Form 990-PF Department of the Treasury EXTENDED TO NOVEMBER 15, 2018

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.

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

For	r calendar year 2017 or tax year beginning OCT	26, 2017	, and ending	DEC 31, 201	7	
	ame of foundation	<u> </u>		A Employer identificati		
	WHITE FAMILY FOUNDATION	82-3651108				
	umber and street (or PO box number if mail is not delivered to street	B Telephone number				
	3708 N. LALIQUE LANE			712-251-4283		
	ity or town, state or province, country, and ZIP or foreign p	C If exemption application is pending, check here				
	FAYETTEVILLE, AR 72704					
G	Check all that apply:	<del></del>	ormer public charity	D 1. Foreign organizatio	ns, check here	
	Final return	Amended return		Foreign organizations recheck here and attach	meeting the 85% test,	
<u> </u>	Address change  Check type of organization:  X Section 501(c)(3) ex	Name change		1		
Ϊ-		empt private foundation Other_taxable private founda	ation	E If private foundation s under section 507(b)(		
<u> </u>	Fair market value of all assets at end of year   J   Accounting		Accrual	1		
	·   ——	her (specify)	Accidai	under section 507(b)(	a 60-month termination	
	\$ 1,988,514. (Part I, column	no (d) must be on cash basi	s.)	ander section our (b)(	TADA ONCOR HOTO	
	art I Analysis of Revenue and Expenses	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements	
	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a).)	expenses per books	income	income	for charitable purposes (cash basis only)	
	1 Contributions, gifts, grants, etc., received	2,005,566.		N/A		
	2 Check fithe foundation is not required to attach Sch. B					
2018	Interest on savings and temporary cash investments					
20	4 Dividends and interest from securities					
1-	1 4 1					
ಣ	Net rental income or (loss)					
5	6a Net gain or (loss) from sale of assets not on line 10	<17,052.	>		STATEMENT 1	
₹Ž	b Gross sales price for all 1,988,514.			<u> </u>		
C AUG	7 Capital gain net income (from Part IV, line 2)		783,432.			
jj Œ ∌	8 Net short-term capital gain					
	9 Income modifications				<del></del>	
S	Gross sales less returns and allowances				<del></del>	
) }	b Less Cost of goods sold			<b> </b>	<del></del>	
	c Gross profit or (loss)		<del></del>			
	11 Other income		500 100	ļ	<del></del>	
	12 Total. Add lines 1 through 11	1,988,514.	783,432.	<del> </del>	<del></del>	
	18 Other amployee sataries and wages	0.	0.	ļ	0.	
		<del></del>	<del></del>	<del> </del>		
တ္ဆ	15 Pension plans, employee benefits			<del> </del>	<del></del>	
nse.	1641 egal fees 1 3 2018			<del> </del>	<del></del>	
X	Characteristics for the control of t	<del></del>	<del></del>	<del> </del>	<del></del>	
ē П	c Other professional-fees-				<del> </del>	
and Administrative Expense	18 Taxes STMT 2	15,361.	15,361.		0.	
istr	19 Depreciation and depletion	13,301.	13/301	<del></del>	<del> </del>	
Ë	20 Occupancy			<u> </u>		
Adr	21 Travel, conferences, and meetings					
2	22 Printing and publications					
<u> </u>	23 Other expenses					
atin	24 Total operating and administrative					
Operating	expenses. Add lines 13 through 23	15,361.	15,361.	1	0.	
Õ	25 Contributions, gifts, grants paid	0.			0.	
	26 Total expenses and disbursements.			]		
_	Add lines 24 and 25	15,361.	15,361.	<u></u>	0.	
	27 Subtract line 26 from line 12;			1		
	Excess of revenue over expenses and disbursements	1,973,153.		<u> </u>		
	b Net investment income (if negative, enter -0-)		768,071.			
	c Adjusted net income (if negative, enter -0-)			N/A	1	
7235	501 01-03-18 LHA For Paperwork Reduction Act Notice	, see instructions	•		Form <b>990-PF</b> (2017)	

Take m		
1 Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
(must agree with end-of-year figure reported on prior year's return)	[_1	0.
2 Enter amount from Part I, line 27a	2	1,973,153.
3 Other increases not included in line 2 (itemize)	3	0.
4 Add lines 1, 2, and 3	4	1,973,153.
5 Decreases not included in line 2 (itemize)	5	0.
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,973,153.

