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990-PF

Return of Private Foundation

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

OMB No. 1545-0052

2016

Department of the Treasury Internal Revenue Service

POLYMENT NOW II I

▶ Do not enter social security numbers on this form as it may be made public.

Open to Public Insceptio ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2016 or tax year beginning 2016, and ending 20 A Employer identification number Name of foundation 71-6062617 Bitha Godfrey and Maude J Thomas Charitable Foundation Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 479-646-1859 3901 South 33rd Street City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ► Fort Smith, AR 72903 ☐ Initial return Initial return of a former public charity p 1. Foreign organizations, check here. Check all that apply: □ Amended return ☐ Final return 2. Foreign organizations meeting the 85% test, ☐ Address change ☐ Name change check here and attach computation E If private foundation status was terminated under H Check type of organization: Section 501(c)(3) exempt private foundation section 507(b)(1)(A), check here . . . ▶ . ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation J Accounting method:
Cash Cash Accrual Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), ☐ Other (specify) line 16) ▶ \$ (Part I, column (d) must be on cash basis.) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal xpenses per books income ıncome purposes (cash basis only) the amounts in column (a) (see instructions).) Contributions, gifts, grants, etc., received (attach schedule) 2 Check ▶ ☐ if the foundation is **not** required to attach Sch. B 3 Interest on savings and temporary cash investments 4407 Dividends and interest from securities 4 5a Gross rents Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 6a Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) . 7 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) . . Other income (attach schedule) 11 12 Total, Add lines 1 through 11 5400 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages . . . 15 Pension plans, employee benefits 16a Legal fees (attach schedule) 100 IOC Accounting fees (attach schedule) 900 900 Other professional fees (attach schedule) 900 17 18 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion 19 Occupancy . . . 20 21 Travel, conferences, and meeting Printing and publications OGDEN 99 99 99 99 22 23 Other expenses (attach schedule) Total operating and administrative expenses. 24 Add lines 13 through 23 Contributions, gifts, grants paid 25 6399 Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12: 27 Excess of revenue over expenses and disbursements 3858 Net investment income (if negative, enter -0-) .

Cat. No. 11289X

Adjusted net income (if negative, enter -0-)

D.	art II	Balance Sheets	Attached schedules and amounts in the description column		End o	of year
	11 (11	Datance Oncets	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-	bearing	79111	17281	17721
	2	Savings and tempora	ary cash investments	179524	222322	222322
	3	Accounts receivable	-			
		Less: allowance for o	doubtful accounts ▶	-1		
	4	Pledges receivable ▶				
	-	l ess: allowance for o	doubtful accounts	1		,
	5	Grants receivable		+		
	6		om officers, directors, trustees, and other	 	· · · · · · · · · · · · · · · · ·	
			(attach schedule) (see instructions)			
	-					
	7	Other notes and loans re	eceivable (attach schedule)			
			ubtful accounts ▶	 		
Assets	8		oruse	<u> </u>		
88	9		nd deferred charges	<u> </u>		
4	10a		state government obligations (attach schedule)		0.0	
	b	-	rate stock (attach schedule)	81774	81774	158 120
	С		rate bonds (attach schedule)	64711	58515	72873
	11	Investments-land, build	fings, and equipment: basis ▶			
		Less: accumulated depre-	ciation (attach schedule)			
	12		age loans			
	13	Investments-other ((attach schedule)			
	14	Land, buildings, and eq	quipment: basis ▶			
ł		Less: accumulated depr	reciation (attach schedule) ▶	1	• -	,
	15	Other assets (describ	oe▶ `			
	16		be completed by all filers-see the		· <u>·</u>	<u></u>
			e page 1, item l)	405120	379892	470596
	17		nd accrued expenses	1 100.20		10010
	18	• •				7 5
Liabilities	19	, ,				1
Ħ	20		ectors, trustees, and other disqualified persons	-		18 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
qe			notes payable (attach schedule)		· -	
Ë	21					, ,
	22	Other liabilities (desc	ribe >) lines 17 through 22)	}		_
	23			 	·	and the same stage
8			Now SFAS 117, check here ▶ □		'	,
2		•	24 through 26 and lines 30 and 31.			
alances	24	Unrestricted		ļ		25 1 27
	25	Temporarily restricted		ļ		
9	26	•	ed			77 7,
Fund B		Foundations that do	not follow SFAS 117, check here ► 🗌		l	· .
		and complete lines	_		+	1 / · · · · · · · · · · · · · · · · · ·
9 or	27	•	rincipal, or current funds			
Assets	28	Paid-in or capital sur	plus, or land, bldg., and equipment fund			,
Š	29	Retained earnings, acc	cumulated income, endowment, or other funds	405120	379892	
Ā	30	Total net assets or f	fund balances (see instructions)	405120	379892	* ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '
Net	31	Total liabilities a	ind net assets/fund balances (see	11 5 7 5 7 6	20000	
		instructions)		1 4051201	319897	,
Pa	rt III		nges in Net Assets or Fund Balances)		
			palances at beginning of year-Part II, colu		agree with	
			d on prior year's return)			405170
2		·	line 27a			155550
3			led in line 2 (itemize)			
4	Δdd	lines 1, 2, and 3			4	279 201
_	_) <u>-</u>	
6	Total	net assets or fund ha	line 2 (itemize) ► alances at end of year (line 4 minus line 5)—	Part II. column (b) line	e 30 6	হ্রণবর্তত্ত
<u> </u>			The same of	,		Form 990-PF (2016)
						· OIIII OOO II (KUID)

