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2017

OMB No 1545-0052

Form 990-PF

Department of the Treasury

Internal Revenue Service

## **Return of Private Foundation**

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.
 Information about Form 990-PF and its instructions is at <a href="www.irs.gov/form990pf">www.irs.gov/form990pf</a>.

Open to Public

								Inspection
For	calen	ıdar year 2017, or tax year be	eginning 01-01-20	17 , ar	nd er	nding 12-31-	2017	
	e of fou LOUIS A	ndation ND MARY C CABE FOUNDATION				<b>A Employer Id</b> 71-0685612	entification numbe	r
Num	ber and	street (or P O box number if mail is not de	elivered to street address)	Room/suite		P Tolophono nu	mbar (aaa matrijatia	
10	08 FRON	NT STREET				(870) 353-2063	mber (see instructior	15)
		, state or province, country, and ZIP or fore	eign postal code			<u> </u>		
GUR	DON, AF	R 71743				C If exemption	application is pendin	g, check here
G Ch	neck all	l that apply $\Box$ Initial return	☐ Initial return of a	former public charity		<b>D 1.</b> Foreign or	ganızatıons, check he	ere 📗
		Final return	Amended return				ganizations meeting k here and attach coi	
		Address change	☐ Name change				ındatıon status was t	· —
			(c)(3) exempt private f				n 507(b)(1)(A), chec	
		4947(a)(1) nonexempt charitable tr		e private foundation				
of '	year <i>(fi</i>	rom Part II, col (c), \$ 6.249.644	Accounting method  Other (specify)  Part I, column (d) must	✓ Cash ☐ Accru	aı		ition is in a 60-month n 507(b)(1)(B), chec	
Pa	rt I	Analysis of Revenue and Ex	penses (The total					(d) Disbursements
		of amounts in columns (b), (c), and (d) requal the amounts in column (a) (see ins	may not necessarily	(a) Revenue and expenses per books	(Ь)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc , rec schedule)	·	1,631				
	2	Check ► ✓ If the foundation is <b>not</b> Sch B	required to attach					
	3	Interest on savings and temporary of	cash investments	2,947		2,947		
	4	Dividends and interest from securities	es	94,841		94,841		
	5a	Gross rents						
	ь	Net rental income or (loss)						
Revenue	6a	Net gain or (loss) from sale of asset	s not on line 10	32,115				
eve	b	Gross sales price for all assets on lin				22 115		
~	7   8	Capital gain net income (from Part I Net short-term capital gain	· ·			32,115		
	9	Income modifications						
	10a	Gross sales less returns and allowan	nces					
	ь	Less Cost of goods sold						
	c	Gross profit or (loss) (attach schedu	ıle)					
	11	Other income (attach schedule)						
	12	<b>Total.</b> Add lines 1 through 11 .		131,534		129,903		
	13	Compensation of officers, directors,	, i	15,600		0		15,600
_	14	Other employee salaries and wages		39,600		0		39,600
ses	15 16a	Pension plans, employee benefits Legal fees (attach schedule)						
ĕ	ь	Accounting fees (attach schedule)		<b>9</b> ,280		4,640		4,640
Εχ	C	Other professional fees (attach sche		9,200		20,051		0
IVe	17	Interest	ŕ	109		109		0
trat	18	Taxes (attach schedule) (see instruc		1,211		573		0
<u> </u>	19	Depreciation (attach schedule) and	<i>'</i>	<u> </u>				
를	20	Occupancy						
ğ	21	Travel, conferences, and meetings		891		0		891
ä	22	Printing and publications						
Operating and Administrative Expenses	23	Other expenses (attach schedule)		7,078		4		7,074
rat	24	Total operating and administrati	•					
<u>ਲ</u> ਹ	25	Add lines 13 through 23		93,820 421,041		25,377		67,805
_	25	Contributions, gifts, grants paid	ate Add lines 34 and	421,041				421,041
	26	Total expenses and disbursemer 25	its. Add lines 24 and	514,861		25,377		488,846
	27	Subtract line 26 from line 12	.					
	a	Excess of revenue over expenses disbursements	s and	-383,327				
	ь	Net investment income (if negative	ve, enter -0-)			104,526		
	С	Adjusted net income(if negative,	enter -0-)					

