

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

OMB No. 1545-0047

2022Department of the Treasury
Internal Revenue Service

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

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

Open to Public Inspection

For calendar year **2022** or tax year beginning , and ending

Name of foundation CAROLYN W. & CHARLES T. BEAIRD FAMILY FOUNDATION		A Employer identification number 72-6027212						
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: <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) \$ 30,744,092	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	150,141	150,141		
	4 Dividends and interest from securities	597,942	597,942		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	1,189,652			
	b Gross sales price for all assets on line 6a 6,863,658				
	7 Capital gain net income (from Part IV, line 2)		1,189,652		
	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) STMT 1	82,115	82,115			
12 Total. Add lines 1 through 11	2,019,850	2,019,850	0		
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc.	79,925			79,925
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	3,971			3,971
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) STMT 2	9,000	2,700		6,300
	c Other professional fees (attach schedule) STMT 3	127,678	127,678		
	17 Interest				
	18 Taxes (attach schedule) (see instructions) STMT 4	42,327	9,361		6,137
	19 Depreciation (attach schedule) and depletion STMT 5	158			
	20 Occupancy				
	21 Travel, conferences, and meetings	78,640			78,640
	22 Printing and publications				
	23 Other expenses (att. sch.) STMT 6	45,926			45,926
	24 Total operating and administrative expenses. Add lines 13 through 23	387,625	139,739	0	220,899
	25 Contributions, gifts, grants paid	1,549,445			1,549,445
26 Total expenses and disbursements. Add lines 24 and 25	1,937,070	139,739	0	1,770,344	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	82,780				
b Net investment income (if negative, enter -0-)		1,880,111			
c Adjusted net income (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2022)

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	34,289	44,463	44,463
	2 Savings and temporary cash investments	178,671	346,948	346,948
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	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	2,000	12,033	12,033
	10a Investments – U.S. and state government obligations (attach schedule)			
	b Investments – corporate stock (attach schedule) SEE STMT 7	18,436,075	18,940,911	18,786,438
	c Investments – corporate bonds (attach schedule)			
	11 Investments – land, buildings, and equipment: basis			
Liabilities	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 8	12,798	158	
	15 Other assets (describe SEE STATEMENT 9)	4,344,012	3,738,262	11,554,210
	16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	22,995,205	23,082,617	30,744,092
	17 Accounts payable and accrued expenses	16,816	21,448	
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe)			
	23 Total liabilities (add lines 17 through 22)	16,816	21,448	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	22,978,389	23,061,169	
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	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)	22,978,389	23,061,169	
	30 Total liabilities and net assets/fund balances (see instructions)	22,995,205	23,082,617	

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	22,978,389
2 Enter amount from Part I, line 27a	2	82,780
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	23,061,169
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	23,061,169

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		12/31/22
b BERNSTEIN - SALE OF ST COV SEC	P		12/31/22
c BERNSTEIN - SALE OF LT COV SEC	P		12/31/22
d BERNSTEIN - CIL	P		12/31/22
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		4,174	-4,174
b 796,099		798,551	-2,452
c 6,066,233		4,871,281	1,194,952
d 78			78
e 1,248			1,248

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			-4,174
b			-2,452
c			1,194,952
d			78
e			1,248

2 Capital gain net income or (net capital loss)	<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>	2	1,189,652
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	

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	26,134
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	26,134
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	26,134
6 Credits/Payments:		
a 2022 estimated tax payments and 2021 overpayment credited to 2022	6a	23,100
b Exempt foreign organizations – tax withheld at source	6b	
c Tax paid with application for extension of time to file (Form 8868)	6c	
d Backup withholding erroneously withheld	6d	
7 Total credits and payments. Add lines 6a through 6d	7	23,100
8 Enter any penalty for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	722
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9	3,756
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 2023 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? If "Yes," attach a detailed description of the activities.		X
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year? N/A		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .		X
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part 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 2022 or the tax year beginning in 2022? 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		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 and enter the amount of tax-exempt interest received or accrued during the year	15	
16 At any time during calendar year 2022, 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		X

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?		X
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?	1a(1)	
	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 2022? 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 2022, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2022?	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 2022 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 2022.) 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 2022?	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
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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	20,542,692
b	Average of monthly cash balances	1b	382,572
c	Fair market value of all other assets (see instructions)	1c	11,554,210
d	Total (add lines 1a, b, and c)	1d	32,479,474
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	32,479,474
4	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	4	487,192
5	Net value of noncharitable-use assets. Subtract line 4 from line 3	5	31,992,282
6	Minimum investment return. Enter 5% (0.05) of line 5	6	1,599,614

