

Form **990-PF**

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

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

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

Open to Public Inspection

For calendar year **2023** or tax year beginning , and ending

Name of foundation <b>CAROLYN W. &amp; CHARLES T. BEAIRD FAMILY FOUNDATION</b>		A Employer identification number <b>72-6027212</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>330 MARSHALL ST. #1440</b>	Room/suite	B Telephone number (see instructions) <b>318-221-2823</b>
City or town, state or province, country, and ZIP or foreign postal code <b>SHREVEPORT LA 71101-3015</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <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) \$ <b>32,922,576</b>	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)
<b>Revenue</b>	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	176,250	176,250		
	4 Dividends and interest from securities	534,127	534,127		
	5a Gross rents				
	b Net rental income or (loss)				
	6a Net gain or (loss) from sale of assets not on line 10	-776,016			
	b Gross sales price for all assets on line 6a <b>3,544,341</b>				
	7 Capital gain net income (from Part IV, line 2)		0		
	8 Net short-term capital gain			0	
	9 Income modifications				
	10a Gross sales less returns and allowances				
b Less: Cost of goods sold					
c Gross profit or (loss) (attach schedule)					
11 Other income (attach schedule) <b>STMT 1</b>	738,917	738,917			
12 <b>Total.</b> Add lines 1 through 11	673,278	1,449,294	0		
<b>Operating and Administrative Expenses</b>	13 Compensation of officers, directors, trustees, etc.	105,750			105,750
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits	5,250			5,250
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule) <b>STMT 2</b>	4,950	1,485		3,465
	c Other professional fees (attach schedule) <b>STMT 3</b>	94,197	94,197		
	17 Interest	594			
	18 Taxes (attach schedule) (see instructions) <b>STMT 4</b>	69,291	16,231		8,100
	19 Depreciation (attach schedule) and depletion <b>STMT 5</b>				
	20 Occupancy				
	21 Travel, conferences, and meetings	90,571			90,571
	22 Printing and publications				
	23 Other expenses (att. sch.) <b>STMT 6</b>	64,707	29,792		34,915
	24 <b>Total operating and administrative expenses.</b> Add lines 13 through 23	435,310	141,705	0	248,051
	25 Contributions, gifts, grants paid	1,475,962			1,475,962
26 <b>Total expenses and disbursements.</b> Add lines 24 and 25	1,911,272	141,705	0	1,724,013	
27 Subtract line 26 from line 12:					
a Excess of revenue over expenses and disbursements	-1,237,994				
b <b>Net investment income</b> (if negative, enter -0-)		1,307,589			
c <b>Adjusted net income</b> (if negative, enter -0-)			0		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2023)

<b>Part II Balance Sheets</b> Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
<b>Assets</b>	1 Cash — non-interest-bearing	44,463	27,843	27,843
	2 Savings and temporary cash investments	346,948	297,841	297,841
	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	12,033	31,659	31,659
	10a Investments — U.S. and state government obligations (attach schedule)			
	b Investments — corporate stock (attach schedule) <b>SEE STMT 7</b>	18,940,911	19,280,238	21,284,000
	c Investments — corporate bonds (attach schedule)			
	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.) <b>STMT 8</b>	12,798			
15 Other assets (describe <b>SEE STATEMENT 9</b> )	3,738,262	2,216,555	11,281,233	
16 <b>Total assets</b> (to be completed by all filers — see the instructions. Also, see page 1, item I)	23,082,617	21,854,136	32,922,576	
<b>Liabilities</b>	17 Accounts payable and accrued expenses	21,448	30,961	
	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 <b>Total liabilities</b> (add lines 17 through 22)	21,448	30,961	
<b>Net Assets or Fund Balances</b>	<b>Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30.</b> <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	23,061,169	21,823,175	
	25 Net assets with donor restrictions			
	<b>Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30.</b> <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 <b>Total net assets or fund balances</b> (see instructions)	23,061,169	21,823,175		
30 <b>Total liabilities and net assets/fund balances</b> (see instructions)	23,082,617	21,854,136		

<b>Part III Analysis of Changes in Net Assets or Fund Balances</b>		
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	23,061,169
2 Enter amount from Part I, line 27a	2	-1,237,994
3 Other increases not included in line 2 (itemize)	3	
4 Add lines 1, 2, and 3	4	21,823,175
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	21,823,175

**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	<b>BEAIRD PROPERTIES</b>	P		12/31/23
b	<b>BERNSTEIN - SALE OF ST COV SECURITIE</b>	P		12/31/23
c	<b>BERNSTEIN - SALE OF LT COV SECURITIE</b>	P		12/31/23
d	<b>BERNSTEIN</b>			
e				

  

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) ((e) plus (f) minus (g))
a		1,493,677	-1,493,677
b	659,209	631,451	27,758
c	2,885,057	2,195,229	689,828
d	75		75
e			

  

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(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	
a			-1,493,677
b			27,758
c			689,828
d			75
e			

2	Capital gain net income or (net capital loss) <span 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</span>	2	-776,016
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	27,758

**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	18,175
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	18,175
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	18,175
6	Credits/Payments:		
a	2023 estimated tax payments and 2022 overpayment credited to 2023	6a	26,000
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	26,000
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	3
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	7,822
11	Enter the amount of line 10 to be: <b>Credited to 2024 estimated tax</b> <b>7,822</b> <b>Refunded</b>	11	

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		<b>X</b>
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition .....		<b>X</b>
If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? .....		<b>X</b>
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. \$ _____ <b>(2)</b> On foundation managers. \$ _____		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. \$ _____		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		<b>X</b>
If "Yes," attach a detailed description of the activities.		
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		<b>X</b>
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		<b>X</b>
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....	<b>N/A</b>	
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		<b>X</b>
If "Yes," attach the statement required by <i>General Instruction T</i> .		
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....	<b>X</b>	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	<b>X</b>	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. <b>LA</b> .....		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation .....	<b>X</b>	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2023 or the tax year beginning in 2023? See instructions for Part XIII. If "Yes," complete Part XIII .....		<b>X</b>
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		<b>X</b>
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		<b>X</b>
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		<b>X</b>
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? .....	<b>X</b>	
Website address <b>WWW.BEAIRDFOUNDATION.ORG</b>		
<b>14</b> The books are in care of <b>THE ORGANIZATION</b> Telephone no. <b>318-221-2823</b> <b>330 MARSHALL ST., #1440</b>		
Located at <b>SHREVEPORT</b> <b>LA</b> ZIP+4 <b>71101</b>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> — check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year .....	<b>15</b>	
<b>16</b> At any time during calendar year 2023, 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? .....		<b>X</b>
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
<b>1a</b> During the year, did the foundation (either directly or indirectly):		
(1) Engage in the sale or exchange, or leasing of property with a disqualified person? .....	<b>1a(1)</b>	<b>X</b>
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? .....	<b>1a(2)</b>	<b>X</b>
(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? .....	<b>1a(3)</b>	<b>X</b>
(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? .....	<b>1a(4)</b>	<b>X</b>
(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)? .....	<b>1a(5)</b>	<b>X</b>
(6) Agree to pay money or property to a government official? ( <b>Exception.</b> 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.) .....	<b>1a(6)</b>	<b>X</b>
<b>b</b> If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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 .....	<b>1b</b>	<b>X</b>
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/> .....		
<b>d</b> Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2023? .....	<b>1d</b>	<b>N/A</b>
<b>2</b> Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b> At the end of tax year 2023, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2023? If "Yes," list the years .....	<b>2a</b>	<b>X</b>
20 ....., 20 ....., 20 ....., 20 .....		
<b>b</b> Are there any years listed in 2a for which the foundation is <b>not</b> 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 <b>all</b> years listed, answer "No" and attach statement — see instructions.) .....	<b>2b</b>	<b>N/A</b>
<b>c</b> If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. .....		
20 ....., 20 ....., 20 ....., 20 .....		
<b>3a</b> Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? .....	<b>3a</b>	<b>X</b>
<b>b</b> If "Yes," did it have excess business holdings in 2023 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 2023.) .....	<b>3b</b>	<b>X</b>
<b>4a</b> Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? .....	<b>4a</b>	<b>X</b>
<b>b</b> Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2023? .....	<b>4b</b>	<b>X</b>

