2949133516400

Return of Private Foundation

OMB No³ 1545-0052

2017

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

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

•	Internal Revenue Service Go to www.irs.gov/Form9	90PF for instruction			ection
	For calendar year 2017 or tax year beginning		, and	l ending	
	Name of foundation .			A Employer identification number	
	CAROTHERS CONSTRUCTION CHARITABL	E			
9	Number and street (or PO box number if mail is not delivered to street ad	dress)	Room/suite	64-0892836	
-	P O BOX 189			B Telephone number (see instructions)	
	City or town, state or province, country, and ZIP or foreign postal code	ŕ		7	rt .
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Form 990-PF (2017) CAROTHERS CONSTRUCTION CHARITABLE

D. Alis	Attached schedules and amounts in the description column	Beginning of year	End of year			
Part II	Balance Sheets 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					
2	Savings and temporary cash investments	278,434.	255,196.	255,196.		
· 3	Accounts receivable >					
	Less: allowance for doubtful accounts	•				
4	Pledges receivable ▶					
	Less: allowance for doubtful accounts					
5	Grants receivable					
6	Receivables due from officers, directors, trustees, and other					
'	disqualified persons (attach schedule) (see instructions)			<u>'</u>		
7	Other notes and loans receivable (attach schedule) > 217,555		WEST AND STREET			
'	Loss allowance for doubtful accounts	217.555.	217.555.	204.980.		