Part	V Capital Gains and I	osses for Tax on Investmen	t Income					
	(a) List and describe the I	kind(s) of property sold (e.g., real estate, c or common stock, 200 shs. MLC Co.)		(b) How acquired P—Purchase D—Donation		te acquired ., day, yr.)	(d) Date (mo., d	
1a								
b								
c								
<u>d</u>		···						
<u>е</u>						0.10-1	L	
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale			n or (loss) (f) minus (g)	
a								
<u> </u>							····	
<u>C</u>								
<u>d</u>								
<u>е</u>	Complete only for assets show	ing gain in column (h) and owned by th	ne foundation	on 12/31/69		M Gains (Co	I. (h) gain mını	
	(i) F.M.V. as of 12/31/69	(i) Adjusted basis as of 12/31/69	(k) Exces	s of col. (i) (j), if any	,	col. (k), but no		
а								
b								
c								
<u>d</u>								
е		(-41 4in - 7	<u> </u>			
2	Capital gain net income or (net capital loss) { If gain, also			2			
3	Net short-term capital gain	or (loss) as defined in sections 122			+			
		line 8, column (c) (see instruction						
					3			
Part		Section 4940(e) for Reduced			Incor	ne		
(For o	ptional use by domestic priva	te foundations subject to the sect	ion 4940(a)	tax on net invest	ment ir	ncome.)		
If ooo	tion 4040(d)(2) applies leave t	this part blank						
	tion 4940(d)(2) applies, leave t							
	s," the foundation does not q	ection 4942 tax on the distributable ualify under section 4940(e). Do no	ot complete	this part.			☐ Yes	s 🗌 No
1		nt in each column for each year; s	ee the instru	uctions before m	aking a	ny entries.		
	(a) Base period years	(b) Adjusted qualifying distributions	Not value o	(c) f noncharitable-use a	coote		(d) tribution ratio	
Cal	endar year (or tax year beginning in)					(col. (b)	divided by col	l. (c))
	2015	2693	+		99715		.0539	
-	2014	3450	+		42699		.0636	
	2013	3490 3463			45368 42057		.0640	
	2012	3684			74785		.0641	
	2011	3084	<u> </u>	3	14785	- 1	.0041	
2	Total of line 1, column (d)				1	2		.3095
3		r the 5-year base period—divide t			the			.3073
		tion has been in existence if less t				3		.0619
	•		•		-	-		
4	Enter the net value of nonch	naritable-use assets for 2016 from	Part X, line	5	. -	4	467	215
5	Multiply line 4 by line 3 .				. -	5	28	.921
6	Enter 1% of net investment	income (1% of Part I, line 27b)			.	6		_39
7	Add lines 5 and 6				.	7	28	3,960
8		s from Part XII, line 4				8	3!	5485
	If line 8 is equal to or greate Part VI instructions.	er than line 7, check the box in Pa	rt VI, line 1b	, and complete t	that pa	rt using a 1	% tax rate	e. See the

