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Form 990-PF

Department of the Treasury

Internal Revenue Service

As Filed Data -

DLN: 93491302005169

2018

OMB No 1545-0052

## **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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20	)18 , ar	nd ending 12-31	-2018	_			
		indation Chloe C Davis Charitable Foundation		A Employer is	dentification numbe	r			
All	ine b &	Chide C Davis Charitable Foundation	71-0556734	71-0556734					
	ber and O Box 2	d street (or P O box number if mail is not delivered to street address) 767	<b>B</b> Telephone n	B Telephone number (see instructions)					
				(479) 484-822	9				
		ı, state or province, country, and ZIP or foreign postal code AR 729132767		<b>C</b> If exemption	application is pendin	g, check here			
G C	neck al	l that apply 🔲 Initial return 🔲 Initial return of a	former public charity	<b>D 1.</b> Foreign o	rganizations, check he	re $\square$			
		☐ Final return ☐ Amended return	,	2 Foreign o	organizations meeting	the 85% □			
		Address change Name change		test, che	ck here and attach co	mputation 🕨 🔲			
H C	neck ty	$ \mathbf{V} $ pe of organization $\mathbf{V}$ Section 501(c)(3) exempt private	foundation		oundation status was t on 507(b)(1)(A), chec				
	Section		e private foundation	4,143, 556	o., oo, (2)(1)(1,), o.,o				
			☑ Cash ☐ Accru		lation is in a 60-month				
		rom Part II, col (c),  ▶\$ 1,546,519  (Part I, column (d) must	be on cash basis )	under secti	on 507(b)(1)(B), chec	k here			
Pa	rt I	Analysis of Revenue and Expenses (The total	(a) Bayanya and			(d) Disbursements			
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) )	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes			
	1	Contributions, gifts, grants, etc , received (attach				(cash basis only)			
	2	schedule)  Check ▶ ☐ If the foundation is <b>not</b> required to attach							
		Sch B							
	3	Interest on savings and temporary cash investments	1,193	1,19	1,193				
	4	Dividends and interest from securities	29,879	29,879	29,879				
	5a	Gross rents							
æ	b	Net rental income or (loss)	<b>M1</b>						
Ĕ	6a	Net gain or (loss) from sale of assets not on line 10	29,501						
Revenue	b	Gross sales price for all assets on line 6a 297,227		20.50	4				
œ	7   8	Capital gain net income (from Part IV, line 2)		29,50	29,501				
	9	Income modifications			29,301				
	10a	Gross sales less returns and allowances							
	ь	Less Cost of goods sold							
	c	Gross profit or (loss) (attach schedule)							
	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	60,573	60,57	3 60,573				
	13	Compensation of officers, directors, trustees, etc							
	14	Other employee salaries and wages							
es	15	Pension plans, employee benefits							
en s	16a	Legal fees (attach schedule)							
Operating and Administrative Expenses	Ь	Accounting fees (attach schedule)	3,800	3,80	3,800				
e E	C	Other professional fees (attach schedule)	8,620	8,62	8,620				
ativ	17	Interest							
<b>S</b> t.	18	Taxes (attach schedule) (see instructions)	601						
Ē	19	Depreciation (attach schedule) and depletion							
Act	20	Occupancy							
ָם	21	Travel, conferences, and meetings							
g d	22	Printing and publications							
<b>Ξ</b>		Total operating and administrative expenses.							
era	24	Add lines 13 through 23	13,021	12,420	12,420	0			
o	25	Contributions, gifts, grants paid	76,500		12,720	76,500			
	26	Total expenses and disbursements. Add lines 24 and				· · · · · · · · · · · · · · · · · · ·			
	27	25 Subtract line 36 from line 12	89,521	12,42	12,420	76,500			
	27	Subtract line 26 from line 12  Excess of revenue over expenses and							
	a	disbursements	-28,948						
	Ь	Net investment income (if negative, enter -0-)		48,15	3				
	_ c	Adjusted net income (If negative, enter -0-)		_	48,153	<u> </u>			
гoг	⊬aper	work Reduction Act Notice, see instructions.		Cat No 11289	x For	m <b>990-PF</b> (2018)			

74,844

479,199

527,226

1,108,410

1.108.410

1,108,410

1,108,410

2

3

4

5

6

1,137,358

1,108,410

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-28,948

496,923

526,798

1,137,358

1,137,358

1,137,358

1,137,358

75,238

922,212

521,928

1,546,519

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule) . . . . . . . . .