		nd(s) of property sold (for example, real esuse, or common stock, 200 shs MLC Co)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)	
1a						
b						
C						
d						
е				.]		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		nin or (loss) (f) mınus (g))
а						
b						·
С						<u> </u>
d						
е						
	Complete only for assets sho	owing gain in column (h) and owned	by the foundatio	n on 12/31/69	(I) Gains (C	ol (h) gain minus
	(i) FM V as of 12/31/69	(j) Adjusted basis as of 12/31/69	, ,	ss of col (ı) I (j), ıf any	col (k), but n	ot less than -0-) or (from col (h))
а						
b						
С						
d						
е						-
2	Capital gain net income or	'Indi canital locel 4	also enter in Pa), enter -0- in Pa		2	
3	Net short-term capital gain	or (loss) as defined in sections			- 1	·
-		, line 8, column (c). See instruct				
				> 1	3	
) a.e						
or		er Section 4940(e) for Reduvate foundations subject to the safe this part blank.				
For o	optional use by domestic privation 4940(d)(2) applies, leavelie foundation liable for the	vate foundations subject to the some this part blank. section 4942 tax on the distribut	ection 4940(a) able amount of	tax on net investm	ent income.)	☐ Yes 🛣 N
For o	optional use by domestic privition 4940(d)(2) applies, leavened the foundation liable for the so," the foundation doesn't qu	vate foundations subject to the set this part blank. section 4942 tax on the distributualify under section 4940(e). Do	ection 4940(a) able amount of not complete th	tax on net investm any year in the ba is part.	se period?	☐ Yes 🔣 N
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Secondary Second	potional use by domestic privation 4940(d)(2) applies, leave the foundation liable for the star," the foundation doesn't question the appropriate amous (a) Base period years endar year (or tax year beginning in) 2016 2015 2014 2013 2012 Total of line 1, column (d) Average distribution ratio for the number of years the form of the number of years the number of year	vate foundations subject to the size this part blank. section 4942 tax on the distributualify under section 4940(e). Do punt in each column for each year (b) Adjusted qualifying distribution for the 5-year base period—divide bundation has been in existence charitable-use assets for 2017 for the size that the	able amount of not complete the rection. Net value de the total on luif less than 5 years rom Part X, line	any year in the bais part. (c) of noncharitable-use as ne 2 by 5.0, or by ears	se period? sing any entries. sets Cool (b	(d) stribution ratio) divided by col (c))
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Form 9	90-PF (2017) CAROTHERS CONSTRUCTION CHARITA	ABLE		64	4-0892836	Page 4
Part	VI Excise Tax Based on Investment Income (Section 4940(a), 494	10(b), 49	40(e), or 4948—see			
		and ente	er "N/A" on line 1.		2021	
b	Domestic foundations that meet the section 4940(e) requirements in Pal			1	1,165.	123.E.I
_	here \(\sum \) and enter 1% of Part I, line 27b					
С	All other domestic foundations enter 2% of line 27b Exempt foreign org Part I, line 12, col. (b).	anizatio	ns, enter 4% or	22/2		ESE
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation		thers, enter -0-)	2	0	
3	Add lines 1 and 2			3	1,165.	ļ
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation	•	•	5	0 1,165.	
5 6	Tax based on investment income. Subtract line 4 from line 3. If zero of Credits/Payments:	or iess, e	enter-o	3860	T, TOO.	15.621
а	2017 estimated tax payments and 2016 overpayment credited to 2017	6a	1		DOM: FEB.	
b	Exempt foreign organizations—tax withheld at source	6b				
С	Tax paid with application for extension of time to file (Form 8868)	6c	1,164.			
d	Backup withholding erroneously withheld	6d				
7	Total credits and payments. Add lines 6a through 6d			7	1,164.	<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here i		_	8	9	
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount of Overpayment. If line 7 is more than the total of lines 5 and 8, enter the		tovornoid	10	1.	-
11	Enter the amount of line 10 to be Credited to 2018 estimated tax	amouni	Refunded ►	11		
	VII-A Statements Regarding Activities			1	I	1
1a	During the tax year, did the foundation attempt to influence any national	, state, o	or local legislation or	did ıt	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 poli	tical purposes? See t	he		
	instructions for the definition				. 1b	X
	If the answer is: "Ves" to 1.a or 1 h attach a detailed description of the ac-	strution o	and conice of any mai	oriale	SERVING STREET	11.4250
<u>N</u>						
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	- ,					
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Part	All-R	Statements Regarding Activities to	or Whi	ich Form 47	<u> 20 Ma</u>	y Be Requ	uired (continue	ea)			
5a		e year, did the foundation pay or incur ar on propaganda, or otherwise attempt to			(sectio	n 4945(e))	? .	Yes	X No		識	
		nce the outcome of any specific public el ly or indirectly, any voter registration driv		(see section		-	on,	Yes	X No			
		de a grant to an individual for travel, stud						Yes	₩ No	2.2.2		93
	(4) Provi	de a grant to an organization other than a on 4945(d)(4)(A)? See instructions	charita		ganizati	on describe	ed in	☐ Yes	∑ No			
	(5) Provi	de for any purpose other than religious, cases, or for the prevention of cruelty to ch	haritab	le, scientific,	literary	or educati	onal	Yes	—			
b		ctions fail to d					bed in	5b	型			
С	Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions Organizations relying on a current notice regarding disaster assistance, check here											
6a	If "Yes," attach the statement required by Regulations section 53.4945–5(d).											
b									6b	**X	X	
							Yes	No	7b			
		nformation About Officers, Directo								ploye	es,	
		and Contractors										
_1	List all c	fficers, directors, trustees, and found			1							
		(a) Name and address	hou devot	e, and average irs per week led to position	i (lf ı	mpensation not paid, nter -0-)	emple	Contribution byee benefit erred compi	plans	(e) Expe	nse ac allowan	
PO I	3OX 18	9		IDENT 10		0						
PO I	30X 18	9		ETARY 10		0						
			TREA	SURER		_						
PO 1	30X 18	9		10		0						
2	Comper	sation of five highest-paid employees	(other	than those	include	ed on line	l—see	instructi	ons). If	none,	enter	
······		nd address of each employee paid more than \$50,000)	(b) Title, and a hours per v devoted to p	veek	(c) Comper		(d) Contrib employee plans and compen	benefit deferred	(e) Expe	nse ac	
NONI	<u> </u>											<u>.</u>
Total	number o	f other employees paid over \$50,000 .							. ▶			