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	1,599,614
2a	Tax on investment income for 2022 from Part V, line 5	2a	26,134
b	Income tax for 2022. (This does not include the tax from Part V.)	2b	
c	Add lines 2a and 2b	2c	26,134
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	1,573,480
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	1,573,480
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	1,573,480

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	1,770,344
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	1,770,344

Part XII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2021	(c) 2021	(d) 2022
1 Distributable amount for 2022 from Part X, line 7				1,573,480
2 Undistributed income, if any, as of the end of 2022:				
a Enter amount for 2021 only			335,530	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2022:				
a From 2017				
b From 2018				
c From 2019				
d From 2020				
e From 2021				
f Total of lines 3a through e				
4 Qualifying distributions for 2022 from Part XI, line 4: \$ 1,770,344				
a Applied to 2021, but not more than line 2a			335,530	
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2022 distributable amount				1,434,814
e Remaining amount distributed out of corpus				
5 Excess distributions carryover applied to 2022 (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 2021. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2022. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2023				138,666
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 2017 not applied on line 5 or line 7 (see instructions)				
9 Excess distributions carryover to 2023. Subtract lines 7 and 8 from line 6a				
10 Analysis of line 9:				
a Excess from 2018				
b Excess from 2019				
c Excess from 2020				
d Excess from 2021				
e Excess from 2022				