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

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

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

Foundations that do not follow SFAS 117, check here ▶  $\Box$ 

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

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

Foundations that follow SFAS 117, check here ▶ ✓ and complete lines 24 through 26 and lines 30 and 31.

Investments—land, buildings, and equipment basis ▶ \_\_

Less accumulated depreciation (attach schedule) ▶ \_\_\_

Less accumulated depreciation (attach schedule)

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

Land, buildings, and equipment basis -

instructions Also, see page 1, item I)

Other assets (describe > \_

Other liabilities (describe ▶\_

Unrestricted . . . . . .

Permanently restricted . . . . .

and complete lines 27 through 31.

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

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize) ▶ \_\_\_\_

Temporarily restricted

Grants payable

	_
	6
	7
2	8
Assets	9
As	10a
	h

C

	t c
	11
	12 13 14
	15 16
Liabilities	17 18 19 20 21 22 23
Net Assets or Fund Balances	24 25 26
Net Asse	28 29 30

31 Part III

2

Capital Gains	and Losses for Tax on Invest	ment Income				
	e the kınd(s) of property sold (e g , rehouse, or common stock, 200 shs	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr )	<b>(d)</b> Date sold (mo , day, yr )		
1 a VANGUARD 500 INDEX F	2010-04-16	2018-03-01				
<b>b</b> U S TREASURY NOTE	2018-06-11	2018-11-30				
c JP MORGAN CHASE CO			Р	2015-02-18	2018-01-25	
d MICROSOFT CORP			P	2015-02-18	2018-05-01	
e APPLE INC			P	2015-02-18	2018-05-03	
	(f)		(g)	(	h)	
(e) Gross sales price	Depreciation allowed (or allowable)	Cost or	other basis ense of sale	Gain o	r (loss) ) minus (g)	
<b>a</b> 4	0,000		17,726		22,274	
<b>b</b> 10	0,000		100,000			
<b>c</b> 5	0,000		50,000			
<b>d</b> 5	0,000		50,000			
<b>e</b> 5	0,000		50,000			
Complete only for assets	showing gain in column (h) and ow	ned by the foundation	on 12/31/69	(	I)	
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	( <b>k)</b> of col (ı) (j), ıf any	Gains (Col ( col (k), but not	h) gain minus less than -0-) <b>or</b> om col (h))	
a					22,274	
b						
С						
d						
e						
·	or (net capital loss)  gain or (loss) as defined in sections rt I, line 8, column (c) (see instructi		1	3	29,501	
Part V Qualification (	Jnder Section 4940(e) for Re	educed Tax on Net	Investment In	come		
For optional use by domestic p	rivate foundations subject to the se	ction 4940(a) tax on ne	t investment incom	ie)		
f section 4940(d)(2) applies, le	eave this part blank			_	_	
	e section 4942 tax on the distributa ot qualify under section 4940(e) Do		in the base period	γ ∐ γ <sub>ι</sub>	es 🗹 No	
1 Enter the appropriate an	nount in each column for each year,	see instructions before	making any entrie	5		
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	( <b>d)</b> Distribution rati (col (b) divided by c		
2017	84,416		1,642,750		000 051387	
2016	79,935		1,561,683	000 051185		
2015	80,831		1,618,540	000 049941		
2014	77,500		1,636,502		000 047357	
2013	72,500		1,552,103		000 046711	
2 Total of line 1, column (	d)		2		000 246581	
<b>3</b> Average distribution ratio	for the 5-year base period—divide	the total on line 2 by 5	0, or by the			
	idation has been in existence if less ncharitable-use assets for 2018 fron		3		000 049316 1,677,896	
<b>5</b> Multiply line 4 by line 3			5		82,747	
6 Enter 1% of net investme	ent income (1% of Part I, line 27b)		6		482	
			7		83,229	
	ons from Part XII, line 4 ,		8		76,500	
	eater than line 7, check the box in Pa			g a 1% tax rate Se		
				Fo	rm <b>990-PF</b> (2018)	

