

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990-PF**

Return of Private Foundation

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

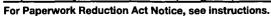
OMB No. 1545-0052

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

For	calen	dar year 2014 or tax year be	ginning	, 2014	1, and e	nding		, 20
		undation					identification number	
	F	DAY IT FORWAR	LD FOUNDAT	102	1	46	-08947	92
Nun	nber and	street (or P.O box number if mail is	not delivered to street address)	Room	/surte		number (see instruct	•
	l	00 SW BR10	SHTON]	47	9-586-45	583
City	or town	, state or province, country, and ZIP of					on application is pend	
•		BENTONVILLE. AS						
<u> </u>		all that apply: Initial retu		of a former public	charity	D 1. Foreign	organizations, check	here ▶
u ,	OHOUR	Final retu				_	-	
		☐ Address	····				i organizations meeting nere and attach compl	
_ _ (Chack	type of organization:				E If private t	foundation status was	terminated under
		n 4947(a)(1) nonexempt chari			lation	section 50	07(b)(1)(A), check here	•
		arket value of all assets at	J Accounting method					
		year (from Part II, col. (c),	Other (specify)				idation is in a 60-mont tion 507(b)(1)(B), chec	
		»►\$ 38,408	(Part I, column (d) must be		`	•		
_	irt I					i		(d) Disbursemen
		Analysis of Revenue and E amounts in columns (b), (c), and (d)	xpenses (The total of I may not necessarly equal	(a) Revenue and expenses per		investment	(c) Adjusted net	for chantable
		the amounts in column (a) (see inst		books	ine	come	income	purposes (cash basis only
	4			33,896	Ø~ . e	٧١	* * * * *	~
	1	Contributions, gifts, grants, etc.,		······	1	1	<u></u>	10. 20
	2	Check ► ☐ If the foundation is I	-	<u> </u>	₩, ¥Ç	* * 3 p * * 282	* 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
1	3	Interest on savings and temp	-	784		784		
	4	Dividends and interest from		187		164	<u> </u>	100
1	5a	Gross rents			8.3	rich sign		
	b	Net rental income or (loss)	<u> </u>	- '7	NO 1			
Revenue	6a	Net gain or (loss) from sale of			7. 2444 4009			
en i	_b	Gross sales price for all assets or		<u> </u>	, 🕸	Ž		· · · · · · · · · · · · · · · · · · ·
ē	7	Capital gain net income (from	•	4.	5, 533			2
E	8	Net short-term capital gain			82			\$ 28 .
	9	Income modifications .		× × × × × × × × × × × × × × × × × × ×	. 200	. '🐠	4.25	
	10a	Gross sales less returns and allo	owances	, <u>, , , , , , , , , , , , , , , , , , </u>	1,18	3 86	, & *	\$\frac{1}{2}\frac{1}{2
	b		· · · <u> </u>	, ,		\$ b		
	С	Gross profit or (loss) (attach			# (i), '			<u> </u>
	11	Other income (attach schedu		672		672		1 m
	12	Total. Add lines 1 through 1		35,352	3	5,352	·	7.66
S	13	Compensation of officers, di					<u> </u>	<u> </u>
Expenses	14	Other employee salaries and	d wages		<u> </u>			<u> </u>
ē	15	Pension plans, employee be	enefits		<u> </u>			<u> </u>
×	16a	Legal fees (attach schedule)		Ĺ	<u> </u>			<u> </u>
e H	b	Accounting fees (attach sch	edule)					
Š.	С	Other professional fees (atta	ich schedule)	ş				
Administrativ	17	Interest	RECEIVED .	120		120		
<u>is</u> t	18	Taxes (attach schedule) (see in	structions))				
를	19	Depreciation (attach schedu	ue) and defieldite! C					٠
퉏	20	Occupancy St.	APR 23 AVIO					
	21	Travel, conferences, and me	eetings	a				
and	22	Printing and publications	CORPLEM. HT.	<u> </u>				
9	23	Other expenses (attach-sch	edule)	1.429				1,42
perating	24	Total operating and ad						
ā		Add lines 13 through 23 .		1,549		120.		1,42
þe	25	Contributions, gifts, grants			T			1
0	26	Total expenses and disburser		1,549		120		1,4:
_	27	Subtract line 26 from line 12		1	Ţ			1
	а	Excess of revenue over expe		33,803				
	b	Net investment income (if		75,55	†···	1,336		
	1	Adjusted net income (if ne	-		<u> </u>	11224		
	, .		300.10,0110.01 0 / 1 1				1 -	





Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-war amounts only (See instructions)		Beginning of year	Ene	d of year	
		Should be for end-or-year amounts only. (See Instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash—non-interest-bearing	0	100	100
	2	Savings and temporary cash investments	o	38,408	38,400
	3	Accounts receivable ►		Strate Contract	(1, 1,2) 2 2 2 2
		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 (attach schedule) ▶	&.	· 73	16
		Less: allowance for doubtful accounts ▶			****
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments—U.S. and state government obligations (attach schedule)			-
	b	Investments—corporate stock (attach schedule)			-
	С	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶	4 4 80-6 3 -17		₹', <u>''</u> ¥
		Less: accumulated depreciation (attach schedule) ▶			······································
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule)			
	14	Land, buildings, and equipment: basis ▶	** ,		
		Less: accumulated depreciation (attach schedule) ▶			
	15	Other assets (describe ▶			-
	16	Total assets (to be completed by all filers-see the			
		instructions. Also, see page 1, item I)	٥	38,568	38,568
	17	Accounts payable and accrued expenses		26,300	7 78,300
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
jab	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶		***	
	23	Total liabilities (add lines 17 through 22)	0	O	
		Foundations that follow SFAS 117, check here ▶ □			
Balances		and complete lines 24 through 26 and lines 30 and 31.			
Ĕ	24	Unrestricted			1. 36.98888
ä	25	Temporarily restricted			
Р	26	Permanently restricted		•	
		Foundations that do not follow SFAS 117, check here ▶ ☐		 	
or Fur		and complete lines 27 through 31.			1 25 经熟金
ō	27	Capital stock, trust principal, or current funds	0	38,568	
Net Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds			
Į,	30	Total net assets or fund balances (see instructions)	٥	38,568	
Vet	31	Total liabilities and net assets/fund balances (see			
		instructions)	6	38,568	
	rt III	Analysis of Changes in Net Assets or Fund Balances			
1	Tota	al net assets or fund balances at beginning of year-Part II, colum	mn (a), line 30 (mus	t agree with	
	end-			-	10
2	Ente	er amount from Part I, line 27a		2	
3	Othe	er increases not included ın line 2 (itemize) ▶		3	
4		lines 1, 2, and 3		4	
5		reases not included in line 2 (itemize) ▶		5	
6	Tota	al net assets or fund balances at end of year (line 4 minus line 5)-	Part II, column (b), li	ne 30 . , . 6	
					Form 990-PF (2014)

Part	V Capital Gains and	d Losses for Tax on Investm	nent Income	-			
		ne kınd(s) of property sold (e g , real estate use, 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							
<u>b</u>							
<u>c</u>							
<u>d</u>							
<u>е</u>		<u> </u>		<u> </u>		<u> </u>	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale	(h) Gain or (loss) (e) plus (f) minus (g)		
<u>a</u>					<u> </u>		
<u> </u>							
<u>c</u>			<u> </u>		<u> </u>		
<u>d</u>				-		·	
<u> e </u>	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/31/69		· - ·	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col. (i)	(f) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))		
а			.,				
b							
С							
<u>d</u>							
е							
2	Capital gain net income of		also enter in Pa , enter -0- in Pa		2		
3	If gain, also enter in Part	in or (loss) as defined in sections 1, line 8, column (c) (see instruc	ctions). If (loss)), enter -0- in (
Part		ler Section 4940(e) for Redu			3		
		ivate foundations subject to the					
Was t		re this part blank. esection 4942 tax on the distribut t qualify under section 4940(e). D			pase period?	☐ Yes [No	
1		ount in each column for each yea		•	akıng anv entries.		
Calc	(a) Base period years endar year (or tax year beginning ir	(b)		(c) if nonchantable-use a	Dis Dis	(d) tribution ratio divided by col. (c))	
	2013	7			(661. (6)	divided by col. (cj)	
	2012						
	2011						
	2010						
	2009						
2	Total of line 1, column (d)			. 2		
3		for the 5-year base period—dividation has been in existence if le					
	·		•				
4	Enter the net value of nor	ncharitable-use assets for 2014 f	rom Part X, line	5	. 4		
5	Multiply line 4 by line 3				. 5		
6	Enter 1% of net investme	ent income (1% of Part I, line 27b)		. 6		
7	Add lines 5 and 6				. 7		
8		ons from Part XII, line 4			. 8 that part using a 1	% tax rate. See the	
	Part VI instructions.		,				

