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Process as original

Short Form Return of Organization Exempt From Income Tax

2011

OMB No. 1545-1150

201207

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Form **990-EZ**

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

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).

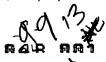
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A	For the	2011 calend	ar year, or tax year beginning August 1 , 2011, and ending	July 31	, 20 12
8	B Check if applicable:		C Name of organization D Emp	ployer identification	number
	Address o	henge	C E Byrd Foundation, Inc.	<u> 26-4019943</u>	<u>.</u>
	Name che	inge	Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Tele	phone number	
_	Indial retu		3201 Line Avenue	None	
=	Terminate Amended		City or town, state or country, and ZIP + 4	sup Exemption	
=		ratum n panding	Shreveport, LA 71104 Nu	mber 🕨	
_		ting Method:	☐ Cash ☐ Accrual Other (specify) ► H Check	▶ ☐ if the organ	nization is not
	Websit	_		d to attach Sched	
ĴΤ	ax-exen	npt status (che		990, 990-EZ, or 99	
_	Check >		e organization is not a section 509(a)(3) supporting organization or a section 527 organization and	its gross receipts	are normally
			10. A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be re	-	
			oses to file a return, be sure to file a complete return.		•
L	void lines	5b, 6c, and 7	b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II)	I ,	
li	ne 25, c	olumn (B) belo	ow) are \$500,000 or more, file Form 990 instead of Form 990-EZ	► s	
įΡ	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions for Part	t l.)
			the organization used Schedule O to respond to any question in this Part I		
	1		ons, gifts, grants, and similar amounts received	11	47,748
	2		ervice revenue including government fees and contracts	2	
	3	•	ip dues and assessments	3	
	4	investment		4	
	5a		ount from sale of assets other than inventory 5a		
	b		or other basis and sales expenses	1	
	C		ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
	6	_ •	nd fundraising events		
	a	_	ome from gaming (attach Schedule G if greater than	1	
ē		* · ·		1	
Revenue	Ь	Gross inco	ome from fundraising events (not including \$ of contributions	7	
3	-		raising events reported on line 1) (attach Schedule G if the		
	!		ch gross income and contributions exceeds \$15,000) 6b		
	c	Less: direc	et expenses from gaming and fundraising events 6c	7	
	d	Net incom	e or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract	1 1	
		line 6c)		6d	
	7a	Gross sale	s of inventory, less returns and allowances		
	ь		of goods sold	1	
	С	Gross prof	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8		nue (describe in Schedule O)	8	
	9		nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	47,748
	10		d similar amounts paid (list in Schedule O)	10	48,100
	111	Damastia -	and he are find manufacture	11	
g	12	Salaries, o	ther compensation, and employee benefits	12	
nses	13	Profession	ther compensation, and employee benefits all fees and other payments to independent contractors . RECEIVED	13	
Exper	14		y, rent, utilities, and maintenance	14	
Ä	15	Printing, p	15_	2,026	
	16		ublications, postage, and shipping	16	380
	17	•	enses. Add lines 10 through 16	17	50,506
_	18		(deficit) for the year (Subtract line 17 from line 9)	18	(2,758)
ă	19		of fund balances at beginning of year (from line 27) column (A)) (must agree with		
488			ar figure reported on prior year's return)	19	5,620
Net Assets	20	Other char	nges in net assets or fund balances (explain in Schedule O)	20	
Ź	21		or fund balances at end of year. Combine lines 18 through 20	21	2,862
_					10 E7 m

For Paperwork Reduction Act Notice, see the separate instructions.

