Form **990-PF**

CSE 927

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990PF for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2017 or tax year beginning			ending		, 20
		oundation	, , , , , , , , , , , , , , , , , , , ,	.,		r identification number	
CA	RTER	GRACE FOUNDATION, INC			81-1	528731	
Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions)							
675 EAST HIGHWAY 43 (870)2							
		n, state or province, country, and ZIP or foreign postal code			· · · · · ·	tion application is pend	ıng check here ▶ □
		ON AR 72601			O II CACITIES	non application to pone	g, cricen richer
_			of a former public	charity	D 1. Foreig	n organizations, check	here ▶ 🗍
_		☐ Final return ☐ Amended r	•	,		-	_
		Address change Name char	nge			n organizations meeting here and attach compl	
Н	Check	type of organization: Section 501(c)(3) exempt p		.91	E If private	foundation status was	terminated under
		on 4947(a)(1) nonexempt charitable trust Other tax		dation \	section 5	07(b)(1)(A), check here	▶∐
		narket value of all assets at J Accounting method			F If the four	ndation is in a 60-mont	h termination
		f year (from Part II, col. (c), Other (specify)				ction 507(b)(1)(B), chec	
		6) > \$ 17,444. (Part I, column (d) must be	on cash basis)				
P	art I		(a) Revenue and				(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	expenses per		t investment ncome	(c) Adjusted net income	for charitable purposes
		the amounts in column (a) (see instructions))	books			·	(cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)	61,976.				
	2	Check ► ☐ if the foundation is not required to attach Sch. B					′
	3	Interest on savings and temporary cash investments					
	4	Dividends and interest from securities			•		n 1
	5a	Gross rents					
	b	Net rental income or (loss)					•
ā	6a	Net gain or (loss) from sale of assets not on line 10					
Ĕ	b	Gross sales price for all assets on line 6a					и ,
Revenue	7	Capital gain net income (from Part IV, line 2)				· a are a settle	Stock American
œ	8	Net short-term capital gain RECEIVED · ·					
	9	income modifications					
	10a	Gross sales less returns and allowances				** e2	·,]
	b	Less: Cost of goods and NOV 1 6 2018					
	С	Gross profit or (loss) (attach schedule)					
	11	Other income (attach schedule) DEN, UT					<u> </u>
	12	Total. Add lines theological	61,976.				
S	13	Compensation of officers, directors, trustees, etc.		ļ			
i Si	14	Other employee salaries and wages		ļ			
penses	15	Pension plans, employee benefits					
ΔŸ	16a	Legal fees (attach schedule)	1,665.				
> <u>e</u>	b	Accounting fees (attach schedule)	8,795.				
ا ﷺ و	C 47	Other professional fees (attach schedule)					
ı K	17	Interest				 	
Operating and Administrative	18	Taxes (attach schedule) (see instructions)					 1
ΠĒ	19 20	Depreciation (attach schedule) and depletion		-			
¥ ¥	21	: : : : : : : : : : : : : : : : : :					
ζδ	22						
と で 可	23	Other expenses (attach schedule) See St.mt.	200.				
ing.	23 24	Total operating and administrative expenses.					
rat		Add lines 13 through 23	10,660.				
bel	25	Contributions, gifts, grants paid	37,268.				
ō	26	Total expenses and disbursements. Add lines 24 and 25	47,928.				
	27	Subtract line 26 from line 12.	41,320.				
	a a	Excess of revenue over expenses and disbursements	14,048.		1		
	b	Net investment income (if negative, enter -0-)	14,040.			<u> </u>	
		Adjusted net income (if negative, enter -0-)	u .	4 .	7		7.34
	U	Aujusteu net moonie (ii negative, enter -0-) [l -			

For Paperwork Reduction Act Notice, see instructions.