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—s	ee ins	tructi	ons)			
1a	Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1. Date of ruling or determination letter: (attach copy of letter if necessary — see instructions)	· 🔆	s .				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		27	_ပ ပ			
С	The state of the s						
2	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						
3	Add lines 1 and 2		27	60			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)						
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	***	27	ဝပ			
6	Credits/Payments:	*					
a b	2014 estimated tax payments and 2013 overpayment credited to 2014 6a Exempt foreign organizations—tax withheld at source 6b	, 4	へる 像。 全性				
C	Tax paid with application for extension of time to file (Form 8868) . 6c	AWY.	. 9 4				
d	Backup withholding erroneously withheld 6d	, , , , , , , , , , , , , , , , , , ,	* *********				
7	Total credits and payments. Add lines 6a through 6d		<u> </u>				
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			 			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		27	00			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10						
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶ 11						
	VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	1 12	134				
10	participate or intervene in any political campaign?		Yes				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (s		a	No			
	Instructions for the definition)?		ь	No			
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materia		<u> </u>	102 3			
	published or distributed by the foundation in connection with the activities.		٨,	1			
C	Did the foundation file Form 1120-POL for this year?	. 1	С	No			
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		\ \ \				
•	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	<u> </u>					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$	d [* *****			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	. [2	No			
3	If "Yes," attach a detailed description of the activities.		* ', .	,			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3	NU			
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		a	No			
b	If "Yes," has it filed a tax return on Form 990-T for this year?	· —	b	1.10			
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	. [7	5	No			
	If "Yes," attach the statement required by General Instruction T.	Ĵ	. 95				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	37	\$				
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions the 	3.	, y 3 34	1. 4			
	conflict with the state law remain in the governing instrument?			4			
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part I	_w F	6 4 <u>69</u> 7 469				
8а	Enter the states to which the foundation reports or with which it is registered (see instructions)	` '	1 16:	1			
	**************************************		1 *	ļ.			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	eral					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	. 8	b YES				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)	or					
	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Ye	s,"					
10	complete Part XIV	·	9	No			
10	names and addresses	ieir	O YE	ا			
		·	O AE				

At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	- 11		
person had advisory privileges? If "Yes," attach statement (see instructions)			NO
			No
Did the foundation comply with the public inspection requirements for its annual returns and exemption applications when the public inspection requirements for its annual returns and exemption applications. We besite address www.p:ffoundation	on? 13	YES	
14 The books are in care of ▶ Robbie ESTES Telephone no. ▶ (47	4)584	-45	:83
Located at ▶ 600 5w BRighton, Bentonville, AR ZIP+4 ▶ 7 15 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here.			▶ □
and enter the amount of tax-exempt interest received or accrued during the year 15			
At any time during calendar year 2014, did the foundation have an interest in or a signature or other aut over a bank, securities, or other financial account in a foreign country?		Yes	No Nu
See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22 "Yes," enter the name of the foreign country ▶	.1). If 😽 🗥	07 ° 8	
	\$y + 3	å'⇒ ' * ₄	m 1 1
Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required		IV	No
File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly):	 	Yes	No
	}No 🌯		. *
(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			12.5
	} Νο ` ∫		
	}No		
	No		
(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)?	No S		
(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	* / s	* * * * * *	
foundation agreed to make a grant to or to employ the official for a period after	łNo l		
b If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulat section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	- 1		
Organizations relying on a current notice regarding disaster assistance check here	· 🗆 📑		> ¥% †
c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts,			
were not corrected before the first day of the tax year beginning in 2014?	· 1c	' ≥8:3°	No
operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	vate	\$ P P	
a At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and		3	4.5
- -	} No ′′′.	(b)	
If "Yes," list the years ▶ 20 , 20 , 20 , 20 b Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(a)		Ç 4. x
(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2)	a)(2) **** 2) to ***		
all years listed, answer "No" and attach statement—see instructions.)	2b		No
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20			
3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	_ ,× ,		
·	}No 🧳		
b If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation			* 1
disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the laps			
the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if			
foundation had excess business holdings in 2014.)	. 3b	حستائدات	المستشما
4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purpos	es? 4a		NO
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardiz		3	1
chantable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20		OO DE	NO