	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)					
	7	Other notes and loans receivable (attach schedule) ▶					_
		Less allowance for doubtful accounts ▶					
2	8	Inventories for sale or use					_
Assets	9	Prepaid expenses and deferred charges					_
As	10a	Investments—U S and state government obligations (attach schedule)	50,001	<b>%</b> j	50,001	50,44	<del>1</del> 1
	ь	Investments—corporate stock (attach schedule)	497,517	<b>%</b> J	3,459,320	3,764,7	37
	l c	Investments—corporate bonds (attach schedule)	324,062	<b>(4)</b>	2,080,859	2,062,20	<u>—</u> ЭЗ

208

888,399

500,000

388.399

888,399

888,399

1,074

5,962,443

500,000

5,462,443

5,962,443

5,962,443

2 3

4

5

888,399 -383,327

5,457,371

5,962,443

5,962,443 Form **990-PF** (2017)

1,074

6,249,644

# Investments—land, buildings, and equipment basis ▶ Less accumulated depreciation (attach schedule) Investments—mortgage loans . . . . . Investments—other (attach schedule) Land, buildings, and equipment basis Less accumulated depreciation (attach schedule) ▶

11

12

13

14

15

16

17

18

19

20

21

22

23

24 25

26

28

29

31 Part III

Liabilities

Fund Balances

ŏ

Assets 27

Net 30

2

3

Other assets (describe > \_

Deferred revenue .

Unrestricted

Temporarily restricted

Permanently restricted . . .

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Add lines 1, 2, and 3 . . . . . . Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Other liabilities (describe -\_

instructions Also, see page 1, item I)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Paid-in or capital surplus, or land, bldg, and equipment fund

Capital stock, trust principal, or current funds . . . . . . . . . .

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions) . . . . .

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

**Analysis of Changes in Net Assets or Fund Balances** 

Accounts payable and accrued expenses . . . . .

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule). . . . . .

Total liabilities(add lines 17 through 22) . . . . . . . . . . . . .

Page **3** 

List and describe 2-story brick war	<b>(b)</b> How acquired P—Purchase D—Donation	<b>(c)</b> Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )		
1 a PUBLICLY TRADED SECU	RITIES		P		
b CAPITAL GAINS DIVIDEN			P		
c					
d					
e					
	(f)	(	g)	(1	h)
<b>(e)</b> Gross sales price	Depreciation allowed	Cost or o	ther basis	Gain o	r (loss)
<u> </u>	(or allowable)	plus expe	nse of sale	(e) plus (f	) mınus (g)
· · · · · · · · · · · · · · · · · · ·	2,036		3,816,597		-4,561
<b>b</b> 3	6,676				36,676
С					
d					
е					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation o	n 12/31/69	(	I)
(i)	(i)		k)		h) gain minus
F M V as of 12/31/69	Adjusted basis		of col (i)		less than -0-) <b>or</b> om col (h))
-	as of 12/31/69	over cor	(j), if any	203363 (110	-4,561
a b					36,676
					30,070
C					
d					
e		If gain, also enter in Pa	wh T live a 7		
•	gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructions :	` ' ' '	art I, line 7	3	32,115
	Jnder Section 4940(e) for Re				
(For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on net	investment incom	e )	
if section 4940(d)(2) applies, le	eave this part blank				
Was the foundation liable for th	e section 4942 tax on the distributal ot qualify under section 4940(e) Do		in the base period?		es 🗸 No
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entries		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	<b>(c)</b> Net value of noncharitable	e-use assets	(d) Distribution rati (col (b) divided by columns	
2016	339,237		5,968,460		0 056838
2015	344,058		6,143,577		0 056003
2014	401,339		6,828,171		0 058777
2013	394,947		7,001,929		0 056405
2012	854,646		6,741,644		0 126771
2 Total of line 1, column (	d)		2		0 354794
<b>3</b> Average distribution ratio	for the 5-year base period—divide t	the total on line 2 by 5,			
	ndation has been in existence if less		3		0 070959
	ncharitable-use assets for 2017 from	•	4		3,965,251
5 Multiply line 4 by line 3			5		281,370
	ent income (1% of Part I, line 27b)		6		1,045
			7		282,415
	ons from Part XII, line 4 , eater than line 7, check the box in Pa		8 Diete that part usin	g a 1% tax rate Se	488,846 e the Part VI
instructions					