Pa	int VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid En and Contractors (continued)	ipioyees,
3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "N	IONE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NO	NE .	
Tota	al number of others receiving over \$50,000 for professional services	<u> </u>
Р	Summary of Direct Charitable Activities	·
	st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1	FIRST BAPTIST CHURCH WATER VALLEY MS	
		60,100.
2	HERES LIFE AFRICA DECATUR TX	
		60,000.
3	FELLOWSHIP OF CHRISTIAN ATHLETES RIDGELAND MS	
		46,400.
4	COMPASSION MINISTRIES WATER VALLEY MS	
		22,800.
	art IX-B Summary of Program-Related Investments (see instructions)	
	escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
2		
A	other program-related investments. See instructions	
3		
_		
Tot	al. Add lines 1 through 3 ▶	

Form **990-PF** (2017)

Part	X • Minimum Investment Return (All domestic foundations must complete this part. Foreign	า four	ndations,
	see instructions.)		
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	3,226,414.
b	Average of monthly cash balances	1b	200,268.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	3,426,682.
е	Reduction claimed for blockage or other factors reported on lines 1a and	٠,	
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3,426,682.
4	Cash deemed held for charitable activities. Enter 1½ % of line 3 (for greater amount, see		
	instructions)	4	51,400.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	3,375,282.
6	Minimum investment return. Enter 5% of line 5	6	168,764.
Part		ons	
	and certain foreign organizations, check here and do not complete this part.)		
1	Mınımum investment return from Part X, line 6	1	168,764.
2a	Tax on investment income for 2017 from Part VI, line 5	ļ ·	
b	Income tax for 2017. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,165.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	167,599.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	167,599.
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	167,599.
Part	XII Qualifying Distributions (see instructions)		
u are		,	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	281,773.
þ	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
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	281,773.
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	1,165.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	280,608.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating wh	nether	the foundation
	qualifies for the section 4940(e) reduction of tax in those years.		

Part	Vill Unaistributed income (see instructions)				
1	Distributable amount for 2017 from Part XI,	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
	line 7				167,599.
2	Undistributed income, if any, as of the end of 2017	•• · · ·	, .		
а	Enter amount for 2016 only				
b	Total for prior years: 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2017		-		
а	From 2012				
h	From 2013 126,188.				
•	From 2014				
٠	From 2015				
u				. ,	, . f
e	From 2016	022 104			, , ,
f	Total of lines 3a through e	922,194.			<u> </u>
4	Qualifying distributions for 2017 from Part XII,	٠ <u>٠</u>		•	
	line 4: ▶ \$ 281,773.	·			
а	Applied to 2016, but not more than line 2a				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				- · - · · · · · · · · · · · · · · · · ·
C	Treated as distributions out of corpus (Election				
	required—see instructions)				
d	Applied to 2017 distributable amount				167,599.
е	Remaining amount distributed out of corpus .	114,174.			
5	Excess distributions carryover applied to 2017.			-	
	(If an amount appears in column (d), the same				1
	amount must be shown in column (a).)	,			
6	Enter the net total of each column as	·			
	indicated below:				
ถ	Corpus. Add lines 3f, 4c, and 4c. Subtract line 5	1,036,368.			
	Prior years' undistributed income. Subtract				
	line 4b from line 2b	,			
c	Enter the amount of prior years' undistributed				
·	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				
	tax has been previously assessed				
4	Subtract line 6c from line 6b. Taxable				
u	amount—see instructions				
_	Undistributed income for 2016. Subtract line				
е	4a from line 2a. Taxable amount—see				
				-	
T	Undistributed income for 2017. Subtract lines]			
	4d and 5 from line 1. This amount must be				
_	distributed in 2018				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required—see instructions)				
8	Excess distributions carryover from 2012 not	344 345			•
	applied on line 5 or line 7 (see instructions) .	144,145.			
9	Excess distributions carryover to 2018.				,
	Subtract lines 7 and 8 from line 6a	892,223			
10	Analysis of line 9:	ļ			
а	Excess from 2013 126,188.	1	1		
b	Excess from 2014				
С	Excess from 2015				
d	Excess from 2016 235, 454.		•		
е	Excess from 2017 114,174.				

