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

OMB No 1545-0052

Open to Public Inspection

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.

			and ending		1		
Nam	e of four	ndation			A Emplo	oyer identification number	
cء	י.דקו	TON FAMILY FOUNDATION TRUST			71.	-6174467	
		street (or P O box number if mail is not delivered to street address)		Room/suite		none number (see instruction	 5)
7		NSET CIRCLE	1			1-225-4606	·
City	or town,	state or province, country, and ZIP or foreign postal code			C If exer	nption application is pending,	check here
L]	CTTI	LE ROCK AR 72207			_ C " exer	ription application is pending,	Cleck liese - [
G C	heck a	ıll that apply 🔲 İnitial return 🔲 İnitial retui	rn of a former public	charity	D 1 Fo	reign organizations, check he	re ► [
		Final return Amended	return		2. Fo	reign organizations meeting t	he
		Address change Name cha	nge		85	% test, check here and attach	computation >
н с	heck to	ype of organization X Section 501(c)(3) exempt private	foundation		E If priva	ate foundation status was terr	ninated under
			e private foundation		section	n 507(b)(1)(A), check here	• (
		ket value of all assets at J Accounting method	X Cash A	ccrual	F If the f	oundation is in a 60-month te	rmination
en	d of ye	ear (from Part II, col. (c), Other (specify)			under	section 507(b)(1)(B), check h	ere •
line	e 16) 🕽	\$ 311,371 (Part I, column (d) must	be on cash basis)		<u> </u>		
Pa	rt I	Analysis of Revenue and Expenses (The total of	(a) Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements for charitable
		amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	expenses per books		ome	income	purposes
			603,78	9			(cash basis only)
	1	Contributions, gifts, grants, etc , received (attach schedule) Check ► ☐ if the foundation is not required to attach Sch B	003,76	-			
	2 3	Interest on savings and temporary cash investments					
	3 4	Dividends and interest from securities	14,77	6	11,523		
	4 5a	Gross rents		1	,		
_	b	Net rental income or (loss)		-			
Revenue	6a	Net gain or (loss) from sale of assets not on line 10	13,12	2			
ē	b	Gross sales price for all assets on line 6a 568, 843					
2ેઇ	7	Capital gain net income (from Part IV, line 2)			13,122		
<u>ک</u> ا	8	Net short-term capital gain	:		· · · · · · · · · · · · · · · · · · ·	0	
	9	Income modifications					
	10a	Gross sales less returns and allowances					
	b	Less Cost of goods sold					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule)				_	
	12	Total. Add lines 1 through 11	631,68	7	24,645	0	
S	13	Compensation of officers, directors, trustees, etc		0			
penses	14	Other employee salaries and wages				D.C.	CENTED
en	15	Pension plans, employee benefits				111	PEINED
	16a	Legal fees (attach schedule)					٢
e E	b	Accounting fees (attach schedule) STMT 1	3,80		3,800	MA)	11 2015
tiv	С	Other professional fees (attach schedule) STMT 2	1,63		1,639	ш	8
tra	17	Interest		2	2	L OGE	IFNI IIT
Jis	18	Taxes (attach schedule) (see instructions) STMT 3	17	7		<u> </u>	LIV, UI
Ē	19	Depreciation (attach schedule) and depletion					
₽d	20	Occupancy					
þ	21	Travel, conferences, and meetings					
Operating and Administrative Ex	22	Printing and publications	<u> </u>				
ng	23	Other expenses (att sch) STMT 4	<u> </u>	18	88		
ati	24	Total operating and administrative expenses.	E 70	اء	5,529	o	
)er		Add lines 13 through 23	5,70 665,50		3,329	<u> </u>	665,50
ŏ	25	Contributions, gifts, grants paid	671,20		5,529	0	
	26	Total expenses and disbursements. Add lines 24 and 25	6/1,20	, o	3,329		003,30
	27	Subtract line 26 from line 12	-39,51				
	a	Excess of revenue over expenses and disbursements	-39,31		19,116		
	b	Net investment income (if negative, enter -0-)			17,110	0	
	С	Adjusted net income (if negative, enter -0-) work Reduction Act Notice, see instructions	l			<u> </u>	Form 990-PF (20