Part		nstru	ctio	1S)
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)		أخد	:
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		39	
	here 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-) 2 Add lines 1 and 2		39	
3 4	Add lines 1 and 2		3	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		39	
6	Credits/Payments:			
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a			
b	Exempt foreign organizations—tax withheld at source 6b		٠,	. r. ,
C	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		0	•
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	_	Ö	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		39	
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 2017 estimated tax ▶ Refunded ▶ 11			
Part			 1	
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		Yes	No
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	1a		✓
b	Instructions for the definition)?	1b		~
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	ş.,	a 1 5	ξ,
	published or distributed by the foundation in connection with the activities.			5 '
	Did the foundation file Form 1120-POL for this year?	1c		V,
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$	5.27		
e	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		<u></u>
	If "Yes," attach a detailed description of the activities.		1	` ' `
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			
An	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	3 4a		
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	71	M
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	+~+	1
	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:		- 1	
	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	V	
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	4	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶			
_	If the appropria "Ver" to line 7, has the foundation furthered a convert Form COO DF to the Attention of the state of the		· · -,.	
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	ار :	<i>-</i>
0	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	OD	~	 ,
9	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"			
	complete Part XIV	9		/
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			<u> </u>
	names and addresses	10		1/
	FC	m 99)-PF	(2016)

Part	VII-A Statements Regarding Activities (continued)			
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		V
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			/
13	person had advisory privileges? If "Yes," attach statement (see instructions)	12		V_
13	Website address ► N +	_ 13	\	L
14	The books are in care of \ Corplun Thomas , Telephone no. \			
	The books are in care of ► Carolun Thomas Telephone no. ► Located at ► 2708 Heather Oaks Way Fort Smith, AR ZIP+4 ► 7290	8		<u></u> -
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—Check here		•	▶ □
16	and enter the amount of tax-exempt interest received or accrued during the year	,	Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		/
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of	,	o '	70 :
	the foreign country ▶	<u> </u>	. ?.	-e 35
Part	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	1	Yes	No
10	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. During the year did the foundation (either directly or indirectly):	\ , ,	162	12.20
1a -	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	ì	7	1.57
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a		٠,	1
	disqualified person?	1		C. 199
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		,	1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes 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)?	· '~ 4	13 () N	1.75%
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the	; -	-7,12,	12.53
	foundation agreed to make a grant to or to employ the official for a period after		21 1 1 1c	
	termination of government service, if terminating within 90 days.)	\$73 ° C	143	31.300
þ	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N I	N 3
	Organizations relying on a current notice regarding disaster assistance check here	1b	1 X	I A
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that		16' '42' P	
	were not corrected before the first day of the tax year beginning in 2016?	1c	3 F3	~
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	42	Sold of	
a	At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and		7.	11 24
	6e, Part XIII) for tax year(s) beginning before 2016?			, '
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	33 97	** - '	173
p	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		/
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	7 "	1 -5	1 1
	► 20 , 20 , 20		* 27.	
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			î.
	at any time during the year?	1	٠, ٣	1, 1,
p	If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			1
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the		/**,·	1
	foundation had excess business holdings in 2016.)	3b	$\bot \triangle V$	1/4
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4a	<u> </u>	
b	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2016?	4b	ئد	1

