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990-EZ

Department of the Treasury Internal Revenue Service

Short Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code
(except black lung benefit trust or private foundation)

Sponsoning organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form

The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-1150

2009

Open to Public Inspection

B Check appealable Reference See Hearth See Hear	Α	For the	e 2009 calend	ar year,	or tax year beginning	August 1	, 2009, a	and ending	J	luly 31		, 20 10	_
Section 501(c)(3) organizations and 4947(c)(1) or 100 most must status (check only one) - 2 501(c)(3) organizations and 4947(c)(1) or 100 most one of the organization is not a section 508(c)(3) organizations and 4947(c)(1) nonexempt charitable trusts must attach of the organization is not a completed Schedule A (Form 990 or 990-EZ). Website: None	В	Check If	applicable		C Name of organization				D Empl	oyer ide	ntifica	ition number	
Monte analysis Monte and activities Monte Mon		Address	change		C E Byrd Foundation, Inc.					26	4019	943	
Terminate Security Securit		Name c	nange		Number and street (or P O box, if it	mail is not delivered to	street address)	Room/suite	E Telep	hone nu	mber		_
Apatesian prioring Specific City or town, state or countiny, and 2/P + 4 Forcing Extension Shreypont, LA 71104 Forcing Shreypont, LA 71104 Forci	뇓		In 12201 Line Avenue								Non	e	
Application pending	님			Specific		ZIP + 4			E Grou	ın Even	ontion	<u>. </u>	-
Section 501(c)(3) arganizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ). Website: ▶ None Completed Schedule A (Form 990 or 990-EZ).	H		mod do-										
Website: ► None The organization is not required by the organization is not required to attach Schedule 8 (Form 990, 930-EZ). H. Check ► The organization is not required to attach Schedule 8 (Form 990, 930-EZ, or 990-EZ, o	브						-						
Website: ► None		• Se	tion 501(c)(3)		W C	asii 🗀 Acciuai							
Website: ► None				a cui	ilpieted Scriedule A (FOITI 990	01 330-E2j.							_
Tax-exempt status (check only one)								I			_		
K Check			-		hedul	e B (Form 990,							
Form 980-EZ or Form 980 return is not required, but if the organization chooses to file a return, be sure to file a complete return L Add Ines 5b, 8b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, life Form 990 metaled of Form 990 PZZ ► \$ \$ \$2,710 Part II Provided in the provided of the provided of the instructions for Part I.) 1	<u>J</u>	Tax-ex	empt status (check o	nly one) — 🗹 501(c)(3) ◀ (nsert no) 4947(a)(1) or 52	27 990-E	Z, or 99	0-PF).	_	. <u>-</u>	_
Part Part Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.)	Κ											n \$25,000. A	
Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions for Part I.) 1										lete reti	Jrn		_
1 Contributions, gifts, grants, and similar amounts received 2 Program service revenue including government fees and contracts 2 3	<u>L</u> .	Add lin	es 5b, 6b, and 7	7b, to line	e 9 to determine gross receipts, if \$	500,000 or more, file	Form 990 instea	ad of Form 990)-EZ ▶				<u>)</u>
2 Program service revenue including government fees and contracts 3 Membership dues and assessments 4 Investment income 5a Gross amount from sale of assets other than inventory 5 Less. cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 55 from line 5a) 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here □ a Gross revenue (not including \$ of contributions reported on line 1). b Less. direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 65 from line 6a). 7a Gross sales of inventory, less returns and allowances 7 B Cross profit or (loss) from sales Signature (describe ► 9 Total revenue (describe ► 9 Total revenue. Add line\$1, 2, 12,405,50; 6t, 76,144,68 dO ► 9 Total revenue. Add line\$1, 2, 12,405,50; 6t, 76,144,68 dO ► 9 Total revenue. Add line\$1, 2, 12,405,50; 6t, 76,144,68 dO ► 11 Benefits paid to or for members 12 Salaries, other compensation, βudginiploye benefits 13 Professional fees and other payments to independent contractors 13 Cocupancy, rent, utilities, and maintenance 14 Cocupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping 15 Catal sesses or fund balances at beginning of year (from line 9) 19 Net assets or fund balances at beginning of year (from line 9) 19 Net assets or fund balances at beginning of year (from line 9) 20 Cash, savings, and investments 21 Cash, savings, and investments 22 Cash, savings, and investments 23 Land and buildings 24 Other assets (describe ► 25 Total lashitites (describe ► 26 Total liabilities (describe ► 27 A Lessets or fund balances (line 27 of column (B) must agree with line 21) 28 Cash sassets of the balances (line 27 of column (B) must agree with line 21) 29 Cash, savings, and investments 20 Cash, savings, and investments 20 Cash, savings, and investments 21 Cash, savings, and investments 22 Cash, savings, and linvestments 23 Cash savets o	F	art I	Revenu	іе, Ехр	enses, and Changes in I	Net Assets or F	und Balanc	es (See the	nst <u>ru</u> e	ctions	for I	Part I.)	_