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

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

**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	

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**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.	

Total. Add lines 1 through 3

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

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	<b>20,213,314</b>
<b>b</b>	Average of monthly cash balances	<b>1b</b>	<b>573,663</b>
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	<b>11,281,233</b>
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	<b>32,068,210</b>
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	<b>0</b>
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	<b>0</b>
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	<b>32,068,210</b>
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	<b>4</b>	<b>481,023</b>
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3	<b>5</b>	<b>31,587,187</b>
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5	<b>6</b>	<b>1,579,359</b>

**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.)

<b>1</b>	Minimum investment return from Part IX, line 6	<b>1</b>	<b>1,579,359</b>
<b>2a</b>	Tax on investment income for 2023 from Part V, line 5	<b>2a</b>	<b>18,175</b>
<b>b</b>	Income tax for 2023. (This does not include the tax from Part V.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	<b>18,175</b>
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	<b>1,561,184</b>
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	<b>1,561,184</b>
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount as adjusted.</b> Subtract line 6 from line 5. Enter here and on Part XII, line 1	<b>7</b>	<b>1,561,184</b>

**Part XI Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	<b>1a</b>	<b>1,724,013</b>
<b>b</b>	Program-related investments — total from Part VIII-B	<b>1b</b>	
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4	<b>4</b>	<b>1,724,013</b>



**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2022	(c) 2022	(d) 2023
1 Distributable amount for 2023 from Part X, line 7				<b>1,561,184</b>
2 Undistributed income, if any, as of the end of 2023:				
a Enter amount for 2022 only			<b>138,666</b>	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2023:				
a From 2018				
b From 2019				
c From 2020				
d From 2021				
e From 2022				
f <b>Total</b> of lines 3a through e				
4 Qualifying distributions for 2023 from Part XI, line 4: \$ <b>1,724,013</b>				
a Applied to 2022, but not more than line 2a			<b>138,666</b>	
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 2023 distributable amount				<b>1,561,184</b>
e Remaining amount distributed out of corpus	<b>24,163</b>			
5 Excess distributions carryover applied to 2023 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 <b>Enter the net total of each column as indicated below:</b>				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	<b>24,163</b>			
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 2022. Subtract line 4a from line 2a. Taxable amount — see instructions				
f Undistributed income for 2023. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2024				<b>0</b>
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 2018 not applied on line 5 or line 7 (see instructions)				
9 <b>Excess distributions carryover to 2024.</b> Subtract lines 7 and 8 from line 6a	<b>24,163</b>			
10 Analysis of line 9:				
a Excess from 2019				
b Excess from 2020				
c Excess from 2021				
d Excess from 2022				
e Excess from 2023	<b>24,163</b>			

**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 2023, 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)

**2a** Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed

	Tax year				(e) Total
	(a) 2023	(b) 2022	Prior 3 years		
			(c) 2021	(d) 2020	
<b>b</b> 85% (0.85) of line 2a					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test — enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test — enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
<b>c</b> "Support" alternative test — enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

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**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> <b>AMERICAN UNIVERSITY</b> PO BOX 96609 WASHINGTON DC 20077		PROGRAM	SERVICES	100
<b>ANIMAL WELFARE INSTITUTE</b> 900 PENNSYLVANIA AVE, SE WASHINGTON DC 20003		OPERATING	EXPENSES	2,000
<b>BE LOUD SOPHIE</b> 406 LONGLEAF DRIVE CHAPEL HILL NC 27517		OPERATING	EXPENSES	250
<b>BERNSTEIN DEVELOPMENT, INC.</b> 1706 HOLLYWOOD AVE SHREVEPORT LA 71108		PROGRAM	SERVICES	22,500
<b>BIKE SLO COUNTRY</b> 860 PACIFIC ST SAN LUIS OBISPO CA 93401		GENERAL	OPERATING	1,000
<b>BOOK HARVEST</b> 2501 UNIVERSITY DRIVE DURHAM NC 27707		OPERATING	EXPENSES	250
<b>BUFFALO BILL MEMORIAL ASSOCIATION</b> 720 SHERIDAN AVE CODY WY 82414		OPERATING	EXPENSES	3,000
<b>CADDO COUNCIL OF AGING</b> 1700 BUCKNER STREET SHREVEPORT LA 71101		PROGRAM	SERVICES	25,000
<b>CADENCE INTERNATIONAL</b> PO BOX 1268 ENGLEWOOD CO 80150		GENERAL	OPERATING	250
<b>CAL POLY - DEVELOPMENT SUPPORT SVCS</b> 1 GRAND AVE SAN LUIS OBISPO CA 93407		GENERAL	OPERATING	9,400
<b>Total</b>			3a	1,475,962
b <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b>			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>				
<b>CAMP BLESSING TEXAS</b> 7227 CAMP BLESSING LN BRENHAM TX 77833		GENERAL	OPERATING	15,000
<b>CANINE PARTNERS OF THE ROCKIES</b> 651 POTOMAC ST., STE. E. AURORA CO 80011		OPERATING	EXPENSES	500
<b>CARNIVAL EDUCATION FUND, INC.</b> 4735 SPOTTSWOOD AVENUE MEMPHIS TN 38117		PROGRAM	SERVICES	1,000
<b>CAROLINA FRIENDS SCHOOL</b> 4809 FRIENDS SCHOOL ROAD DURHAM NC 27705		OPERATING	EXPENSES	2,250
<b>CATHOLIC CHARITIES OF ACADIANA, INC</b> P.O. BOX 3177 LAFAYETTE LA 70502		PROGRAM	SERVICES	2,750
<b>CELEBRATE THE BEAT</b> P.O. BOX 480 DENVER CO 80201		OPERATING	EXPENSE	500
<b>CENTRAL COAST CONCERNED MOUNTAIN</b> P.O. BOX 1022 SAN LUIS OBISPO CA 93406		OPERATING	EXPENSES	1,000
<b>CHILDREN &amp; ARTHRITIS, INC.</b> 2751 ALBERT BICKNELL DR. SHREVEPORT LA 71103		OPERATING	EXPENSES	500
<b>CHILDRENS INTERNATIONAL SUMMER</b> PO BOX 221631 DENVER CO 80222		GENERAL	OPERATING	1,150
<b>CHIMP HAVEN</b> 13600 CHIMPANZEE PLACE KEITHVILLE LA 71047		OPERATING	EXPENSES	10,000
<b>Total</b>			<b>3a</b>	
b <i>Approved for future payment</i>				
<b>N/A</b>				
<b>Total</b>			<b>3b</b>	