rom 9	90-PF (2017) CAROIDERS CON	151ROC11ON	CUNKTINDDI	<u> </u>	64-0	092030 Page 10
Part						7
1a	•		-	ate operating		
	foundation, and the ruling is effective for			•		/
	Check box to indicate whether the foundation		ling foundation descr	ribed in section	X 4942(J)((3) or 4942(J)(5)
2a	Enter the lesser of the adjusted net income from Part I or the minimum				т	(e) Total
	investment return from Part X for	(a) 2017	(b) 2016	(c) 2015	(d) 2014	<i>Y</i>
	each year listed	116,534.	108,606.	127,846.	120,637	473,623.
b	85% of line 2a	99,054.	92,315.	108,669.	102,541.	402,579.
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	281,773.	402,763.	465,256.	288/,059.1	,437,851.
d	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	281,773.	402,763.	465,256.	288,059.1	,437,851.
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	110 500	112 25	114 050	110 000	455 000
	Part X, line 6 for each year listed	112,509.	112,263.	114,052.	112,209.	451,033.
С	"Support" alternative test—enter:			_		
	(1) Total support other than gross					
	investment income (interest,					
	dividends, rents, payments on secunties loans (section					1
	512(a)(5)), or royalties)					
	(2) Support from general public		ř			
	and 5 or more exempt					
	organizations as provided in section 4942(j)(3)(B)(iii)					
	section 4942(j)(3)(B)(iii) (3) Largest amount of support from			-		<u></u>
	an exempt organization					
	(4) Gross investment income					
Part		(Complete this	s part only if the	foundation ha	d \$5.000 or mor	e in assets at
	any time during the year—	•	•			
1	Information Regarding Foundation M					
а	List any managers of the foundation wh	ho have contribute	d more than 2% o	f the total contribu	tions received by t	he foundation
	before the close of any tax year (but on	nly if they have con	ntributed more thai	n \$5,000). (See se	ction 507(d)(2).)	
b	List any managers of the foundation wh	no own 10% or mo	ore of the stock of	a corporation (or a	n equally large po	rtion of the
	ownership of a partnership or other ent	lity) of which the fo	oundation has a 10	% or greater inter	est.	
2	Information Regarding Contribution,					
	Check here ▶ ☐ if the foundation or	nly makes contribu	tions to preselecte	ed charitable organ	izations and does	not accept
	unsolicited requests for funds. If the fou	•		individuals or orga	inizations under of	her
	conditions, complete items 2a, b, c, and	d d. See instruction	ns.			
а	The name, address, and telephone nur	mber or email addr	ress of the person	to whom application	ons should be add	ressed:
	N CAROTHERS 662-473-25					
b	The form in which applications should be	be submitted and i	nformation and ma	aterials they should	d include:	
.	DAMILIO DUDI ATATAMA AMMO	DENISSEE	mo <i>dotama</i> -	m.,	\;	
	RATIVE EXPLAINING NEED Any submission deadlines:	, BENEFIT '	TO COMMUNI	IY, AMOUNT	NEEDED, E'	TC
NON:	· ·					
	Any restrictions or limitations on award	s, such as by geog	graphical areas, ch	naritable fields, kin	ds of institutions, o	or other
	factors.					
NON.	E					

Total . .