Page **6** 

5a	During the year did the foundation	pay o	r incur any amount to						Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?									
	(2) Influence the outcome of any specific public election (see section 4955), or to carry					١ .				
	on, directly or indirectly, any voter registration drive?						_ ا			
	(3) Provide a grant to an individual for travel, study, or other similar purposes?									
	(4) Provide a grant to an organization other than a charitable, etc., organization described							Ĭ		
	ın section 4945(d)(4)(A)? See instructions									
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or									
	educational purposes, or for the					Yes	<b>✓</b> N	。		
b	If any answer is "Yes" to $5a(1)-(5)$ ,		=			ibed in				
	Regulations section 53 4945 or in a	curre	ent notice regarding disas	ter assistance? See instr	uctions			5b		
	Organizations relying on a current r	otice	regarding disaster assist	ance check here		▶				
С	If the answer is "Yes" to question 5			•						
	tax because it maintained expenditi		· · · · · ·			☐ Yes	□ N	0		
	If "Yes," attach the statement requi		·       =							
6a	Did the foundation, during the year			indirectly, to pay premit	ıms on					
	a personal benefit contract?				•	☐ Yes	✓ N			
Ь	Did the foundation, during the year	, pay	premiums, directly or inc	lirectly, on a personal be	nefit contract?		•	6b		No
	If "Yes" to 6b, file Form 8870									
7a	At any time during the tax year, wa					☐ Yes	✓ N			
b	If yes, did the foundation receive ar		•					7b		
8	Is the foundation subject to the sec					on or				
	excess parachute payment during t					Yes     Yes     ✓				
Pai	t VIII Information About 6 and Contractors	Offic	ers, Directors, Trust	tees, Foundation Ma	anagers, Hig	jhly Pai	d Emp	oloyees	,	
1	List all officers, directors, truste	es, fo	oundation managers ar	nd their compensation	. See instruct	ions				
		(	<b>b)</b> Title, and average	(c) Compensation (If	(d) Contr			( <b>e)</b> Expe	nse acc	ount.
	(a) Name and address		hours per week devoted to position	not paid, enter -0-)	employee ber deferred co		s and j		llowan	
J MIC	HAEL SHAW	TRUS	· · · · · · · · · · · · · · · · · · ·	0		препоис	-			
	ox 2767	000	00	_						
	SMITH, AR 72913									
	CLIND	TRUS		0						
	ox 2767 SMITH, AR   72913		,,							
	ARD GRIFFIN	TRUS	TEE	0						
	ox 2767	000	00	_						
	SMITH, AR 72913	<u> </u>								
	Compensation of five highest-pa	id en	nployees (other than ti	hose included on line 1				, enter `	NONE	•"
(a)	Name and address of each employee	paid	(b) Title, and average			(d) Contributions to employee benefit (e)			se acco	ount.
	more than \$50,000	<b>F</b> 44	hours per week devoted to position	(c) Compensation		deferred		other a		
			devoted to position		compe	nsation				
					1					
_										
Tota	I number of other employees paid ov	er \$5	0,000	<del></del>		. •				
								Form <b>99</b>	U-PF	(2018