Part II Balance Sheets	Fo	rm 990	0-PF (2014) CARLTON FAMILY FOUNDATION TRUST	71-617446	57	Page 2
1 Cash – non-interest-bearing 2 Savings and temporary cash investments 3 Accounts receivable → Less allowance for doubtful accounts → 1 Piedges receivable → Less allowance for doubtful accounts → 1 Piedges receivable → 1 Cash a scewable of country of the scewable of country of the scewable of country of the scewable of country of the scewable of country of the scewable of country of the scewable of country of the scewable of country of the scewable of country of the scewable of country of the scewable of country of the scewable of country of the scewable of country of the scewable of country of the scewable of country of the scewable of the scew				Beginning of year	End of	
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4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 4 283,793 5 Decreases not included in line 2 (itemize) ▶ 6 283,793	2	Ente	r amount from Part I, line 27a		2	-39,519
5 Decreases not included in line 2 (itemize) ▶ 6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 5 283,793	3	Othe	er increases not included in line 2 (itemize)		3	
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30 6 283,793	4				 	283,793
	5					000 700
	_6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 30	6	283,793 Form 990-PF (2014)

71-6174467

8 Enter qualifying distributions from Part XII, line 4

If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part

	Yes	X	No

1 Enter the appropriate amount in each column for each year, see the instructions before making any entries (d) (a) (b) (c) Base period years Distribution ratio Net value of noncharitable-use assets Adjusted qualifying distributions (col (b) divided by col (c)) Calendar year (or tax year beginning in) 491,315 368,601 .332918 2013 356,909 225,807 1.580593 2012 209,783 2011 185,080 2010 167,007 2009

2	Total of line 1, column (d)	2	2.913511
3	Average distribution ratio for the 5-year base period – divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years	3	0.582702
4	Enter the net value of noncharitable-use assets for 2014 from Part X, line 5	4_	284,865
5	Multiply line 4 by line 3	5	165,991
6	Enter 1% of net investment income (1% of Part I, line 27b)	6_	191
7	Add lines 5 and 6	7	166,182
8	Enter qualifying distributions from Part XII. line 4	8	665,500

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the

Part VI instructions

Form	990-PF (2014) CARLTON FAMILY FOUNDATION TRUST 71-6174467			Р	age 4
Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1				
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				191
	here ▶ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of				
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				0
3	Add lines 1 and 2				191
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				191
6	Credits/Payments				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a				
b	Exempt foreign organizations – tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868) 6c				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments Add lines 6a through 6d				
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				191
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2015 estimated tax ▶ Refunded ▶ 11				
	rt VII-A Statements Regarding Activities	•			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		Х
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
	Instructions for the definition)?		1b		х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	c Did the foundation file Form 1120-POL for this year?				
_	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 ▶ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed				
•	on foundation managers ▶ \$				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		х
_	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 of				
•	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		x
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		х
J	If "Yes," attach the statement required by General Instruction T			-	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
Ü	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?		6	X	1
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 XV		7	X	
_	Enter the states to which the foundation reports or with which it is registered (see instructions)		•		
8a	A R				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			_	1
	(or designate) of each state as required by General Instruction G? If "No," attach explanation		8b	Х	<u> </u>
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 "Yes,"				
	complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses		10		X

Form 990-PF (2014)