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 2022, 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) 2022	(b) 2021	(c) 2020	(d) 2019	
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 Paid during the year				
AMERICAN UNIVERSITY PO BOX 96609 WASHINGTON DC 20077		OPERATING	EXPENSES	750
ANIMAL WELFARE INSTITUTE 900 PENNSYLVANIA AVE, SE WASHINGTON DC 20003		OPERATING	EXPENSES	500
BE LOUD SOPHIE 406 LONGLEAF DRIVE CHAPEL HILL NC 27517		OPERATING	EXPENSES	250
BOOK HARVEST 2501 UNIVERSITY DRIVE DURHAM NC 27707		OPERATING	EXPENSES	500
BOSTON CHILDREN'S HOSPITAL 401 PARK DRIVE SUITE 602 BOSTON MA 02215		OPERATING	EXPENSE	30
BUFFALO BILL MEMORIAL ASSOCIATION 720 SHERIDAN AVE CODY WY 82414		OPERATING	EXPENSES	8,000
CAL POLY - DEVELOPMENT SUPPORT SVCS 1 GRAND AVE SAN LUIS OBISPO CA 93407		PROGRAM	SERVICES	11,625
CANINE COMPANIONS FOR INDEPENDENCE P.O. BOX 446 SANTA ROSA CA 95402		OPERATING	EXPENSES	200
CANINE PARTNERS OF THE ROCKIES 651 POTOMAC ST., STE. E. AURORA CO 80011		OPERATING	EXPENSES	500
CAPITAL SISTERS INTERNATIONAL INC. 601 16TH ST., SUITE C #310 GOLDEN CO 80401		OPERATING	EXPENSES	250
Total			3a	1,549,445
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>				
CARNIVAL EDUCATION FUND, INC. 4735 SPOTTSWOOD AVENUE MEMPHIS TN 38117		PROGRAM	SERVICES	1,000
CAROLINA ABORTION FUND P.O. BOX 51534 DURHAM NC 27717		OPERATING	EXPENSES	1,500
CAROLINA FRIENDS SCHOOL 4809 FRIENDS SCHOOL ROAD DURHAM NC 27705		OPERATING	EXPENSES	500
CATHOLIC CHARITIES OF ACADIANA, INC P.O. BOX 3177 LAFAYETTE LA 70502		OPERATING	EXPENSES	3,000
CATHOLIC CHURCHES OF NORTH 902 OLIVE STREET SHREVEPORT LA 71104		PROGRAM	SERVICES	61,500
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	2,875
CHILDREN & ARTHRITIS, INC. 2751 ALBERT BICKNELL DR. SHREVEPORT LA 71103		OPERATING	EXPENSES	10,500
CHIMP HAVEN 13600 CHIMPANZEE PLACE KEITHVILLE LA 71047		OPERATING	EXPENSES	28,500
CHURCH HEALTH CENTER 1350 CONCOURSE AVE. MEMPHIS TN 38104		OPERATING	EXPENSES	3,575
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>				
CHURCH OF RECONCILIATION 110 N ELLIOT RD CHAPEL HILL NC 27514		PROGRAM	SERVICES	50
COLORADO FRIENDS OF COLORADO WSRP 4500 CHERRY CREEK DR. DENVER CO 80246		OPERATING	EXPENSES	625
COMBA P.O, BOX 280415 LAKEWOOD CO 80228		OPERATING	EXPENSES	2,000
COMMON GROUND COMMUNITY, INC. 4830 LINE AVE. #117 SHREVEPORT LA 71106		OPERATING	EXPENSES	500
COMPASSION FOR LIVES 7505 PINES RD., STE. 1235 SHREVEPORT LA 71129		GENERAL	OPERATING	60,000
CONSCIOUS ALLIANCE 3801 INDUSTRIAL LN BROOMFIELD CO 80020		OPERATING	EXPENSES	1,000
CORNELL UNIVERSITY BOX 37334 BOONE IA 50037		OPERATING	EXPENSES	500
COUNCIL ON ALCOHOLISM AND DRUG 2000 FAIRFIELD AVENUE SHREVEPORT LA 71104		CAPITAL	EXPENSES	72,500
DELIVERING GOOD 266 WEST 37TH STREET 22ND NEW YORK NY 10018		PROGRAM	SERVICES	12,500
DEMOCRACY NORTH CAROLINA 3000 AERIAL CENTER PKWY MOORISVILLE NC 27560		OPERATING	EXPENSES	1,000
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>				
DENVER DUMB FRIENDS LEAGUE 2080 S. QUEBEC ST DENVER CO 80231		OPERATING	EXPENSES	500
DENVER PUBLIC SCHOOLS FOUNDATION 1860 LINCOLN STREET, 10TH DENVER CO 80203		OPERATING	EXPENSES	500
DRESS FOR SUCCESS 1520 N. HEARNE AVE SUITE SHREVEPORT LA 71107		GENERAL	OPERATING	25,000
DTH PUBLISHING CORPORATION 109 E. FRANKLIN ST. CHAPEL HILL NC 27514		OPERATING	EXPENSES	250
DUCKS UNLIMITED ONE WATERFOWL WAY MEMPHIS TN 38120		OPERATING	EXPENSES	500
DZI FOUNDATION PO BOX 632 RIDGWAY CO 81432		OPERATING	EXPENSES	11,400
EAST ANGEL FRIENDS AND ALUMNI PO BOX 6015 DENVER CO 80206		OPERATING	EXPENSES	500
ELON UNIVERSITY 2615 CAMPUS BOX ELON NC 27244		PROGRAM	SERVICES	1,000
EQUAL JUSTICE INITIATIVE 122 COMMERCE ST MONTGOMERY AL 36104		OPERATING	EXPENSES	250
EVERGREEN PRESBYTERIAN MINISTRIES 2101 HIGHWAY 80 HAUGHTON LA 71037		PROGRAM	SERVICES	1,000
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>				
FYR DENVER 950 SOUTH CHERRY STREET DENVER CO 80246		OPERATING	EXPENSES	3,875