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-		Attached schedules and amounts in the description column	Beginning of year		End of year		
Pá	art II	* Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions)	(a) Book Value	(b) Book Val	ue (c) Fair Market Value	
	ণ	Cash-non-interest-bearing	3,396.	17,4	44.	17,444.	
	2	Savings and temporary cash investments					
	3	Accounts receivable ▶					
		Accounts receivable ►					
	4	Pledges receivable ►					
		Pledges receivable ►					
	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 ▶					
ţ	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges					
As	10a	Investments – U.S. and state government obligations (attach schedule)					
	b	Investments—corporate stock (attach schedule)				•	
	С	Investments—corporate bonds (attach schedule)					
	11	Investments—land, buildings, and equipment. basis ▶					
		Less. accumulated depreciation (attach schedule) ▶					
	12	Investments—mortgage loans					
	13	Investments – other (attach schedule)					
	14	Land, buildings, and equipment: basis ▶					
		Less accumulated depreciation (attach schedule) ▶					
	15	Other assets (describe ▶					
	16	Other assets (describe ►) Total assets (to be completed by all filers—see the					
		ınstructions. Also, see page 1, item l)	3,396.	17,4	44.	17,444.	
	17	Accounts payable and accrued expenses					
w	18	Grants payable					
Ë.	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				,	
iat	21	Mortgages and other notes payable (attach schedule)					
_	22	Other liabilities (describe ►)					
	23	Other liabilities (describe ►) Total liabilities (add lines 17 through 22)					
٠,		Foundations that follow SFAS 117, check here ▶ □					
alances		and complete lines 24 through 26, and lines 30 and 31.					
an	24	Unrestricted					
	25	Temporarily restricted					
	26	Permanently restricted					
Net Assets or Fund B		Foundations that do not follow SFAS 117, check here ▶ 🏻				,	
Ĭ.		and complete lines 27 through 31.					
ō	27	Capital stock, trust principal, or current funds					
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund					
SS	29	Retained earnings, accumulated income, endowment, or other funds	3,396.	17,4	44.		
¥.	30	Total net assets or fund balances (see instructions)	3,396.	17,4	44.		
Ž	31	Total liabilities and net assets/fund balances (see					
		instructions)	3,396.	17,4	44.		
Pa	rt III	Analysis of Changes in Net Assets or Fund Balances	· · · · · · · · · · · · · · · · · · ·				
1		al net assets or fund balances at beginning of year-Part II, colu					
		-of-year figure reported on prior year's return)			1	3,396.	
2	Ente	er amount from Part I, line 27a			2	14,048.	
3					3		
4		lines 1, 2, and 3			4	17,444.	
5	Deci	reases not included in line 2 (itemize) ▶			5		
6	Tota	reases not included in line 2 (itemize) ► It net assets or fund balances at end of year (line 4 minus line 5)—I	Part II, column (b), lın	e 30	6	17,444.	

Part	V . Capital Gains and	Losses for Tax on Investn	nent Income			
	(a) List and describe the kir 2-story brick warehou	nd(s) of property sold (for example, real e ise, or common stock, 200 shs MLC Co	state,	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a						
b			·			
c						
<u>d</u>						
e				<u> </u>		<u> </u>
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		r other basis ense of sale		in or (loss) (f) minus (g))
<u>a</u>						
<u> </u>						
<u>c</u>	_					-
<u> </u>						
<u>е</u>	Complete only for assets sho	wing gain in column (h) and owned	by the foundation	on 12/31/69		
	Complete only for assets sho					l (h) gain minus t less than -0-) or
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ss of col (i) I (j), if any		rom col (h))
<u>a</u>			<u> </u>			
<u> </u>						
d						
<u>e</u>		(If gain	also enter in Pa	ert Lline 7		
2	Capital gain net income or		enter -0- in Pa		2	
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss)), enter -0- ın)		
		0 11 1010() (D)			3	
Part		er Section 4940(e) for Reduvate foundations subject to the				
Was t		e this part blank. section 4942 tax on the distribu jualify under section 4940(e). Do			pase period?	☐ Yes ☐ No
1		ount in each column for each yea			akıng anv entries.	
Cale	(a) Base period years endar year (or tax year beginning in)	(b)		(c) if noncharitable-use as	Dis:	(d) tribution ratio divided by col (c))
	2016		0.		(66, (6)	11/10c0 by 001 (0)/
	2015					
	2014					
	2013		-			, .
	2012					
2		for the 5-year base period—divoundation has been in existence	ide the total or	line 2 by 5.0, or	by	
4	Enter the net value of none	charitable-use assets for 2017 fr	om Part X, line	5	. 4	0.
5	Multiply line 4 by line 3 .				. 5	-
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			. 6	
7	Add lines 5 and 6				. 7	
8		ns from Part XII, line 4 ter than line 7, check the box in				% tax rate. See the