Part XV^e Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year OPERATION MOBILIZATION ACTIVEOPERATING EXP 12,000. 285 LYNNWOOD 30290 GA TYRONE MEDICAL MINISTRIES CLIN ACTIVEOPERATING EXP 6,000. 205 COMMERCE DRIVE 38655 MS OXFORD GREENWOOD UTLITIES ACTIVEOPERATING EXP 2,400. 202 WRIGHT PLACE 38930 MS GREENWOOD FIRST BAPTIST CHURCH ACTIVEOPERATING EXP 60,100. 800 N MAIN STREET 38965 MS WATER VALLEY FELLOWSHIP OF CHRISTIAN ACTIVEOPERATING EXP 46,400. PO BOX 449 39158 MS RIDGELAND DOORS OF HOPE ACTIVEOPERATING EXP 16,008. 924 VAN BUREN DRIVE 38655 MS OXFORD HERES LIFE AFRICA ACTIVEOPERATING EXP 160,000. 601 W MAIN STREET 76234 TX DECATUR COMPASSION MINISTRIES ACTIVEFOOD PANTRY 22,800. 341 CR 485 3272,301. **b** Approved for future payment

Pa	rt XV	Analysis of Income-Producing Ac	tivities		-		
		s amounts unless otherwise indicated.		isiness income	Excluded by sect	(2)	
1	Prog	ram service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
	а						
	b _						
	c -						
	d _				,		<u>"</u>
	e _						
	f _						
	g F	ees and contracts from government agencies					
2	Mem	bership dues and assessments					
3	Intere	est on savings and temporary cash investments .					56,142.
4		lends and interest from securities					60,392.
5		ental income or (loss) from real estate	, ~	The state of a	1.66 5.46	19 皇 金城南山	Contract Contract
		Debt-financed property					
		Not debt-financed property					
6		ental income or (loss) from personal property					1.55.005
7		r investment income					155,325.
8		or (loss) from sales of assets other than inventory					ļ
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11		r revenue: a	-		<u> </u>		
	p _						<u> </u>
					 		
	d _				-		
12	e _	otal. Add columns (b), (d), and (e)	T 16 3- 0 2 1		· - ***		271,859.
		I. Add line 12, columns (b), (d), and (e)					271,859. 271,859.
		sheet in line 13 instructions to verify calculation				13	211,639.
	rt XV			ent of Evernnt	Purnoses		
	e No.	Explain below how each activity for which incon				Limportantly to the	
	▼	accomplishment of the foundation's exempt pur	poses (other than	by providing fund	s for such purpos	ses). (See instruct	ions)
3,	4,8	RETURN ON INVESTMENTS AWA	ITING TO	BE CONTRI	BUTED TO	THE NEED	Υ
11	-						
					-	-	
	•					· <u>-</u> .	
						· -	
					<u> </u>		
							<u>.</u>
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						- 	44.7
							
					····		
							,

Part XVII Information Regarding Transfers to and Transactions and Relationships With Noncharitable

	Exempt Org	janizations							
1	Did the organization of	Irrectly or indirectly e	engage in any of the	following wi	th any other organi	zation described	,	Yes	No
	in section 501(c) (other	er than section 501(c	c)(3) organizations)	or in section	527, relating to pol	litical	,]	
	organizations?	-	·				12 m	J. 1. 5	J# 3
а	Transfers from the rep	porting foundation to	a noncharitable ex	empt organiz	ation of:		<u> </u>	, 2	[`}
	(1) Cash	· -					1a(1)		Х
	(2) Other assets						1a(2)		Х
b	Other transactions:						. ,		. 2
	(1) Sales of assets to	a noncharitable exe	empt organization				1b(1)		X
	(2) Purchases of asse						1b(2)		Х
	(3) Rental of facilities						1b(3)		Х
	(4) Reimbursement a						1b(4)	-	Х
	(5) Loans or loan gua	_					1b(5)		Х
	(6) Performance of se						1b(6)		X
С	Sharing of facilities, e						1c	<u> </u>	X
d	If the answer to any of t							L	
•	value of the goods, other								
	value in any transaction	i or sharing arrangeme	ent. show in column (d) the value of	the goods, other ass	sets, or services rec	eived		
(a) Line		, 	hantable exempt organiz		(d) Description of transf			naeme	nts
(4, 5	(b)/ incontinuous	(c) Hame of Hone	The state of the s		(L) Boompaon or dans	0.0, 44.100040110, 41.10	g aa		
		-	·	····					
				+		.			
				-					
									