Part	VI-B Statements Regarding Activitie	s for W	Vhich Form	4720	May Be R	equire	d (contir	nued)			
5a	During the year did the foundation pay or incur any amount to: (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . ☐ Yes ☐ Yes (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes								Ž,		Commence of the Commence of th
									¥	(in the state of th
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?									न	
Ь	If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53.4945 or in a current notice							ibea in	5b		NO
	Organizations relying on a current notice regard	_	_		-				700		700
С	If the answer is "Yes" to question 5a(4), does because it maintained expenditure responsibility	the four	ndation claim	exem	ption from			□No	,	, · ·	
_	If "Yes," attach the statement required by Regul										
6a			directly or inc			emiums	_	□		, 1	
b	Did the foundation, during the year, pay premiu					benefit	Yes ∵contract	_ 1No ?	6b		ND
	If "Yes" to 6b, file Form 8870. At any time during the tax year, was the foundation		•	_			Yes		<u> </u>		
	If "Yes," did the foundation receive any proceed						_	_	7b		NU
Par	VIII Information About Officers, Direct	ctors, 1	Trustees, F	ounda	tion Mana	agers,	Highly F	Paid Er	nploy	ees,	
1	and Contractors List all officers, directors, trustees, foundation		ond th	-le		. /aaa i		1			
•	List all officers, directors, trustees, foundation		e, and average		mpensation		Contribution	- 1-			
	(a) Name and address	hou	rs per week ed to position	(lfr	not paid, iter -0-)	emplo	yee benefit erred compe	plans	(e) Expe other a	nse acc allowan	count,
4	SEE ADDITIONAL										
	DATA TABLE										
	· · · · · · · · · · · · · · · · · · ·										
2	Compensation of five highest-paid employe "NONE."	es (oth	er than tho	se incl	uded on li	ne 1—:	see instr	uctions). If no	one,	enter
	(a) Name and address of each employee paid more than \$50,0	000	(b) Title, and a hours per v devoted to p	veek	(c) Compe	nsation	(d) Contribution employee plans and compens	benefit deferred	(e) Expe other a	nse acc allowan	
	NONE			_							
				W			-				
Total	number of other employees paid over \$50,000 .							. ▶			
								_	QQ	U-DE	(201.4)

#46-0894792 Page 7

Part VIII Information About Officers, Directors, Trustees, Foundation	ation Managers, Highly Paid Em	iployees,
* and Contractors (continued) 3 Five highest-paid independent contractors for professional services (se	o instructions) If none onter "NON	<u> </u>
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
<u>. </u>	(a) Type of Service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services	<u> </u>	-
	<u> </u>	
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct chantable activities during the tax year. Include relevant sorganizations and other beneficianes served, conferences convened, research papers produced, etc.		Expenses
1		<u> </u>
2		
3		
3		
4	· · · · · · · · · · · · · · · · · · ·	
Part IX-B Summary of Program-Related Investments (see instruction)		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
1		
2	· · · · · · · · · · · · · · · · · · ·	
All other program-related investments. See instructions		
3]
Total Add lines 1 through 2		
Total. Add lines 1 through 3	<u> </u>	5 000 DE 100 H

Form **990-PF** (2014)