	990-PF (2014) CARLTON FAMI			1/446/			Page 6
Pa	ırt VII-B Statements Regardir	ng Activities for Which Forr	<u>n 4720 May Be R</u>	Required (cont	inued)	· · ·	
5a					_	•	
	(1) Carry on propaganda, or otherwise at	tempt to influence legislation (section	n 4945(e))?	\Y	∕es X No	Ī	
	(2) Influence the outcome of any specific	public election (see section 4955),	or to carry on,	_			
	directly or indirectly, any voter registra	ation drive?		Y	∕es 🏻 No		
	(3) Provide a grant to an individual for tra	ivel, study, or other similar purposes	?	\ \ \	res 🗓 No		
	(4) Provide a grant to an organization oth					Ī	
	section 4945(d)(4)(A)? (see instructio			_ \ \ \ \ \ \ \	res 🕱 No		
	(5) Provide for any purpose other than re	ligious, charitable, scientific, literary	, or educational	_	_	1	
	purposes, or for the prevention of cru-	•		[\ \	∕es X No		
b	If any answer is "Yes" to 5a(1)–(5), did an	-	nder the exceptions d	escribed in			
	Regulations section 53 4945 or in a curre				N/A	5b	Ì
	Organizations relying on a current notice				▶ □		
_	If the answer is "Yes" to question 5a(4), d	· ·			· [_]	1	
С	because it maintained expenditure respor		nom the tax	N/A 🗌	res No		
	•						
٥.	If "Yes," attach the statement required by		nov promume			1	
6a	Did the foundation, during the year, received	ve any funds, directly of indirectly, to	pay premiums	\Box	res X No		
	on a personal benefit contract?		noroonal banafit a = = t		res X No		x
b	Did the foundation, during the year, pay p	remiums, directly or indirectly, on a	personai penetit conti	act/		6b	
_	If "Yes" to 6b, file Form 8870		-b-ui	┌,	/aa 👽 🚛		
	At any time during the tax year, was the fe				res X No	ı <u>.</u> . 1	
	If "Yes," did the foundation receive any pr				N/A	7b	
Pa		icers, Directors, Trustees, I	-oundation Man	agers, Hignly	Paid Employe	∍es,	
	and Contractors						
<u>1 l</u>	List all officers, directors, trustees, foun	dation managers and their compe	nsation (see instruc	tions).			
			(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit	(e) Eyne	ense account,
	(a) Name and ad	ddress	hours per week devoted to position	(If not paid, enter -0-)	plans and deferred		allowances
			devoted to position	citer-0-7	compensation	Ь—	
WI	LLIAM P. CARLTON	LITTLE ROCK	TRUSTEE	1			
7_	SUNSET CIRCLE	AR 72207	4.00	0		ļ	0
						<u> </u>	
	<u> </u>					ļ	
2	Compensation of five highest-paid em	plovees (other than those include	d on line 1 – see ins	tructions). If non	e, enter		
_	"NONE."		- -	,			
			(I.) Title and guarant		(d) Contributions to		
	(a) Name and address of each employee p	aid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	employee benefit		ense account,
	(.,,		devoted to position		plans and deferred compensation	oriei	allowances
	ONE				· · ·		
NC	ONE.						
						 	
			-	 		 	
						 	
						├	
				1	l	<u> </u>	
Tota	al number of other employees paid over \$50	0,000					0
					F	orm 99 (0-PF (2014)

Form 990-PF (20	014) CARLTON FAMILY FOUNDATION TRUST	71-6174467	Page 7
Part VIII	Information About Officers, Directors, Trustees, Four	ndation Managers, Highly Paid E	mployees,
	and Contractors (continued)		
3 Five high	est-paid independent contractors for professional services (see ins	tructions). If none, enter "NONE."	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			
			
Total number of	others receiving over \$50,000 for professional services	<u> </u>	•
			<u></u>
Part IX-A	Summary of Direct Charitable Activities		
	s four largest direct charitable activities during the tax year. Include relevant statistical information other beneficiaries served, conferences convened, research papers produced, etc.	on such as the number of	Expenses
1 N/A			
2	- 		
3			
			
4			
Part IX-B	Summary of Program-Related Investments (see inst	ructions)	_l
	argest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
	related investments. See instructions		
3			
Total Add bres	1 through 2		
Total. Add lines	i inibugii 5		