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Part		nstr	uctio	ns)
	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)	N/	A	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	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-)			
3	Add lines 1 and 2		0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		0.	
6	Credits/Payments:			ł
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 6a			l
b	Exempt foreign organizations—tax withheld at source 6b			l
С	Tax paid with application for extension of time to file (Form 8868) . 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		_	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9		0.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10		0.	
11	Enter the amount of line 10 to be Credited to 2018 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities	· · · · ·	150	N
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the 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 published or distributed by the foundation in connection with the activities			
С	Did the foundation file Form 1120-POL for this year?	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$	· ·		
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		×
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		×
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by <i>General Instruction T</i> .	5		×
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either. • By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 	1		
	conflict with the state law remain in the governing instrument?	6		×
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	×	<u> </u>
, 8а	Enter the states to which the foundation reports or with which it is registered. See instructions.	-		
	AR If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
b	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2017 or the tax year beginning in 2017? See the 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 names and addresses	10		×

Par	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		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► N/A	_13	×	
14	The books are in care of ▶ DUSTIN LEBLEU Telephone no. ▶ (870)	43-	9101	
• •	Located at ► 675 E HIGHWAY 43 HARRISON AR ZIP+4 ► 72601			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	· · ·		▶ [
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	the foreign country ►			
Dar	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		<u> </u>
r ai	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):	-		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? . Yes No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			ľ
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? ☐ Yes ☐ No (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☑ No			
	(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)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days)			
b	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			
	Organizations relying on a current notice regarding disaster assistance, check here	1b		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	,		
•	were not corrected before the first day of the tax year beginning in 2017?	1c		×
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)):			
а	At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2017?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	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		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	► 20 , 20 , 20 , 20			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2017 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			
	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			
	foundation had excess business holdings in 2017.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		×
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017?	4h		¥

_	4
Page	Ę

Pari	: VII-B	Statements Regarding Activities	for V	Vhich Form	4720	May Be F	equire	ed (conti	nued)			
		the year, did the foundation pay or incur									Yes	No
•	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? . Yes No									- 1		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,										1	
		ectly or indirectly, any voter registration dr							⊠ No			1
		vide a grant to an individual for travel, stu	-						⊠ No	·		- !
		vide a grant to an organization other than			_				.	ł		ı
		tion 4945(d)(4)(A)? See instructions vide for any purpose other than religious,						_	⊠ No	' [j
									⊠ No			
b											1	
									5b			
	•	zations relying on a current notice regardi	-	_					▶□	,		
С		inswer is "Yes" to question 5a(4), does t								'		
		e it maintained expenditure responsibility							☐ No	,	1 1	
	If "Yes,	" attach the statement required by Regula	ations s	section 53.49	45–5(d)).						
6a	Did the	foundation, during the year, receive any	funds,	directly or inc	directly	, to pay pre	emiums	5				
	•	ersonal benefit contract?						TYes	X No	· [
b	Did the	foundation, during the year, pay premium	ns, dire	ctly or indired	ctly, on	a personal	benefi	t contract	? .	6b		×
		' to 6b, file Form 8870.						_	_			
7a		ime during the tax year, was the foundation a						☐ Ycs		1		
		" did the foundation receive any proceeds								7b		
Par	VIII	Information About Officers, Direct and Contractors	tors, i	rustees, r	ounda	tion Mana	agers,	nignly F	raio E	mpioy	ees,	
1	List all	officers, directors, trustees, and found	ation r	managers an	d their	compens	ation. S	See instru	ctions			
	2.01 4.1		(b) Title	e, and average	(c) Co	mpensation	(d)	Contribution	s to	(e) Expe	nse acc	ount
		(a) Name and address		rs per week ed to position		not paid, iter -0-)		oyee benefit erred compe			allowan	
DUS	CIN LE	BLEU	DIRE	CTOR			********					
		43 HARRISON AR 72601		10.00		0.			0.			0.
KAT	IE LEB	LEU	DIRE	CTOR								
675	E HWY	43 HARRISON AR 72601		10.00		0.			0.			0.
	NDA WI		SECRI	ETARY								
675	E HWY	43 HARRISON AR 72601		10.00		0.			0.			0.
	C	ensation of five highest-paid employee	o (oth	or then thes	o incl	idad an li		acc instr	uetion	o) If n		ntor
2	"NONE	• • •	es (otn	er than thos	se incii	uaea on II	ne I –	see instr	uctions	s). II ne	me, e	enter
	110112	•						(d) Contribu	itions to			
	(a) Name a	nd address of each employee paid more than \$50,00	0	(b) Title, and a hours per w	/eek	(c) Comper	sation	employee	benefit	(e) Expe	nse acc	ount,
		, ,		devoted to po	osition			compens		Other	inowani	.63
NONE												
			-									