**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
<b>a</b> <i>Paid during the year</i> <b>CHRISTIAN SERVICE PROGRAM</b> 2346 LEVY ST. SHREVEPORT LA 71101		OPERATING	EXPENSE	35,000
<b>CHURCH HEALTH CENTER</b> 1350 CONCOURSE AVE. MEMPHIS TN 38104		OPERATING	EXPENSES	1,500
<b>CITIZENS ABOUT PROGRESS</b> 201 1ST STREET SPRINGHILL LA 71075		OPERATING	EXPENSE	15,000
<b>COHABITAT FOUNDATION, INC.</b> 717 CROCKETT ST. SHREVEPORT LA 71101		PROGRAM	SERVICES	12,500
<b>COLORADO COALITION FOR THE HOMELESS</b> 2111 CHAMPA ST. DENVER CO 80205		OPERATING	EXPENSE	1,000
<b>COLORADO ORGANIZATION FOR</b> 1325 S. COLORADO BLVD. DENVER CO 80222		OPERATING	EXPENSE	1,000
<b>COMBA</b> P.O, BOX 280415 LAKEWOOD CO 80228		OPERATING	EXPENSES	1,000
<b>COMMON GROUND COMMUNITY, INC.</b> 4830 LINE AVE. #117 SHREVEPORT LA 71106		OPERATING	EXPENSES	2,000
<b>COMPASS ACADEMY</b> 2285 SOUTH FEDERAL BLVD DENVER CO 80219		OPERATING	EXPENSE	1,000
<b>COMPASSION FOR LIVES</b> 7505 PINES RD., STE. 1235 SHREVEPORT LA 71129		GENERAL	OPERATING	45,000
<b>Total</b>			<b>3a</b>	
<b>b</b> <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b>			<b>3b</b>	

**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>				
<b>CONSCIOUS ALLIANCE</b> 3801 INDUSTRIAL LN BROOMFIELD CO 80020		OPERATING	EXPENSES	1,000
<b>CRADLES TO CRAYONS CHICAGO</b> P.O. BOX 7410693 CHICAGO IL 60674		OPERATING	EXPENSE	2,000
<b>DELIVERING GOOD</b> 266 WEST 37TH STREET 22ND NEW YORK NY 10018		PROGRAM	SERVICES	12,500
<b>DEMOCRACY NORTH CAROLINA</b> 3000 AERIAL CENTER PKWY MOORISVILLE NC 27560		OPERATING	EXPENSES	1,000
<b>DENVER DUMB FRIENDS LEAGUE</b> 2080 S. QUEBEC ST DENVER CO 80231		OPERATING	EXPENSES	500
<b>DTH PUBLISHING CORPORATION</b> 109 E. FRANKLIN ST. CHAPEL HILL NC 27514		PROGRAM	SERVICES	250
<b>DUCKS UNLIMITED</b> ONE WATERFOWL WAY MEMPHIS TN 38120		OPERATING	EXPENSES	500
<b>DZI FOUNDATION</b> PO BOX 632 RIDGWAY CO 81432		PROGRAM	SERVICES	30,000
<b>DZI FOUNDATION</b> PO BOX 632 RIDGWAY CO 81432		OPERATING	EXPENSES	7,400
<b>ETM-COLORADO</b> 618 S PONTIAC WAY DENVER CO 80224		OPERATING	EXPENSE	1,000
<b>Total</b>			<b>3a</b>	
b <i>Approved for future payment</i>				
<b>N/A</b>				
<b>Total</b>			<b>3b</b>	



**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>				
<b>EVERGREEN PRESBYTERIAN MINISTRIES</b> 2101 HIGHWAY 80 HAUGHTON LA 71037			<b>OPERATING EXPENSE</b>	1,000
<b>FAITHBRIDGE</b> 12000 E 47TH AVE DENVER CO 80239			<b>OPERATING EXPENSE</b>	2,000
<b>FAMILIES AND FRIENDS OF LA</b> 1600 ORETHA CASTLE HALEY NEW ORLEANS LA 70113			<b>OPERATING EXPENSE</b>	500
<b>FIRST PRESBYTERIAN CHURCH OF DURHAM</b> 305 EAST MAIN STREET DURHAM NC 27701			<b>PROGRAM SERVICES</b>	1,000
<b>FIRST PRESBYTERIAN CHURCH OF DURHAM</b> 305 EAST MAIN STREET DURHAM NC 27701			<b>CAPITAL EXPENSES</b>	1,000
<b>FIRST PRESBYTERIAN DAY SCHOOL</b> 900 JORDAN ST SHREVEPORT LA 71101			<b>OPERATING EXPENSES</b>	2,000
<b>FOOD BANK OF NORTHWEST LOUISIANA</b> P.O. BOX 65150 SHREVEPORT LA 71136			<b>CAPITAL EXPENSES</b>	55,000
<b>FOOD BANK OF NORTHWEST LOUISIANA</b> P.O. BOX 65150 SHREVEPORT LA 71136			<b>OPERATING EXPENSES</b>	750
<b>FORGING YOUTH RESILIENCE</b> 108 ULVERSTON DRIVE HOLLY SPRINGS NC 27540			<b>OPERATING EXPENSES</b>	12,663
<b>FOUNDATION FOR FIGHTING BLINDNESS</b> PO BOX 45740 BALTIMORE MD 21297			<b>PROGRAM SERVICES</b>	150
<b>Total</b>			<b>3a</b>	
b <i>Approved for future payment</i>				
<b>N/A</b>				
<b>Total</b>			<b>3b</b>	