Par	90-PF (2016) t VII-B Statements Regarding Activiti	es for W	hich Form	4720	May Be R	equire	d (conti	nued)			Page
5a						- -			T	T	1
	(1) Carry on propaganda, or otherwise attemp(2) Influence the outcome of any specific put	t to influe	ence legislati				Yes	☑ No		,	
	directly or indirectly, any voter registration						☐ Yes	☑ No			1
	(3) Provide a grant to an individual for travel, s(4) Provide a grant to an organization other the section 4945(d)(4)(A)? (see instructions) .	nan a cha		organiz	zation desc	ribed in		☑ No			1 "
	(5) Provide for any purpose other than religio	us, charit	able, scientif	ic, litera	ary, or edu	cational		✓ No			
	purposes, or for the prevention of cruelty t							V No		1 '	1
b	If any answer is "Yes" to 5a(1)-(5), did any of Regulations section 53.4945 or in a current notice.	tne transa ce regardi	actions fail to ng disaster a	o quainy ssistand	under the ce (see instr	excepti uctions)	ons desc ? . .	ribed in	5b	ļ '-	}
	Organizations relying on a current notice rega	rding disa	ıster assistar	ice che	ck here						1.
C	If the answer is "Yes" to question 5a(4), doe	s the four	ndation clain	n exem	ption from	the tax]	
	because it maintained expenditure responsibile	ity for the	grant? .				☐ Yes	☐ No			
	If "Yes," attach the statement required by Reg									}	
6a	Did the foundation, during the year, receive as on a personal benefit contract?	-	directly or in				∏Yes	₽ No	,	, ,	
b	Did the foundation, during the year, pay premi	ums, dire	ctly or indire	ctly, on	a persona	benefit	contract	? .	6ь	' '	1
	If "Yes" to 6b, file Form 8870.	•	•	•	•					1.	
7a	At any time during the tax year, was the foundation	n a party	to a prohibite	d tax sh	elter transac	ction?	Yes	₩ No	-		1 "
b	If #Van 9 all al the fermulation margins and margins								1		
	If "Yes," did the foundation receive any proceed			come a	ttributable	to the t	ransactio	n? .	7b		- ' '
	t VIII Information About Officers, Directors			come a	ttributable	to the t	ransactio	n? .	7b	ees,	'
	t VIII Information About Officers, Dire	ectors, 1	Trustees, F	come a ounda	ttributable	to the tragers,	ransaction Highly I	n? . Paid E	7b	ees,	<u> </u>
	t VIII Information About Officers, Dire and Contractors	ion mana	Trustees, F	come a ounda eir con (c) Co	ttributable	(see in (d) (emplo	ransaction Highly I	Paid E	7b mploy		ccount
Par 1	Information About Officers, Directors and Contractors List all officers, directors, trustees, foundate	ion mana	Trustees, F agers and the and average rs per week ed to position	come a ounda eir con (c) Co	attributable attion Man anpensation ampensation anot paid, atter -0-)	agers, (see ii (d) (emploand defe	ransaction Highly I nstruction Contribution byee benefit	Paid E	7b mploy (e) Exp	ense ad	ccount
Par 1	Information About Officers, Directors and Contractors List all officers, directors, trustees, foundat (a) Name and address	ion mana (b) Title house	Trustees, F agers and the and average rs per week ed to position	come a ounda eir con (c) Co	attributable ation Mana anpensation appensation anot paid,	agers, (see ii (d) (emploand defe	ransaction Highly I nstruction Contribution byee benefit	Paid E	7b mploy (e) Exp	ense ad	ccount
Par 1 Bruce	Information About Officers, Directors and Contractors List all officers, directors, trustees, foundat (a) Name and address McNeill	ion mana (b) Title house	rustees, F agers and the e, and average rs per week ed to position	come a ounda eir con (c) Co	ntributable ntion Man npensation mpensation not paid, nter -0-)	(see iii (d) emplo	ransaction Highly I nstruction Contribution byee benefit	n? . Paid E ns). Is to plans ensation	7b mploy (e) Exp other	ense ad	ccount
Par 1 Bruce 3901	Information About Officers, Directors and Contractors List all officers, directors, trustees, foundat (a) Name and address McNeill South 33rd, Fort Smith, AR 72903	ion mana (b) Title hou devot	rustees, F agers and the e, and average rs per week ed to position	come a ounda eir con (c) Co	attributable attion Man anpensation ampensation anot paid, atter -0-)	(see iii (d) emplo	ransaction Highly I nstruction Contribution byee benefit	Paid E	7b mploy (e) Exp other	ense ad	ccount