Total												
			· ·				•	<u> </u>	• •	- 00		

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Part '	and Contractors (continued)	
3 、	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONI	.,
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
-		
		-
Total r	number of others receiving over \$50,000 for professional services	0
Part	IX-A Summary of Direct Charitable Activities	
List to	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1		
••		
2 _		
3		
4 -		
٠		
Part		
Desc	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1		
<u>,</u> –		
٠.		
All ot	her program-related investments. See instructions	
3		
Total.	Add lines 1 through 3	5 000 PE (0017)

Part	X . Minimum Investment Return (All domestic foundations must complete this part. Foreign	gn four	ndations,
	see instructions.)	·	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes		
		10	
a	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	
е	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	
3	Subtract line 2 from line 1d	3	0
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	0.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	<u>0.</u>
6	Minimum investment return. Enter 5% of line 5	6	0.
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating f and certain foreign organizations, check here ► and do not complete this part.)	oundat	ions
1	Minimum investment return from Part X, line 6	1	0.
2a	Tax on investment income for 2017 from Part VI, line 5		
b	Income tax for 2017. (This does not include the tax from Part VI.) 2b		
c	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	
	Add lines 3 and 4	5	0.
5	Deduction from distributable amount (see instructions)	6	
6 7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	•	
′	line 1	7	0.
	miet		<u></u>
Part	XII- Qualifying Distributions (see instructions)		
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	
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.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
	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	·-·
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	0.
U			
	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.	y wnein	er the loundation

Part	XIII . Undistributed Income (see instruction	ons)			
_	Details and the control of the contr	(a) Corpus	(b) Years prior to 2016	(c) 2016	(d) 2017
1	Distributable amount for 2017 from Part XI, line 7	301,000			0.
2	Undistributed income, if any, as of the end of 2017				<u> </u>
a	Enter amount for 2016 only			0.	
b	Total for prior years. 20 ,20 ,20	- "		<u> </u>	
3	Excess distributions carryover, if any, to 2017.				
а	From 2012 0 .				
b	From 2013 0.				
С	From 2014				
d	From 2015				
е	From 2016 0 .				
f	Total of lines 3a through e	0.			···
4	Qualifying distributions for 2017 from Part XII, line 4: ► \$			<u> </u>	
а	Applied to 2016, but not more than line 2a .				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)	-		'	
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2017 distributable amount				
e	Remaining amount distributed out of corpus	0.			
5	Excess distributions carryover applied to 2017 (If an amount appears in column (d), the same				
	amount must be shown in column (a).)				
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.		
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				
u	amount—see instructions		0.		
е	Undistributed income for 2016. Subtract line				
	4a from line 2a. Taxable amount-see				
	instructions			0.	<u></u>
f	Undistributed income for 2017. Subtract lines				
	4d and 5 from line 1. This amount must be distributed in 2018	}			•
7	}		·		0.
•	Amounts treated as distributions out of corpus to satisfy requirements imposed by section			•	
	170(b)(1)(F) or 4942(g)(3) (Election may be			Į	
	required—see instructions)				1
8	Excess distributions carryover from 2012 not				
	applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2018.	-			
	Subtract lines 7 and 8 from line 6a	0.		=	
10	Analysis of line 9:				
а	Excess from 2013 0.				
b	Excess from 2014 0.				,
C	Excess from 2015				
d	Excess from 2016				
e		1	ı	I	