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	ign fou	ndations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes:		
а	Average monthly fair market value of securities	1a	17,067
b	Average of monthly cash balances	1b	
c	Fair market value of all other assets (see instructions)	1c	
ď	Total (add lines 1a, b, and c)	1d	17,067
e	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	17.067
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see		
	ınstructions)	4	256
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	16,811
6	Minimum investment return. Enter 5% of line 5	6	841
Part	Mistributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations check here ► ☐ and do not complete this part.)	foundat	ions
1	Minimum investment return from Part X, line 6	T 1	841
2a	Tax on investment income for 2014 from Part VI, line 5		
ь	Income tax for 2014. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	2c	27
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	814
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	814
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	814
Part	XII Qualifying Distributions (see instructions)		
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	44	
· a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	1,429
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	 +	
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	1,429
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		
	Enter 1% of Part I, line 27b (see instructions)	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	1,429
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.	g wheti	her the foundation

Part	XIII Undistributed Income (see instruction	ons)			· · · · · · · · · · · · · · · · · · ·
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	line 7	4.9	ŹN.		814
2 a	Undistributed income, if any, as of the end of 2014: Enter amount for 2013 only	4		<u></u>	
b	Total for prior years: 20 ,20 ,20				
3	Excess distributions carryover, if any, to 2014:	7.9	 	37. *	*
а	From 2009				
b	From 2010				ř j
c	From 2011			· .	,
d	From 2012			<i>*</i>	(` ` '\$ ·
е	From 2013			.	,,
f	Total of lines 3a through e		*****		* \$
4	Qualifying distributions for 2014 from Part XII, line 4: ► \$ 1.429	5 , 13	40.	· × ž	, , , , , , , , , , , , , , , , , , ,
_		` ''		<u></u>	ľ
a b	Applied to 2013, but not more than line 2a . Applied to undistributed income of prior years		<u> </u>	***	<u>.</u>
D	(Election required—see instructions)				4 **
С	Treated as distributions out of corpus (Election	*	The state of the s		
Ū	required—see instructions)				
d	Applied to 2014 distributable amount	7 4 4			814
е	Remaining amount distributed out of corpus	615	*** (i.	4, 1
5	Excess distributions carryover applied to 2014			* , , , , , , , , , , , , , , , , , , ,	
	(If an amount appears in column (d), the same amount must be shown in column (a).)	* 1			
6	Enter the net total of each column as indicated below:	,			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	615		, ,	· *
b	Prior years' undistributed income. Subtract		***	** ***	* * * * * * * * * * * * * * * * * * * *
	line 4b from line 2b			, ,	* *
C	Enter the amount of prior years' undistributed	** */		***	53 3 3
	income for which a notice of deficiency has	4.			
	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	` ;			
е	Undistributed income for 2013. Subtract line	*			, *K
	4a from line 2a. Taxable amount-see				
	instructions		74 7		* 1
f	Undistributed income for 2014. Subtract lines	*			
	4d and 5 from line 1. This amount must be distributed in 2015	**	1 * ' '	₹ ; · · ·	٥
-			* * * * * * * * * * * * * * * * * * * *	***	ļ ,
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 2009 not			** * *	ļ
	applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2015.	·		,	
	Subtract lines 7 and 8 from line 6a	615			
10	Analysis of line 9:				
a	Excess from 2010				
b	Excess from 2011			8	
C	Excess from 2012				
d	Excess from 2013	-			
<u>e</u>	Excess from 2014	<u> </u>			5 000 DE /55 : ::
					Form 990-PF (2014)