Par 1 Bruce 3901 : Carol 2708	Information About Officers, Directors and Contractors List all officers, directors, trustees, foundat (a) Name and address McNeill South 33rd, Fort Smith, AR 72903 yn Thomas Heather Oaks Way, Fort Smith, AR 72908 McNeill	ion mana (b) Title hou devot	Trustees, F agers and the and average rs per week ed to position	come a ounda eir con (c) Co	npensation mpensation mpensation mpensation not paid, nter -0-) 1800	to the tragers, (see in (d) (employand defo	ransaction Highly I nstruction Contribution byee benefit	n? . Paid E	7b mploy (e) Exp	ense ad	ccount
Par 1 Bruce 3901 : Carol 2708	Information About Officers, Directors and Contractors List all officers, directors, trustees, foundat (a) Name and address McNeill South 33rd, Fort Smith, AR 72903 yn Thomas Heather Oaks Way, Fort Smith, AR 72908	ion mana (b) Title hou devot Trustee	Trustees, F agers and the and average rs per week ed to position	come a ounda eir con (c) Co	ntributable ntion Man npensation mpensation not paid, nter -0-)	to the tragers, (see in (d) (employand defo	ransaction Highly I nstruction Contribution byee benefit	n? . Paid E ns). Is to plans ensation	7b mploy (e) Exp	ense ad	coun
Par 1 Bruce 901 : arol 708	Information About Officers, Directors and Contractors List all officers, directors, trustees, foundat (a) Name and address McNeill South 33rd, Fort Smith, AR 72903 yn Thomas Heather Oaks Way, Fort Smith, AR 72908 McNeill	ion mana (b) Title house devot Trustee Trustee Trustee	Trustees, Fagers and the and average rs per week ed to position	come a ounda eir con (c) Co (fri	npensation mpensation mpensation mpensation not paid, nter -0-) 1800	to the tragers, (see in (d) (emploand defe	ransaction Highly I nstruction Contribution types benefit terred composition	n? . Paid E ns). sto plans ensation 0	7b mploy (e) Exp other	ense ac allowa	countrices
Par 1 3ruce 3901 : 2r08 2708 Jean	Information About Officers, Directors and Contractors List all officers, directors, trustees, foundate (a) Name and address McNeill South 33rd, Fort Smith, AR 72903 yn Thomas Heather Oaks Way, Fort Smith, AR 72908 McNeill South 33rd, Fort Smith, AR 72903 Compensation of five highest-paid employed	ion mana (b) Title hou devot Trustee Trustee Trustee	Trustees, Fagers and the and average rs per week ed to position	come a ounda eir con (c) Co (ff i er	npensation mpensation mpensation mpensation not paid, nter -0-) 1800	to the tragers, (see in (d) (employand defined)	ransaction Highly I nstruction Contribution types benefit terred composition	n? . Paid E ns). Is to plans ensation 0 0 utions to benefit deferred	(e) Expother	ense ao r allowa	ento
Par 1 1 8ruce 901 : Carol: 1708 ean 901 :	Information About Officers, Dire and Contractors List all officers, directors, trustees, foundat (a) Name and address McNeill South 33rd, Fort Smith, AR 72903 yn Thomas Heather Oaks Way, Fort Smith, AR 72908 McNeill South 33rd, Fort Smith, AR 72903 Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid more than \$50	ion mana (b) Title hou devot Trustee Trustee Trustee	rustees, F agers and the and average resper week ed to position e	come a ounda eir con (c) Co (ff i er	npensation mpensation mpensation mpensation not paid, nter -0-) 1800 1800	to the tragers, (see in (d) (employand defined)	Highly Instruction This instruction Contribution benefit between compared	n? . Paid E ns). Is to plans ensation 0 0 utions to benefit deferred	(e) Expother	ense ad allowa	ento
Par 1 3ruce 3901 : 2r08 2708 2708 3901 :	Information About Officers, Dire and Contractors List all officers, directors, trustees, foundat (a) Name and address McNeill South 33rd, Fort Smith, AR 72903 yn Thomas Heather Oaks Way, Fort Smith, AR 72908 McNeill South 33rd, Fort Smith, AR 72903 Compensation of five highest-paid employ "NONE." (a) Name and address of each employee paid more than \$50	ion mana (b) Title hou devot Trustee Trustee Trustee	rustees, F agers and the and average resper week ed to position e	come a ounda eir con (c) Co (ff i er	npensation mpensation mpensation mpensation not paid, nter -0-) 1800 1800	to the tragers, (see in (d) (employand defined)	Highly Instruction This instruction Contribution benefit between compared	n? . Paid E ns). Is to plans ensation 0 0 utions to benefit deferred	(e) Expother	ense ad allowa	ento