GEAUX 4 KIDS, INC. 1513 DOCTORS DRIVE BOSSIER CITY LA 71111		OPERATING	EXPENSES	1,500
GERMANTOWN CHARITY HORSE SHOW P.O. BOX 38102 GERMANTOWN TN 38183		OPERATING	EXPENSES	1,000
GINGERBREAD HOUSE 1700 BUCKNER SQUARE SHREVEPORT LA 71101		OPERATING	EXPENSES	1,250
GOLDEN RETRIEVER FREEDOM RESCUE PO BOX 103130 DENVER CO 80250		OPERATING	EXPENSES	50
GOLDEN RETRIEVER RESCUE OF THE 15350 W 72ND AVE ARVADA CO 80007		OPERATING	EXPENSES	600
GOODWILL INDUSTRIES OF NORTH 800 W. 70TH STREET SHREVEPORT LA 71106		PROGRAM	SERVICES	15,000
GRACE COMMUNITY OUTREACH 8222 MANSFIELD ROAD SHREVEPORT LA 71108		GENERAL	OPERATING	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
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				
HALLETT ACADEMY 2950 JASMINE ST DENVER CO 80207		OPERATING	EXPENSES	1,000
HOLY ANGELS 10450 ELLERBE ROAD SHREVEPORT LA 71106		PROGRAM	SERVICES	50,000
HOPE CONNECTIONS INC 2350 LEVY STREET SHREVEPORT LA 71103		OPERATING	EXPENSES	1,500
HOSPITALITY HUB 590 WASHINGTON AVE MEMPHIS TN 38105		OPERATING	EXPENSES	7,000
HUMANE SOCIETY OF NORTHWEST 2544 LINWOOD AVE SHREVEPORT LA 71103		PROGRAM	SERVICES	9,000
INNOCENCE PROJECT NEW ORLEANS 4051 ULLOA STREET NEW ORLEANS LA 70119		GENERAL	OPERATING	15,000
INSTITUTE FOR NONPROFIT ONE UNIVERSITY PLACE SHREVEPORT LA 71115		PROGRAM	SERVICES	72,500
INTER-FAITH COUNCIL FOR SOCIAL 110 W. MAIN STREET CARRBORO NC 27510		OPERATING	EXPENSES	25
JAFFERY PUBLIC LIBRARY 38 MAIN STREET JAFFERY NH 03452		PROGRAM	SERVICES	1,000
JUDI'S HOUSE 1741 GAYLORD STREET DENVER CO 80206		OPERATING	EXPENSES	500
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 <i>Paid during the year</i>				
JUNETEENTH MUSIC FESTIVAL P.O. BOX 460454 GLENDALE CO 80246		OPERATING	EXPENSES	2,000
KIDS MEALS 330 GARDEN OAKS HOUSTON TX 77018		OPERATING	EXPENSES	500
LEGAL COUNSEL FOR YOUTH AND PO BOX 28629 SEATTLE WA 98118		OPERATING	EXPENSES	1,000
LES PASSEES 5489 MURRAY AVE. MEMPHIS TN 38119		PROGRAM	SERVICES	1,000
LITERACY VOLUNTEERS AT CENTENARY 2911 CENTENARY BLVD. P.O. SHREVEPORT LA 71134		PROGRAM	SERVICES	15,525
MAKE-A-WISH MID-SOUTH 1780 MORIAH WOODS BLVD MEMPHIS TN 38117		OPERATING	EXPENSES	500
MARTIN LUTHER KING HEALTH CENTER 865 OLIVE STREET SHREVEPORT LA 71104		PROGRAM	SERVICES	30,380
MICHAEL J FOX FOUNDATION GRAND CENTRAL STATION PO NEW YORK NY 10163		OPERATING	EXPENSES	1,000
MID-SOUTH FOOD BANK 3865 SOUTH PERKINS RD. MEMPHIS TN 38118		OPERATING	EXPENSES	1,000
MORRIS ANIMAL FOUNDATION 720 S. COLORADO BLVD DENVER CO 80246		PROGRAM	SERVICES	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	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				
MY BLACK AND BROWN INC 3509 GLASS MOUNTAIN TRL KELLER TX 76244		GENERAL	OPERATING	37,500
NATIONAL KIDNEY FOUNDATION 8200 HAMPSON STREET, NEW ORLEANS LA 70118		PROGRAM	SERVICES	15,000
NORTH CAROLINA JUSTICE CENTER P.O BOX 28068 RALEIGH NC 27611		PROGRAM	SERVICES	1,000
ONE GREAT RIVER OF LOUISIANA, INC P.O. BOX 44349 SHREVEPORT LA 71134		PROGRAM	SERVICES	37,500
PARK HILL ELEMENTARY PTA 5050 EAST 19TH AVENUE DENVER CO 80220		OPERATING	EXPENSES	888
PARTNERS IN HEALTH P.O. BOX 996 FREDERICK MD 21075-9942		OPERATING	EXPENSES	6,000
PET SAVERS 632 DUDLEY DR SHREVEPORT LA 71104		OPERATING	EXPENSES	1,000
PHILADELPHIA CENTER 2020 CENTENARY BOULEVARD SHREVEPORT LA 71104		PROGRAM	SERVICES	21,000
PLANNED PARENTHOOD OF THE ROCKY 7155 E 38TH AVE DENVER CO 80207		OPERATING	EXPENSES	6,303
PLANNED PARENTHOOD SOUTH ATLANTIC 100 SOUTH BOYLAN AVENUE RALEIGH NC 27603		OPERATING	EXPENSES	8,411
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				
PLANT A SEED IN OUR YOUTH FOUNDATIO 1518 COX STREET BOSSIER CITY LA 71111		CAPITAL	EXPENSES	41,000
RELIGIOUS COALITION FOR 1413 K STREET NW 14TH WASHINGTON DC 20005		OPERATING	EXPENSES	250
RENESTING PROJECT INC 1331 DRIFTWOOD DRIVE BOSSIER CITY LA 71111		PROGRAM	SERVICES	40,000
RENZI EDUCATION AND ART CENTER 435 EGAN STREET SHREVEPORT LA 71101		GENERAL	OPERATING	15,000
