAN PTA 2940 DEXTER ST DENVER CO 80207		OPERATING	EXPENSES	3,000
STEVE'S CLUB DENVER 950 S. CHERRY ST DENVER CO 80246		OPERATING	EXPENSES	3,075
STEVE'S CLUB NATIONAL PROGRAM P.O. BOX 18082 DENVER CO 80218		OPERATING	EXPENSES	9,425
STORYCENTER 1250 ADDISON ST. BERKELEY CA 94702		OPERATING	EXPENSES	100
STRATEGIC ACTION COUNCIL 717 CROCKETT ST. SHREVEPORT LA 71101		GENERAL	OPERATING	60,000
SUNRISE MOVEMENT EDUCATION FUND 50 F STREET NW WASHINGTON DC 20001		OPERATING	EXPENSES	100
SUPERMEN FOR CHRIST INC 4153 PINES RD SHREVEPORT LA 71119		GENERAL	OPERATING	74,000
THE ARC CADD0-BOSSIER 351 JORDAN ST SHREVEPORT LA 71101		PROGRAM	SERVICES	250
THE CENTER ON COLFAX RAINBOW ALLEY 1301 E. COLFAX AVE. DENVER CO 80218		OPERATING	EXPENSES	100
Total			3a	
b Approved for future payment N/A				
Total			3b	

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

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i>				
THEATRE OF THE PERFORMING ARTS OF 4005 LAKESHORE DRIVE SHREVEPORT LA 71109		PROGRAM	SERVICES	30,000
THERE WITH CARE-DENVER 7808 CHERRY CREEK SOUTH D DENVER CO 80231		OPERATING	EXPENSES	4,875
TRAINING EDUCATION AND MEDIATION 1545 LINE AVE. SHREVEPORT LA 71101		GENERAL	OPERATING	30,000
TROUT UNLIMITED 944 DOLTON WAY HIGHLANDS RANCH CO 80126		OPERATING	EXPENSES	750
TRUTHOUT P.O. BOX 276414 SACRAMENTO CA 95827		OPERATING	EXPENSES	65
UNIVERSITY OF DENVER-STURM COLLEGE P.O. BOX 910585 DENVER CO 80291		OPERATING	EXPENSES	250
UNIVERSITY OF PENNSYLVANIA P.O. BOX 71332 PHILADELPHIA PA 19176		OPERATING	EXPENSES	250
VOLUNTEERS FOR YOUTH JUSTICE 900 JORDON STREET SHREVEPORT LA 71101		OPERATING	EXPENSES	1,500
VOLUNTEERS OF AMERICA OF NORTH LA 360 JORDON ST SHREVEPORT LA 71101		PROGRAM	SERVICES	70,500
WILD SALMON CENTER 721 NW NINTH AVE PORTLAND OR 97209		OPERATING	EXPENSES	500
Total			3a	
b <i>Approved for future payment</i>				
N/A				
Total			3b	

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

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WORLD WILDLIFE FUND 1250 24TH ST. NW WASHINGTON DC 20090		OPERATING	EXPENSES	100
WUNC NC PUBLIC RADIO 120 FRIDAY CENTER DR CHAPEL HILL NC 27517		OPERATING	EXPENSES	150
YOUNG LIFE IN CHERRY CREEK SCHOOLS 23 INVERNESS WAY E ENGLEWOOD CO 80112		OPERATING	EXPENSES	2,000
YOUTH ENRICHMENT PROGRAM 4700 LINE AVENUE SHREVEPORT LA 71106		PROGRAM	SERVICES	39,525
YOUTH OUTREACH SERVICES 7903 ARCADIAN SHORES DR SHREVEPORT LA 71129		GENERAL	OPERATING	40,000
Total			3a	
b <i>Approved for future payment</i>				
N/A				
Total			3b	

-*7212

Federal Statements

FYE: 12/31/2021

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

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
BEAIRD PROPERTIES	\$ 13,786	\$ 13,786	\$
BEAIRD PROPERTIES	8,294	8,294	
TOTAL	\$ 22,080	\$ 22,080	\$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES	\$	\$	\$	\$
TOTAL	\$ 0	\$ 0	\$ 0	\$ 0

Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
BERNSTEIN ADVISORS	\$ 153,234	\$ 153,234	\$	\$
TOTAL	\$ 153,234	\$ 153,234	\$ 0	\$ 0

Statement 3 - Form 990-PF, Part I, Line 18 - Taxes

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
FOREIGN TAXES PAID	\$ 29,799	\$ 29,799	\$	\$
PAYROLL TAXES	5,738			5,738
EXCISE TAX ON INVESTMENT INCOME	36,851			
TOTAL	\$ 72,388	\$ 29,799	\$ 0	\$ 5,738

-*7212

Federal Statements

FYE: 12/31/2021

Statement 4 - Form 990-PF, Part I, Line 19 - Depreciation

Description									
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income		
COMPUTER									
3/15/06 \$	727 \$	727	S/L	5	\$	\$	\$		
OFFICE SOFTWARE									
3/15/06	480	480		3					
DESKTOP COMPUTER									
8/24/10	1,296	1,296	200DB	5					
CONFERENCE TABLE									
12/03/13	1,093	1,093	S/L	7					
LAPTOP									
6/20/17	888	888	S/L	3					
I-CLICKERS									
6/20/17	2,738	2,265	200DB	5	315				
PROJECTOR									
7/19/17	658	658	S/L	3					
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	\$ 12,325			\$ 315	\$ 0	\$ 0		

-*7212

Federal Statements

FYE: 12/31/2021

Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
EXPENSES				
EMPLOYEE HEALTH INSURANCE	10,830			10,830
OFFICE EXPENSE	6,981			6,981
INSURANCE	1,643			1,643
DUES	4,780			4,780
TRAVEL EXPENSE	876			876
MEMBER COMPENSATION	1,568			1,568
TOTAL	\$ 26,678	\$ 0	\$ 0	\$ 26,678

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
BROKER INVESTMENTS	\$ 17,240,361	\$ 18,436,075	COST	\$ 24,060,251
TOTAL	\$ 17,240,361	\$ 18,436,075		\$ 24,060,251

Statement 7 - Form 990-PF, Part II, Line 14 - Land, Building, and Equipment

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
FURNITURE & FIXTURES	\$ 473	\$ 12,798	\$ 12,640	\$ 158
TOTAL	\$ 473	\$ 12,798	\$ 12,640	\$ 158

Federal Statements**Statement 8 - Form 990-PF, Part II, Line 15 - Other Assets**

Description	Beginning of Year	End of Year	Fair Market Value
BEAIRD PROPERTIES LLC	\$ 4,927,606	\$ 4,344,012	\$ 11,429,144
TOTAL	\$ 4,927,606	\$ 4,344,012	\$ 11,429,144

Statement 9 - Form 990-PF, Part VI-A, Line 12 - Distribution InformationDescription

THE BEAIRD FOUNDATION CONTRIBUTED \$75,000 INTO THE CAROLYN AND CHARLES BEAIRD DONOR-ADVISED FUND AT THE COMMUNITY FOUNDATION IN 2021. 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.

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Federal Statements

FYE: 12/31/2021

Statement 10 - Form 990-PF, Part VII, 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>
NICOLE SEAWELL 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	PRESIDENT	20.00	0	0	0
JENNIFER MCCORMICK 330 MARSHALL ST, SUITE 1140 SHREVEPORT LA 71101	VICE PRESIDE	5.00	0	0	0
MALCOLM SEAWELL 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	TREASURER	1.00	0	0	0
MALCOLM SEAWELL 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	SECRETARY	1.00	0	0	0
CANDY BEAIRD 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	1.00	0	0	0
SUSAN BEAIRD 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
JACKSON DARR 330 MARSHALL ST., SUITE 1440 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
LAUREN NAQUIN	DIRECTOR	1.00	0	0	0

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Federal Statements

FYE: 12/31/2021

**Statement 10 - Form 990-PF, Part VII, 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>
330 MARSHALL ST SHREVEPORT LA 71101					
MARJORIE SEAWELL 330 MARHSALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
SCOTTIE SEAWELL 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
TYLER WOLF 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
VIKKI WOLF 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	1.00	0	0	0
TOYA GRAHAM 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	EXECUTIVE DI	40.00	75,000	0	0