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	nployees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NON	IE."
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
<u> </u>	
	
XIX ATE	
	1
February benefit the secretary of 50,000 for any february of 50,000	ļ <u>-</u>
Total number of others receiving over \$50,000 for professional services	
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	
	ļ
2	
3	
	<u> </u>
4	
Part IX-B Summary of Program-Related Investments (see instructions)	,
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1	
	1
	
²	}
All other program-related investments. See instructions.	1
3	1
Total. Add lines 1 through 3	
Total Audities Full Ough 5	Form 990-PF (2016

Part	Minimum Investment Return (All domestic foundations must complete this part. Forei see instructions.)	gn to	undations,
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	225,211
b	Average of monthly cash balances	16	249,119
C	Fair market value of all other assets (see instructions)	1c	
đ	Total (add lines 1a, b, and c)	1d	474330
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	11511 22.
3	Subtract line 2 from line 1d	3	474330
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see	1.1	7115
_	instructions)	4	
5 6	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	467,215
	Minimum investment return. Enter 5% of line 5	1 - 1	23361
Part	and certain foreign organizations check here ► ☐ and do not complete this part.)	ouna	ations
1	Minimum investment return from Part X, line 6	1	23361
· 2a	Tax on investment income for 2016 from Part VI, line 5	1	23201
b	Income tax for 2016. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	39
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	23,322
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	23322
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,	\Box	
	line 1	7	23312
-Dart	XII Qualifying Distributions (see instructions)		
an c		····	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		751105
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	22407
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.,	1 - 1	
_	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1 -	
a	Suitability test (prior IRS approval required)	3a	
_	Cash distribution test (attach the required schedule)	3b	35485
4 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	29
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	35,446
•	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years.	a wile	and the roundation
			5 000 - DE (004.0)

art	VIII Undistributed Income (see instruction	ons)			
1	Distributable amount for 2016 from Part XI, line 7	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
_					77277
2	Undistributed income, if any, as of the end of 2016: Enter amount for 2015 only			ď	
a	Total for prior years: 20 ,20 ,20		0		
ъ 3	Excess distributions carryover, if any, to 2016:				
	From 2011				
a	From 2012				
þ	· · · · · · · · · · · · · · · · · · ·		·		,
C	From 2013				٠.
đ	From 2014	-			,
ę		70			Ţ.
f 4	Total of lines 3a through e				,
а	Applied to 2015, but not more than line 2a .	,		O	
b	Applied to undistributed income of prior years				
_	(Election required—see instructions)		0	1	N.
c	Treated as distributions out of corpus (Election		-		
-	required—see instructions)			,	, 4
d	Applied to 2016 distributable amount				0
e	Remaining amount distributed out of corpus	0			
5	Excess distributions carryover applied to 2016	Ö	n	42 15	0
	(If an amount appears in column (d), the same				
	amount must be shown in column (a).)			ł	2 6
6	Enter the net total of each column as indicated below:		,	, , , , , , , , , , , , , , , , , , , ,	
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b	, 0	0		, h. 30°,
C	Enter the amount of prior years' undistributed				my 11.4
	income for which a notice of deficiency has				•
	been issued, or on which the section 4942(a)	, .	٨	- , .	
	tax has been previously assessed		0		7
d	Subtract line 6c from line 6b. Taxable				
	amount—see instructions		0_		
e	Undistributed income for 2015. Subtract line	, ,	•		,
	4a from line 2a. Taxable amount-see	•		_ ا	- "
	instructions			()	
f	Undistributed income for 2016. Subtract lines				
	4d and 5 from line 1. This amount must be				12211
	distributed in 2017				23322
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)	0			
8	Excess distributions carryover from 2011 not applied on line 5 or line 7 (see instructions).	٨			(
9	Excess distributions carryover to 2017.	<u> </u>			
•	Subtract lines 7 and 8 from line 6a	D			
10	Analysis of line 9:				· · · · · · · · · · · · · · · · · · ·
a	Excess from 2012				
b	Excess from 2013	1			
c	Excess from 2014	1		,	,
ď	Excess from 2015 O	1			
e	Excess from 2016	1			
<u> </u>		·	L	<u> </u>	Form 990-PF (2016)