Part	XIV Private Operating Founda	tions (see instr	ructions and Part	: VII-A, question :	9)	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective fo				10106	(0) 53 4040(7)(5)
b	Check box to indicate whether the four		te operating founda		ection 4942(j)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum	Tax year		Prior 3 years		(e) Total
	investment return from Part X for	(a) 2014	(b) 2013	(c) 2012	(d) 2011	
	each year listed					
b	85% of line 2a					
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
đ	Amounts included in line 2c not used directly for active conduct of exempt activities					
е	Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test - enter:				1	
	(1) Value of all assets					
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)					
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in				1	
	Part X, line 6 for each year listed					
C	"Support" alternative test-enter:					
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on securities loans (section				İ	
	512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part		n (Complete 1	this part only if	the foundation	had \$5,000 or m	ore in assets at
	any time during the year-				, , , , , , , , , , , , , , , , , , ,	
1	Information Regarding Foundation		, _			
а	List any managers of the foundation		outed more than 2	% of the total con	tributions received	by the foundation
	before the close of any tax year (but o	only if they have o	contributed more t	han \$5,000). (See	section 507(d)(2).)	.,
b		who own 10%	or more of the sto	ock of a corporation	on (or an equally la	rge portion of the
	ownership of a partnership or other e					go pormon or mio
		•		•		
	Information Regarding Contribution	n. Grant. Gift. Lo	an. Scholarship.	etc Programs:	·	
	Check here ▶ ☐ if the foundation				organizations and	I does not accept
	unsolicited requests for funds. If the					
	other conditions, complete items 2a,		-, 3 -, 3	,		3
a	The name, address, and telephone no	ımber or e-mail a	address of the pers	son to whom appli	cations should be	addressed:
	, алежения выправления в		por	on to this in app.		
b	The form in which applications should	be submitted a	nd information and	materials they sh	ould include:	
-					,	
c	Any submission deadlines:					
•	y saammaan addamnaan					
d	Any restrictions or limitations on av	vards, such as	by geographical a	areas, charitable 1	fields, kinds of ins	stitutions, or other
	factors:	, -	, g gpvai v	,	,	,

	Part XV Supplementary Information (continued)							
3	Grants and Contributions Paid During t		ed for Fut	ture Payment				
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount			
	Name and address (home or business)	or substantial contributor	recipient	Contribution				
a	Not Applicable 2014	or substantial contributor	recipient					
	Total		L					
h	Approved for future payment	<u> </u>	· · ·	<u></u> ▶ 3a	 			
	Total			▶ 3b				

Pa	rt XVI-A A	nalysis of Income-Producing Ac	ctivities		···-	<u></u>	
Ente	r gross amount	ts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	ion 512, 513, or 514	(a)
	•		(a)	(b)	(0)	(4)	(e) Related or exempt
			Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
1	Program servi	ce revenue:					(000 11011011011
	a					.	
	b						
	c						
	d						
	e	· · · · · · · · · · · · · · · · · · ·					
	- Food and a	contracts from soverment accession					
•	_	contracts from government agencies dues and assessments			 		
2 3	-	rings and temporary cash investments	-				
4		I interest from securities	-				784
5		ome or (loss) from real estate:			1 100 140		A ATTICLE ATTIC
·		ced property	RESIDENCE AND ACCUSE		32 370 NAC 10 PM	\$2000 MEN \$2000 MEN \$200	PARTICIPATION OF THE PARTICIPA
		inanced property					
6		ome or (loss) from personal property					
7		ent income					
8	Gain or (loss) fr	om sales of assets other than inventory					
9	Net income or	(loss) from special events					
10	Gross profit of	r (loss) from sales of inventory				-	
11	Other revenue	e: a					
	b CApi	tal Gains - Partnership					672
	c						
	d						
	e		Name of the Control o				
			10.2		7 7.13		1,456
13	Total. Add line					. 13	1,456
		ne 13 instructions to verify calculation		and of France	. D		
		Relationship of Activities to the A					
	▼ accor	in below how each activity for which mplishment of the foundation's exempt put	income is report rposes (other that	orted in column n by providing fun	(e) of Part XV ds for such purp	I-A contributed ii oses), (See instruc	mportantly to the ctions.)
_	H AII	Foundation Incom					
	-/	ged for student	schola	Operation	is cre	enses is	<u> </u>
		3.44 EM	DEN DIM	- ZNIBT			
_	I AII	Foundation Inco	me les) Opera	line F	xpenses i.	· · · · · · · · · · · · · · · · · · ·
	USe		ios for	students	" 5	spenses 1	
			<u> </u>	·			
		·					
				·			
					<u></u>		
							
							
							
				 			