See the Part VI instructions.

_	n 990-PF (2017) WHITE 'FAMILY FOUNDATION		<u>651108</u>		Page 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4	1948 - :	see instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here 🕨 🔲 and enter "N/A" on line 1.	1 1			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔲 and enter 1%	1	1	<u>.5,3</u>	<u>61.</u>
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2			0.
3	Add lines 1 and 2	3		5,3	<u>61.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5	1	.5,3	61.
6	Credits/Payments:				
а	2017 estimated tax payments and 2016 overpayment credited to 2017 6a 0.				
b	Exempt foreign organizations - tax withheld at source 6b 0.				
C	Tax paid with application for extension of time to file (Form 8868) 6c 15,361.				
d	Backup withholding erroneously withheld 0.	]			
7	<u> </u>	7	1	<u>.5,3</u>	61 <u>.</u>
8	Enter any penalty for underpayment of estimated tax. Check here X 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			
11	Enter the amount of line 10 to be: Credited to 2018 estimated tax	11			
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		Yes	No
	any political campaign?		1a		X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the defin	iition	1b		X
	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.				
C	Did the foundation file Form 1120-POL for this year?		1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. $\blacktriangleright$ \$ 0. (2) On foundation managers. $\blacktriangleright$ \$ 0.				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	•			
	managers. ► \$ 0.				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		X
	If "Yes," attach a detailed description of the activities.				
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		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	N/	A 4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	e law			ĺ
	remain in the governing instrument?		6		X_
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	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.				
	AR				1
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calc	endar			
	year 2017 or the tax year beginning in 2017? See the instructions for Part XIV. If "Yes," complete Part XIV		9	<u> </u>	X
10		TMT	4 10	X	

Form **990-PF** (2017)

Form	990-PF (2017) WHITE 'FAMILY FOUNDATION 82-365	1108		Page 5
Pa	art 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		X
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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► N/A			
14	The books are in care of ► ASHLEY GUZIEC Telephone no. ► 712-2	51-4	283	
• •	Located at ► 3708 N. LALIQUE LANE, FAYETTEVILLE, AR ZIP+4 ►			
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	N	/A	
16	At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
10	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the	1.0		
Pa	rt VII-B │ Statements Regarding Activities for Which Form 4720 May Be Required			·
			Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.			
ıa	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 X No			
	(1) 3-0			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?  Yes X No			
	(4) 3 (			
	(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)?  Yes X No	İ		
	(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	١	1	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		
	Organizations relying on a current notice regarding disaster assistance, check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	1.		
	before the first day of the tax year beginning in 2017?	1c		X
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	ĺ		
	before 2017?	ł		
	If "Yes," list the years , , , , , , , , , , , , , , , , ,			
b	Are there any years listed in 2a for which the foundation is <b>not</b> 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.) N/A	2b	ļ	<u> </u>
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<b>&gt;</b>			
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		1	Ì
	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,		İ	
	Form 4720, to determine if the foundation had excess business holdings in 2017.)  N/A	3b	<u> </u>	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		_ X_
	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?	4b_		X
		Form 99	0-PF	(2017)