Page	1	(
Page	1	4

Part	XIV Private Operating Founda	tione (coo inetru	otions and Part	VII_A guartian 0	<u>, </u>	
					<u> </u>	
1a	If the foundation has received a ruling					
	foundation, and the ruling is effective for					(0) 57 40 40 57 (5)
	Check box to indicate whether the four		operating foundat		ection 4942(j)(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2016	(b) 2015	(c) 2014	(d) 2013	
	each year listed					_
b	85% of line 2a					
С	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) 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 Part X, line 6 for each year listed		1			
С	"Support" alternative test—enter:					
•	• •					
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on					
	securities loans (section			•		
	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	<u> </u>				<u> </u>
Part				he foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-	-see instruction	s.)			
1	Information Regarding Foundation					
а	List any managers of the foundation					by the foundation
	before the close of any tax year (but o	only if they have co	intributed more th	an \$5,000). (See s	ection 507(d)(2).)	
	NONE					
b	List any managers of the foundation	who own 10% or	more of the stoo	ck of a corporation	n (or an equally la	rge portion of the
	ownership of a partnership or other e					
	NONE					
2	Information Regarding Contribution	. Grant. Gift. Loa	n, Scholarship, e	tc., Programs:		
_	Check here ▶ ☐ if the foundation				organizations and	does not accept
	unsolicited requests for funds. If the t					
	other conditions, complete items 2a,			`		
	The name, address, and telephone nu		Idress of the perso	on to whom applic	ations should be a	addressed:
а	The name, address, and telephone no	ATTION OF E-ITIALI AU	t t	and - 1		<u> </u>
	Bruce Mc Neill	3911	South 3	3" Frel	Smith L	77 779NZ
			dunformatica and	motorcle they al-	UIIIII	1/ 10-11V
Ь	The form in which applications should	a be submitted and	intermation and	materials they sho	uia iriciuae:	
	Ma continuos	Larma r	contino			
	No particular -	torms r	<u>equired</u>			
C	Any submission deadlines:		•			
	NONE					
d	Any restrictions or limitations on av	wards, such as by	y geographical a	reas, charitable fi	elds, kinds of ins	stitutions, or other
	factors: NIDALE					
	NONE					

Pari 3	Supplementary Information (cont Grants and Contributions Paid During		ed for Fud	ture Payment	
	Recipient	If recipient is an individual,	Foundation	die Fayment	
	<u> </u>	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
	Name and address (home or business)	or substantial contributor	recipient	55.10.12.00.1	
a	See attached schedule	NIA		Charitable Organizations exempt under Section 501 and 2055 of the	
				Section 501 and 2055 of the Internal Revenue Code is such amounts as the co-trustee may determine	27,98
	Total			> 3a	2000
b	Approved for future payment			Ja	Z-1704
	Total			▶ 3b	^

Ente	r gross an	nounts unless otherwise indicated.		siness income	Excluded by secti	on 512, 513, or 514	(e) Related or exempt
1	Program	service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
•	a	Service revenue.			-		
	b						
	c						
	d						
	e						
	f						
	g Fees	and contracts from government agencies					
2	Members	ship dues and assessments					l
3	Interest o	n savings and temporary cash investments			14	5850	
4	Dividend	s and interest from securities			14	4407	
5	Net renta	al income or (loss) from real estate:			<u>'</u>		
		-financed property		 			
		lebt-financed property			_		
6		al income or (loss) from personal property			 		
7		restment income					
8	•	oss) from sales of assets other than inventory					
9		me or (loss) from special events			.		
10	-	ofit or (loss) from sales of inventory					ļ
11	_				 		
			<u> </u>				}
	_		}		- 		
	d		 				
40	e Cubtotal	Add columns (b), (d), and (e)	 				
12	Subibiai.						
		- · · · · · · · · · · · · · · · · · · ·	L		-L	13	10757
13	Total. Ad	dd line 12, columns (b), (d), and (e)				13	10257
13 See	Total. Ac	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation	ns.)			13	10257
13 See Pa	Total. Ac workshee t XVI-B	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation Relationship of Activities to the A	is.) Accomplishm	ent of Exem	pt Purposes		
13 See Pa	Total. Ac workshee t XVI-B	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation	is.) Accomplishm	ent of Exem	pt Purposes		
13 See Pa	Total. Ac workshee t XVI-B	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation Relationship of Activities to the A	is.) Accomplishm	ent of Exem	pt Purposes		
13 See Pa	Total. Ac workshee t XVI-B	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation Relationship of Activities to the A	is.) Accomplishm	ent of Exem	pt Purposes		
13 See Pa	Total. Ac workshee t XVI-B	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is reporposes (other than	ent of Exem	pt Purposes		
13 See Pa	Total. Ac workshee t XVI-B	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	is.) Accomplishm	ent of Exem	pt Purposes		
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13 See Pa	Total. Ac workshee t XVI-B	dd line 12, columns (b), (d), and (e) et in line 13 instructions to verify calculation Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt pur	ns.) Accomplishm Income is reporposes (other than	ent of Exem	pt Purposes		