ROBINSON'S RESCUE LOW COST SPAY 2515 LINE AVENUE SHREVEPORT LA 71104		GENERAL	OPERATING	34,000
SACRED WATERS CO FOUNDATION INC 135 COUNTRY CENTER DR. PAGOSA SPRINGS CO 81147		OPERATING	EXPENSES	500
SANCTUARY ARTS SCHOOL 423 LAKE ST. SHREVEORT LA 71101		OPERATING	EXPENSES	1,750
SEMESTER AT SEA/ INST FOR SHIPBOARD P.O. BOX 842945 DALLAS TX 75284		OPERATING	EXPENSES	500
SCHECKLER FOUNDATION 1011 CALLE AMANECER SAN CLEMENTE CA 92673		OPERATING	EXPENSES	500
SHREVE MEMORIAL LIBRARY FOUNDATION 885 BERT KOUNS INDUSTRIAL SHREVEPORT LA 71118		PROGRAM	SERVICES	40,532
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 Paid during the year				
ST. LUKE'S EPISCOPAL MOBILE MEDICAL P.O. BOX 53074 SHREVEPORT LA 71135		OPERATING	EXPENSES	500
ST. LUKE'S UNITED METHODIST CHURCH P.O. BOX 22013 HOUSTON TX 77227		OPERATING	EXPENSES	13,000
STEDMAN PTA 2940 DEXTER ST DENVER CO 80207		OPERATING	EXPENSES	1,000
SUPERMEN FOR CHRIST INC 4153 PINES RD SHREVEPORT LA 71119		GENERAL	OPERATING	71,500
THE ALLIANCE FOR MEDIA ARTS- 1919 SOUTH SYRINGA ROAD SPOKANE WA 99203		PROGRAM	SERVICES	1,000
THE ARC CADD0-BOSSIER 351 JORDAN ST SHREVEPORT LA 71101		PROGRAM	SERVICES	50,000
THE BRIDGE ALZHEIMER'S & DEMENTIA 851 OLIVE STREET SHREVEPORT LA 71104		PROGRAM	SERVICES	75,000
THE CHERRY HILLS LAND PRESERVE P.O. BOX 522 ENGLEWOOD CO 80151		OPERATING	EXPENSES	1,000
THE CHILDREN'S HOSPITAL COLORADO 13123 E 16TH AVE AURORA CO 80045		OPERATING	EXPENSES	2,600
THE COLORADO TRAIL FOUNDATION 710 10TH ST. RM 210 GOLDEN CO 80401		OPERATING	EXPENSES	500
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>				
THE GEORGE WASHINGTON UNIVERSITY P.O. BOX 98131 WASHINGTON DC 20077		OPERATING	EXPENSES	250
THE GOLDSTEIN FUND 210 KINGS HWY SHREVEPORT LA 71104		OPERATING	EXPENSES	500
THE HIGHLAND CENTER 520 OLIVE STREET SHREVEPORT LA 71104		GENERAL	OPERATING	32,750
THE MCCALLIE SCHOOL 500 DODDS AVE CHATTANOOGA TN 37404		OPERATING	EXPENSES	1,000
THE MORGAN ADAMS FOUNDATION 5303 E EVANS AVE. DENVER CO 80222		OPERATING	EXPENSES	3,000
THE NATURE CONSERVANCY 4245 N. FAIRFAX DR., STE ARLINGTON VA 22203		OPERATING	EXPENSES	26
THE STRAND THEATRE P.O. BOX 1547 SHREVEPORT LA 71165		PROGRAM	SERVICES	1,500
THE TREVOR PROJECT P.O. BOX 69232 WEST HOLLYWOOD CA 90069		OPERATING	EXPENSES	25
THERE WITH CARE-DENVER 7808 CHERRY CREEK SOUTH D DENVER CO 80231		OPERATING	EXPENSES	5,625
TRAINING EDUCATION AND MEDIATION 1545 LINE AVE. SHREVEPORT LA 71101		GENERAL	OPERATING	30,000
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>				
TRANSPLANTING TRADITIONS P.O. BOX 394 CARRBORO NC 27510		OPERATING	EXPENSES	500
TRUTHOUT P.O. BOX 276414 SACRAMENTO CA 95827		OPERATING	EXPENSES	65
UNION THEOLOGICAL SEMINARY 3041 BROADWAY, BOX 47 NEW YORK NY 10027		PROGRAM	SERVICES	60
UNITED WAY OF NORTHWEST LOUISIANA 820 JORDAN, STE. 370 SHREVEPORT LA 71101		PROGRAM	SERVICES	30,000
UNIVERSITY OF DENVER-STURM COLLEGE P.O. BOX 910585 DENVER CO 80291		OPERATING	EXPENSES	1,000
UNIVERSITY OF PENNSYLVANIA P.O. BOX 71332 PHILADELPHIA PA 19176		OPERATING	EXPENSES	500
VOLUNTEERS FOR OUTDOOR COLORADO P.O. BOX 100577 DENVER CO 80250		OPERATING	EXPENSES	500
VOLUNTEERS FOR YOUTH JUSTICE 900 JORDON STREET SHREVEPORT LA 71101		PROGRAM	SERVICES	51,500
W.E.B. DUBOIS CHILD ENRICHMENT P.O. BOX 1897 SHREVEPORT LA 71166		GENERAL	OPERATING	25,000
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)				
<div>a Paid during the year</div> <div>WUNC NC PUBLIC RADIO</div> <div>120 FRIDAY CENTER DR</div> <div>CHAPEL HILL NC 27517</div> <div>YOUTH ENRICHMENT PROGRAM</div> <div>4700 LINE AVENUE</div> <div>SHREVEPORT LA 71106</div>		OPERATING	EXPENSES	150
		GENERAL	OPERATING	39,000
Total				3a
<div>b Approved for future payment</div> <div>N/A</div>				
Total				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	\$ 71,271	\$ 71,271	\$
BEAIRD PROPERTIES	10,844	10,844	
TOTAL	\$ 82,115	\$ 82,115	\$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES	\$ 9,000	\$ 2,700	\$	\$ 6,300
TOTAL	\$ 9,000	\$ 2,700	\$ 0	\$ 6,300