Page	1	O

Part	XIV . Private Operating Founda	tions (see instru	ictions and Part	VII-A, question 9)	N/A
	If the foundation has received a ruling					
,	foundation, and the ruling is effective fo					pa
b	Check box to indicate whether the four		operating foundate		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) 2017	(b) 2016	(c) 2015	(d) 2014	<u> </u>
	each year listed .					
b	85% of line 2a					
С	Qualifying distributions from Part XII,					
d	Inne 4 for each year listed 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		/			
b	section 4942(j)(3)(B)(i) "Endowment" alternative test—enter 2/3		/			
U	of minimum investment return shown in					
_	Part X, line 6 for each year listed		 			
С	"Support" alternative test—enter		/			
	(1) Total support other than gross investment income (interest,		/			
	dividends, rents, payments on	/		ļ		
	securities loans (section 512(a)(5)), or royalties)				İ	
	(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	(
Part		•	•	he foundation h	ad \$5,000 or mo	ore in assets at
	any time during the year-		15.)	· · · · · · · · · · · · · · · · · · ·		
1	Information Regarding Foundation List any managers of the foundation v		ited more than 2%	6 of the total contr	hutions received	by the foundation
a	before the close of any tax year (but o					by the loandation
		,		, . , , . (
b	List any managers of the foundation	who own 10% or	more of the stoc	k of a corporation	n (or an equally lai	rge portion of the
	ownership of a partnership or other er					
2	Information Regarding Contribution	ı, Grant, Gift, Loa	n, Scholarship, e	tc., Programs:		
	Check here ► 🗵 if the foundation					
	unsolicited requests for funds. If the fo		gifts, grants, etc.,	to individuals or o	rganizations under	other conditions,
	complete items 2a, b, c, and d. See in					
а	The name, address, and telephone nu	mber or email add	aress of the person	n to wnom applica	tions should be ac	aressed
	The form in which applications should	he submitted and	d information and	materials they sho	niq include.	- 17724
D	The form in which applications should	De Submitted and	a muonnauon and l	materiais triey SHO	aia moluue.	
С	Any submission deadlines:					
d	Any restrictions or limitations on aw	ards, such as by	y geographical ar	eas, charitable fie	elds, kinds of inst	itutions, or other
	factors:					

Part XV . Supplementary Information (continued)

3 Grants and Contributions Paid During	If recipient is an individual, Foundation				
Name and address (home or business)	show any relationship to any foundation manager	Foundation status of recipient	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	700,000			
a Paid during the year					
ARKANSAS EXTREME CHEER					
320 GRANGER RD		A COUTTIE	CDONCODCUED	330	
HARRISON AR 72601		ACTIVE	SPONSORSHIP	330	
PALA CARTER					
61 PLEASANT WAY	NONE	» CM T U C	MEDICAL EVOCACE	2 000	
JESUP GA 31545	NONE	ACTIVE	MEDICAL EXPENSE	2,000	
PIPER QUINTELA			CANCER DATENT		
9105 SOLSTICE CIRCLE	NONE	7 CM T 17 ID	CANCER PATIENT	10 000	
PARKWAY FL 33076	NONE	ACTIVE	MEDICAL EXPENSE	10,000	
DENISE POPEMACK					
1249 VANTAGE WAY				1 776	
STREETSBORO OH 44241	NONE	ACTIVE	MEDICAL EXPENSE	1,776	
LECHEEK LLC					
715 N HWY 62-65	1		THANKSGIVING DINNER/		
HARRISON AR 72601	AFFILIATE	ACTIVE	ANGEL TREE DONATION	1,312	
SPREADING THE GOSPEL					
110 W STEPHENSON AVE					
HARRISON AR 72601	NONE	ACTIVE	FEED THE NEEDY	10,000	
VALLEY SPRINGS SCHOOL					
7349 SCHOOL ST					
VALLEY SPRINGS AR 72682	NONE	ACTIVE	SCHOOL SUPLIES	1,500.	
OMAHA SCHOOL	ļ				
522 COLLEGE RD W					
OMAHA AR 72661	NONE	ACTIVE	SCHOOL SUPPLIES	1,500.	
BERGMAN SCHOOL					
PO BOX 1					
BERGMAN AR 72615	NONE	ACTIVE	SCHOOL SUPPLIES	1,500.	
See Statement					
				7,350.	
Total			▶ 3a	37,268.	
b Approved for future payment		T		3772.00	
.,					
		Ì			
,					
Total		1	▶ 3b	***************************************	