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

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Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly Paid	Employees,
3 Five highest-paid independent contractors for professional	services (see instructions). If none, enter "NO	DNE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
	-	
	-	
	-	
	1	
Total number of others receiving over \$50,000 for professional services.		
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Inclu		Expenses
organizations and other beneficiaries served, conferences convened, research papers	s produced, etc	·
1 N/A		0
2		
3		
<u></u>		
-		
4		
· ·		
Part IX-B Summary of Program-Related Investments	(see instructions)	<u> </u>
Describe the two largest program-related investments made by the foundation d	uring the tax year on lines 1 and 2	Amount
<b>1</b> N/A		
2		
All other program-related investments See instructions		
3		_
		-
Total. Add lines 1 through 3		•
		Form <b>990-PF</b> (2018)

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

Amounts set aside for specific charitable projects that satisfy the

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

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

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

3

4

5

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76.500

3a 3h

4

5

**b** Total for prior years

Page 9

82,932

2,569

80,363

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•	· · · · · · · · · · · · · · · · · · ·
t XIII	Undistributed Income (see instructions)

Par

a From 2013. . . . . **b** From 2014. . . . c From 2015. . . d From 2016. . . . . e From 2017. . . . .

1 Distributable amount for 2018 from Part XI, line 7

4 Qualifying distributions for 2018 from Part XII, line 4 🕨 \$ a Applied to 2017, but not more than line 2a

6 Enter the net total of each column as

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 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. . .

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

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 2017 Subtract line 4a from line 2a Taxable amount—see instructions . . . . . . . . f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019 . . . . . .

indicated below:

**b** Applied to undistributed income of prior years (Election required—see instructions). . . . . c Treated as distributions out of corpus (Election required—see instructions). . . . . . . . . .

**d** Applied to 2018 distributable amount. . . . . e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the

same amount must be shown in column (a) )

2 Undistributed income, if any, as of the end of 2018

a Enter amount for 2017 only. . . . . .

3 Excess distributions carryover, if any, to 2018

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

(a)

Corpus

(b)

Years prior to 2017

(c)

2017

73,931

RESTRICTED GEOGRAPHICALLY TO FORT SMITH AR AND CHARITIES FOR CHILDREN



Enter gross amounts unless otherwise indicated		Unrelated business income		Excluded by section	(e) Related or exemp	
-	service revenue	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions )
g Fees a	ind contracts from government agencies					
	ship dues and assessments					
3 Interest investm	on savings and temporary cash ents			14	1,193	
	ds and interest from securities			14	29,879	
	al income or (loss) from real estate					
	inanced property					
	ebt-financed property					
	al income or (loss) from personal property					
	(loss) from sales of assets other than					
inventor	• •			18	29,501	
	ome or (loss) from special events			10	25,501	
	rofit or (loss) from sales of inventory					
1 Other re	evenue a					
с						
d						
d e						
d e 2 Subtota	Add columns (b), (d), and (e).				60,573	
d e 2 Subtota 3 Total. /	Add line 12, columns (b), (d), and (e)			13	60,573 <b>3</b>	
d e 2 Subtota 3 Total. /	Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu	lations )			<u> </u>	
de 2 Subtota 3 Total. A (See wo	l Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI Line No.	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI Line No.	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI Line No.	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI Line No.	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
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de 2 Subtota 3 Total. A (See wo Part XVI Line No.	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI Line No.	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573
de 2 Subtota 3 Total. A (See wo Part XVI Line No.	I Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) rksheet in line 13 instructions to verify calcu  B Relationship of Activities to th  Explain below how each activity for which the accomplishment of the foundation's ex	lations ) le Accomplish income is reporte	ment of Exemed in column (e) c	pt Purposes of Part XVI-A contribu	ted importantly to	60,573