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4 Investment income 5a Gross amount from sale of assets other than inventory 5a 5b 5c			-		~ ~					3			_
Sa Gross amount from sale of assets other than inventory b Less. cost or other basis and sales expenses c Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a). 5c 5c 6 Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here ▶ □ a Gross revenue (not including \$ of contributions reported on line 1). b Less. direct expenses other than fundraising expenses c Net income or (loss) from special events and activities (Subtract line 6b from line 6a). 6c 7a Gross sales of inventory, less returns and allowances. b Less cost of goods sold c C Gross profit or (loss) from sales brilly form sales of inventory (Subtract line 6b from line 6a). 6 Other revenue (describe ▶ Ø Ø) 8 6 Other revenue (describe ▶ Ø Ø) 8 6 Other revenue (describe ▶ Ø Ø) 9 7 Total revenue. Add line № 1, 2, 13, 140, 56; 6b, 76, 144, 40, 40, 40, 40, 40, 40, 40, 40, 40,				•						4			_
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C Gross profit or (loss) from sales of inventory (Subtract time 7b from line 7a) 7c		7a											
8 Other revenue (describe		þ											
9 Total revenue. Add line 2,13,47356 6t, 7c 14nd 8O		C								\vdash		_	_
10 Grants and similar amounts paid (attach schedule) 07 10 44,000 11 Benefits paid to or for members 11 12 12 Salaries, other compensation, and demployee benefits 12 13 14 15 13 Professional fees and other payments to independent contractors 13 14 15 14 Occupancy, rent, utilities, and maintenance 14 15 15 Printing, publications, postage, and shipping 15 2,138 16 Other expenses (describe IRS Filling Fee-750; Other-925 16 1,675 17 Total expenses. Add lines 10 through 16 17 47,813 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 4,897 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 0 20 Other changes in net assets or fund balances (attach explanation) 20 21 4,897 22 Cash, savings, and investments 21 4,897 23 Land and buildings 23 24 Other assets (describe 25 25 25 Total isabilities (describe 25 25 26 Total liabilities (describe 27 5 5 5 4,897 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 27 4,897 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 27 4,897 28 Total liabilities (describe 3 26 3 3 29 Other assets of fund balances (line 27 of column (B) must agree with line 21) 0 27 4,897 20 Other assets of fund balances (line 27 of column (B) must agree with line 21) 0 27 4,897 29 Other assets of fund balances (line 27 of column (B) must agree with line 21) 0 27 4,897 20 Other assets of fund balances (line 27 of column (B) must agree with line 21) 0 27 4,897 20 Other assets of fund balances (line 27 of column (B) must agree with line 21) 0 27 4,897 20 Other assets of fund balances (line 27 of column (B) must agree with line 21) 0 27 4,897 21		8)				_
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13 Professional fees and other payments to independent contractors 13 14 15 14 15 15 15 15 15		11	Benefits paid to or for members							11			_
16 Other expenses (describe ► IRS Filing Fee-750; Other-925) 16 1,675 17 Total expenses. Add lines 10 through 16	es	12								12			_
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17 Total expenses. Add lines 10 through 16		16	Other expenses (describe > IRS Filing Fee-750; Other-925)	16		1,67	5	
18		17							▶	17		47,813	3
19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)		18	Excess or	(deficit)	for the year (Subtract line 17	7 from line 9) .				18		4,89	7
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	et	19	Net assets	or fun	nd balances at beginning of	year (from line 27	, column (A))	(must agre	e with	,			_
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	SS									19		(0
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year	jt/	20								-			_
Part II Balance Sheets. If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ. (See the instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments	ž	21										4.89	- 7
(See the Instructions for Part II.) (A) Beginning of year (B) End of year 22 Cash, savings, and investments 0 22 4,897 23 Land and buildings 23 24 Other assets (describe ►) 24 25 Total assets 25 26 Total liabilities (describe ►) 26 27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 27 4,897			Balance	e Shee	ets. If Total assets on line 25	column (B) are \$	1.250.000 or	more, file Fo	rm 990		d of I		_
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24 Other assets (describe ►) 24 25 Total assets			-									.,50	_
25 Total assets				_							_		_
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27 Net assets or fund balances (line 27 of column (B) must agree with line 21) 0 27 4,897								∵ ├──					—
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For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