**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
<b>a</b> <i>Paid during the year</i> FOUNDATION TO COMBAT ANTI ONE PATRIOT PLACE FOXBORO MA 02035			OPERATING EXPENSE	500
FRIENDS OF STATE PARKS (NORTH P.O. BOX 37655 RALEIGH NC 27627			OPERATING EXPENSES	250
FYR DENVER 2879 EMPOIA CT DENVER CO 80238			OPERATING EXPENSES	2,088
GEAUX 4 KIDS, INC. 1513 DOCTORS DRIVE BOSSIER CITY LA 71111			OPERATING EXPENSES	1,000
GERMANTOWN CHARITY HORSE SHOW P.O. BOX 38102 GERMANTOWN TN 38183			OPERATING EXPENSES	766
GINGERBREAD HOUSE 1700 BUCKNER SQUARE SHREVEPORT LA 71101			OPERATING EXPENSES	15,750
GREAT WORK INC. 3636 OSAGE ST. DENVER CO 80211			OPERATING EXPENSE	500
HALLETT ACADEMY 2950 JASMINE ST DENVER CO 80207			OPERATING EXPENSES	1,000
HARLEM CHILDREN'S ZONE, INC. 35 EAST 125TH STREET NEW YORK NY 10035			OPERATING EXPENSE	1,250
HARVARD DIVINITY SCHOOL P.O. BOX 419209 BOSTON MA 02241			PROGRAM SERVICES	650
<b>Total</b>			<b>3a</b>	
<b>b</b> <i>Approved for future payment</i> N/A				
<b>Total</b>			<b>3b</b>	

**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)				
<b>a</b> <i>Paid during the year</i> HOPE CONNECTIONS INC 2350 LEVY STREET SHREVEPORT LA 71103		PROGRAM	SERVICES	55,000
HOPE CONNECTIONS INC 2350 LEVY STREET SHREVEPORT LA 71103		OPERATING	EXPENSES	750
HOUSE OF GRACE, ARVAD PO BOX 654 HAUGHTON LA 71037		CAPITAL	EXPENSES	5,000
HUGS, INC. 333 TEXAS ST. SHREVEPORT LA 71101		PROGRAM	SERVICES	10,000
HUMANE SOCIETY OF NORTHWEST 2544 LINWOOD AVE SHREVEPORT LA 71103		OPERATING	EXPENSES	500
INNOCENCE PROJECT NEW ORLEANS 4051 ULLOA STREET NEW ORLEANS LA 70119		GENERAL	OPERATING	1,000
INTER CITY ROW MODERN DANCE COMPANY 2021 MARTIN LUTHER KING SHREVEPORT LA 71107		CAPITAL	EXPENSES	5,000
JOY AS RESISTANCE 7779 MARTIN LUTHER KING DENVER CO 80238		OPERATING	EXPENSE	2,000
JUDI'S HOUSE 10125 E 25TH AVE AURORA CO 80010		OPERATING	EXPENSES	1,500
JUNIOR ACHIEVEMENT OF NORTH 212 TEXAS STREET SHREVEPORT LA 71101		PROGRAM	SERVICES	7,500
<b>Total</b>			<b>3a</b>	
<b>b</b> <i>Approved for future payment</i> N/A				
<b>Total</b>			<b>3b</b>	

**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> <b>LEGAL COUNSEL FOR YOUTH AND</b> <b>PO BOX 28629</b> <b>SEATTLE WA 98118</b>		OPERATING	EXPENSES	750
<b>LES PASSEES</b> <b>5489 MURRAY AVE.</b> <b>MEMPHIS TN 38119</b>		OPERATING	EXPENSE	120
<b>LIBERTY HILL FOUNDATION</b> <b>1001 WILSHIRE BLVD</b> <b>LOS ANGELES CA 90017</b>		GENERAL	OPERATING	5,000
<b>LOUISIANA ADVOCATES FOR IMMIGRANTS</b> <b>262 WILKINSON STREET</b> <b>SHREVEPORT LA 71104</b>		OPERATING	EXPENSE	25,000
<b>LOUISIANA ENDOWMENT FOR THE</b> <b>938 LAFAYETTE STREET</b> <b>NEW ORLEANS LA 70113</b>		PROGRAM	SERVICES	45,000
<b>LOUISIANA KEY ACADEMY CADDO</b> <b>3172 GOVERNMENT ST.</b> <b>BATON ROUGE LA 70806</b>		OPERATING	EXPENSE	20,000
<b>MADDIE MAY FUND</b> <b>55 COOK ST</b> <b>DENVER CO 80206</b>		OPERATING	EXPENSE	1,000
<b>MAKE-A-WISH MID-SOUTH</b> <b>1780 MORIAH WOODS BLVD</b> <b>MEMPHIS TN 38117</b>		OPERATING	EXPENSES	500
<b>MARTIN LUTHER KING COMMUNITY</b> <b>3067 DR. MARTIN L. KING</b> <b>SHREVEPORT LA 71107</b>		OPERATING	EXPENSE	50,000
<b>MICHAEL J FOX FOUNDATION</b> <b>GRAND CENTRAL STATION PO</b> <b>NEW YORK NY 10163</b>		OPERATING	EXPENSES	250
<b>Total</b>			<b>3a</b>	
b <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b>			<b>3b</b>	

**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>				
<b>MID-SOUTH FOOD BANK</b> 3865 SOUTH PERKINS RD. MEMPHIS TN 38118			<b>OPERATING EXPENSES</b>	1,000
<b>MORRIS ANIMAL FOUNDATION</b> 720 S. COLORADO BLVD DENVER CO 80246			<b>OPERATING EXPENSE</b>	1,500
<b>MUESUEM OF EUREKA SRINGS ART</b> P.O. BOX 282 EUREKA SPRINGS AR 72632			<b>OPERATING EXPENSE</b>	10,000
<b>NORTH CAROLINA JUSTICE CENTER</b> P.O BOX 28068 RALEIGH NC 27611			<b>OPERATING EXPENSE</b>	500
<b>NORTHWEST LOUISIANA EDUCATION AND</b> P.O. BOX 5956 BOSSIER CITY LA 71171			<b>OPERATING EXPENSE</b>	35,000
<b>NORTHWEST LOUISIANA YOUTH GOLF AND</b> 2200 MILAM ST. SHREVEPORT LA 71103			<b>PROGRAM SERVICES</b>	12,300
<b>NORWELA COUNCIL, BOY SCOUTS OF</b> 3508 BEVERLY PLACE SHREVEPORT LA 71104			<b>PROGRAM SERVICES</b>	15,000
<b>OASIS OF HOPE CDC</b> 600 SW 3RD STREET POMPANO BEACH FL 33060			<b>PROGRAM SERVICES</b>	25,000
<b>ONE GREAT RIVER OF LOUISIANA, INC</b> P.O. BOX 44349 SHREVEPORT LA 71134			<b>PROGRAM SERVICES</b>	10,000
<b>PAMOJA ART SOCIETY</b> 3806 LINWOOD AVENUE SHREVEPORT LA 71103			<b>PROGRAM SERVICES</b>	8,250
<b>Total</b>			<b>3a</b>	
b <i>Approved for future payment</i>				
<b>N/A</b>				
<b>Total</b>			<b>3b</b>	