(b)

If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?.

7b

	· · · · · · · · · · · · · · · · · · ·			
Down WIII	Information About Officers,	Directors, Trustees,	, Foundation Managers,	Highly Paid Employees,
bart ATTT	and Contractors			

1 List all officers, directors, trustee	es, foundation managers ar	nd their compensation	(see instructions).	
(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
See Additional Data Table			Componibution.	
2 Compensation of five highest-pai	d employees (other than t	hose included on line :	L—see instructions). If nor  Contributions to	ie, enter "NONE."
(a) Name and address of each employee pa more than \$50,000	Title, and average hours per week  (b) devoted to position	(c) Compensation	employee benefit plans and deferred (d) compensation	Expense account, (e) other allowances
NONE			(a) compensation	
	<del></del>			
<b>Total</b> number of other employees paid ove				
3 Five highest-paid independent co				0 E".
(a) Name and address of each person		1	e of service	(c) Compensation
NONE				
		-		
		_		
		-		
Total number of others receiving over \$50	,000 for professional services			0
Part IX-A Summary of Direct C				
List the foundation's four largest direct charitable organizations and other beneficiaries served, con			nation such as the number of	Expenses
1				
2				
3				
4				
<b>-</b>				
Part IX-B Summary of Program	m-Related Investments	(see instructions)		
Describe the two largest program-related inve	stments made by the foundation d	uring the tax year on lines 1	and 2	Amount
1				
<del></del>				
2				
All II	<u> </u>			
All other program-related investments  3	See instructions			
Total. Add lines 1 through 3 .		· · · · · <del>· · ·</del>		000 <b>PE</b> (2017)

2

3a 3h

4

5

488.846

487.801

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1.045

Amounts set aside for specific charitable projects that satisfy the

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

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

Adjusted qualifying distributions. Subtract line 5 from line 4. . . . . . . . . .

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

3

4

5

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

197,218

197,218

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0

(d)

2017

_	_	_	•	١	_	_	_	
	X	1	ŧ	1				

**b** Total for prior years

Form 990-PF (20	017)
Part XIII	Undis

distributed Income (see instructions)

From 2012. . . . .

**b** From 2013. . . . c From 2014. . .

e From 2016. . . . .

f Total of lines 3a through e. . . . . . . .

**d** Applied to 2017 distributable amount. . . . e Remaining amount distributed out of corpus

same amount must be shown in column (a) )

**5** Excess distributions carryover applied to 2017

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b 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. . . . . . d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2016 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . . f 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

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a . . . .

9 Excess distributions carryover to 2018.

10 Analysis of line 9

a Excess from 2013. . .

c Excess from 2015. . . .

d Excess from 2016. . . e Excess from 2017. . .

**b** Excess from 2014. .

(If an amount appears in column (d), the

6 Enter the net total of each column as

indicated below:

4 Qualifying distributions for 2017 from Part XII, line 4 🕨 \$ a 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 

d From 2015. . . .

1 Distributable amount for 2017 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2017 a Enter amount for 2016 only. . . . . .