Firm's address ▶

Form 9	90-PF (2	014)				# 46	o - C	ی ورد	147	92	Page 13
Part	XVII	Informatio	n Regarding Tra	nsfers To and Transact	ons and F						
			rganizations							I was all	
1				engage in any of the follow							es No
	orgar	nizations?	•	section 501(c)(3) organizati	-		elatin	g to p	oolitical		
а	Trans	sfers from the re	porting foundation t	to a noncharitable exempt o	rganization	of:					
	• • •									1a(1)	NO
_									• •	1a(2)	ND
b		r transactions:									
				empt organization						1b(1)	NO No
				table exempt organization					• •	1b(2) 1b(3)	
				er assets					• •	1b(3)	NO NO
			-							1b(5)	NO NO
		_		ship or fundraising solicitation						1b(6)	NO
С				lists, other assets, or paid e						1c	NU
d				es," complete the following							
u				vices given by the reporting							
				gement, show in column (d)							
(a) Lin		(b) Amount involved	,	charitable exempt organization		ption of transfe					
	<u> </u>		-								
						-					
											-
				<u> </u>							
		·	 								
				·	- 						
	-+		 								
	-+										
2a	ls the	e foundation dir	ectly or indirectly a	affiliated with, or related to,	one or mo	re tax-exem	nt ord	naniza	tions		
	desc	ribed in section	501(c) of the Code	(other than section 501(c)(3)	or in section	on 527? .			!	☐ Yes	₽ No
b			e following schedul		•						
		(a) Name of orga		(b) Type of organization	on		(c) Des	scriptio	n of relati	onship	
							=				
e:		er penalties of penury, ect, and complete. Der	I declare that I have exami	ned this return, including accompanying than taxpayer) is based on all information	ig schedules an	d statements, and	to the	best of	my knowle	edge and be	lief, it is true,
Sigr	" k \		م طک م	(Micago	'		IRS discuss	
Her	- I	regay	\bigcirc	<u> </u>	fresia	ent			with the (see instr	preparer sh uctions)?	own below Yes ∏ No
		nature of officer for tr	ustee	Dropororio escritivis	rtie'	T Data			-		
Paid	l	Print/Type prepare	a s name	Preparer's signature		Date			k 🗀 📶	PTIN	
	oarer						Γ_		mployed	L	
Use	Only	Firm's name 🕨					Firm's	s EIN 🕨			

Phone no.

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2014

Employer identification number

OMB No. 1545-0047

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

PAY	IT F	ORWARD	- HOUNDATION	<u> </u>
Organization	type (check	one):		
Filers of:		Section:		
Form 990 or 9	90-EZ	☐ 501(c)() (enter number) organization	
		4947(a)(1) no	onexempt charitable trust not treated as	a private foundation
		☐ 527 political	organization	
Form 990-PF		⊡ 501(c)(3) exe	empt private foundation	
		4947(a)(1) no	onexempt charitable trust treated as a pr	ivate foundation
		☐ 501(c)(3) tax	able private foundation	
-	_	-	eneral Rule or a Special Rule. nization can check boxes for both the G	eneral Rule and a Special Rule. See
General Rule				
or me	ore (in money	on filing Form 990, 9 y or property) from a l contributions.	990-EZ, or 990-PF that received, during tany one contributor. Complete Parts I and	he year, contributions totaling \$5,000 d II. See instructions for determining a
Special Rules	;			
regul 13, 1	ations under 6a, or 16b, a	sections 509(a)(1) a and that received fro	ion 501(c)(3) filing Form 990 or 990-EZ thand 170(b)(1)(A)(vi), that checked Schedum any one contributor, during the year, the Form 990, Part VIII, line 1h, or (ii) Form 9	le A (Form 990 or 990-EZ), Part II, line total contributions of the greater of (1)
contr	ributor, during	g the year, total con	ion 501(c)(7), (8), or (10) filing Form 990 or tributions of more than \$1,000 exclusively or the prevention of cruelty to children or	/ for religious, charitable, scientific,
contr contr durin Gen e	ributor, during ributions tota ng the year fo e ral Rule app	g the year, contribu aled more than \$1,00 or an exclusively reliq plies to this organiza	tion 501(c)(7), (8), or (10) filing Form 990 of tions exclusively for religious, charitable, 00. If this box is checked, enter here the gious, charitable, etc., purpose. Do not cation because it received nonexclusively har	etc., purposes, but no such total contributions that were received omplete any of the parts unless the religious, charitable, etc., contributions
Caution And	rganization 1	that is not covered t	ay the General Pule and/or the Charlet Di	ulan daga nat fila Caleadula B /Farm 000