Federal Statements

FYE: 12/31/2021

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

Name of Manager	Amount
NONE	\$
TOTAL	\$ 0

Statement 11 - Form 990-PF, Part XIV, Line 2a - Name, Address and Email for ApplicationsDescription

TOYA GRAHAM, EXECUTIVE DIRECTOR 318-221-2823
 330 MARSHALL ST., #1440 SHREVEPORT LA 71101
 TOYA@BEAIRDFoundation.ORG

Statement 12 - Form 990-PF, Part XIV, Line 2b - Application Format and Required ContentsDescription

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 XIV, Line 2c - Submission DeadlinesDescription

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

Statement 13 - Form 990-PF, Part XIV, Line 2d - Award Restrictions or LimitationsDescription

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 2021 or other tax year beginning , and ending

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

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

OMB No. 1545-0047

2021Open to Public Inspection
for 501(c)(3)
Organizations Only**A** ☐ Check box if
address changed.**B** Exempt under section☒ 501(C) (3)☐ 408(e) ☐ 220(e)☐ 408A ☐ 530(a)☐ 529(a) ☐ 529A**Print
or
Type**Name 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 ▶ **22,995,205****D** Employer identification number**** - ***7212****E** Group exemption number
(see instructions)**F** ☐ Check box if
an amended return.**G** Check organization type ▶ ☒ 501(c) corporation ☐ 501(c) trust ☐ 401(a) trust ☐ Other trust**H** Check if filing only to ▶ ☐ Claim credit from Form 8941 ☐ Claim a refund shown on Form 2439**I** Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation ▶ ☐**J** Enter the number of attached Schedules A (Form 990-T) ▶ **1****K** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ ☐ Yes ☒ No

If "Yes," enter the name and identifying number of the parent corporation

L The books are in care of ▶ **THE ORGANIZATION**Telephone number ▶ **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** (2021)

Part III Tax and Payments

1a Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	1a		
b Other credits (see instructions)	1b		
c General business credit. Attach Form 3800 (see instructions)	1c		
d Credit for prior year minimum tax (attach Form 8801 or 8827)	1d		
e Total credits. Add lines 1a through 1d	1e		
2 Subtract line 1e from Part II, line 7	2		
3 Other amounts due. 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)	3		
4 Total tax. Add lines 2 and 3 (see instructions). <input type="checkbox"/> Check if includes tax previously deferred under section 1294. Enter tax amount here	4		0
5 Current net 965 tax liability paid from Form 965-A, Part II, column (k)	5		
6a Payments: A 2020 overpayment credited to 2021	6a	2,000	
b 2021 estimated tax payments. Check if section 643(g) election applies <input type="checkbox"/>	6b		
c Tax deposited with Form 8868	6c		
d Foreign organizations: Tax paid or withheld at source (see instructions)	6d		
e Backup withholding (see instructions)	6e		
f Credit for small employer health insurance premiums (attach Form 8941)	6f		
g Other credits, adjustments, and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other	6g		
7 Total payments. Add lines 6a through 6g	7		2,000
8 Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	8		
9 Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9		0
10 Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10		2,000
11 Enter the amount of line 10 you want: Credited to 2022 estimated tax 2,000 Refunded	11		

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

	Yes	No
1 At any time during the 2021 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
2 During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		X
3 Enter the amount of tax-exempt interest received or accrued during the tax year		
4 Enter available pre-2018 NOL carryovers here \$ -352,434 . Do not include any post-2017 NOL carryover shown on Schedule A (Form 990-T). Don't reduce the NOL carryover shown here by any deduction reported on Part I, line 6.		
5 Post-2017 NOL carryovers. Enter available Business Activity Code and post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code 531110		
Available post-2017 NOL carryover \$ 11,545		
6a Did the organization change its method of accounting? (see instructions)		X
b If 6a 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 6b. Also, provide any other additional information. See instructions.

Sign Here	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.				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		
Paid Preparer Use Only	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			
	Firm's name HUMMINGBIRD KING & BUTLER CPAS	Firm's EIN ** - ***1949			
	Firm's address 330 MARSHALL ST STE 600 SHREVEPORT, LA 71101-3293	Phone no. 318-221-1803			

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

OMB No. 1545-0047

2021Department of the Treasury
Internal Revenue Service▶ Go to www.irs.gov/Form990T for instructions and the latest information.