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
BERNSTEIN ADVISORS	\$ 127,678	\$ 127,678	\$	\$
TOTAL	\$ 127,678	\$ 127,678	\$ 0	\$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
EXCISE TAX ON INVESTMENT INCOME	\$ 26,829	\$	\$	\$
FILING FEES	23			23
FOREIGN TAXES PAID	9,361	9,361		
PAYROLL TAXES	6,114			6,114
TOTAL	\$ 42,327	\$ 9,361	\$ 0	\$ 6,137

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

Description									
Date Acquired	Cost Basis	Prior Year Depreciation	Method	Life	Current Year Depreciation	Net Investment Income	Adjusted Net Income		
COMPUTER									
3/15/06 \$	727 \$	727	S/L	5	\$	\$	\$		
OFFICE SOFTWARE									
3/15/06	480	480		3					
DESKTOP COMPUTER									
8/24/10	1,296	1,296	200DB	5					
CONFERENCE TABLE									
12/03/13	1,093	1,093	S/L	7					
LAPTOP									
6/20/17	888	888	S/L	3					
I-CLICKERS									
6/20/17	2,738	2,580	200DB	5	158				
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	\$ 12,640			\$ 158	\$ 0	\$ 0		

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
EXPENSES				
DUES	2,295			2,295
EMPLOYEE HEALTH INSURANCE	10,871			10,871
INSURANCE	1,700			1,700
MEMBER COMPENSATION	5,063			5,063
OFFICE EXPENSE	16,421			16,421
PROFESSIONAL DEVELOPMENT	8,168			8,168
TRAVEL EXPENSE	1,408			1,408
TOTAL	\$ 45,926	\$ 0	\$ 0	\$ 45,926

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

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
BROKER INVESTMENTS	\$ 18,436,075	\$ 18,940,911	COST	\$ 18,786,438
TOTAL	\$ 18,436,075	\$ 18,940,911		\$ 18,786,438

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

Description	Beginning Net Book	End Cost / Basis	End Accumulated Depreciation	Net FMV
FURNITURE & FIXTURES	\$ 158	\$ 12,798	\$ 12,798	\$
TOTAL	\$ 158	\$ 12,798	\$ 12,798	\$ 0

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

Description	Beginning of Year	End of Year	Fair Market Value
BEAIRD PROPERTIES LLC	\$ 4,344,012	\$ 3,738,262	\$ 11,554,210
TOTAL	\$ 4,344,012	\$ 3,738,262	\$ 11,554,210

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Federal Statements

FYE: 12/31/2022

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	2.00	0	0	0
MALCOLM SEAWELL 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	TREASURER	2.00	0	0	0
FRANCES SEAWELL 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	SECRETARY	2.00	0	0	0
ELIZABETH BEAIRD 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	2.00	0	0	0
JOHN BEAIRD 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	2.00	0	0	0
SUSAN BEAIRD 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	2.00	0	0	0
JACKSON DARR 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	2.00	0	0	0
CHAD NAQUIN 330 MARSHALL ST, SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	2.00	0	0	0
LAUREN NAQUIN	DIRECTOR	2.00	0	0	0