Form	1 990-PF (2014) CARLTON FAMILY FOUNDATION TRUST /1-61/446/		Page 8
Pa	Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign	n foui	ndations,
	see instructions)		
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc ,		
	purposes		001 406
а	Average monthly fair market value of securities	1a	221,406
b	Average of monthly cash balances	1b	67,797
С	Fair market value of all other assets (see instructions)	1c	000 003
d	Total (add lines 1a, b, and c)	1d	289,203
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0		•
2	Acquisition indebtedness applicable to line 1 assets	2	000 000
3	Subtract line 2 from line 1d	3	289,203
4	Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see		4 000
	instructions)	4	4,338
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	284,865
6	Minimum investment return. Enter 5% of line 5	6	14,243
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating to	found	lations
_	and certain foreign organizations check here ▶ and do not complete this part)		1.4 0.40
1	Minimum investment return from Part X, line 6	_1	14,243
2a	Tax on investment income for 2014 from Part VI, line 5		
b	Income tax for 2014 (This does not include the tax from Part VI)	į	4.04
C	Add lines 2a and 2b	2c	191
3	Distributable amount before adjustments Subtract line 2c from line 1	3	14,052
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	14,052
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	14,052
P:	art XII Qualifying Distributions (see instructions)		
		1	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		CCE EOO
а	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	1a	665,500
b	Program-related investments – total from Part IX-B	1b	<u></u>
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		
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	665,500
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	191
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	665,309

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

qualifies for the section 4940(e) reduction of tax in those years

345,801

473,255

651,448

orm	99	0-	PF	(2014	ı

10

Analysis of line 9

Excess from 2010 Excess from 2011

Excess from 2012

Excess from 2013

Excess from 2014

NONE

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual. Recipient Purpose of grant or show any relationship to status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year BAPTIST HEALTH FOUNDATION NONE 9601 INTERSTATE 630 ASSISTANCE TO INDIGENT FAMILIES LITTLE ROCK AR 72205 130,000 ARKANSAS BAPTIST SCHOOL 1621 DR. MARTIN LUTHER KI NONE PRIVATE EDUCATION 10,000 LITTLE ROCK AR 72206 BAYLOR UNIVERSITY 1311 S. 5TH ST. NONE **WACO TX 76706** PRIVATE EDUCATION 250,000 ALZHEIMERS ARKANSAS 201 MARKHAM CENTER DRIVE NONE SUPPORT FOR VICTIMS AND **FAMILIES** 1,000 LITTLE ROCK AR 72205 BETHANY CHRISTIAN SERVICES 1100 N UNIVERSITY AVE #66 NONE ADOPTION AND FAMILY ASSISTANCE 2,500 LITTLE ROCK AR 72207 EASTER SEALS OF ARKANSAS 3920 WOODLAND HEIGHTS RD. NONE ASSISTANCE FOR THE DISABLED 185,000 LITTLE ROCK AR 72212 FAMILY RESEARCH COUNCIL 801 G STREET, NW NONE WASHINGTON DC 20001 EDUCATIONAL RESEARCH 20,000 PI BETA PHI FOUNDATION 1154 TOWN & COUNTRY NONE TOWN & COUNTRY MO 63017 SCHOLARSHIP AND LEADERSHIP TRAINING 50,000 RIVER CITY MINISTRY 1021 WASHINTON NONE NORTH LITTLE ROCK AR 7211 ASSISTANCE TO INDIGENT FAMILIES 5,000 RONALD MCDONALD HOUSE CHARITIES NONE 1009 WOLFE ST. ASSISTING FAMILIES OF SICK CHILDREN LITTLE ROCK AR 72202 12,000 ▶ 3a 665,500 Total **b** Approved for future payment N/A 3b Total