Excess distributions carryover, if any, to 2017 547.357

97,112 77 848 39.806

53,993

(a)

Corpus

(b)

Years prior to 2016

(c)

2016

816.116

291.628

1,107,744

547.357

560,387

97.112

77,848

39.806

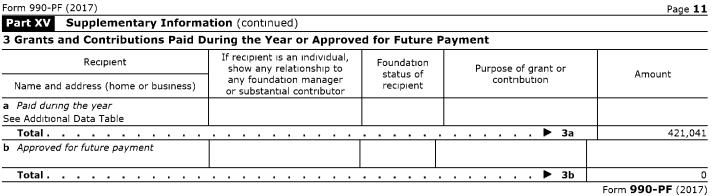
53.993

291.628

0

factors

USUALLY RESTRICTED TO ELIGIBLE ORGANIZATIONS LOCATED IN ARKANSAS



ter gross	amounts unless otherwise indicated	Unrelated bu	ısıness ıncome	Excluded by section	512, 513, or 514	(e) Related or exempt
_	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
е						
_	and contracts from government agencies					
Intere	rship dues and assessments			14	2,947	
	ds and interest from securities			14	94,841	
	tal income or (loss) from real estate					
	financed property					
	ebt-financed property					
	ntal income or (loss) from personal property					
	r (loss) from sales of assets other than					
	ory			18	32,115	
	ome or (loss) from special events					
	rofit or (loss) from sales of inventory					
, Otherr <b>h</b>	evenue <b>a</b>					
		l I				
е						
е			0		129,903	
e Subtota Total.	al Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)		0	13	129,903	
e Subtota Total. (See wo		lations )			<u> </u>	129,903
e Subtota Total. (See wo	Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  Adstructions to verify calcul	lations ) e Accomplish income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribut	ted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplish income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribut	ted importantly to	
eSubtota Total. (See wo	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplish income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplish income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribut	ted importantly to	
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e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplish income is report	iment of Exempled in column (e) of	pt Purposes Part XVI-A contribut	ted importantly to	
e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplish income is report	iment of Exempled in column (e) of	pt Purposes Part XVI-A contribut	ted importantly to	
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e Subtota Total. (See wo art XVI ne No.	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplish income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribut	ted importantly to	
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e Subtota Total. (See wo art XVI	al Add columns (b), (d), and (e)  Add line 12, columns (b), (d), and (e)  orksheet in line 13 instructions to verify calculable  B Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex	lations ) e Accomplish income is report	ment of Exempled in column (e) of	pt Purposes Part XVI-A contribut	ted importantly to	

orm 9	90-P	F (2017)						Pa	age <b>1</b> :
Part	ΧV	Information Re Exempt Organi		fers To and Transact	tions and R	telationships With Nonchar	itable		
		organization directly or in ne Code (other than sectio				ianization described in section 501 political organizations?	·	Yes	No
<b>a</b> Tra	nsfe	rs from the reporting foun	dation to a noncha	ırıtable exempt organızatı	on of				
(1)	Ca	sh					1a(1)	+	No
		her assets					1a(2)	1	No
		ansactions					45.64		
		les of assets to a nonchar rchases of assets from a r					1b(1)	1	No No
		ntal of facilities, equipmer					1b(2)	_	No
		ımbursement arrangemen	•				1b(4)	+	No
		ans or loan guarantees.					1b(5)	+	No
(6)	Per	formance of services or m	embership or fundi	raising solicitations			1b(6)		No
<b>c</b> Sha	arıng	of facilities, equipment, n	nailing lists, other a	assets, or paid employee:	5		1c		No
	ny t		ngement, show in		the goods, oth	received less than fair market va ner assets, or services received ription of transfers, transactions, and sh		angeme	nts
		(-,		μ		,			
des	cribe	l oundation directly or indire ed in section 501(c) of the ' complete the following si	Code (other than			-	Yes	<b>✓</b>	l No
		(a) Name of organization	on	(b) Type of organiz	ation	(c) Description of rela	tionship		
	of		, it is true, correct,			ompanying schedules and stateme r (other than taxpayer) is based o			
Sign Here	1	*****		2018-11-15		retu	the prepa		
	17			<b>.</b> .	7 _	Delo	••		