Ра	rt XV	Analysis of Income-Producing Ac	tivities		7		·
Ente	er gros	ss amounts unless otherwise indicated.	(a) Business code	(b) Amount	(c) Exclusion code	on 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See instructions)
1	Prog	ıram service revenue.	Dusiness code	Amount	Excidsion code	Amount	(See manuchons)
	a	,					
	b _				·		
	c ⁻			-			
	d ⁻						
	e –						
	f -				1		
	<u> </u>	Table and contracts from government agencies	_				
^	-	Fees and contracts from government agencies					
2		nbership dues and assessments	ļ		-		·
3		est on savings and temporary cash investments			-		
4		dends and interest from securities					
5	Net r	rental income or (loss) from real estate:					
	аΣ	Debt-financed property				 	
	b N	Not debt-financed property					
6	Net r	rental income or (loss) from personal property					
7	Othe	er investment income					
8	Gain	or (loss) from sales of assets other than inventory					
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
• •	b						
	_				 		
						· · · · · · · · · · · · · · · · · · ·	
	d _						
	е _						
		otal. Add columns (b), (d), and (e)					
						13	
		sheet in line 13 instructions to verify calculation				·	
_	_	-B Relationship of Activities to the A					
Lin	e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt pur	income is repo poses (other thar	rted in column n by providing fur	(e) of Part XVI ods for such purp	-A contributed ii oses) (See instruc	nportantly to the tions.)
				•			
						•	
-	-						
				-	-		
-					····································		
							·····
							
						· · · · · · · · · · · · · · · · · · ·	·
				·			
							· <u></u>
				·			
							
	-						

Part	XVII		n Regarding Tra	nsfers to and	Transactio	ns and I	Relationsh	nips With I	Nonchari	itable	Exe	mpt
		Organizati										
1 .			lirectly or indirectly ther than section							-	Yes	No (
		nizations?		(-)(-)				J	'			
а	-		oorting foundation t	o a noncharitable	e exempt ord	anızatıor	n of.					!
_										1a(1)		_ <u></u> _
		Other assets .								1a(2)	-	×
b		r transactions								(-,		
			a noncharitable ex	emnt organizatio	n					1b(1)		
			ets from a noncharit						1	1b(2)		×
			equipment, or other						,	1b(3)		$\frac{\hat{x}}{x}$
		Reimbursement ai							}	1b(4)		$\frac{\sim}{\times}$
		oans or loan gua	-						,	1b(5)		^
		_	rantees						1	1b(6)		- <u>^</u> -
•			quipment, mailing li		-				1	1c		$\frac{\hat{x}}{x}$
C C		•							•			
đ			of the above is "Ye ther assets, or serv									
			on or sharing arrang									
(a) Line		(b) Amount involved		charitable exempt orga			cription of trans					
(a) Line	no	(b) Amount involved	(c) Name of nonc	mantable exempt orga	anization	(u) Desc		transactio	ins, and snar	iliy airai	igenie	
			<u>.</u> .									
	\rightarrow											
												
	\rightarrow											
	-											
			· 									
	$-\!\!\!+$											
	<u></u> -			· - <u> </u>								
	_											
			·									
20			otly or indirectly at					npt organiz				
L			01(c) (other than se		or in section :	3211 .		• • •	· · ⊔	Yes	K)	10
b	IT YE		following schedule	,			ı 	(-) 5		1		
		(a) Name of organi	zation	(b) Type	of organization			(c) Description	on of relations	ship		
			-									

				ļ								

			 	<u> </u>			<u> </u>		 		,	
Sian	corre	er penalties of perjury, I ect. and complete. Decla	declare that I have examination of preparer (other th	ed this return, including ian taxpaver) is based o	i accompanying s on all information (chedules and of which orea	d statements, ar parer has anv kn	nd to the best of lowledge	my knowledg	e and ce	HOT, IT I	s true,
Sign	l k	1100			k				May the IRS			
Here	1 :	1 Way		08/04/		<u>ESIDEN</u>	T		See instruct	•		
	(Sign	ature of officer or trus		Pate	Title),	<u> </u>			<u> </u>
Paid		Print/Type preparer	s name	Preparer's signatu	r ef	hDC	Date		k ☐ ɪf PT			
Prepa	arer	ARTHUR PAL	ERMO JR., CPA		KA	Y#	111/5/		employed P	0064	693 <u>9</u>	<u>}</u>
Use C		Firm's name ▶	PALERMO LAND		PA / /		'[→ 65-091			
	- 1 11 y	Firm's address ▶	9720 STIRLIN	G RD SUITE	203		$\perp \!\!\! \perp \!\!\! \perp \!\!\! \perp \!\!\! \perp$	Phone no	(954)25	2-96	22	
BAA			HOLLYWOOD		FL	33024	11		For	m 990	-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