Part XVII

		Exempt Or	ganizations							
1	in se			engage in any of the following section 501(c)(3) organization					Yes	No
а			norting foundation to	a noncharitable exempt org	anization of			1 :		
a				· · · · · · · · · · ·				1a(1)		,
	• -									سد
_		ther assets .						1a(2)		1
p		r transactions:							}	
				mpt organization				1b(1)		<u></u>
	(2) P	urchases of asse	ets from a noncharita	ble exempt organization .				1b(2)		
	(3) R	ental of facilities,	, equipment, or othei	rassets				1b(3)		
	(4) R	leimbursement a	rrangements					16(4)		
	(5) L	oans or loan gua	rantees					1b(5)		./
		-		ip or fundraising solicitation				1b(6)		
С	- •			its, other assets, or paid em				1c		
ď		_		s," complete the following s					fair m	arkat
u				ces given by the reporting for						
				ement, show in column (d) to						
		 								
(a) Line	no.	(b) Amount involved	(c) Name of honch	antable exempt organization	(d) Description o	r transfers, tran	sactions, and sha	anng am	angeme	ems
					<u> </u>					
	L									
					1					
										•
					f					
			 							
										
										
										
					 					
			ļ		ļ					
										
										
					J					·
2a b	desc	ribed in section 5		iliated with, or related to, of ther than section 501(c)(3))] Yes	s 🗆	No
		(a) Name of organization (b) Type of organization (c) Description of re						nship		
								<u>-</u>		
										
										
					<u> </u>				talias d	
C:				d this return, including accompanying in taxpayer) is based on all information				uge and	peliet, it	is true
Sign Here	16	ature of officer or true	8 Thomas	5 15-17 Date	May the with the		RS discu preparer uctions)?	shown	below	
	1 5191	Print/Type preparer		Preparer's signature	Date			PTIN		
Paid			· · · · · · · · · · · · · · · · · · ·	- Topinio o agraturo) Jan	-	Check [_] if [
Prep	arer						self-employed			
Use (
	_	Firm's address ▶ Phone no.								

Information Regarding Transfers To and Transactions and Relationships With Noncharitable

GODFREY - THOMAS FOUNDATION CONTRIBUTIONS FOR 2016

United Way of Fort Smith 320 South l8th Fort Smith, AR 72901	\$2,886.00
Steps, Inc. P, O, Box 2835 South Fort Smith, AR 72902	\$1,000.00
Salvation Army 301 North 6th Street Fort Smith, AR 72901	\$2,000.00
Community Rescue Mission P. O. Box 607 Fort Smith, AR 72902	\$2,000.00
Girls Club, Inc. 4905 North O Street Fort Smith, AR 72904	\$2,000.00
Reynolds Cancer Clinic 3324 South M Street Fort Smith, AR 72901	\$2,000.00
Sack Lunch Program 110 North 6th Street Fort Smith, AR 72901	\$2, 5 00.00
Girls Shelter of Fort Smith 2600 Raleigh Street Fort Smith, AR 72901	\$1,000.00
Good Samaritan Clinic. 622 North 7 th Street Fort Smith, AR 72901	`\$ 2 ,000.00
Fort Smith Museum o History 320 Rogers Avenue Fort Smith, AR 72901	\$1,00.00@
Hannah House P. O. Box 1672 Fort Smith, AR 72902	\$1,500.00

Fellowship of Christian Athletes 3223 Old Greenwood Road FortSmith, AR 72901	\$1,000.00	71-6062116
Old Fort Homeless Coalition 2100 No. 31 Street Fort Smith, AR 72904	\$2,500.00	
Gregory Kistler Treatment Center 3400 South M Street Fort Smith, AR 72903	\$1,500.00	
Fort Smith Boys Club 4905 North O Street Fort Smith, AR 72901	\$2,000.00	
We Care Foundation P. O. Box 3431 Fort Smith, AR 72913	\$1,000.00	
Resource Center for Aging P. O. Box 961 Stuttgart, AR 72160	\$ 100.00	
Total	\$ 25,486 .00	
	27.986	

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