tion. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

PAY TT FORMARD FOUNDATION

Employer identification number

46-0894792

Part I	Contributors (see instructions). Use duplicate cop	ies of Part I if additional space is	s needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Robbie + Peggy ESTES 600 Sw Brighton Bentonville, AR 72712	\$ 33,146	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		•	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 3 Name of organization **Employer identification number** FOUNDATION PAY FORWARD 46-0894792 Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) FMV (or estimate) (a) No. (b) from Description of noncash property given Date received (see instructions) Part I \$ (c) FMV (or estimate) (a) No. (b) (d) from Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) FMV (or estimate) from Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions) \$ (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (see instructions)

\$

	Prganization	FORWARD	Fourth	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	Employer identification number 46-0894792	_
Part III	(10) that total the following contributions	religious, charitable, e al more than \$1,000 fo	etc., contributions to or the year from any ations completing Par the year. (Enter this in	organizations de one contributor. t III, enter the tota formation once. S	escribed in section 501(c)(7), (8), or Complete columns (a) through (e) and I of exclusively religious, charitable, etc.	,
(a) No. from		rpose of gift	(c) Use o		(d) Description of how gift is held	_
Part I						
			• •	er of gift		
	Trans	feree's name, address, a	and ZIP + 4	Relation	nship of transferor to transferee	_
(a) No. from Part I	(b) Pt	urpose of gift	(c) Use	of gift	(d) Description of how gift is held	_
	Trans	iferee's name, address, a		er of gift Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Pt	urpose of gift	(c) Use	of gift	(d) Description of how gift is held	
1011						
	Trans	sferee's name, address,		fer of gift Relation	nship of transferor to transferee	
(a) No. from Part I	(b) Po	urpose of gift	(c) Use	of gift	(d) Description of how gift is held	
						_
	Trans	sferee's name, address,		fer of gift Relatio	nship of transferor to transferee	

Tax Year: 2014 Schedule: Other Expenses Schedule (Part I, Line 23)

Pay It Forward Foundation 46-0894792 Name: EIN:

	Revenue & Expenses	Net Investment	Adjusted Net	Disbursements for
Description	Per Books	Income	Income	Chartiable Purposes
Website Creation	\$629			\$629
Foundation Application	008\$			\$800

Tax Year: 2014 Schedule: Substantial Contributors (Part I, Line 1)

Pay It Forward Foundation 46-0894792 Name: EIN:

Name	Address
Robbie & Peggy Estes	600 SW Brighton
	Bentonville, AR 72712

Tax Year: 2014 Schedule: Other Increases Not Included Line 2 (Part III, Line 3)

Pay It Forward Foundation 46-0894792 Name: EIN:

Description	Amount
Increase in Investment Accounts	\$4,705

Tax Year: 2014 Schedule: List all Officers, Directors, Trustees, Foundation Managers, and Their Compensation (Part VIII, Line 1)

Pay It Forward Foundation 46-0894792 Name: EIN:

(a) Name & 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 comp	(e) Expense Acocunt, Other Allowances
Peggy Estes 600 SW Brighton Bentonville, AR 72712	President, 2 Hours	0\$		
Chris Wewers 1902 Daly Drive Harrison, AR 72601	Vice-President, 1 Hour	\$0		
Eric Davis 3800 Sterling Oaks Dr Benton, AR 72019	Treasurer, 1 Hour	0\$		
Robbie Estes 600 SW Brighton Bentonville, AR 72712	Director, 5 Hours	\$0		
Amy Miller 2802 Lenwood Austin, TX 78738	Director, 1 Hour	0\$		
Steve Eddington 1800 Rock Creek Benton, AR 72015	Director, 1 Hour	\$0		
Tim McGuire 502 SW Brighton Bentonville, AR 72712	Director, 1 Hour	\$ 0\$		