Paid

Signature of officer or trustee Print/Type preparer's name

BELINDA BAKER

**Preparer Use Only** 

Firm's name ▶ GRIER REEVES & LAWLEY PC

Date

Preparer's Signature

Title

Firm's address ► 3424 TEXAS BLVD

Date

(see instr )? 🗹 Yes 🗆 No

TEXARKANA, TX 75503

2018-11-14

employed ightharpoonup

Check if self-

PTIN

P00004621

Firm's EIN ▶75-2074778

Phone no (903) 793-5695

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation CHARLES L CABE JR 6,500 PRESIDENT 20 00 P O BOX 178 GURDON, AR 71743

,				
CHARLES C CABE	PRESIDENT	7,800	0	0
P O BOX 178 GURDON, AR 71743	20 00			
ANITA CABE	SEC/TREASURER	1,300	0	0

GURDON, AR 71743				
ANITA CABE	SEC/TREASURER	1,300	0	0
P O BOX 178 GURDON, AR 71743	20 00			
DON MILLS	DIRECTOR	0	0	

ANITA CABE	SEC/TREASURER	1,300	0	0
P O BOX 178 GURDON, AR 71743	20 00			
RON MILLS	DIRECTOR	0	0	0
	1 1 00			

P O BOX 178 GURDON, AR 71743	20 00			
RON MILLS	DIRECTOR	0	0	0
	1 1 00			

RON MILLS	DIRECTOR	0	0	0
5702 RICHMOND RD TEXARKANA, TX 75503	1 00			

5702 RICHMOND RD TEXARKANA, TX 75503	1 00			
JOHN CULP	DIRECTOR	0	0	0

1 00

P O BOX 178 GURDON, AR 71743

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ALEX FOUNDATIONPO BOX 914 N/A PC FURTHERANCE OF EXEMPT 1,000 MCGHEE, AR 71654 PURPOSE

AMERICA FOUNDATION FOR SUICIDE PREVENTION ARKANSAS CHAPTER 500 WOODLANE ST LITTLE ROCK, AR 72225	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	300
ARKANSAS ADVOCATES FOR CHILDREN AND FAMILIES SUITE 306 1400 W MARKHAM STREET LITTLE ROCK, AR 72201	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	1,000
Total			<del> •</del>	421,041

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year ARKANSAS CHILDREN'S HOSPITAL N/A PC FURTHERANCE OF EXEMPT 1.000 1 CHILDRENS WAY PURPOSE LITTLE ROCK, AR 72202

ARKANSAS SPORTS HALL OF FAME 3 VERIZON ARENA WAY NORTH LITTLE ROCK, AR 72114	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	1,400
BAPTIST HEALTH FOUNDATION 9601 BAPTIST HEALTH DR LITTLE ROCK, AR 72205	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	1,000

3 VERIZON ARENA WAY NORTH LITTLE ROCK, AR 72114			PURPOSE	
BAPTIST HEALTH FOUNDATION 9601 BAPTIST HEALTH DR LITTLE ROCK, AR 72205	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	1,0

BAPTIST HEALTH FOUNDATION 9601 BAPTIST HEALTH DR LITTLE ROCK, AR 72205	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	1,00
			_	i

Total . 421,041

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Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

BETHANY BAPTIST CHURCH589 AR-355 HOPE, AR 71801	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	
a Palu during the year				

Daid during the year

3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

BRANDON BURLSWORTH FOUNDATION 117 WEST CENTRAL HARRISON, AR 72601	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	4
CAMP ALDERSGATE	N/A	PC	FURTHERANCE OF EXEMPT	1

