SCANNED DEC 1 1 2018

| EXEMPLED TO NOVEMBER 15, 2018 EXEMPLED TO Ganagazation Business Income Tax Return (and proxy tax under section 6038(e)) For extender year 2019 or one tax year beganning — 6 to twenty in year or one of the control | | (585) | | | 29393 | 332 | 2105918 |
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| Description of the present control of the pr | Form | | | | i ax Return | • } | OMB NO 1545-0687 |
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| Signature Sig | | | LOIS | E. DAVIS | | | • |
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| Timestage the fright rations is planty of the parent copropation. ► During the taxyen, was the corporation a subsidiary in an affiliated group or a perin-subsidiary controlled group? ► ▼ Yes | | 71,688,462. G Check organization type X 501(c) co | orporation | 501(c) trus | | | |
| If Yes, enter the name and identifying number of the parent corporation, ▶ J The books are in care of ▶ CARL A. DAVIS Telephone number ▶ 713-572-1122 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1 a Gross receipts or sales b Less returns and allowances c Cost of goods soid (Schedule A, ine 7) 2 Cost of goods soid (Schedule A, ine 7) 3 Gross profit. Subtract line 2 from line 1 3 Gross profit. Subtract line 2 from line 1 3 Gross profit. Subtract line 2 from line 1 4 Gapital game in connec (Schedule b) 4 Bet gam (foss) (Form 4797, Part II, line 17) (attach Form 4797) c Capital loss deduction for trusts c Income (Goss) from partnerships and S corporations (attach statement) 5 −31, 243. STMT 12: −31, 243. 6 Rent income (Schedule C) 7 Unrelated del-frianced income (Schedule E) 8 Interest, annuties, royalties, and rents from controlled organizations (Sch. F) 9 Investment income of a section 50 (c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempl activity income (Schedule I) 11 Advertising income (Schedule I) 12 Other income (See instructions attach schedule) 12 Other income (See instructions attach schedule) 13 Total. Combine lines 3 through 12 14 Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 16 Repairs and maintenance 17 Bed debts 18 Interest (attach schedule) 19 Taxes and licenses 10 Depreciation (attach Form 4797) 19 Depreciation (attach Form 4797) 19 Depreciation (attach Form 4797) 19 Total deductions, Add lines 14 through 28 10 Unrelated business (Schedule I) 10 Depreciation (attach Form 4797) 11 Depreciation (attach Form 4797) 12 Depreciation (attach Form 4797) 13 Total deductions, Add lines 14 through 28 10 Unrelated business taxable income before specific deduction. Subtract line 21 from line 30 11 Unrelated business taxable income Schedule (add to 1) 11 Depreciation (attach Form 4797) 12 Unrelated business taxable income Schedule (add to 1) 13 Unrelated business taxable income. Subtract line 31 from line 30 14 Unrelated bu | H De | scribe the organization's primary unrelated business activity. | TWD | THAFRING | | | |
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| Employee benefit programs Excess exempt expenses (Schedule I) Cother deductions (attach schedule) Cother deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 32. If line 33 is greater than line 32, enter the smaller of zero or | | | TEUL | IVED | | | |
| Other deductions (attach schedule) OGDEN, UT Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 32. If line 33 is greater than line 32, enter the smaller of zero or | | European Landt annum | . | 3 | | | |
| Other deductions (attach schedule) OGDEN, UT Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 32. If line 33 is greater than line 32, enter the smaller of zero or | | Excess exempt expenses (Schedule I) | UV 1 | 9 2018 | | | |
| Other deductions (attach schedule) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) Unrelated business taxable income. Subtract line 32. If line 33 is greater than line 32, enter the smaller of zero or | 27 | Excess readership costs (Schedule J) | | | | | |
| Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Net operating loss deduction (limited to the amount on line 30) Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 32 | 28 | Other deductions (attach schedule) | GDF | NIT | | 28 | |
| Net operating loss deduction (limited to the amount on line 30) 132 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 133 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 134 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or | | Total deductions. Add lines 14 through 20 | | | | | |
| Unrelated business taxable income before specific deduction. Subtract line 31 from line 30 Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 32 -41,489. 33 1,000. 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or | | | act line 2 | 9 from line 13 | | | -41,489. |
| Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions) 33 1,000. 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or | | · | fun 1 | 00 | | | 41 400 |
| 34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or | | | | 30 | | | |
| | | | • | than line 32 enter the | smaller of zero or | 33 | 1,000. |
| | _ | | .o groatel | | | 34 | -41,489. |