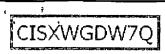
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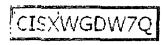
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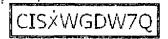
Form 9	90-EZ (2011)					Page 2			
Par	t II Balance Sheets. (see the instructions								
	Check if the organization used Schedule	O to respond to ar	y question in this f	Part II					
				(A) Beginning of year		(B) End of year			
22	Cash, savings, and investments		[5,620	22	2,862			
23	Land and buildings		[23				
24	Other assets (describe in Schedule O)				24				
25	Total assets		[5,620	25	2,862			
26	Total liabilities (describe in Schedule O)		<i>.</i> [26				
27	Net assets or fund balances (line 27 of column			5,620	27	2,862			
Pari		plishments (see th	e instructions for P	art III.)		Eumanaaa			
	Check if the organization used Schedule	O to respond to ar	ny question in this I	Part III 🛄	/Ba	Expenses equired for section			
What	is the organization's primary exempt purpose?	Promote, support, a	nd enhance C E Byrd	High School		I(c)(3) and 501(c)(4)			
	ribe the organization's program service accomplis					panizations and section			
as m	easured by expenses. In a clear and concise m	anner, describe the	services provided	, the number of		47(a)(1) trusts; optional others.)			
perso	ons benefited, and other relevant information for ea								
28	Monetary grants to C E Byrd High School for the pur	chase of classroom o	quipment and suppli	ies.					
	493049myy4yy.								
		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,							
	(Grants \$) If this amount	includes foreign gra	nts, check here .	▶ 🗆	28	a			
29									
	(Grants \$) if this amount	includes foreign gra	nts, check here .	▶ □	29	a			
30			~~~~~						
	(Grants \$) If this amount	includes foreign gra	nts, check here .	<u> , ▶ □</u>	30	a			
31	Other program services (describe in Schedule O)								
	(Grants \$) If this amount	ncludes foreign grants, check here 🕨 📋				a			
32	Total program service expenses (add lines 28a				ä				
Part	IV List of Officers, Directors, Trustees, and Key	/ Employees. List eac	h one even if not com	pensated. (see the i	nstr	uctions for Part IV.)			
	Check if the organization used Schedule	O to respond to ar	ny question in this l	Part IV		<u> </u> 🗆			
		(b) Title and average	(c) Reportable compensation	(d) Health benefits,) Estimated amount of			
	(a) Name and address	hours per week devoted to position	(Forms W-2/1099-MISC)		ه) احم	other compensation			
		devoted to position	(If not paid, enter -0-)	deferred compensation	<u> </u>				
Kelly	Turner	President							
3201	Line Avenue, Shreveport, LA 71104		N опе						
Lisa	Babin .	1st Vice President			Т				
3201	Line Avenue, Shreveport, LA 71104		None						
Gera	ld Badgley	2nd Vice President			Т				
3201	Line Avenue, Shreveport, LA 71104		None		- }				
	y Prestwood	Secretary			1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
	Line Avenue, Shreveport, LA 71104	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	None		1				
Jon	Flair	Co-Treasurer			\top				
	Line Avenue, Shreveport, LA 71104	CO-TTEBBAILET	None		-1				
	is Inabnet	Co-Treasurer			╅				
	Line Avenue, Shreveport, LA 71104	CO-11easurei	None						
	Distriction of the party and t				+				
	4455044-74445500000000000000000000000000	1							
Othe	r board members per attached list; all are	<u> </u>		İ	┰				
	impensated	†		ļ					
	Tipe Tourist	 			+				
		-	ļ	J					
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'Form 99	0-EZ (2011)		P	age 3
Part				
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a		Yes	No
~	detailed description of each activity in Schedule O	33		1
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed			
	copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the	ì	1	
	change on Schedule O (see instructions)	34		✓
35 ₂	Did the organization have unrelated business gross income of \$1,000 or more during the year from business			
	activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a 35b		
b	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice,	330		
•	reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
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	07%	ļ	لرسا
ь 38а	Did the organization file Form 1120-POL for this year?	37b		-
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? .	38a		7
b	If "Yes," complete Schedule L, Part II and enter the total amount involved			
39	Section 501(c)(7) organizations. Enter:	1]	
a	Initiation fees and capital contributions included on line 9	'		. [
ь 40а	Gross receipts, included on line 9, for public use of club facilities	ł		
400	section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
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 did it engage in an excess benefit transaction in a prior year that has not been			
	reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		√
C	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			
e	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	40-	<u> </u>	
41	List the states with which a copy of this return is filed. ▶ None	40e		_
		318-42	9-152	5
	Located at ▶ P O Box 1607, Shreveport, LA ZIP + 4 ▶	71165	_	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over	405	Yes	No
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		-
	If "Yes," enter the name of the foreign country: ► See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank			
	and Financial Accounts.	Ė		
C	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c		<u> </u>
	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 and enter the amount of tax-exempt interest received or accrued during the tax year		. '	- 🗆
	and enter the amount of tax-exempt interest received of accided during the tax year		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be			• •]
	completed instead of Form 990-EZ	44a		✓
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be	<u> </u>		لبا
_	completed instead of Form 990-EZ	44b 44c	\vdash	√
	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an	770		_
u	explanation in Schedule O	44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		√
45b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the]
	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	455	\vdash	
	· · · · · · · · · · · · · · · · · · ·	45b п 99 0	! \E7	M011
	ron			(EUII)