**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> <b>PARTNERS IN HEALTH</b> P.O. BOX 996 FREDERICK MD 21075-9942		OPERATING	EXPENSES	6,000
<b>PAWS4EVER</b> 6311 NICKS RD MEBANE NC 27302		OPERATING	EXPENSE	1,250
<b>PET SAVERS</b> PO BOX 29163 SHREVEPORT LA 71149		OPERATING	EXPENSES	1,000
<b>PLANNED PARENTHOOD OF THE ROCKY</b> 7155 E 38TH AVE DENVER CO 80207		OPERATING	EXPENSES	2,200
<b>PLANNED PARENTHOOD SOUTH ATLANTIC</b> 100 SOUTH BOYLAN AVENUE RALEIGH NC 27603		OPERATING	EXPENSES	5,350
<b>PLANT A SEED IN OUR YOUTH FOUNDATIO</b> 1518 COX STREET BOSSIER CITY LA 71111		OPERATING	EXPENSE	3,000
<b>PLAYAZ AND PLAYETTES, INC</b> 835 BUTLER STREET SHREVEPORT LA 71103		PROGRAM	SERVICES	5,000
<b>PROJECT CELEBRATION, INC</b> 580 W. MAIN STREET MANY LA 71449		OPERATING	EXPENSE	3,000
<b>PROJECT RECLAIM OF LOUISIANA, INC.</b> P.O. BOX 444 MINDEN LA 71058		OPERATING	EXPENSE	51,500
<b>PROVIDENCE HOUSE</b> 814 COTTON STREET SHREVEPORT LA 71101		PROGRAM	SERVICES	35,000
<b>Total</b>			<b>3a</b>	
b <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b>			<b>3b</b>	

**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> <b>RED BIRD MINISTRIES</b> P.O. BOX 266 BREAUX BRIDGE LA 70517			OPERATING EXPENSE	5,000
<b>RED RIVER FILM SOCIETY D.B.A THE</b> 617 TEXAS STREET SHREVEPORT LA 71101			CAPITAL EXPENSE	10,000
<b>RED RIVER STEM, INC.</b> 820 CLYDE FANT PARKWAY SHREVEPORT LA 71101			PROGRAM SERVICES	30,000
<b>RENESTING PROJECT INC</b> 1331 DRIFTWOOD DRIVE BOSSIER CITY LA 71111			OPERATING EXPENSE	50,000
<b>RENZI EDUCATION AND ART CENTER</b> 435 EGAN STREET SHREVEPORT LA 71101			GENERAL OPERATING	15,000
<b>RESCHOOL</b> 730 17TH ST DENVER CO 80202			OPERATING EXPENSE	500
<b>ROBINSON'S RESCUE LOW COST SPAY</b> 2515 LINE AVENUE SHREVEPORT LA 71104			GENERAL OPERATING	20,750
<b>ROCKIN VETS RANCH</b> 15220 DEMMLER ROAD COLORADO SPRINGS CO 80928			OPERATING EXPENSE	250
<b>RONALD MCDONALD HOUSE CHARITIES</b> 1501 W. 10TH ST. LITTLE ROCK AR 72202			CAPITAL EXPENSE	50,000
<b>SANCTUARY ARTS SCHOOL</b> 423 LAKE ST. SHREVEORT LA 71101			OPERATING EXPENSES	6,000
<b>Total</b>			<b>3a</b>	
b <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b>			<b>3b</b>	

**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> <b>SEMESTER AT SEA/ INST FOR SHIPBOARD</b> P.O. BOX 842945 DALLAS TX 75284			<b>OPERATING EXPENSES</b>	1,200
<b>SHREVEPORT COMMON</b> 801 CROCKETT ST SHREVEPORT LA 71101			<b>OPERATING EXPENSES</b>	20,000
<b>SHREVEPORT GREEN</b> 3625 SOUTHERN AVENUE SHREVEPORT LA 71104			<b>PROGRAM SERVICES</b>	15,000
<b>SHREVEPORT PREGNANCY CENTER</b> 2810 SUMMER GROVE DR SHREVEPORT LA 71118			<b>OPERATING EXPENSES</b>	2,750
<b>SHREVEPORT REGIONAL ARTS COUNCIL</b> 801 CROCKETT ST. SHREVEPORT LA 71101			<b>PROGRAM SERVICES</b>	5,000
<b>SOUTH HIGHLANDS FOUNDATION INC.</b> 831 ERIE STREET SHREVEPORT LA 71106			<b>OPERATING EXPENSES</b>	2,000
<b>SOUTHERN POVERTY LAW CENTER</b> 400 WASHINGTON AVENUE MONTGOMERY AL 36104			<b>OPERATING EXPENSES</b>	250
<b>ST. GEORGE EPISCOPAL CHURCH</b> 2425 S. GERMANTOWN RD GERMANTOWN TN 38138			<b>PROGRAM SERVICES</b>	1,000
<b>ST. LUKE'S EPISCOPAL MOBILE MEDICAL</b> P.O. BOX 53074 SHREVEPORT LA 71135			<b>OPERATING EXPENSES</b>	500
<b>STATES NEWSROOM</b> 50 F ST NW WASHINGTON DC 20001			<b>PROGRAM SERVICES</b>	1,000
<b>Total</b>			<b>3a</b>	
b <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b>			<b>3b</b>	



**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> <b>STEDMAN PTA</b> 2940 DEXTER ST DENVER CO 80207		OPERATING	EXPENSES	750
<b>TEENS FOR FOOD JUSTICE</b> 33 W 60TH ST. NEW YORK NY 10023		GENERAL	OPERATING	2,000
<b>THE ARC CADDO-BOSSIER</b> 351 JORDAN ST SHREVEPORT LA 71101		PROGRAM	SERVICES	50,000
<b>THE BETTY AND LEONARD PHILLIPS</b> 601 JORDAN STREET SHREVEPORT LA 71101		PROGRAM	SERVICES	5,000
<b>THE CENTER FOR CHILDREN AND</b> 622 RIVERSIDE DRIVE MONROE LA 71201		PROGRAM	SERVICES	30,000
<b>THE CHERRY HILLS LAND PRESERVE</b> P.O. BOX 522 ENGLEWOOD CO 80151		OPERATING	EXPENSES	1,000
<b>THE CHILDREN'S HOSPITAL COLORADO</b> 13123 E 16TH AVE AURORA CO 80045		OPERATING	EXPENSES	7,325
<b>THE GEORGE WASHINGTON UNIVERSITY</b> 1922 F STREET NW, STE 202 WASHINGTON DC 20052		PROGRAM	SERVICES	100
<b>THE GRAND KREWE OF SPHINX</b> 10000 WHITTMORE PARK LANE COLLIERVILLE TN 38017		OPERATING	EXPENSE	500
<b>THE HIGHLAND CENTER</b> 520 OLIVE STREET SHREVEPORT LA 71104		CAPITAL	EXPENSE	21,500
<b>Total</b>			<b>3a</b>	
b <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b>			<b>3b</b>	