Form 990-PF (2017) WHITE FAMILY FOUNDATION Part VII-B   Statements Regarding Activities for Which	Farm 4700 May Ro E		82-36511	.08	Page 6
	romi 4/20 Way be F	sequii eu (contin	ueo)	Ves	No
5a During the year, did the foundation pay or incur any amount to:	n 4045(a)\2		s X No	-1:00	110
<ol> <li>Carry on propaganda, or otherwise attempt to influence legislation (section)</li> <li>Influence the outcome of any specific public election (see section 4955);</li> </ol>			s LAJ NO	ļ	}
any voter registration drive?	or to carry on, onectly or mand		s X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	• 2		s X No		
(4) Provide a grant to an organization other than a charitable, etc., organization		L, ''	.s (A) 110		
4945(d)(4)(A)? See instructions	ni described ili sectioni	[] v	s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary	or educational nurnoses, or f				
the prevention of cruelty to children or animals?	, or educational purposes, or r		s X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	der the exceptions described i				
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	5b	i
Organizations relying on a current notice regarding disaster assistance, check					
c if the answer is "Yes" to question 5a(4), does the foundation claim exemption i		ned			[
expenditure responsibility for the grant?			s 🔲 No	1	[
If "Yes," attach the statement required by Regulations section 53.4945-5(d).	<del>-</del>	, ==		}	}
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	nav premiums on		ļ		1
a personal benefit contract?	pay promising on	Ye	s X No	1	-
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	nersonal benefit contract?			6b	X
If "Yes" to 6b, file Form 8870.			ľ		
7a At any time during the tax year, was the foundation a party to a prohibited tax s	shelter transaction?	Ye	s X No	1	-
<b>b</b> if "Yes," did the foundation receive any proceeds or have any net income attribu				7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors		nagers, Highly	1		
1 List all officers, directors, trustees, and foundation managers and t	their compensation.				
	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deterred	(e) Ex	pense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deterred compensation	account	t, other Inces
ASHLEY GUZIEC	PRESIDENT AND		<del></del>	1	
3708 N LALIQUE LANE				ľ	
FAYETTEVILLE, AR 72704	0.00	0.	0.	.[	0.
TAYLOR WHITE	VICE-PRESIDEN	T AND BOA	RD MEMBE	R	
1474 ASBURY AVE				1	
SPRINGDALE, AR 72762	0.00	0.	0.	.]	0.
PATRICIA A. WHITE	SECRETARY AND	BOARD ME	MBER	]	
5137 TURNHOUSE CIRCLE			1	1	
FAYETTEVILLE, AR 72704	0.00	0.	0.		0.
NOEL WHITE	BOARD MEMBER			}	
5137 TURNHOUSE CIRCLE	}			1	
FAYETTEVILLE, AR 72704	0.00	0.	0.	<u> </u>	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	7.00.2	<del></del>	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Ex accoun allowa	pense t, other ances
NONE					
				1	
	]			<u></u>	
	]			<u> </u>	
Total number of other employees paid over \$50,000			<b>&gt;</b>		0

Form 990-PF (2017) WHITE FAMILY FOUNDATION		1651108 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, ent	er "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services  Part IX-A   Summary of Direct Charitable Activities		<u>▶</u>   0
List the foundation's four largest direct charitable activities during the tax year. Include relevant state number of organizations and other beneficiaries served, conferences convened, research papers pr	istical information such as the oduced, etc.	Expenses
N/A		
2		
}		
Day IV Dia		
Part IX-B   Summary of Program-Related Investments  Describe the two largest program-related investments made by the foundation during the tax year of	n lines 1 and 2.	Amount
N/A		
All other program-related investments. See instructions.		
Total, Add lines 1 through 3	<del></del>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, s	ee 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	0.
b	Average of monthly cash balances	1b	82,867.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	82,867.
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	0.
3	Subtract line 2 from line 1d	3	82,867.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	1,243.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	81,624.
6	Minimum investment return Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	749.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations, check here ► and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	749.
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.)	}	
C	Add lines 2a and 2b	2c	15,361.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
6	Deduction from distributable amount (see instructions)	6	0.
7_	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	0.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		_
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u> </u>
þ	Program-related investments - total from Part IX-B	1b	0.
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	
þ	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	0.
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	5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	0.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for t	the section
	4940(e) reduction of tax in those years.		

Form **990-PF** (2017)