40 5		P								
46 Di	d the organization engage, directly or candidates for public office? If "Yes,"	indirectly, in political of	campaign activities on	behalf of or i	in opposi					
Part VI	Section 501(c)(3) organization									
r art VI	501(c)(3) organizations and sec									
	and 52, and complete the table			2010 111001 04	owo, qu	00110110 47 401				
	Check if the organization used So			his Part VI						
						Yes				
	d the organization engage in lobbying ar? If "Yes," complete Schedule C, Pa		section 501(h) election		uring the	tax - 47				
48 ls	the organization a school as described	In section 170(b)(1)(A)(ii)? If "Yes," complete:	Schedule E		. 48				
49a Di	d the organization make any transfers	zation?		. 49a						
	"Yes," was the related organization a s					49b				
	nplete this table for the organization's five highest compensated employees (other than officers, directors, trustees ployees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "Non									
en	nployees) who each received more tha	In \$100,000 or compe	nsation from the orgal		alth benefits,					
(4	a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to benefit plans, ar compens	employee nd deferred	(e) Estimated amou other compensati				
None		 	 	Compens	2001					
						•				
	· · · · · · · · · · · · · · · · · · ·	 		 						
		1								
	\\\		<u> </u>							
		1		J	ļ					
]								
			<u> </u>	<u> </u>						
	f Total number of other employees paid over \$100,000 ▶ None									
51 Complete this table for the organization's five highest compensated independent contractors who each received more										
\$1 \$1	emplete this table for the organization	n's five highest comp	ensated independent	contractors v	who each	received more				
\$1	00,000 of compensation from the org	anization. If there is no	ensated independent one, enter "None."							
\$1	omplete this table for the organization 00,000 of compensation from the org	anization. If there is no	ensated independent			received more				
\$1	00,000 of compensation from the org	anization. If there is no	ensated independent one, enter "None."							
\$1 (a) Nam	00,000 of compensation from the org	anization. If there is no	ensated independent one, enter "None."							
\$1 (a) Nam	00,000 of compensation from the org	anization. If there is no	ensated independent one, enter "None."							
\$1 (a) Nam	00,000 of compensation from the org	anization. If there is no	ensated independent one, enter "None."							
\$1 (a) Nam	00,000 of compensation from the org	anization. If there is no	ensated independent one, enter "None."							
\$1 (a) Nam	00,000 of compensation from the org	anization. If there is no	ensated independent one, enter "None."							
\$1 (a) Nam	00,000 of compensation from the org	anization. If there is no	ensated independent one, enter "None."							
\$1 (a) Nam	00,000 of compensation from the org	anization. If there is no	ensated independent one, enter "None."							
\$1 (a) Nam	00,000 of compensation from the org	anization. If there is no	ensated independent one, enter "None."							
\$1 (a) Nam None	00,000 of compensation from the org	anization. If there is no aid more than \$100,000	ensated independent one, enter "None." (b) Type of serv	lice	(e)	Compensation				
\$1 (a) Nam None	00,000 of compensation from the org	anization. If there is no aid more than \$100,000	ensated independent one, enter "None." (b) Type of serv	lice	(e)					
\$1 (a) Nam None d To 52 Did	00,000 of compensation from the org	anization. If there is no aid more than \$100,000 aid more than \$100,	ensated independent one, enter "None." (b) Type of serv over \$100,000 501(c)(3) organizations	lice	(e) No.	Compensation				
\$1 (a) Nam None d To 52 Did no	oo,000 of compensation from the org ne and address of each independent contractor p stal number of other independent contra d the organization complete Schedule snexempt charitable trusts must attach tites of perjury, I declare that I have examined this	anization. If there is no aid more than \$100,000 aid more than \$100,000 actors each receiving A? Note: All section 5 a completed Schedu return, including accompar	ensated independent one, enter "None." (b) Type of service of ser	and 4947(a)(No.	Compensation Done ✓ Yes N				
(a) Nam None d To 52 Dia no Under penal true, correct	oo,000 of compensation from the org	anization. If there is no aid more than \$100,000 aid more than \$100,000 actors each receiving A? Note: All section 5 a completed Schedu return, including accompar	ensated independent one, enter "None." (b) Type of service of ser	and 4947(a)(No.	Compensation Done ✓ Yes N				