HARRISON, AR 72601				
CAMP ALDERSGATE 2000 ALDERSGATE ROAD	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	

CAMP ALDERSGATE 2000 ALDERSGATE ROAD LITTLE ROCK, AR 72205	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	

HARRISON, AR 72001				
CAMP ALDERSGATE 2000 ALDERSGATE ROAD LITTLE ROCK, AR 72205	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	1,€

ARRISON, AR 72601				
MP ALDERSGATE 100 ALDERSGATE ROAD TTLE ROCK, AR 72205	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	1,600

_		•		
ITTLE ROCK, AR 72205				
2000 ALDERSGATE ROAD			PURPOSE	
AMIT ALDEROGATE	IV/ A	FC	TORTHLINANCE OF EXEMPT	1,000

500

LITTLE ROCK, AR 72205		PORPOSE	
Total			421 041

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

CARTI FOUNDATION INCPO BOX 55011 LITTLE ROCK, AR 72215	N/A	SO I	FURTHERANCE OF EXEMPT PURPOSE	
CENTRAL ARKANSAS DEVELOPMENT	N/A	PC	FURTHERANCE OF EXEMPT	

a Paid during the year

3a

COUNCIL 410 E MAIN GURDON, AR 71743			PURPOSE	
CLARK COUNTY LIBRARY609 CADDO ST	N/A	PC	FURTHERANCE OF EXEMPT	

GURDON, AR 71743			
CLARK COUNTY LIBRARY609 CADDO ST ARKADELPHIA, AR 71923	N/A	 FURTHERANCE OF EXEMPT PURPOSE	

GURDON, AR 71743				
CLARK COUNTY LIBRARY609 CADDO ST ARKADELPHIA, AR 71923	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	
			_	ĺ

CLARK COUNTY LIBRARY609 CADDO ST ARKADELPHIA, AR 71923	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	8,452
Total				421.041

40.000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

Total .

3a

a Paid during the year				
EVERGREEN CHURCH 7190 HWY 67 SOUTH GURDON, AR 71743	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	8,000
FIRST UNITED METHODIST CHURCH	N/A	PC	FURTHERANCE OF EXEMPT	15,000

250

201 E WALNUT ST GURDON, AR 71743	,		PURPOSE	
GURDON LITTLE LEAGUE906 CLARK ST GURDON, AR 71743	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year GURDON PUBLIC SCHOOL N/A PC. FURTHERANCE OF EXEMPT 174.999 1 GO DEVIL DRIVE **PURPOSE** GURDON, AR 71743

GURDON PUBLIC SCHOOL CLOSE UP PROGRAM 1 GO DEVIL DRIVE GURDON, AR 71743	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	2,200
HAPPY LAND CHILD CARE CENTER 2012 PINE STREET ARKADELPHIA, AR 71923	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	2,500

GURDON, AR 71743				
HAPPY LAND CHILD CARE CENTER 2012 PINE STREET ARKADELPHIA, AR 71923	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	2,500

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HENDERSON STATE UNIVERSITY N/A SO III FI FURTHERANCE OF EXEMPT 7,500 FOUNDATION PURPOSE

PO BOX 7550 ARKADELPHIA, AR 71999				
HENDRIX COLLEGE 1600 WASHINGTON AVE CONWAY, AR 72032	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	1,000
HOO HOO MUSEUMPO BOX 118	N/A	PC	FURTHERANCE OF EXEMPT	300

421,041

Total .

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year HOT SPRINGS DOCUMENTARY FILM N/A PC. FURTHERANCE OF EXEMPT 1.000 INSTITUTE **PURPOSE** 659 OUACHITA AVE HOT SPRINGS, AR 71901

JUNIOR AUXILIARY OF ARKADELPHIA PO BOX 565 ARKADELPHIA, AR 71923 PC FURTHERANCE OF EXEMPT 1,00	HOT SPRINGS HIGH SCHOOL 701 EMORY ST HOT SPRINGS, AR 71913	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	5,250
	PO BOX 565	N/A	PC		1,000