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

e Excess from 2017

Form 990-PF (2017) WHITE FAMILY FOUNDATION				<u>82-36</u>	51108 Page 10
Part XIV Private Operating For	oundations (see in:	structions and Part VII-	A, question 9)	N/A	
1 a If the foundation has received a ruling or	determination letter that	it is a private operating	]		
foundation, and the ruling is effective for	2017, enter the date of t	he ruling	<b>.</b>		
b Check box to indicate whether the found		-	section	4942(j)(3) or 49	)42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2017	(b) 2016	(c) 2015	(d) 2014	(e) Total
investment return from Part X for		<del> </del>		·	
each year listed					
b 85% of line 2a					
•				<del></del>	<del></del>
c Qualifying distributions from Part XII,					
line 4 for each year listed	<del></del>	<del></del>		<del></del>	
d Amounts included in line 2c not					
used directly for active conduct of		""			
exempt activities	·			<u> </u>	
e Qualifying distributions made directly			100		
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)			1		
b "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:		<del></del>			<del></del>
		· •			
(1) Total support other than gross investment income Anterest,		·		1	
dividends, rents, payments on		·			
securities loans (section		•			
512(a)(5)), or royalties)					- '''
(2) Support from general public and 5 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)	·				
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Infor			f the foundati	on had \$5,000 or mo	ore in assets
at any time during th	ne year-see instr	uctions.)		_	
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation who	•	than 2% of the total contr	butions received by	the foundation before the clos	se of any tax
year (but only if they have contributed me	ore than \$5,000). (See se	ection 507(d)(2).)	•		•
NONE					
b List any managers of the foundation who	own 10% or more of the	e stock of a cornoration (i	or an equally large pe	ortion of the ownership of a pa	artnership or
other entity) of which the foundation has			• q iui go pi	a. a a	
NONE	-				
	on Count Oith Lane	Cabalanahin ata Du			
		• • • • • • • • • • • • • • • • • • • •	-	an and account unachasted sequ	unata for funda. If
Check here <b>X</b> if the foundation on the foundation makes gifts, grants, etc., t					ests for fulfus. If
<del></del>			<del></del>	<del></del>	
a The name, address, and telephone numb	er or email address of th	e person to whom applica	itions should be add	ressed:	
<b>b</b> The form in which applications should be	submitted and informat	ion and materials they sh	ould include:		
c Any submission deadlines:					
A A	and a bose of	1 Ab Ab 6-14 - 1	undo of	or other factors:	
d Any restrictions or limitations on awards,	such as by geographica	i areas, charitable fields, l	ands of institutions,	or other factors:	

3 Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	Purpose of grant or contribution	Amount	
Name and address (home or business)	any toundation manager or substantial contributor	status of recipient	Contribution	741104111	
a Paid during the year			<u>.</u>		
NONE	,				
				<u> </u>	
				l	
		i			
				ĺ	
Total b Approved for future payment			<u>▶ 3a</u>	0.	
Approved for future payment					
27027					
NONE		1			
				<del> </del>	
}					
				<u> </u>	
Total			<b>▶</b> 3b	0	

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue:	code	Amount	code	Amount	function income
a			ļ		
b			ļ		
C			<b> </b>		
d	<del></del>		<del> </del>	<del> </del>	
e				<del></del>	<del></del>
		<del></del>			
g Fees and contracts from government agencies	<del></del>		<del> </del>		<del></del>
2 Membership dues and assessments	<b></b>				
3 Interest on savings and temporary cash investments	}				
4 Dividends and interest from securities	<del></del>				<del></del>
5 Net rental income or (loss) from real estate:	<del></del>				
a Debt-financed property	<del>                                     </del>				
b Not debt-financed property	<del>  </del>		<del> </del>		
6 Net rental income or (loss) from personal	<del> </del>		<del> </del>		
property	)		}		
7 Other investment income	<del></del>	<del></del>		<del></del>	
8 Gain or (loss) from sales of assets other	<del>  </del>			<del></del>	<del></del>
than inventory	1		1		<17,052.
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory					
1 Other revenue:					
a	}				
b					
c					
d					
e			ļ		
2 Subtotal. Add columns (b), (d), and (e)		0.		0.	<17,052.
3 Total Add line 12, columns (b), (d), and (e)				13	<17,052.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incor	ne is reported i	n column (e) of Part XVI-A	contrit	outed importantly to the accom	nolishment of
the foundation's exempt purposes (other than t					
FUNDS ENABLE THE FOUNDA	TION TO	O SUPPORT VA	RIO	US WORTHWHILE	CHARITIES
<del></del>				<del> </del>	<del></del>
					<del></del>
				<del></del>	
				<del> </del>	<del> </del>