**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 HIGHLAND CENTER 520 OLIVE STREET SHREVEPORT LA 71104		OPERATING	EXPENSES	10,000
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	EXPENSE	4,000
THE SALVATION ARMY, SHREVEPORT, LA 200 E. STONER AVENUE SHREVEPORT LA 71101		PROGRAM	SERVICES	15,000
THE STRAND THEATRE P.O. BOX 1547 SHREVEPORT LA 71165		PROGRAM	SERVICES	30,000
THE STRAND THEATRE P.O. BOX 1547 SHREVEPORT LA 71165		OPERATING	EXPENSES	1,500
THEATRE OF THE PERFORMING ARTS 4005 LAKESHORE DRIVE SHREVEPORT LA 71109		OPERATING	EXPENSE	10,000
THERE WITH CARE-DENVER 7808 CHERRY CREEK SOUTH D DENVER CO 80231		OPERATING	EXPENSES	2,500
THINKFIRST 960 SHERIDAN AVE SHREVEPORT LA 71104		PROGRAM	SERVICES	5,000
TRANSPLANTING TRADITIONS P.O. BOX 394 CARRBORO NC 27510		OPERATING	EXPENSES	500
<b>Total</b>			<b>3a</b>	
b <i>Approved for future payment</i>				
N/A				
<b>Total</b>			<b>3b</b>	

**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> <b>TRIANGLE LAND CONSERVANCY</b> PO BOX 1848 DURHAM NC 27707		OPERATING	EXPENSE	1,250
<b>TROUT UNLIMITED CUTTHROAT CHAPTER</b> 1285 NIGHTFIRE CIRCLE CASTLE ROCK CO 80104		OPERATING	EXPENSE	500
<b>TROUT UNLIMITED NATIONAL OFFICE</b> P.O. BOX 98166 WASHINGTON DC 20090		OPERATING	EXPENSE	500
<b>UNC HEALTH FOUNDATION- SUICIDE</b> 123 W. FRANKLIN ST. CHAPEL HILL NC 27516		PROGRAM	SERVICES	1,250
<b>UNC-GREENSBORO</b> PO BOX 26170 GREENSBORO NC 27402		OPERATING	EXPENSE	1,000
<b>UNION GENERAL HOSPITAL</b> 901 JAMES AVENUE FARMERVILLE LA 71241		CAPITAL	EXPENSE	15,000
<b>UNITED WAY OF NORTHWEST LOUISIANA</b> 820 JORDAN, STE. 370 SHREVEPORT LA 71101		PROGRAM	SERVICES	20,000
<b>UNIVERSITY OF DENVER-STURM COLLEGE</b> P.O. BOX 910585 DENVER CO 80291		OPERATING	EXPENSES	1,000
<b>VOLUNTEERS FOR YOUTH JUSTICE</b> 900 JORDON STREET SHREVEPORT LA 71101		PROGRAM	SERVICES	40,000
<b>VOLUNTEERS FOR YOUTH JUSTICE</b> 900 JORDON STREET SHREVEPORT LA 71101		OPERATING	EXPENSES	1,000
<b>Total</b>			<b>3a</b>	
b <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b>			<b>3b</b>	

**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> <b>YMCA OF MONTCLAIR</b> <b>25 PARK STREET</b> <b>MONCLAIR NJ 07042</b>			<b>OPERATING EXPENSE</b>	<b>2,000</b>
<b>YMCA OF NORTHWEST LA</b> <b>400 MCNEIL</b> <b>SHREVEPORT LA 71101</b>			<b>PROGRAM SERVICES</b>	<b>30,000</b>
<b>YOUTH ENRICHMENT PROGRAM</b> <b>4700 LINE AVENUE</b> <b>SHREVEPORT LA 71106</b>			<b>PROGRAM SERVICES</b>	<b>25,000</b>
<b>YOUTH OUTREACH SERVICES</b> <b>7903 ARCADIAN SHORES</b> <b>SHREVEPORT LA 71129</b>			<b>PROGRAM SERVICES</b>	<b>25,000</b>
<b>YWCA OF NORTHWEST LOUISIANA</b> <b>850-B OLIVE STREET</b> <b>SHREVEPORT LA 71104</b>			<b>OPERATING EXPENSE</b>	<b>40,000</b>
<b>NATIONAL CENTER FOR FAMILY PHILANTH</b> <b>1667 K ST NW STE 350</b> <b>WASHINGTON DC 20006</b>			<b>GENERAL OPERATING</b>	<b>1,500</b>
<b>Total</b>				<b>3a</b>
b <i>Approved for future payment</i> <b>N/A</b>				
<b>Total</b>				<b>3b</b>

**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	\$ 738,917	\$ 738,917	\$
TOTAL	\$ 738,917	\$ 738,917	\$ 0

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
ACCOUNTING FEES	\$ 4,950	\$ 1,485	\$	\$ 3,465
TOTAL	\$ 4,950	\$ 1,485	\$ 0	\$ 3,465

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
BERNSTEIN ADVISORS	\$ 94,197	\$ 94,197	\$	\$
TOTAL	\$ 94,197	\$ 94,197	\$ 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	\$ 44,960	\$	\$	\$
FILING FEES	10			10
FOREIGN TAXES PAID	16,231	16,231		
PAYROLL TAXES	8,090			8,090
TOTAL	\$ 69,291	\$ 16,231	\$ 0	\$ 8,100

72-6027212

**Federal Statements**

FYE: 12/31/2023

**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	2,738	200DB	5				
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	\$ 12,798			\$ 0	\$ 0	\$ 0	

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

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
	\$	\$	\$	\$
EXPENSES				
BEAIRD PROPRTIES LLC	29,792	29,792		
CHARITABLE EXPENSE	100			100
DUES	815			815
EMPLOYEE HEALTH INSURANCE	14,049			14,049
INSURANCE	1,739			1,739
MEMBER COMPENSATION	2,581			2,581
OFFICE EXPENSE	6,484			6,484
PROFESSIONAL DEVELOPMENT	7,667			7,667
TRAVEL EXPENSE	1,480			1,480
TOTAL	\$ 64,707	\$ 29,792	\$ 0	\$ 34,915

**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	\$ 18,940,911	\$ 19,280,238	COST	\$ 21,284,000
TOTAL	\$ 18,940,911	\$ 19,280,238		\$ 21,284,000