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orm:	990-EZ (2009)					Page Z
Par	t III Statement of Program Service Accom	plishments (See the instru	uctions for Part III	1.)		Expenses
		Promote, support, and enha				rired for section
Desc	cribe what was achieved in carrying out the org)(3) and 501(c)(4) izations and section
	ner, describe the services provided, the number o	of persons benefited, and o	ther relevant infor	mation for		a)(1) trusts, optional
each	program title.				for ot	hers.)
28	Monetary grants to C E Byrd High School for the pur	chase of classroom equipme	nt and supplies.			
		includes foreign grants, che	eck here	. ▶ 🗆	28a	47,813
29						
					1	
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	29a	
30			· ·			
	(Grants \$) If this amount	includes foreign grants, che	eck here	. ▶ 🗆	30a	
31	-					
	(Grants \$) If this amount			. ▶ 🗆	31a	
32	Total program service expenses (add lines 28a t			▶	32	47,813
	t IV List of Officers, Directors, Trustees, and Key			ted. (See the	instruc	ctions for Part IV.)
	(1)	(b) Title and average	(c) Compensation	(d) Contribution		(e) Expense
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0)	deferred compe		account and other allowances
Hele	n Powell					
3201	Line Avenue, Shreveport, LA 71104	President	0			
Kelly	y Turner					
3201	Line Avenue, Shreveport, LA 71104	1st Vice President	0			
Gera	ald Badgley					
	Line Avenue, Shreveport, LA 71104	2nd Vice President	0	ļ		
-	Goorley					
	Line Avenue, Shreveport, LA 71104	Secretary	o			
	a Casten					
	Line Avenue, Shreveport, LA 71104	Co-Treasurer	o			
	Flair					
	Line Avenue, Shreveport, LA 71104	Co-Treasurer	0	ļ		i

Othe	er Board members per attached list; all are					
	ompensated					
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Part	Other Information (Note the statement requirements in the instructions for Part V.)			
			Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		✓
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		✓
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		✓
b	If "Yes," has it filed a tax return on Form 990-T for this year?	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions. ▶ 37a 0			
b	Did the organization file Form 1120-POL for this year?	37b		
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?	38a		✓
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9	}		
b	Gross receipts, included on line 9, for public use of club facilities	-		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified			
	person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	:	√
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.	40e		1
41	List the states with which a copy of this return is filed. ▶ None			L
42a	The organization's books are in care of ▶ Jon Flair Telephone no. ▶	318-42	9-152	5
	Located at ▶ P O Box 1607, Shreveport, LA ZIP + 4 ▶	71165	-1607	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	No
	account)?	42b		~
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		1
_	If "Yes," enter the name of the foreign country: ►		•	
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here		. 1	▶ 🗆
	and enter the amount of tax-exempt interest received or accrued during the tax year			
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		✓
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If			
	"Yes," Form 990 must be completed instead of Form 990-EZ	45	<u></u>	✓
	Γ	_ 00/	1-E7	(0000

Form 990	-EZ (2009)		_		Page 4				
Part V	Section 501(c)(3) organizations and s 501(c)(3) organizations and section 494 and complete the tables for lines 50 and	section 4947(a)(1) none 17(a)(1) nonexempt char id 51.	exempt charital ritable trusts mu	ole trusts only. A st answer question	II section ons 46–49b				
46	Did the organization engage in direct or indirect candidates for public office? If "Yes," complete s	political campaign activit	es on behalf of o	r in opposition to	Yes No 46 ✓				
47 48 49a b	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E								
50	employees) who each received more than \$100,0	300 of compensation from	the organization.	If there is none, en	ter "None."				
	(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation		(e) Expense				
				<u> </u>					
f '	Total number of other employees paid over \$100),000 ▶	None	_					
	Complete this table for the organization's five \$100,000 of compensation from the organization			tors who each rec	eived more than				
	(a) Name and address of each independent contractor	paid more than \$100,000	(b) T	ype of service	(c) Compensation				
			-						
			-						
d	Total number of other independent contractors of	each receiving over \$100,0	▶	None					
	Under penalties of perjury, I declare that I have examinand belief, it is true, correct, and complete Declaration	ed this return, including accompa of preparer (other than officer) is	inying schedules and s based on all information	tatements, and to the be on of which preparer has	st of my knowledge any knowledge				
Sign Here	1 pe			3/14/2011					
nore	Joh Flair, Treasurer Type or print name and title			Date					
Paid	Preparer's signature	Date	Check if self- employed ▶	Preparer's identifying nu	mber (See instructions)				
Prepare Use Onl	Firm's name (or			EIN _					
	address, and ZIP + 4 e IRS discuss this return with the preparer show	n ahove? See instructions		Phone no ►	☑ Yes ☐ No				
iviay the	e ino discuss tilis return with the preparer show	ir above: See ilistructions	· · · · · · ·		orm 990-EZ (2009)				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No 1545-0047