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KINGDOM AUTHORITY CHRISTIAN N/A PC FURTHERANCE OF EXEMPT 1,000 MINISTRIES **PURPOSE** 1116 HWY 53 SOUTH

GURDON, AR 71743				
KIWANIS OF CLARK COUNTY PO BOX 768 ARKADELPHIA, AR 71923	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	250
MT CANAAN BAPTIST CHURCH 410 HENRY BELL AVE GURDON, AR 71743	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	33,300

MT CANAAN BAPTIST CHURCH 410 HENRY BELL AVE GURDON, AR 71743	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	33,300

GURDON, AR 71743		
Total	<u> </u>	421,041

<u> </u>		
Total	 	421,041

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year MUSEUM OF DISCOVERY N/A PC FURTHERANCE OF EXEMPT 16,890 500 PRESIDENT CLINTON AVE 150 PURPOSE LITTLE ROCK AR 72201

ETTTEE ROCK, AR 72201				
PARK6915 GEYER SPRINGS ROAD LITTLE ROCK, AR 72209	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	5,000
PIONEER WASHINGTON RESTORATION FOUNDATION P O BOX 127 WASHINGTON, AR 71862	N/A	SO III FI	FURTHERANCE OF EXEMPT PURPOSE	1,000

PIONEER WASHINGTON RESTORATION FOUNDATION P O BOX 127 WASHINGTON, AR 71862	N/A	SO III FI	FURTHERANCE OF EXEMPT PURPOSE	1,0

Total . 421,041

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Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PRESBYTERIAN VILLAGE N/A PC FURTHERANCE OF EXEMPT 2,500 500 BROOKSIDE DR **PURPOSE** LITTLE ROCK, AR 72205

ROTARY CLUB OF ARKADELPHIA P O BOX 621 ARKADELPHIA, AR 71923	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	3,500
SINGLE PARENT SCHOLARSHIP FUND OF CLARK CO PO BOX 954 ARKADELPHIA, AR 71923	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	2,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or Recipient Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SOUTH ARKANSAS CHRISTIAN SCHOOL N/A PC. FURTHERANCE OF EXEMPT 2.100 1707 E 1ST ST **PURPOSE** LEWISVILLE, AR 71845 BI / A c 000 COLITIEDAL ADIZANCAC LINIT/EDCITY CURTUED ANCE OF EVENIOR

FOUNDATION PO BOX 9174 MAGNOLIA, AR 71754	IN/A	PC	PURPOSE	6,000
TEXARKANA SYMPHONY ORCHESTRA 421 HICKORY STREET TEXARKANA, AR 71854	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	1,500

421,041 За

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year THE EXODUS PROJECT3700 W 65TH ST N/A PC FURTHERANCE OF EXEMPT 5,000 LITTLE BOCK AR 72209 PLIRPOSE

221122113311,711172233				
THE MUSES102 MEADOW BROOK WAY HOT SPRINGS, AR 71913	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	30,750
THEA FOUNDATION 401 MAIN ST SUITE 100 LITTLE ROCK, AR 72214	N/A	PC	FURTHERANCE OF EXEMPT PURPOSE	5,000
Total				421.041

3a

efile GRAPHIC print - DO NOT PROCESS	S As Filed Da	ata -		DLN: 93491319017888		
TY 2017 Accounting Fees Schedule						
Nam	e: C LOUIS	AND MARY C CABE	FOUNDATION			
EI'	<b>EIN:</b> 71-0685612					
Accounting Fees Schedule	Accounting Fees Schedule					
Category A	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