**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	\$	\$ 12,798	\$ 12,798	\$
TOTAL	\$ 0	\$ 12,798	\$ 12,798	\$ 0

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

<u>Description</u>	<u>Beginning of Year</u>	<u>End of Year</u>	<u>Fair Market Value</u>
BEAIRD PROPERTIES LLC	\$ <u>3,738,262</u>	\$ <u>2,216,555</u>	\$ <u>11,281,233</u>
TOTAL	\$ <u>3,738,262</u>	\$ <u>2,216,555</u>	\$ <u>11,281,233</u>

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72-6027212

**Federal Statements**

FYE: 12/31/2023

**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
LESLIE DARR 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	2.00	0	0	0
DAVE SEAWELL 330 MARSHALL ST, SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	2.00	0	0	0
MARJORIE SEAWELL	DIRECTOR	2.00	0	0	0

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**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					
TYLER WOLF 330 MARSHALL ST., SUITE 1440 SHREVEPORT LA 71101	DIRECTOR	2.00	0	0	0
MARY SEAWELL 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	105,750	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 Applications**Description

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 Contents**Description

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

**Form 990-PF, Part XIV, Line 2c - Submission Deadlines**Description

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

**Statement 13 - Form 990-PF, Part XIV, Line 2d - Award Restrictions or Limitations**Description

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

Form **990-T**

### Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

OMB No. 1545-0047

# 2023

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

For calendar year 2023 or other tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_

Go to [www.irs.gov/Form990T](http://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).

Department of the Treasury  
Internal Revenue Service

<b>A</b> <input type="checkbox"/> Check box if address changed.  <b>B</b> Exempt under section <input checked="" type="checkbox"/> 501( C ) ( 3 ) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a) <input type="checkbox"/> 529A	<b>Print or Type</b>	Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.) <b>CAROLYN W. &amp; CHARLES T. BEAIRD FAMILY FOUNDATION</b>  Number, street, and room or suite no. If a P.O. box, see instructions. <b>330 MARSHALL ST. #1440</b>  City or town, state or province, country, and ZIP or foreign postal code <b>SHREVEPORT LA 71101-3015</b>	<b>D Employer identification number</b>  <b>72-6027212</b>  <b>E Group exemption number</b> (see instructions)  <b>F</b> <input type="checkbox"/> Check box if an amended return.
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**C** Book value of all assets at end of year **21,854,136**

**G** Check organization type  
 501(c) corporation     501(c) trust     401(a) trust     Other trust     State college/university  
 6417(d)(1)(A) Applicable entity

**H** Check if filing only to claim  
 Credit from Form 8941     Refund shown on Form 2439     Elective payment amount from Form 3800

**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	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

#### 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		
3a Amount due from Form 4255	3a		
b Amount due from Form 8611	3b		
c Amount due from Form 8697	3c		
d Amount due from Form 8866	3d		
e Other amounts due (see instructions)	3e		
f Total amounts due. Add lines 3a through 3e	3f		
4 Total tax. Add lines 2 and 3f (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		

For Paperwork Reduction Act Notice, see instructions.



**SCHEDULE A  
(Form 990-T)**

**Unrelated Business Taxable Income  
From an Unrelated Trade or Business**

OMB No. 1545-0047

**2023**

Department of the Treasury  
Internal Revenue Service

Go to [www.irs.gov/Form990T](http://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).

<b>A</b> Name of the organization <b>CAROLYN W. &amp; CHARLES T. BEAIRD</b>	<b>B</b> Employer identification number <b>72-6027212</b>
<b>C</b> Unrelated business activity code (see instructions) <b>531110</b>	<b>D</b> Sequence: <b>1</b> of <b>1</b>

**E** Describe the unrelated trade or business     **UNRELATED BUSINESS ACTIVITY**

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

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Part II     Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income	7	8a	9	10	11	12	13	14	15	16	17	18
<b>1</b> Compensation of officers, directors, and trustees (Part X)			<b>1</b>									
<b>2</b> Salaries and wages			<b>2</b>									
<b>3</b> Repairs and maintenance			<b>3</b>									
<b>4</b> Bad debts			<b>4</b>									
<b>5</b> Interest (attach statement). See instructions			<b>5</b>									
<b>6</b> Taxes and licenses			<b>6</b>									
<b>7</b> Depreciation (attach Form 4562). See instructions	<b>7</b>											
<b>8</b> Less depreciation claimed in Part III and elsewhere on return		<b>8a</b>		<b>8b</b>								<b>0</b>
<b>9</b> Depletion			<b>9</b>									
<b>10</b> Contributions to deferred compensation plans			<b>10</b>									
<b>11</b> Employee benefit programs			<b>11</b>									
<b>12</b> Excess exempt expenses (Part VIII)			<b>12</b>									
<b>13</b> Excess readership costs (Part IX)			<b>13</b>									
<b>14</b> Other deductions (attach statement)			<b>14</b>									
<b>15 Total deductions.</b> Add lines 1 through 14			<b>15</b>									
<b>16</b> Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, column (C)			<b>16</b>									
<b>17</b> Deduction for net operating loss. See instructions			<b>17</b>									
<b>18 Unrelated business taxable income.</b> Subtract line 17 from line 16			<b>18</b>									<b>0</b>

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2023

Part III Cost of Goods Sold

Enter method of inventory valuation

Table with 8 rows for Cost of Goods Sold. Rows include: 1 Inventory at beginning of year, 2 Purchases, 3 Cost of labor, 4 Additional section 263A costs, 5 Other costs, 6 Total, 7 Inventory at end of year, 8 Cost of goods sold, 9 Do the rules of section 263A apply to the organization?

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

Table for Rent Income. Row 1: Description of property. Rows 2-4: Rent received or accrued (a, b, c). Row 3: Total rents received or accrued. Row 4: Deductions directly connected with the income. Row 5: Total deductions.

Part V Unrelated Debt-Financed Income (see instructions)

Table for Unrelated Debt-Financed Income. Row 1: Description of debt-financed property. Rows 2-7: Gross income from or allocable to debt-financed property, deductions, and average adjusted basis. Row 8: Total gross income. Row 9: Allocable deductions. Row 10: Total allocable deductions. Row 11: Total dividends — received deductions.

**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) .....	<b>2</b>
3 Expenses directly connected with production of unrelated business income. Enter here and on Part I, line 10, column (B) .....	<b>3</b>
4 Net income (loss) from unrelated trade or business. Subtract line 3 from line 2. If a gain, complete lines 5 through 7 .....	<b>4</b>
5 Gross income from activity that is not unrelated business income .....	<b>5</b>
6 Expenses attributable to income entered on line 5 .....	<b>6</b>
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 .....	<b>7</b>





**Federal Statements**

**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 **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.

**2023**

Go to [www.irs.gov/Form2220](http://www.irs.gov/Form2220) for instructions and the latest information.