(a) Nam None d To 52 Dia no Under penal true, correct	on,000 of compensation from the org ne and address of each independent contractor p stal number of other independent contra d the organization complete Schedule snexempt charitable trusts must attach ties of perjury, I declare that I have examined this and complete Declaration of preparer (other the	anization. If there is no aid more than \$100,000 aid more than \$100,000 actors each receiving A? Note: All section 5 a completed Schedu return, including accompar	ensated independent one, enter "None." (b) Type of service of ser	and 4947(a)(No.	one ➤ ☑ Yes Nowledge and belief,				
d To 52 Dic no Under penal true, correct	oo,000 of compensation from the org ne and address of each independent contractor p stal number of other independent contra d the organization complete Schedule snexempt charitable trusts must attach tites of perjury, I declare that I have examined this	anization. If there is no aid more than \$100,000 aid more than \$100,000 actors each receiving A? Note: All section 5 a completed Schedu return, including accompar	ensated independent one, enter "None." (b) Type of service of ser	and 4947(a)(No.	Compensation Done ✓ Yes N				
d To 52 Did no Under penal true, correct Coff R Sign	on,000 of compensation from the org	anization. If there is no aid more than \$100,000 aid more than \$100,000 actors each receiving A? Note: All section 5 a completed Schedu return, including accompar	ensated independent one, enter "None." (b) Type of service of ser	and 4947(a)(No.	one ➤ ☑ Yes Nowledge and belief,				
d To 52 Dic no Under penal true, correct Coff R Sign Here	oo,000 of compensation from the org ne and address of each independent contractor p stal number of other independent contract d the organization complete Schedule intexempt charitable trusts must attach the organization of preparer (other the Signature of officer Jon Flair, Treasurer Type or print name and title	anization. If there is no aid more than \$100,000 and more than \$100,000 actors each receiving A? Note: All section 5 a completed Schedu areturn, including accomparan officer) is based on all info	ensated independent one, enter "None." (b) Type of service of the control of the	and 4947(a)(ents, and to the b has any knowledge	Notes of my knie.	one Yes Nowledge and belief,				
d To 52 Did true, correct Coff R Sign Here J	on,000 of compensation from the org ne and address of each independent contractor p atal number of other independent contractor p that is number	anization. If there is no aid more than \$100,000 aid more than \$100,000 actors each receiving A? Note: All section 5 a completed Schedu return, including accompar	ensated independent one, enter "None." (b) Type of service of ser	and 4947(a)(ents, and to the b has any knowledge	No. 1) est of my knie. Check	Compensation Done Yes Nowledge and belief, 12, 2013				
d To 52 Die true, correct Coff Sign Here Paid Prepare	on,000 of compensation from the orgene and address of each independent contractor plant and the independent contractor plant and compete plant independent contractor independ	anization. If there is no aid more than \$100,000 and more than \$100,000 actors each receiving A? Note: All section 5 a completed Schedu areturn, including accomparan officer) is based on all info	ensated independent one, enter "None." (b) Type of service of the control of the	and 4947(a)(ents, and to the blass any knowledge Date	Notes of my knie. Check a self-emplo	Compensation Done Yes Nowledge and belief, 12, 2013				
d To 52 Did true, correct Coff R Sign Here J	on,000 of compensation from the org ne and address of each independent contractor p atal number of other independent contractor p d the organization complete Schedule anexempt charitable trusts must attach titles of perjury, I declare that I have examined this and complete Declaration of preparer (other the Signature of officer Jon Flair, Treassurer Type or print name and title Print/Type preparer's name Firm's name	anization. If there is no aid more than \$100,000 and more than \$100,000 actors each receiving A? Note: All section 5 a completed Schedu areturn, including accomparan officer) is based on all info	ensated independent one, enter "None." (b) Type of service of the control of the	and 4947(a)(and and to the brass any knowledge Date	No. 1) est of my kn ie. Check □ self-emplo	Compensation Done Yes Nowledge and belief, 12, 2013				
d To 52 Did 100 Under penal 101 true, correct 101 Paid 102 Prepare 103 Under penal 103 Under penal 104 Prepare 105 Use On	on,000 of compensation from the orgene and address of each independent contractor plant and the independent contractor plant and compete plant independent contractor independ	anization. If there is no aid more than \$100,000 aid more than \$100,000 aid more than \$100,000 actors each receiving A? Note: All section 5 a completed Schedu return, including accomparan officer) is based on all info	ensated independent one, enter "None." (b) Type of service of the control of the	and 4947(a)(ents, and to the blass any knowledge Date	No. 1) est of my kn ie. Check □ self-emplo	Compensation Done Yes Nowledge and belief, 12, 2013				



SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ.

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.

2011

OMB No. 1545-0047

Open to Rublic Inspection

Employer identification number

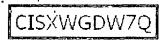
CEI	Byrd Foundation, In	C.		_		_			26-40	19943
Pai	t Reason for	or Public Cha	rity Status (All orga	nization	s must c	omplete	this par	rt.) See i	nstructio	ons.
The	organization is not	a private founds	ation because it is: (Fo	r lines 1	through 1	1, check	only one	box.)		
1	A church, convention of churches, 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.)									
3										
4	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:									
5	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.)									
6			•	al unit de	scribed in	n section	170(b)(1)(A)(v).		
7										
8	☐ A community t	rust described i	n section 170(b)(1)(A))(vi). (Cor	npiete Pa	art II.)				
9	An organizatio	n that normally	receives: (1) more that	an 331/394	of its su	pport fro	om contri	butions,	members	hip fees, and gross
	receipts from support from	activities relate gross investme	d to its exempt functi ent income and unrel	ions—sul lated bus	bject to d siness ta	certain ex xable ind	come (les	s, and (2) ss sectio	no more	than 331/3% of its
40	_ •	•	ifter June 30, 1975. Se					•	43	
10	•	•	d operated exclusively			_				or to name and the
11	purposes of o	ne or more put	nd operated exclusive plicly supported organ describes the type of	nizations	describe	d in sect	ion 509(a	a)(1) or se	ection 50	9(a)(2). See section
			• •				-	re in es i		Type III-Other
_	a ☐ Type I				III-Funct				_	- ••
е	other than fou or section 509	ndation manage	that the organization ers and other than one	e or more	publicly	support	ed organi	izations o	described	in section 509(a)(1)
f			a written determination	on from	the IRS (that it is	а Туре	I, Type I	ll, or Typ	e III supporting
	-									🗆
g	Since August following person		he organization accep	pted any	gift or co	ontributio	n from a	ny of the	•	
	(i) A person v	vho directly or i	ndirectly controls, eitl	her alone	or toget	her with	persons	describe	d in (ii) aı	nd Yes No
	(iii) below, t	the governing b	ody of the supported	organizat	ion?					11g(i)
			on described in (i) abo							11g(ii)
			a person described in							11g(iii)
h	Provide the fol	lowing informat	ion about the support	ed organi	ization(s).					 _
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–8 above or IRC section	in col. (ii) lis	organization sted in your document?	the organ col. (i)	ou notify nization in of your port?	organizat (i) organi	is the tion in col. ized in the S.?	(vii) Amount of support
			(see instructions))	Yes	No	Yes	No	Yes	No	
(A)										
				 	ļ		-	 		-
(B)					ļ					
(C)										
(D)										
(E)										
Tota	1									