2009

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 4019943 C E Byrd Foundation, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An organization that normally receives: (1) more than 33% % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 33% % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) ☐ An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. c Type III-Functionally integrated a 🗌 Type I **b** Type II e 🗌 By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (ii) A person who directly or indirectly controls, either alone or together with persons described in (ii) 11g(i) and (III) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? (iii) A 35% controlled entity of a person described in (i) or (ii) above? 11g(iii) Provide the following information about the supported organization(s) (iii) Type of organization (ii) EIN (rv) Is the organization (vi) Is the (vii) Amount of (i) Name of supported (v) Did you notify in col. (i) listed in your organization in col support organization (described on lines 1-9 the organization in governing document cot (i) of your (i) organized in the above or IRC section support? (see instructions)) Yes Yes Yes No No

Total

	Support Schedule for Org (Complete only if you chec					and 170(b)(1)(A)(vi)
	tion A. Public Support						
Ca	lendar year (or fiscal year beginning in) 🕨	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")					52,710	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3					52,710	
5 6	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support				·	-	
	lendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
7	Amounts from line 4					52,710	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						. —
11	Total support. Add lines 7 through 10 .			L	<u> </u>	 	
12	Gross receipts from related activities, etc	•	•			12	
13	First five years. If the Form 990 is for organization, check this box and stop he tion C. Computation of Public Su	re	<u> </u>				on 501(c)(3)
				4 1 (0)		44	0/
14	Public support percentage for 2009 (line		•			15	<u>%</u>
15 160	Public support percentage from 2008 Sch						
16a	331/3 % support test—2009. If the organization qualifies						
h	33% % support test—2008. If the organization						_
	box and stop here. The organization qua						
17a	10%-facts-and-circumstances test—20 more, and if the organization meets the "facts-and-circum	109. If the organ	nization did not mstances" test,	check a box on check this box	line 13, 16a, or and stop here.	16b, and line 1 Explain in Part	4 is 10% or IV how the
b 18	10%-facts-and-circumstances test—2008 more, and if the organization meets the "facts-and-circumstance organization meets the "facts-and-circumstance organization did organizati	acts-and-circun	nstances" test, e organization qu	check this box a alifies as a public	and stop here. cly supported or	Explain in Part ganization	IV how the ▶ [

	dule A (Form 990 or 990-EZ) 2009						Page 3
	Support Schedule for Orga (Complete only if you checked)(2)		
Sec	tion A. Public Support			·			
Ca	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	_					
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5					 	
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons .						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						
	tion B. Total Support					T	
C	alendar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 10a	Amounts from line 6						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	·					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11, and 12)						
14	First five years. If the Form 990 is for organization, check this box and stop	here	<u> </u>	nd, third, fourt			
Sec	tion C. Computation of Public Su					T · T	
15 16	Public support percentage for 2009 (lir Public support percentage from 2008 S	Schedule A, P	art III, line 15	ne 13, column	(f)	15 16	<u>%</u>
Sec	tion D. Computation of Investmen	nt Income P	ercentage			 	
17	Investment income percentage for 200				olumn (f)) .	17	
18	Investment income percentage from 20					18	%
19a	331/4 % support tests — 2009. If the org 17 is not more than 331/4 %, check this b	ox and stop h	ere. The organ	ization qualifie	s as a publicly	supported or	ganızation 🕨 🗀
b	331/3 % support tests - 2008. If the organine 18 is not more than 331/3 %, check this	nization did not s box and stop	check a box o here. The orga	n line 14 or line anization qualifie	19a, and line 1 es as a publicly	6 is more that supported or	in 33¼ %, and ganization ► 🔲

Schedule A (F	orm 990 or 990-EZ) 20	009					Page 4
Part IV	Supplementa	Information.	Complete this Part III, line 12	part to prov . Provide any	ide the expland other addition	ations required nal information.	by Part II, line 10; See instructions.
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C.E. Byrd Foundation

Board Members

(All Board Members are Uncompensated)
(All Board Member Addresses are in Shreveport, La)

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