Part XVI-A	Analysis of Income-Producing Acti	ivities	-			
	ounts unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	
J		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income
1 Program se	ervice revenue					(See instructions)
a						
b						
						
f						
g Fees a	nd contracts from government agencies					
2 Membershi	p dues and assessments					·
3 Interest on	savings and temporary cash investments					
4 Dividends a	and interest from securities			14	14,776	
5 Net rental i	ncome or (loss) from real estate					
a Debt-fii	nanced property				:	
b Not del	ot-financed property					
	ncome or (loss) from personal property					
7 Other inves	tment income					
8 Gain or (los	ss) from sales of assets other than inventory			14	13,122	
· ·	or (loss) from special events					
	t or (loss) from sales of inventory					
	nue a					·
e						
	dd columns (b), (d), and (e)		0		27,898	0
	line 12, columns (b), (d), and (e)		· · ·		13	
	t in line 13 instructions to verify calculations)				_	•
Part XVI-E		complishm	ent of Exempt P	urpose	es	
Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpo	is reported in c	olumn (e) of Part XVI-	A contrib	outed importantly to the	
N/A		,	<u> </u>	<u>.</u>		
						
						· · · · · · · · · · · · · · · · · · ·
	-					
						
-						
					-	
						
						
	-	<u> </u>				
						
	+					
·	<u> </u>					
						
						
					·	
	 					
	 					
	1					

Part X		Information Regardaniza		ansfers To an	d Transactio	ns and Relationship	s With Noncharitab	le		
1 Did				ne in any of the foll	lowing with any o	other organization described			Yes	No
	_	•		-	-	ction 527, relating to politic			100	-110
	anızation		ii iiiaii scone	on so i(c)(s) organ	izations) of in se	ction ozr, relating to positio				
_		om the reporting found	ation to a no	ncharitable evemi	nt organization o	f				
	Cash	on the reporting lound	ation to a no	nichantable exemp	or organization o			1a(1)	· [X
	Other as	coto						1a(1)		X
								14(2)		
	er transa		-61					45.41		v
• •		assets to a noncharite	•	_				1b(1)		X X
		es of assets from a no			on			1b(2)		
		f facilities, equipment,		sets				1b(3)		X
		rsement arrangements	;					1b(4)		X
		r loan guarantees						1b(5)		X
		ance of services or me	•	-				1b(6)		<u>X</u>
	-	acilities, equipment, m	•	•				1c		<u>X</u>
		•				mn (b) should always show				
						the foundation received les				
						the goods, other assets, or				
(a) Lin	ne no	(b) Amount involved	(c) Name	e of noncharitable exemp	ot organization	(d) Description of trans	sfers, transactions, and sharing ar	angeme	nts	
N/A										
								_		
										
							<u></u>			
							_			
					<u> </u>					
des	scribed in Yes," con	ation directly or indirect section 501(c) of the inplete the following scoto Name of organization	Code (other		c)(3)) or in section	,	Description of relationship	Ye	es X	No
N/I		y realite of organization		(b) type of o	n gai lization	(C)	Description of relationship			
14/2	<u></u>					· · · · · · · · · · · · · · · · · · ·			-	
				 						
			<u> </u>							
	Linder nen	alties of periury. I declare th	at I have exami	ned this return including	n accompanying sch	edules and statements, and to the	hest of my knowledge and helief	ıt ıs true		
						which preparer has any knowledge				
Sign Here	<u>U</u>	Jalan P	CAR	ton	5		May the IRS disco with the preparer (see instructions)	shown be		No
	▼ Signa	ature of officer or trustee			Date	Title				
	Print/Ty	pe preparer's name			Preparer's signatu	re /	Date		Check	ıf
Paid	THOM	AS G. MAY, CP	Δ.		رآ. ا	8-	04/30	/15	self-em	pioyed
Preparer				TARCHONT	MOORE &	ASSOC , LLP	. , 		630	
Use Only	Firm's n			ER ABSTON		אחחרת , דודה				
•	Firm's a			OL AVE S					848	
	ــــــــــــــــــــــــــــــــــــــ	LITTI	E ROCE	, AK /22	201-480 <u>5</u>				5-8	
							F	orm 95	0-PF	(2014)

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.