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page 6

| Formuse-T(2 | THE CARL A. DAVIS | AND LOIS E. DAY | vis | 37_ | 1548116 | Page Z |
|--------------|---|---------------------------------------|--------------------------|--|--|---|
| | Tax Computation | | · | - J | 1040110 | |
| _ | ^ | ustless for the computation | | | DE COL | |
| | Organizations Taxable as Corporations. See instr | ~~~~ | | 1 | | |
| | Controlled group memoers (sections 1581 and 156 interyour share of the \$50,000, \$25,000, and \$9,5 | | | | | |
| | 11 \$ \ (21 \\$ | (3) | • | 11 | | |
| | Mer organization's share of: (1) Additional 5% to: | | | }} | | |
| | 2) Additional 3% tax (not more than \$100,000) | - | | | | |
| | | | | | ▶ 35c | 0. |
| | Frusts Taxable at Trust Rates. See instructions to | | | | | |
| יי יי | Tax rate schedule or Schedule D (Fo | | | 1 | ▶ 36 | |
| 37 F | Draw faw Can instructions | | | 6 | 37 | |
| | Yoxy tax, See instructions Alternative minimum tax | | | | 38 | |
| - | Tex on Non-Compliant Facility Income. See instru | retions | | · · · · · · | 39 | |
| | Total. Add Enes 37, 38 and 39 to line 35c or 35, wi | | | | 40 | 0. |
| | Tax and Payments | | | | ************************************** | |
| | oreign tax credit (corporations attach Form 1118; | trusts attach Form 1116) | 41a | | 讀 | |
| | Other credits (see Instructions) | | | | | |
| a (| Ganeral business credit. Attach Form 3800 | | | | | |
| | Credit for prior year minimum tax (attach Form 88) | | 414 | | | |
| e 7 | fetal cradits. Add ilnes 41a through 41d 🔔 🗼 | **** *** * 1 ,14 | | | 41e | |
| 42 5 | Subtract line 4 te from line 40 | | | | 42 | 0. |
| 43 (| Other taxes. Chick if from: 🔲 Form 4255 🔲 | Farm 8611 Form 8697 | Form 8866 [| Ther lattach achi | edula) 48 | |
| 44 1 | Total lax. Add lines 42 and 43 | | | | 44 | 0. |
| 45 a f | Payments: A 2016 overpayment credited to 2017 | | | 47,7 | 38. | |
| | | | | | | |
| • 1 | Tax deposited with Form 6868 , , , , , , , , , , , , , , , , , | | | | | |
| | Foreign organizations: Tax paid or withheld at sour | | | | | |
| e : | Backup withholding (see instructions) | | 45e | | | |
| | Credit for small emotoyer health insurance premius | ns (Attach Form 8941) | 451 | _ | | |
| 9 (| Other credits and payments: | orm 2439 | | <i>t</i> 1 | | |
| Į. | | ther | | | | 45 535 |
| | | | | | 46 | 47,738. |
| | Estimated tax penalty (see instructions) Check if F | | | | 47 | |
| | Tax dee. If line 46 is less than the total of lines 44 Overpayment II line 46 is larger than the total of I | | | | 48 | 47,738. |
| | every many to line 40 is larger than the local of the Enter the available of line 49 you want. Credited to | | 47,738 | - Refunded | 49 | 0. |
| | Statements Regarding Certain | Activities and Other I | | | | |
| | At any time during the 2017 calendar year, did the | | | | | Yes No |
| | over a financial account (bank, secunities, or other) | | e organization may h | | | 55.850 |
| | FINCEN Form 114, Report of Foreign Bank and Fina | | name of the foreign | | | |
| | here > | | | | | X |
| 5 2 1 | During the tax year, did the organization receive a | n, or was it the o | rantor of, or transfer | orto, alloreion trus | 17 | X |
| 1 | If YES, see instructions for other forms the organic | have to life. | | | | |
| 59 (| Enter the amount of tax-exampt interest receiv | glued during the tax year | -\$ | | | |
| | Childr penalties of perkiny, I declare that I have examined confect, and complishe. Declaration of pregarer (other the | this return, including accompanying a | chedulou and eleterronia | , and to he best of my | knowledge and belief | , il is Bue. |
| Sign | To de la constant de | | | A sugar modifie | واستاب التوامي | |
| Here | 1 de lan | | FFICER | | Are brebates and | cuss this raturn with own below (age |
| 6 | Signature of officer | Date | le | | (enodouters) | [|
| | Print/Type preparer's name | Preparer's signature | Date | Chack (| If PTIN | |
| Pald | † | milale man | - 1 | sell- em | ployed | |
| Prepar | rer MICHELLE MANN | MICHELLE MANN | 11/09 | 7/18 | | 054483 |
| Use O | nly Firm's name ► HOGANTAYLOR, | LLP | | Firm's I | EIN ► 73- | 1413977 |
| | 11300 CANT | RELL ROAD, SUI | TE 301 | | | |
| | Furn's address > LITTLE ROC | K, AR 72212 | | Phone | na. 501-22 | |
| | | | | | F | orm 990-T (2017) |
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28 2017.05000 THE CARL A. DAVIS AND LOI DAV070 1