		 							
		 							
	-								
		 					····		
		 							
		 							
									
	1 11 6 1 11 1		. 4 4	1					
2a	Is the foundation direction described in section 5						Yes	[♥] N	lo.
			ction 50 i(c)(5)) or	in section 52	/	· · · · · L	_ res	ΔI N	,O
<u>D</u>	If "Yes," complete the		417		<u> </u>				
	(a) Name of organ	nization	(b) Type of	organization		(c) Description of rela	tionship		
	. 								
	Tu	1							
		clare that I have examined this r tion of preparer (othe r then taxe				y knowledge and belief, it is	true,		
Sign	concut, and complete Decidad	2	MALIT TO DESCO OIL BILLINGTHIBU	L			IRS discuss		
Here	Vear 1	(au is	<u> </u>		SIDENT	with the See inst	preparer sho ructions	Wn belo	
	Signature of officer or tru		` Date ·	Title	1				
Paid	Print/Type preparer		Preparer's signature		Date	Check X if	PTIN	250	
Prepa		Scheibelhw	1	<u> </u>	utupa 11/12/2	self-employed			23
•	Firm's name	BaileyKaufm			rc , ,		1660		
Use (Firm's address	288 Germant		ove		Phone no 901	-754	-16	16
		Cordova TN	38018-7237				Form 99	0-PF	(2017)

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2017

Employer identification number

CAROTI	HERS CONSTRUC	CTION CHAR	ITABLE		64-0892836	
Organiza	tion type (check one)):				
Filers of:		Section:				
Form 990	or 990-EZ	501(c)() (enter number) org	anization		
		4947(a)(1) r	nonexempt charitable t	rust not treated as a private fo	undation	
		527 political	organization			
Form 990	-PF	X 501(c)(3) ex	empt private foundation	n		
		4947(a)(1) r	nonexempt charitable t	rust treated as a private founda	ation	
		501(c)(3) ta	xable private foundatio	n		
Note: On instruction	ns.	(8), or (10) organ	ization can check boxe	es for both the General Rule an	d a Special Rule. See	
X F	or an organization filir	roperty) from any		eived, during the year, contribu lete Parts I and II. See instructi		
Special F	Rules					
re	egulations under sections, 16a, or 16b, and the	ons 509(a)(1) and at received from a	170(b)(1)(A)(vi), that only one contributor, du	90 or 990-EZ that met the 33 1 checked Schedule A (Form 990 ring the year, total contributions h, or (II) Form 990-EZ, line 1. (or 990-EZ), Part II, line s of the greater of (1)	
с	ontributor, during the	year, total contribu	tions of more than \$1,	iling Form 990 or 990-EZ that r 000 <i>exclusively</i> for religious, o r to children or animals. Compl	charitable, scientific,	
c c d	ontributor, during the yontributions totaled muring the year for an element Rule applies t	year, contributions ore than \$1,000. If exclusively religion to this organization	exclusively for religion f this box is checked, e us, charitable, etc., pur no because it received in	iling Form 990 or 990-EZ that rous, charitable, etc., purposes, inter here the total contributions pose. Don't complete any of the nonexclusively religious, charit	but no such s that were received e parts unless the able, etc., contributions	-

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
CAROTHERS CONSTRUCTION CHARITABLE

Employer identification number 64 - 0892836

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

		<u> </u>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	NONE Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province. Foreign Country	\$	Person Payroli Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Foreign State or Province: Foreign Country:	\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Other Notes and Loans Receivable as of Year End
PF 990-PF: Page 2, Line 7 (Short Schedule)

US 990-PF	990-PF: Page 2, Line 7 (Short Schedule)	2017
	Name of organization	Balance due
CHARLIE ESTERRA RANDY BAIN.	, and the second	Balance due 37,555 180,000
		217,555