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

Employer 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**

<b>1</b> Total tax (see instructions) .....	<b>1</b>	<b>18,175</b>
<b>2a</b> Personal holding company tax (Schedule PH (Form 1120), line 26) included on line 1	<b>2a</b>	
<b>b</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 .....	<b>2b</b>	
<b>c</b> Credit for federal tax paid on fuels (see instructions) .....	<b>2c</b>	
<b>d Total.</b> Add lines 2a through 2c .....	<b>2d</b>	
<b>3</b> Subtract line 2d from line 1. If the result is less than \$500, <b>do not</b> complete or file this form. The corporation does not owe the penalty .....	<b>3</b>	<b>18,175</b>
<b>4</b> Enter the tax shown on the corporation's 2022 income tax return. See instructions. <b>Caution:</b> 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 .....	<b>4</b>	<b>26,134</b>
<b>5 Required annual payment.</b> Enter the <b>smaller</b> of line 3 or line 4. If the corporation is required to skip line 4, enter the amount from line 3 .....	<b>5</b>	<b>18,175</b>

**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)	
<b>9</b> <b>Installment due dates.</b> Enter in columns (a) through (d) the 15th day of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th months of the corporation's tax year .....	<b>9</b>	<b>05/15/23</b>	<b>06/15/23</b>	<b>09/15/23</b>	<b>12/15/23</b>
<b>10</b> <b>Required installments.</b> 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 .....	<b>10</b>	<b>4,544</b>	<b>4,544</b>	<b>4,544</b>	<b>4,543</b>
<b>11</b> <b>Estimated tax paid or credited for each period.</b> For column (a) only, enter the amount from line 11 on line 15. See instructions .....	<b>11</b>		<b>15,000</b>		<b>11,000</b>
<i>Complete lines 12 through 18 of one column before going to the next column.</i>					
<b>12</b> Enter amount, if any, from line 18 of the preceding column .....	<b>12</b>		<b>5,912</b>		<b>1,368</b>
<b>13</b> Add lines 11 and 12 .....	<b>13</b>		<b>15,000</b>	<b>5,912</b>	<b>12,368</b>
<b>14</b> Add amounts on lines 16 and 17 of the preceding column .....	<b>14</b>		<b>4,544</b>		
<b>15</b> Subtract line 14 from line 13. If zero or less, enter -0- .....	<b>15</b>	<b>0</b>	<b>10,456</b>	<b>5,912</b>	<b>12,368</b>
<b>16</b> If the amount on line 15 is zero, subtract line 13 from line 14. Otherwise, enter -0- .....	<b>16</b>		<b>0</b>	<b>0</b>	
<b>17</b> <b>Underpayment.</b> 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 .....	<b>17</b>	<b>4,544</b>	<b>0</b>	<b>0</b>	<b>0</b>
<b>18</b> <b>Overpayment.</b> If line 10 is less than line 15, subtract line 10 from line 15. Then go to line 12 of the next column .....	<b>18</b>		<b>5,912</b>	<b>1,368</b>	

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** (2023)

**Part IV Figuring the Penalty**

	(a)	(b)	(c)	(d)
<b>19</b> 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 .....	<b>19</b>	<b>SEE WORKSHEET</b>		
<b>20</b> Number of days from due date of installment on line 9 to the date shown on line 19 .....	<b>20</b>			
<b>21</b> Number of days on line 20 after 4/15/2023 and before 7/1/2023	<b>21</b>			
<b>22</b> Underpayment on line 17 x <u>Number of days on line 21</u> 365 x 7% (0.07)	<b>22</b>	\$	\$	\$
<b>23</b> Number of days on line 20 after 6/30/2023 and before 10/1/2023	<b>23</b>			
<b>24</b> Underpayment on line 17 x <u>Number of days on line 23</u> 365 x 7% (0.07)	<b>24</b>	\$	\$	\$
<b>25</b> Number of days on line 20 after 9/30/2023 and before 1/1/2024	<b>25</b>			
<b>26</b> Underpayment on line 17 x <u>Number of days on line 25</u> 365 x 8% (0.08)	<b>26</b>	\$	\$	\$
<b>27</b> Number of days on line 20 after 12/31/2023 and before 4/1/2024	<b>27</b>			
<b>28</b> Underpayment on line 17 x <u>Number of days on line 27</u> 366 x *%	<b>28</b>	\$	\$	\$
<b>29</b> Number of days on line 20 after 3/31/2024 and before 7/1/2024	<b>29</b>			
<b>30</b> Underpayment on line 17 x <u>Number of days on line 29</u> 366 x *%	<b>30</b>	\$	\$	\$
<b>31</b> Number of days on line 20 after 6/30/2024 and before 10/1/2024	<b>31</b>			
<b>32</b> Underpayment on line 17 x <u>Number of days on line 31</u> 366 x *%	<b>32</b>	\$	\$	\$
<b>33</b> Number of days on line 20 after 9/30/2024 and before 1/1/2025	<b>33</b>			
<b>34</b> Underpayment on line 17 x <u>Number of days on line 33</u> 366 x *%	<b>34</b>	\$	\$	\$
<b>35</b> Number of days on line 20 after 12/31/2024 and before 3/16/2025	<b>35</b>			
<b>36</b> Underpayment on line 17 x <u>Number of days on line 35</u> 365 x *%	<b>36</b>	\$	\$	\$
<b>37</b> Add lines 22, 24, 26, 28, 30, 32, 34, and 36 .....	<b>37</b>	\$	\$	\$
<b>38 Penalty.</b> 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 .....	<b>38</b>	\$		<b>3</b>

\*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](http://www.irs.gov). You can also call 800-829-4933 to get interest rate information.

Form <b>2220</b>	<b>Form 2220 Worksheet</b>	<b>2023</b>
For calendar year 2023, or tax year beginning _____, and ending _____		

Name <b>CAROLYN W. &amp; CHARLES T. BEAIRD FAMILY FOUNDATION</b>	Employer Identification Number <b>72-6027212</b>
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	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
Due date of estimated payment	<u>05/15/23</u>	<u>06/15/23</u>	<u>09/15/23</u>	<u>12/15/23</u>
Amount of underpayment	<u>4,544</u>	_____	_____	_____

Prior year overpayment applied \_\_\_\_\_

	1st Payment	2nd Payment	3rd Payment	4th Payment	5th Payment
Date of payment	<u>05/19/23</u>	<u>06/15/23</u>	_____	<u>11/15/23</u>	_____
Amount of payment	<u>7,500</u>	<u>7,500</u>	_____	<u>11,000</u>	_____

QTR	FROM	TO	UNDERPAYMENT	#DAYS	RATE	PENALTY
1	5/15/23	5/19/23	4,544	4	7.00	3
TOTAL PENALTY						3
						=====

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