2,002

2,638

2,003

2,637

4,005

5,275

**GRIER REEVES AND LAWLEY** 

HORACE CABE FOUNDATION

TY 2017 General Explanation Attachment

DLN: 93491319017888

Name: C LOUIS AND MARY C CABE FOUNDATION

**EIN:** 71-0685612

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

General E	General Explanation Attachment					
Identifier	Return Reference	Explanation				
1	HORACE CABE FDN TRANSFERS	FORM 990-PF PAGE 3 PART V, PAGE 9 PART XIII	THE FOUNDATION RECEIVED ONE-SIXTH OF THE ASSETS INLIQUIDATION OF THE HORACE C CABE FOUNDATION, EIN75-2402852, DURING CALENDAR YEAR 2017 IN CONJUNCTION WITH THE TRANSFER, ONE-SIXTH OF PRIOR YEARS DATA INCLUDED ON THE HORACE CABE FOUNDATIONFORM 990-PF, PART V, LINE 1, AND PART XIII, LINE 9,AS OF JUNE 30, 2017, HAS BEEN INCLUDED ON THIS RETURN			

TY 2017 Investments Corporate Bonds Schedule	

NI- --- C LOUIC AND MADY C CARE FOUNDATION

DLN: 93491319017888

2,062,203

2,080,859

name:	C LOUIS AND MARY C CABE FOUNDATION
EIN:	71-0685612

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

MARKETABLE FIXED INCOME SECURITIES

Investments Corporate Bonds Schedule		
Name of Bond	End of Year Book	End of Year Fair
	Value	Market Value

efile GRAPHIC print - DO NOT PROCESS | As Filed Data -

MARKETABLE EQUITY SECURITIES

Name: C LOUIS AND MARY C CABE FOUNDATION

**EIN:** 71-0685612

Name of Stock **End of Year Book** Value

**End of Year Fair** Market Value

3,764,737

DLN: 93491319017888

3,459,320

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319017888
TY 2017 Investments Governments	nent Obligat	tions Schedule	
Name:	C LOUIS AND	MARY C CABE FOUNDATION	
EIN:	71-0685612		
US Government Securities - End of Year Book Value:		50,001	
US Government Securities - End of Year Fair Market Value:		50,441	
State & Local Government Securities - End of Year Book Value:		0	
State & Local Government Securities - End of Year Fair Market Value:		0	

efile GRAPHIC print - DO NOT PROCESS

Name: C LOUIS AND MARY C CABE FOUNDATION

As Filed Data -

PURCHASED INTEREST

**EIN:** 71-0685612

Other Assets Schedule

Description

Beginning of Year -

Book Value

208

DLN: 93491319017888

1.074

End of Year - Fair

Market Value

1.074

End of Year - Book Value

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN:	: 93491319017888		
TY 2017 Other Expenses Schedule						
Name:	C LOUIS AND 1	MARY C CABE FOU	JNDATION			
<b>EIN:</b> 71-0685612						
Other Expenses Schedule	Other Expenses Schedule					
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		

419

1,050

5,605

419

1,050

5,605

BANK CHARGES

OFFICE EXPENSE

DUES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491319017888
TY 2017 Other Increases Sche			
Name:	C LOUIS AND	MARY C CABE FOUNDATION	
EIN:	71-0685612		
Description			Amount

LIQUIDATING DISTRIBUTION FROM HORACE C CABE FOUNDATION

5,457,371

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491319017888							
TY 2017 Other Professional Fees Schedule							
Name: C LOUIS AND MARY C CABE FOUNDATION							
<b>EIN:</b> 71-0685612							
Category	Amount	Net Investment	Adjusted Net	Disbursements for Charitable			

14,103

5,948

Category	Amount	Net Investment Income	Adjusted Net Income	

14,103

5,948

BANCORPSOUTH TRUST

UBS FINANCIAL SERVICES

**Purposes** 

efile GRAPHIC print - DO NOT PRO	CESS As Filed Data	-	DLI	N: 93491319017888		
TY 2017 Taxes Schedule						
N C LOUIS AND MARY C CARE FOUNDATION						
Name: C LOUIS AND MARY C CABE FOUNDATION  EIN: 71-0685612						
	<b>LIN.</b> /1 0003012			1		
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
FOREIGN TAXES	573	573		0		

638

FEDERAL TAXES