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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)

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

A For the 2012 calendar year, or tax year beginning **OCT 1, 2012** **and ending** **JUN 30, 2013**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input checked="" type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input checked="" type="checkbox"/> Application pending	C Name of organization		D Employer identification number	
	THE BEAUVOIR FOUNDATION		46-1087354	
	Doing Business As			
	Number and street (or P O box if mail is not delivered to street address) Room/suite		E Telephone number	
	PO BOX 927		662-834-2488	
City, town, or post office, state, and ZIP code		G Gross receipts \$		
LEXINGTON, MS 39095		10,000.		
F Name and address of principal officer: BERTRAM HAYES-DAVIS PRESIDENT, SAME AS C ABOVE		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
		H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No		
		If "No," attach a list. (see instructions)		
		H(c) Group exemption number ▶		
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ N/A				
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation 2012 M State of legal domicile MS		

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO DEVELOP EDUCATIONAL, HISTORICAN AND PRESERVATIONAL PROGRAMS THAT WILL EXPAND AND ENHANCE			
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets			
	3 Number of voting members of the governing body (Part VI, line 1a)	3	4	4
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	0	0
	5 Total number of individuals employed in calendar year 2012 (Part V, line 2a)	5	0	0
	6 Total number of volunteers (estimate if necessary)	6	5	5
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	0.	
Net Assets or Fund Balances	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year	
	9 Program service revenue (Part VIII, line 2g)		10,000.	
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c-9c, 10c, and 11e)		0.	
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,000.	
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	
	14 Benefits paid to or for members (Part IX, column (A), line 4)		0.	
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	
	16a Professional fundraising fees (Part IX, column (A), line 11e)		0.	
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.			
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		850.	
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		850.		
19 Revenue less expenses. Subtract line 18 from line 12		9,150.		
	Beginning of Current Year	End of Year		
20 Total assets (Part X, line 16)		261,090.		
21 Total liabilities (Part X, line 26)		0.		
22 Net assets or fund balances Subtract line 21 from line 20		261,090.		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Sign Here	Signature of officer		Date	
	Type or print name and title			
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/> PTIN P00368186
	Firm's name ▶ WRIGHT WARD HATTEN & GUEL, CPAS	Firm's EIN ▶ 77-0619263	Phone no 228-863-6501	
	Firm's address ▶ P.O. BOX 129 GULFPORT, MS 39502			

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Handwritten initials and marks