Form 990-PF		E FAMILY FOUND			2-3651108	Page 13
Part XVI	Information R Exempt Organ		to and Transactions ar	nd Relationships With I	Noncharitable	
1 Did the	organization directly or ind	rectly engage in any of the fol	lowing with any other organization	n described in section 501(c)		Yes No
			elating to political organizations?		1 1	
a Transfer	s from the reporting found	dation to a noncharitable exem	pt organization of:			
(1) Cas	h				1a(1)	X
(2) Oth	er assets				1a(2)	X
<b>b</b> Other tra	ansactions:					
(1) Sale	es of assets to a noncharita	able exempt organization			1b(1)	X
(2) Pur	chases of assets from a no	oncharitable exempt organizati	on		1b(2)	X
(3) Ren	ital of facilities, equipment,	or other assets			1b(3)	X_
(4) Reir	mbursement arrangements	<b>;</b>			1b(4)	X_
(5) Loa	ns or loan guarantees				1b(5)	X_
(6) Peri	formance of services or me	embership or fundraising solic	eitations		15(6)	X_
c Sharing	of facilities, equipment, ma	ailing lists, other assets, or pai	d employees		1c	X
d If the ans	swer to any of the above is	"Yes," complete the following	schedule. Column (b) should alw	ays show the fair market value of	the goods, other asset	ts,
			eceived less than fair market value	e in any transaction or sharing arra	angement, show in	
	<del></del>	other assets, or services recei				
(a) Line no	(b) Amount involved	<del> </del>	itable exempt organization	(d) Description of transfers, trans	sactions, and sharing arrai	ngements
		N/	A	<del> </del>		
		<del> </del>		ļ		
		ļ <u>-</u>		<del> </del>		
		<del> </del>		<del> </del>		
		<del></del>		<del> </del>		
		<del> </del>		ļ		
	<del> </del>	<del> </del>		<del> </del>		
		<del> </del>		<u>                                     </u>		
		<del> </del>		<del> </del>		
	<del></del>			<del> </del>		
		<del> </del>		<del> </del>	<del></del>	
	<del></del>	<del> </del>		<del> </del>		
	<del></del>	<del> </del>		<del> </del>		
	<del></del>	<del> </del>		<del> </del>		
	<del> </del>	<del> </del> -		<del> </del>	<del></del>	
So lo the for	Indotes disastly as indicas	the offiliated with or related to	and or more toy evernt present	L		
		on 501(c)(3)) or in section 527	, one or more tax-exempt organiza	alions described	Vac	X No
	, , ,		ſ		Yes	ווט באבו
<u>u</u> 11 165, U	complete the following sch (a) Name of org		(b) Type of organization	(c) Description	of relationship	
	N/A	Jan 12 a a a a a a a a a a a a a a a a a a	(b) Type or organization	(0) 2000 (1) (10)	O rolationomp	
	N/A	<del></del>	<del></del>	<del></del>		
			<del></del>			
		<del></del>	<del></del>			
Unde	r penalijes of perjury, i declare	that I have examined this return, inc	cluding accompanying schedules and s	tatements, and to the best of my knowl	edge	
			er than taxpayer) is based on all informa		return with the	preparer
Here	X    \  \( \lambda \)		17/10/108	PRESIDENT	shown below?	See instr
Sig	nature of officer of trustee	·	Date	Title		
	Print/Type preparer's na			Date Check	if PTIN	
	)	177	1 /////////////////////////////////////		1	
Paid	MICHAEL W.	SCHIIH   ///, //	Add Holl. the CAPA	6/25/18 self-employer	P007475	566
Preparer	Firm's name ► DEL		H & CO., P.C.	Firm's FINI	► 42-141260	
Use Only	THIN S HAIRE PLEL	ERVDWIG' PAUO	11 & CO., F.C.	Film S CIN	47 TAT700	, <del>-</del>
	Firm's address ▶ P .	O. BOX 627		<del></del>		
	ľ	OUX CITY, IA	51102-0627	Phone no.	712-255-80	181
		OOV CTIT! TV	<u> </u>	i none no.		-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