Federal Statements

**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					
MARY SEAWELL 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	2.00	0	0	0
TYLER WOLF 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	2.00	0	0	0
TOYA GRAHAM 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	EXECUTIVE DI	40.00	79,925	0	0

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Federal Statements**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 2022 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

2022Open 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 **23,082,617****D** Employer identification number**72-6027212****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 ☐ State college/university**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	0
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** (2022)

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 2021 overpayment credited to 2022	6a	2,000	
b 2022 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 Total	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 2023 estimated tax 2,000 Refunded	11		

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

1 At any time during the 2022 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	Yes	No
		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 the Business Activity Code and available post-2017 NOL carryovers. Don't reduce the amounts shown below by any NOL claimed on any Schedule A, Part II, line 17 for the tax year. See instructions.		
Business Activity Code 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	11/14/23		P01346187	
	Firm's name	Firm's EIN				
	HUMMINGBIRD KING & BUTLER CPAS	72-0941949				
	Firm's address	Phone no.				
	330 MARSHALL ST STE 600	318-221-1803				
	SHREVEPORT, LA 71101-3293					

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

OMB No. 1545-0047

2022Department of the Treasury
Internal Revenue ServiceGo to www.irs.gov/Form990T for instructions and the latest information.Open to Public Inspection for
501(c)(3) Organizations Only**Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).****A** Name of the organization**CAROLYN W. & CHARLES T. BEAIRD****B** Employer identification number**72-6027212****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			
	c Balance	1c		
2	Cost of goods sold (Part III, line 8)	2		
3	Gross profit. Subtract line 2 from line 1c	3		
4a	Capital gain net income (attach Sch D (Form 1041 or Form 1120)). See instructions	4a		
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)	5		
6	Rent income (Part IV)	6		
7	Unrelated debt-financed income (Part V)	7		
8	Interest, annuities, royalties, and rents from a controlled organization (Part VI)	8		
9	Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)	9		
10	Exploited exempt activity income (Part VIII)	10		
11	Advertising income (Part IX)	11		
12	Other income (see instructions; attach statement)	12		
13	Total. Combine lines 3 through 12	13	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) 2022

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) 2022

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>

CLIENT COPY

Form **2220****Underpayment of Estimated Tax by Corporations**

OMB No. 1545-0123

Department of the Treasury
Internal Revenue Service

Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.**2022**Name **CAROLYN W. & CHARLES T. BEAIRD**
FAMILY FOUNDATIONEmployer identification number
72-6027212

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

Part I Required Annual Payment

1 Total tax (see instructions)	1	26,134
2a Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	2a	
b Look-back interest included on line 1 under section 460(b)(2) for completed long-term contracts or section 167(g) for depreciation under the income forecast method	2b	
c Credit for federal tax paid on fuels (see instructions)	2c	
d Total. Add lines 2a through 2c	2d	
3 Subtract line 2d from line 1. If the result is less than \$500, do not complete or file this form. The corporation does not owe the penalty	3	26,134
4 Enter the tax shown on the corporation's 2021 income tax return. See instructions. Caution: If the tax is zero or the tax year was for less than 12 months, skip this line and enter the amount from line 3 on line 5	4	32,310
5 Required annual payment. Enter the smaller of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3	5	26,134

Part II Reasons for Filing—Check the boxes below that apply. If any boxes are checked, the corporation **must** file Form 2220 even if it does not owe a penalty. See instructions.

- 6** ☐ The corporation is using the adjusted seasonal installment method.
- 7** ☐ The corporation is using the annualized income installment method.
- 8** ☐ The corporation is a "large corporation" figuring its first required installment based on the prior year's tax.

Part III Figuring the Underpayment

		(a)	(b)	(c)	(d)
9 Installment due dates. Enter in columns (a) through (d) the 15th day of the 4th (<i>Form 990-PF filers:</i> Use 5th month), 6th, 9th, and 12th months of the corporation's tax year.	9	05/15/22	06/15/22	09/15/22	12/15/22
10 Required installments. If the box on line 6 and/or line 7 above is checked, enter the amounts from Schedule A, line 38. If the box on line 8 (but not 6 or 7) is checked, see instructions for the amounts to enter. If none of these boxes are checked, enter 25% (0.25) of line 5 above in each column	10	6,534	6,534	6,534	6,532
11 Estimated tax paid or credited for each period. For column (a) only, enter the amount from line 11 on line 15. See instructions	11	8,100			
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
12 Enter amount, if any, from line 18 of the preceding column	12		1,566		
13 Add lines 11 and 12	13		1,566		
14 Add amounts on lines 16 and 17 of the preceding column	14			4,968	11,502
15 Subtract line 14 from line 13. If zero or less, enter -0-	15	8,100	1,566	0	0
16 If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0-	16		0	4,968	
17 Underpayment. If line 15 is less than or equal to line 10, subtract line 15 from line 10. Then go to line 12 of the next column. Otherwise, go to line 18	17	0	4,968	6,534	6,532
18 Overpayment. If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column	18	1,566			