Form 990-T (2017) FOUNDATION

| Schedule A - Cost of Goods | s Sold. Enter | method of inven | tory valuation ► N/A | | | | | |
|--|--|---|---|--|--|--|------------------------|----|
| 1 Inventory at beginning of year | 1 1 | | 6 Inventory at end of year | | | 6 | | |
| 2 Purchases | 2 | 7 Cost of goods sold. Sub | | | ine 6 | | | |
| 3 Cost of labor | 3 | from line 5. Enter here an | | | | · • | | |
| 4a Additional section 263A costs | | | line 2 | | | 7 | | |
| (attach schedule) | 4a | | 8 Do the rules of section | 263A (v | with respect to | | Yes | No |
| b Other costs (attach schedule) | 4b | | property produced or a | • | • | | | - |
| 5 Total. Add lines 1 through 4b | 5 | | the organization? | | to round, apply to | | | |
| Schedule C - Rent Income (see instructions) | | Property and | | ease | d With Real Prope | erty) | | |
| Description of property | | | | - | | | | |
| (1) | | | | | | <u> </u> | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| .57 | 2. Rent receiv | ed or accrued | | | | | | |
| (a) From personal property (if the per rent for personal property is more 10% but not more than 50%) | centage of | (b) From real a | and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income) | ige | 3(a) Deductions directly columns 2(a) an | connected with the d 2(b) (attach sched | | |
| (1) | | | | | | | | |
| (2) | | | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| Total | 0. | Total | | 0. | | - | | |
| (c) Total income. Add totals of columns here and on page 1, Part I, line 6, column | 2(a) and 2(b). En | ter | | 0. | (b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) | _ | | 0. |
| Schedule E - Unrelated Det | | Income (see | instructions) | | 1 2 7 1 1112 0 7 20 2 1 1 1 1 1 1 1 1 | | | |
| | | <u></u> | 2. Gross income from | | Deductions directly conn to debt-finance | | ble | |
| 1. Description of debt-fi | nanced property | | or allocable to debt- financed property | (a) | Straight line depreciation (attach schedule) | (b) Other (attach s | deductions chedule) | 3 |
| (1) | | | | | * | | - | |
| (2) | | | | | | - | , | |
| (3) | | | | | | | - | |
| (4) | | | | | | | | |
| 4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) | of or a debt-fina | adjusted basis allocable to inced property h schedule) | 6. Column 4 divided by column 5 | | 7. Gross income reportable (column 2 x column 6) | 8. Allocab (column 6 x t 3(a) a | | |
| (1) | | | % | | | | | |
| (2) | | | % | | | | | |
| (3) | 1 | | % | | | <u> </u> | | |
| (4) | 1 | | % | | | | | |
| <u> </u> | <u>, </u> | | | | inter here and on page 1, Part I, line 7, column (A) | Enter here ar Part I, line 7 | | |
| Totals | | | _ | 1 | 0 . | | | 0. |
| Total dividends-received deductions | ncluded in colum | n 8 | | L | | . | | 0. |

Form **990-T** (2017)

Form 990-T (2017)

(2) (3) (4)

0

0

Totals (carry to Part II, line (5))

Form 990-T (2017) FOUNDATION

| Part II | Income | From Periodicals Reported on a Separate Basis (For each | ch periodical listed in Part II, fill in |
|---------|-----------|---|--|
| | columns 2 | 2 through 7 on a line-by-line basis) | |

| 1. Name of periodical | 2. Gross advertising income | 3. Direct advertising costs | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5. Circulation income | 6. Readership costs | Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-----------------------------|--|--|---|-----------------------|---------------------|---|
| (1) | | | | | | |
| (2) | | | | | | |
| (3) | | | | | | |
| (4) | | | | | | |
| Totals from Part I | ▶ 0. | 0. | | | | 0 |
| | Enter here and on page 1, Part I, line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) | | | | Enter here and on page 1, Part II, line 27 |
| Totals, Part II (lines 1-5) | ▶ 0. | 0. | | | | 0 |

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

| 1. Name | 2. Title | 3. Percent of time devoted to business | Compensation attributable to unrelated business |
|---|----------|--|---|
| (1) | | % | |
| (2) | | % | |
| (3) | | % | |
| (4) | | % | |
| Total. Enter here and on page 1, Part II, line 14 | | > | 0. |

Form 990-T (2017)

| THE CARL A. DAVIS AND LOIS E. | 37-1648116 | |
|----------------------------------|---------------|--------------|
| FORM 990-T INCOME (LOSS AND S | STATEMENT 12 | |
| DESCRIPTION | · | AMOUNT |
| KKR LENDING PARTNERS, LP | | -31,243. |
| TOTAL TO FORM 990-T, PAGE 1, I | INE 5 | -31,243. |
| FORM 990-T | INTEREST PAID | STATEMENT 13 |
| DESCRIPTION | AMOUNT | |
| KKR INVESTMENT INTEREST EXPENS | 10,246. | |
| TOTAL TO FORM 990-T, PAGE 1, L | INE 18 | 10,246. |
| FORM 990-T | CONTRIBUTIONS | STATEMENT 14 |
| DESCRIPTION/KIND OF PROPERTY | AMOUNT | |
| CONTRIBUTION CARRYOVER | . 4,941,557. | |
| TOTAL TO FORM 990-T, PAGE 1, I | 4,941,557. | |