WH	HITE FAMILY FOUNDATION	82-3651108
Organization type (check o		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt chantable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	s covered by the <b>General Rule</b> or a <b>Special Rule</b> . (7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	ıle. See instructions
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor.	
Special Rules		
sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a r, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount of the Complete Parts I and II	, or 16b, and that received from
year, total contribut	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educately to children or animals. Complete Parts I, II, and III.	
year, contributions is checked, enter h purpose Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from exclusively for religious, charitable, etc., purposes, but no such contributions totaled mere the total contributions that were received during the year for an exclusively religious applete any of the parts unless the General Rule applies to this organization because its, etc., contributions totaling \$5,000 or more during the year	ore than \$1,000. If this box s, charitable, etc.,
Caution: An organization that but it must answer "No" on certify that it doesn't meet the	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (FP Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Fine filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	Form 990, 990-EZ, or 990-PF), orm 990-PF, Part I, line 2, to

Name of organization

Employer identification number

# WHITE FAMILY FOUNDATION

82-3651108

Part I	Contributors (see instructions) Use duplicate copies of Part	I if additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NOEL AND PATRICIA WHITE  5137 TURNHOUSE CIRCLE  FAYETTEVILLE, AR 72704	\$\$.	Person Payroll Noncash X (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	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 Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part If for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
23452 11-01	-17	Schedule B (Form	990, 990-EZ, or 990-PF) (2017

Employer identification number

### WHITE FAMILY FOUNDATION

82-3651108

Part II	Noncash Property (see instructions) Use duplicate copies of Part I	Il if additional space is needed.	
(a) No. from Part í	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
1	24,575 SHARES OF TYSON FOODS, INC.	_	
1			_12/21/17
(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
			90 990-F7 or 990-PF) (201

Schedule B (Form 990, 990-EZ, or 990-PF) (2017) Page 4 Name of organization Employer identification number WHITE FAMILY FOUNDATION 82-3651108 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Part III Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (d) Description of how gift is held (b) Purpose of gift (c) Use of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

(a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held

#### (e) Transfer of gift

Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

	R (LOSS) FRO	OM SALE O	F ASS	ets ———	STA	ATEMENT	
(A) DESCRIPTION OF PROPERTY			MANI ACQU		DATE CQUIRED	DATE SO	OLD
24,575 SHARES TYSON FOODS, I	NC		DONA'	TED 07	7/31/14	12/22/	/17
GROSS VA	(C) LUE AT E OF ACQ.	(D) EXPENSE O SALE		(E)	GAII	(F) N OR LOSS	5
1,988,514. 2	,005,566.		0.	(	).	<17,05	 52.>
CAPITAL GAINS DIVIDENDS FROM	PART IV						0.
TOTAL TO FORM 990-PF, PART I	, LINE 6A					<17,05	52.>
FORM 990-PF	ТАХ	CES			Cm;	ATEMENT	
						ATEMENT -	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INV MENT IN		(C) ADJUS NET IN	) STED	(D) CHARITAE	BLE
DESCRIPTION FEDERAL EXCISE	<b>EXPENSES</b>	(B) NET INV MENT IN		ADJUS	) STED	(D) CHARITAE	BLE
FEDERAL EXCISE	EXPENSES PER BOOKS	(B) NET INV MENT IN	COME	ADJUS	) STED	(D) CHARITAE	BLE ES
<del></del>	EXPENSES PER BOOKS 15,361.	(B) NET INV MENT IN  15	,361.	ADJUS	) STED NCOME 	(D) CHARITAE	BLE ES 0.
FEDERAL EXCISE TO FORM 990-PF, PG 1, LN 18	EXPENSES PER BOOKS 15,361.	(B) NET INV MENT IN  15	,361.	ADJUS	STED NCOME	(D) CHARITAE PURPOSE	BLE ES 0.
FEDERAL EXCISE TO FORM 990-PF, PG 1, LN 18 FORM 990-PF	EXPENSES PER BOOKS 15,361.	(B) NET INV MENT IN  15	,361.	ADJUS	STED NCOME	(D) CHARITAE PURPOSE	0. 0.

FORM 990-PF

LIST OF SUBSTANTIAL CONTRIBUTORS PART VII-A, LINE 10

STATEMENT

4

NAME OF CONTRIBUTOR

ADDRESS

NOEL AND PATRICIA WHITE

5137 TURNHOUSE CIRCLE FAYETTEVILLE, AK 72704