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

OMB No 1545-0047

Employer identification number

2014

CARLTON FAM	ILY FOUNDATION TRUST	71-6174467
Organization type (chec	cone)	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)() (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private four	ndation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	ion
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule . (c)(7), (8), or (10) organization can check boxes for both the General Rule and	d a Special Rule See
General Rule		
	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contribut y or property) from any one contributor. Complete Parts I and II. See instructions	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 and that received from any one contributor, during the year, total contributions of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. C	or 990-EZ), Part II, line of the greater of (1)
contributor, durin	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reg g the year, total contributions of more than \$1,000 exclusively for religious, ch tional purposes, or for the prevention of cruelty to children or animals. Comple	naritable, scientific,
contributor, durin contributions tota during the year fo General Rule ap	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that reg the year, contributions exclusively for religious, charitable, etc., purposes, builed more than \$1,000. If this box is checked, enter here the total contributions or an exclusively religious, charitable, etc., purpose. Do not complete any of the plies to this organization because it received nonexclusively religious, charitable, more during the year.	out no such s that were received ne parts unless the
990-EZ, or 990-PF), but i	that is not covered by the General Rule and/or the Special Rules does not file t must answer "No" on Part IV, line 2, of its Form 990, or check the box on line 2, to certify that it does not meet the filing requirements of Schedule B (Form	ne H of its Form 990-EZ or on its

PAGE 1 OF 1

Page 2

Name of organization

CARLTON FAMILY FOUNDATION TRUST

Employer identification number 71-6174467

	TON THEIR FOODERFITON TROOP		<u> </u>
Part I	Contributors (see instructions) Use duplicate copies	of Part I if additional space is ne	eded
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	WILLIAM AND PATRICIA CARLTON 7 SUNSET CIRCLE LITTLE ROCK AR 72207	\$ 503,789	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	WILLIAM AND PATRICIA CARLTON 7 SUNSET CIRCLE LITTLE ROCK AR 72207	s 100,000	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
NO.	Name, address, and Zir + 4	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	, , , , , , , , , , , , , , , , , , , ,	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

PAGE 1 OF 1

Page 3

Name of organization
CARLTON FAMILY FOUNDATION TRUST

Employer identification number 71-6174467

Part # Noncash Property (see instructions) Use duplicate copies of Part II if additional space is needed.

a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MUNICIPAL BONDS		
		s 471,792	12/02/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MUTUAL FUND SHARES		
		\$ 31,997	05/16/14
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$!

Form 990-PF		Capital Gains and Losse	s for Tax on Inve	stment Inc	come	2014
	For calend	dar year 2014, or tax year beginning		, and ending		
Name					Employer Idea	ntification Number
CARLTON FAN	ATLY FO	OUNDATION TRUST			71-6174	467
		e the kind(s) of property sold, e.g., real estate, rehouse, 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)
(1) FRANKLIN	MUTUAI	L EUROPEAN FUND		D	12/27/12	05/16/14
	ASURY N	OTE		P	10/31/05	08/15/14
(3) FEDERATEI		TEGIC VALUE DIVIDEN	D	P	10/31/11	02/24/14
	ER A			D	VARIOUS	12/03/14
	ER A			<u>D</u>	VARIOUS	12/03/14
(6) JEFFRSNVI				D P	VARIOUS 07/22/11	12/03/14 09/12/14
(7) EVANSVILI		CAP GAIN DIV.			0//22/11	09/12/14
<u></u>	, INC.	CAP GAIN DIV.				
(9)						-
(10)						
(12)						
(13)						
(14)						
(15)		<u> </u>				
(e) Gross sales pre	re .	(f) Depreciation allowed	(a) Cost or other ba	sis	(h) Gain	or (loss)
(c) Gloss sales pin		(or allowable)	(g) Cost or other ba		(h) Gain (e) plus (f)	minus (g)
	997			<u>, 997</u>		
	000	-		,927		73
(3) 25,				,839		5,161
(4) 106,				,177	 	
(5) 286,				,677	-	
	938 764			<u>,938</u> ,166		1,598
	290			,100		6,290
(8) 6 ,	290					0,230
(10)			-			
(11)	-					
(12)						
(13)						
(14)						
(15)						
Complete only for a	ssets showing	ng gain in column (h) and owned by the	e foundation on 12/31/69		(1)	
(i) FMV as of 12/31	1/69	(j) Adjusted basis as of 12/31/69	(k) Excess of co over col (j), if a	(i) ny	(I) Gains (Co col (k), but not les Losses (from	is (n) gain minus ss than -0-) Of n col (h))
(1)			- 		-	73
(2)			<u> </u>			5,161
(3)	<u> </u>		-		 	
(4)						
(5) (6)						
(7)					† · · · · · ·	1,598
(8)						6,290
(9)						
(10)						
(11)						
(12)					<u> </u>	
(13)					_	
(14)					 	
(15)					<u> </u>	