Go to **Part IV** on page 2 to figure the penalty. Do not go to **Part IV** if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2022)

Part IV Figuring the Penalty

	(a)	(b)	(c)	(d)
19 Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19	SEE WORKSHEET		
20 Number of days from due date of installment on line 9 to the date shown on line 19	20			
21 Number of days on line 20 after 4/15/2022 and before 7/1/2022	21			
22 Underpayment on line 17 x <u>Number of days on line 21</u> 365 x 4% (0.04)	22	\$	\$	\$
23 Number of days on line 20 after 6/30/2022 and before 10/1/2022	23			
24 Underpayment on line 17 x <u>Number of days on line 23</u> 365 x 5% (0.05)	24	\$	\$	\$
25 Number of days on line 20 after 9/30/2022 and before 1/1/2023	25			
26 Underpayment on line 17 x <u>Number of days on line 25</u> 365 x 6% (0.06)	26	\$	\$	\$
27 Number of days on line 20 after 12/31/2022 and before 4/1/2023	27			
28 Underpayment on line 17 x <u>Number of days on line 27</u> 365 x 7% (0.07)	28	\$	\$	\$
29 Number of days on line 20 after 3/31/2023 and before 7/1/2023	29			
30 Underpayment on line 17 x <u>Number of days on line 29</u> 365 x **%	30	\$	\$	\$
31 Number of days on line 20 after 6/30/2023 and before 10/1/2023	31			
32 Underpayment on line 17 x <u>Number of days on line 31</u> 365 x **%	32	\$	\$	\$
33 Number of days on line 20 after 9/30/2023 and before 1/1/2024	33			
34 Underpayment on line 17 x <u>Number of days on line 33</u> 365 x **%	34	\$	\$	\$
35 Number of days on line 20 after 12/31/2023 and before 3/16/2024	35			
36 Underpayment on line 17 x <u>Number of days on line 35</u> 366 x **%	36	\$	\$	\$
37 Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$
38 Penalty. Add columns (a) through (d) of line 37. Enter the total here and on Form 1120, line 34; or the comparable line for other income tax returns	38	\$		722

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form 2220		Form 2220 Worksheet		2022	
For calendar year 2022, or tax year beginning , and ending					
Name CAROLYN W. & CHARLES T. BEAIRD FAMILY FOUNDATION				Employer Identification Number 72-6027212	
Due date of estimated payment		1st Quarter 05/15/22	2nd Quarter 06/15/22	3rd Quarter 09/15/22	4th Quarter 12/15/22
Amount of underpayment			4,968	6,534	6,532
Prior year overpayment applied					
Date of payment		1st Payment 05/13/22	2nd Payment	3rd Payment	4th Payment 05/01/23
Amount of payment		8,100			7,500

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
2	6/15/22	6/30/22	4,968	15	4.00	8
2	6/30/22	9/30/22	4,968	92	5.00	63
2	9/30/22	12/31/22	4,968	92	6.00	75
2	12/31/22	5/01/23	4,968	121	7.00	115
3	9/15/22	9/30/22	6,534	15	5.00	13
3	9/30/22	12/31/22	6,534	92	6.00	99
3	12/31/22	5/01/23	6,534	121	7.00	152
3	5/01/23	5/15/23	4,002	14	7.00	11
4	12/15/22	12/31/22	6,532	16	6.00	17
4	12/31/22	5/15/23	6,532	135	7.00	169
TOTAL PENALTY						722
						=====

Form **4562**Department of the Treasury
Internal Revenue Service

Name(s) shown on return

Depreciation and Amortization
(Including Information on Listed Property)

Attach to your tax return.

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

OMB No. 1545-0172

2022Attachment
Sequence No. **179****CAROLYN W. & CHARLES T. BEAIRD**
FAMILY FOUNDATIONIdentifying 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	1,080,000
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	2,700,000
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 2021 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 2023. 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	158

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 2022	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 2022 Tax Year Using the General Depreciation System

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

Section C—Assets Placed in Service During 2022 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	158
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

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THERE ARE NO AMOUNTS FOR PAGE 2