CART	ER GRACE FOUND	DATION, INC	81-1528731
Organiz	zation type (check o	ne).	
Filers o	f:	Section:	
Form 99	90 or 990-EZ	☐ 501(c)() (enter number) organization	
		4947(a)(1) nonexempt charitable trust not treated as a private fou	ndation
		☐ 527 political organization	
Form 99	90-PF	501(c)(3) exempt private foundation	
		■ 4947(a)(1) nonexempt charitable trust treated as a private foundary	tion
		☐ 501(c)(3) taxable private foundation	
	nly a section 501(c)(ons.	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule a	nd a Special Rule. See
×	For an organization	filing Form 990, 990-EZ, or 990-PF that received, during the year, cont or property) from any one contributor. Complete Parts I and II. See instr contributions.	
Special	Rules		
	regulations under s 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 ections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99d that received from any one contributor, during the year, total contributed the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	00 or 990-EZ), Part II, line tions of the greater of (1)
	contributor, during	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, total contributions of more than \$1,000 exclusively for religious hal purposes, or for the prevention of cruelty to children or animals. Con	, charitable, scientific,
	contributor, during contributions totale during the year for a General Rule appli	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Don't complete any or es to this organization because it received nonexclusively religious, charitable during the year	es, but no such Itions that were received If the parts unless the Iritable, 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
CARTER GRACE FOUNDATION, INC

Employer identification number

81-1528731

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is no

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LECHEEK LLC 675 E HWY 43 HARRISON AR 72601 (b)	\$11,317	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	INSANE FILMZ 675 E HWY 43 HARRISON AR 72601	\$ <u>7,507.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	LECHEEK NUTRITION 675 E HWY 43 HARRISON AR 72601	\$34,472.	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person

Name of organization

CARTER GRACE FOUNDATION, INC

Employer identification number

81-1528731

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Employer identification number

Name of organization

	GRACE FOUNDATION, INC			81-1528/31
Part III				is described in section 501(c)(7), (8), or
				tor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc.,
	contributions of \$1,000 or less for the			
		•		
/a\ No	Use duplicate copies of Part III if addi	tional space is nee	aea.	
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I			·	
		(e) Trans	fer of gift	
		-1.71D - 4	D-1	
	Transferee's name, address, an	0 ZIP + 4	Kela	ationship of transferor to transferee
	•••••		••••	
ł				
(a) Na		·-··		
(a) No. from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I				
			••••	
	,L	/s\ T		
ļ		(e) Trans	fer of gift	
	Transferee's name, address, and	d 71D + 4	Pol	ationship of transferor to transferee
	Transferee's fiame, address, and	u ZIF + 4	neia	ationship of transferor to transferee
]				
(a) No.	T T			
from	(b) Purpose of gift	(c) Use	of gift	(d) Description of how gift is held
Part I	· · · · · · · · · · · · · · · · · · ·		•	
	•••••••••••••••••••••••••••••••••••••••	••••••		
-		(e) Trans	fer of aift	
		(-)		
	Transferee's name, address, and	d ZIP + 4	Rela	ationship of transferor to transferee
-				
(a) No. from	(III) Promo a se se se se se	/s\ 11s s	-4 -: (4)	
from Part I	(b) Purpose of gift	(c) Use	or gift	(d) Description of how gift is held
, ,,,,,,,				
ŀ		(e) Transi	er of gift	
			-	
	Transferee's name, address, and	d ZIP + 4	Rela	ationship of transferor to transferee
r				
			•	
- 1				

CARTER GRACE FOUNDATION, INC

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Recipient name and address (home business)	If recipient is an individual, show and relationship to any foundation manager of substantial contributor	Foundation	Purpose of grant or contribution	Amount
a Paid during the year				
ALPENA SCHOOL	NONE	ACTIVE	SCHOOL SUPPLIES	1,500.
300 S DENVER ST				
ALPEN, AR 72611				
CCM	NONE	ACTIVÉ	THANKSGIVING FOOD	1,500.
1405 N MAIN ST			DRIVE	
HARRISON, AR 72601				
LIVING WATER FULL GOSPEL	NONE	ACTIVE	YOUTH CAMP	3,900.
2441 CEDAR RD			SPONSOR	
HARRISON, AR 72601				
HOUSE OF HOPE	NONE	ACTIVE	HOMELESS SHELTER	450.
600 W STEPHENSON AVE				
HARRISON, AR 72601				
				7,350.

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

Other Expenses

Continuation Statement

Description	Revenue and Expense per Book	Net Investment Income	Adjusted Net Income	Disbursement for charitable purpose
POSTAGE	200.			
Total	200			

Total 200.