Cat. No. 11285F

Schedule A (Form 990 or 990-EZ) 2011



Schedule A (Form 990 or 990-EZ) 2011 Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2007 (b) 2008 (c) 2009 (d) 2010 (e) 2011 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 52,710 47,748 43,410 143.868 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 52,710 43,410 47,748 143,868 The portion of total contributions by person (other than 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. Section B. Total Support (c) 2009 (f) Total (a) 2007 (d) 2010 (b) 2008 (e) 2011 Calendar year (or fiscal year beginning in) ▶ 52,710 43,410 47,748 143,868 Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) Total support. Add lines 7 through 10 143,868 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2010 Schedule A. Part II. line 14 % 16a 331/a% support test - 2011. If the organization did not check the box on line 13, and line 14 is 331/a% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 331x% support test-2010. If the organization did not check a box on line 13 or 16a, and line 15 is 331x% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported b 10%-facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Schedule A (Form 990 or 990-EZ) 2011



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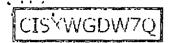
	le A (Form 990 or 990-EZ) 2011						Page J
Part	Support Schedule for Organiza	tions Descr	ibed in Sect	ion 509(a)(2)			
	(Complete only if you checked th	e box on line	9 of Part I o	r if the organi	zation failed	to qualify und	der Part II.
	If the organization fails to qualify	under the te	sts listed bel	ow, please co	mplete Part	II.)	
	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1	Gifts, grants, contributions, and membership fees	·		1			
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						1
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						<u></u>
3	Gross receipts from activities that are not an			l			
	unrelated trade or business under section 513						
4	Tax revenues levied for the]			1
	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 .		}				
ь	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000			ļ			
	or 1% of the amount on line 13 for the year		ļ				
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from						
	line 6.)		1				
Secti	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						
ь	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		İ	<u> </u>			
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 th	e organization	n's first, secon	d. third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop her						
Secti	on C. Computation of Public Suppor				 -		
15	Public support percentage for 2011 (line 8			3, column (f))		15	%
16	Public support percentage from 2010 Sch					16	%
	on D. Computation of Investment Inc						
17	Investment income percentage for 2011 (y line 13, colur	nn (f))	17	%
18	Investment income percentage from 2010					18	%
19a	331/2% support tests—2011. If the organi	zation did not	check the box	on line 14. ar	nd line 15 is m	ore than 331/25	
	17 is not more than 331/3%, check this box						
ь	331/a% support tests-2010. If the organiz		_				_
_	line 18 is not more than 331/8%, check this t						
~	Private foundation. If the emerization dis	-	_	-		· ·	



Schedule A (F	orm 990 or 990-EZ) 2011 Pa	ige 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	

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Schedule A (Form 990 or 990-EZ) 2011



SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

2011

Department of the Treasury Internal Revenue Service Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

> Attach to Form 990 or 990-EZ.

Open to Public Inspection

OMB No. 1545-0047

Employer identification number Name of the organization 26-4019943 C E Byrd Foundation, Inc. Form 990-EZ, Part I, Line 16, Other Expenses Advertising Website 130 Total 380