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716174467 Carlton Family Foundation Trust 71-6174467 FYE: 12/31/2014

Federal Statements

	Charitable Purpose	0		Charitable Purpose	\$	o s		Charitable Purpose	\$ \$	
counting Fees	Adjusted Net	0 0 0 0	Professional Fees	Adjusted Net	w	\$	- Taxes	Adjusted Net	\$ \$	
Form 990-PF, Part I, Line 16b - Accounting Fees	Ne	\$ 3,800	ırt I, Line 16c - Other I	Net Investment	\$ 1,629 10	\$ 1,639	Statement 3 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	\$ \$	
Statement 1 - Form 990-PF	Tota	3,800	Statement 2 - Form 990-PF, Part I, Line 16c - Other Professional Fees	Total	\$ 1,629 10	\$ 1,639	Statement 3 - Form 9	Total	\$ \$ 177	
State	, E	TAX RETURN PREPARATION TOTAL	Statemen	Description	INVESTMENT FEES - STEPHENS INC INVESTMENT FEES - HILLIARD LYON	TOTAL		Description	TAX PAID WITH 2013 FORM 990-PF TOTAL	

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Charitable Purpose	_{\$\triangle}\$}		\$
Adjusted Net	የ	į	\$
Net Investment	৽	88	\$
Total	‹	88	\$
Description		EXPENSES MISCELLANEOUS	TOTAL

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716174467 Carlton Family Foundation Trust 71-6174467

FYE: 12/31/2014

Federal Statements

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Fair Market Value	φ	w
Basis of Valuation	COST	
End of Year	⟨\$\	٠ ٧
Beginning of Year	\$ 5,927 26,433	\$ 32,360
Description	VARIOUS VARIOUS	TOTAL

Statement 6 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments

Fair Market Value	\$ 196,952 \$ 196,952
Basis of Valuation	COST
End of Year	169,374
	w w
seginning of Year	173,804
ш	w w
Description	VARIOUS

716174467 Carlton Family Foundation Trust
71-6174467 Federal Statements

2:13 PM

FYE: 12/31/2014

NONE

Name of Manager	Amount
WILLIAM P. CARLTON	\$
TOTAL	\$0
Form 990-PF, Part XV, Line 1b - Manage	ers Who Own 10% or More Stock
Name of Manager	Amount
NONE	\$
TOTAL	\$0
Description LETTER FORM, INCLUDING ORGANIZATION NAME, AD AND OTHER RELEVANT INFORMATION.	DRESS, PURPOSE
AND OTHER RELEVANT INFORMATION.	
Form 990-PF, Part XV, Line 2c	- Submission Deadlines
	- Submission Deadlines
Form 990-PF, Part XV, Line 2c	- Submission Deadlines
Form 990-PF, Part XV, Line 2c Description	