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

Open to Public Inspection for
501(c)(3) Organizations Only**A** Name of the organization**CAROLYN W. & CHARLES T. BEAIRD****B** Employer identification number****-***7212****C** Unrelated business activity code (see instructions) ▶ **531110****D** Sequence: **1** of **1****E** Describe the unrelated trade or business ▶ **UNRELATED BUSINESS ACTIVITY**

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

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

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

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Part III Cost of Goods Sold

Enter method of inventory valuation ►

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	Total. Add lines 1 through 5	6	
7	Inventory at end of year	7	
8	Cost of goods sold. 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 ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Rent received or accrued				
a From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)				
b From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)				
c Total rents received or accrued by property. Add lines 2a and 2b, columns A through D				
3 Total rents received or accrued. Add line 2c columns A through D. Enter here and on Part I, line 6, column (A)	►			
4 Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)				
5 Total deductions. Add line 4 columns A through D. Enter here and on Part I, line 6, column (B)	►			

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 ☐ _____

B ☐ _____

C ☐ _____

D ☐ _____

	A	B	C	D
2 Gross income from or allocable to debt-financed property				
3 Deductions directly connected with or allocable to debt-financed property				
a Straight line depreciation (attach statement)				
b Other deductions (attach statement)				
c Total deductions (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 Total gross income (add line 7, columns A through D). Enter here and on Part I, line 7, column (A)	►			
9 Allocable deductions. Multiply line 3c by line 6				
10 Total allocable deductions. Add line 9, columns A through D. Enter here and on Part I, line 7, column (B)	►			
11 Total dividends-received deductions included in line 10	►			

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

1. Name of controlled organization	2. Employer identification number	Exempt 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)				
			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)

Totals**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)				
	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)

Totals**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

Schedule A (Form 990-T) 2021

Part IX Advertising Income

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

A		
B		
C		
D		

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

	A	B	C	D
2 Gross advertising income				

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

3	Direct advertising costs by periodical				
---	--	--	--	--	--

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

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

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

Part XI Supplemental Information (see instructions)

[illegible]

Federal Statements

FYE: 12/31/2021

Form 990-T, Part IV, Line 5 - Post 2017 NOL Carryover Amounts

<u>Activity Description</u>	<u>UBIT Num</u>	<u>Available Carryover</u>
UNRELATED BUSINESS ACTIVITY	531110	\$ 11,545
TOTAL		\$ <u>11,545</u>

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Form **4562****Depreciation and Amortization**
(Including Information on Listed Property)

▶ Attach to your tax return.

OMB No. 1545-0172

2021Attachment
Sequence No. **179**Department of the Treasury
Internal Revenue Service (99)▶ Go to www.irs.gov/Form4562 for instructions and the latest information.Name(s) shown on return **CAROLYN W. & CHARLES T. BEAIRD
FAMILY FOUNDATION**Identifying number
**** - ***7212**

Business or activity to which this form relates

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

1	Maximum amount (see instructions)	1	1,050,000
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	2,620,000
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 2020 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 2022. 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	315

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 2021	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		

Section B—Assets Placed in Service During 2021 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 2021 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	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions	22	315
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.

Form **4562** (2021)

DAA

THERE ARE NO AMOUNTS FOR PAGE 2

Form 990/990-PF	Electronic Filing - PDF Attachment Report	2021
For calendar year 2021, or tax year beginning _____, and ending _____		
Name CAROLYN W. & CHARLES T. BEAIRD FAMILY FOUNDATION		Taxpayer Identification Number ** - ***7212

Title	Attachment Source	Proforma
MANUALLY ATTACHED TO RETURN CHANGES TO ARTICLES OR BYLAWS	W:\BEAIRD FAMILY FOUNDATION, CAROLYN & CHARLES\TAX\2021\ FROM BEAIRD\ARTICLES - SIGNED 7.2020.PDF	NO
CHANGES TO ARTICLES OR BYLAWS	W:\BEAIRD FAMILY FOUNDATION, CAROLYN & CHARLES\TAX\2021\ FROM BEAIRD\BYLAWS 2020.PDF	NO

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