art XVII	Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations	
5 1.0		Т

Part	XVII	Exempt Organi	zations					•				
<ol> <li>Did</li> </ol>	the org	anization directly or in than section 501(c)(3)	directly enga						on 501		Yes	No
<b>a</b> Tran	sfers f	rom the reporting foun	dation to a r	oncharitable ex	empt organizatio	n of						
(1)	Cash.								. 12	(1)		No
		assets							. 1a	(2)		No
		sactions							ļ.,			l
		of assets to a nonchari ases of assets from a n	•	-						(1)		No No
									_	(2) (3)		No
(3) Rental of facilities, equipment, or other assets										(4)		No
	(4) Reimbursement arrangements									(5)		No
		mance of services or m								(6)		No
c Sha	rıng of	facılıtıes, equipment, n	nailing lists,	other assets, or	paid employees.				. [	Lc		No
of th	ne good	er to any of the above ls, other assets, or ser saction or sharing arra	vices given b	y the reporting	foundation If the	e foundatio	n receive	d less than fair mar	ket value	е		
	.,	outlier or orialing arra		on in column (c		90045, 0	4550	13, 3, 30, 1103, 1000,	, , ,			
(a) Line	No	(b) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) Des	cription of	transfers, transactions	, and sharing	arra	ngemen	ts
2a Is th	ne foun	dation directly or indire	ectly affiliate	d with, or relate	d to, one or more	e tax-exem	pt organi	zations				
desc	cribed ii	n section 501(c) (other	than section	n 501(c)(3)) or ı	ın section 527? .			Y	es 🔽 N	0		
<b>b</b> If "Y	'es," co	mplete the following so										
		(a) Name of organization	on	(1	<b>b)</b> Type of organizal	tion		(c) Description	of relations	пр		
	of my	r penalties of perjury, knowledge and belief preparer has any kno	, it is true, c	it I have examin orrect, and com	ed this return, in plete Declaration	icluding acc n of prepare	companyı er (other	ng schedules and st than taxpayer) is ba	atements, ased on all	and Infor	to the mation	best n of
Sign Here	*	****	meage		2019-10-29				May the I return			
	<b>  ▶</b> −	ignature of officer or t	rustee		Date	— <b>P</b> ⊤	ītle		with the posterior below (see instr		_	
		Print/Type preparer's	name	Preparer's Sigr	nature	Date		Check If self-	PTIN			
Paid		Richard M Bushkuh	ıl			2019-	-10-29	employed ▶ □				
Preparent of the Prepar			RIS TAYLOR	& CO		•			Fırm's EIN	<b>&gt;</b>		
		Firm's address ▶ PC	BOX 2083									
FORT SMITH, AR 72902					Phone no	479	782-3	3670				

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 a Paid during the year

ABILITIES UNLIMITED OF FORT SMITH 3305 KIBLER ROAD VAN BUREN, AR 72956	NONE	PC	CHARITABLE	1,000
ANTIOCH YOUTH & FAMILY	NONE	PC	CHARITABLE	3,000

ANTIOCH YOUTH & FAMILY P O BOX 1571 FORT SMITH, AR 72902	NONE	PC	CHARITABLE	3,000
ARKANSAS TRUE VISION CHILDREN HOME LLC 8811 YOUNG HOME DRIVE FORT SMITH AR 72916	NONE	PC	CHARITABLE	1,000

FORT SMITH, AR 72902				
ARKANSAS TRUE VISION CHILDREN HOME LLC 8811 YOUNG HOME DRIVE FORT SMITH, AR 72916	NONE	PC	CHARITABLE	1,000
Total			▶ 3a	76,500

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 (nome or business)	or substantial contributor			
a Paid during the year				
BOYS SHELTER OF FORT SMITH	NONE	PC	CHARITABLE	1,000

5904 SOUTH ZERO FORT SMITH, AR 72903				·
CASA OF CRAWFORD COUNTY P O BOX 433	NONE	PC	CHARITABLE	500

CASA OF CRAWFORD COUNTY P O BOX 433 VAN BUREN, AR 72957	NONE	PC	CHARITABLE	500
CHILDREN'S EMERGENCY SHELTER 3015 SOUTH 14TH STREET FORT SMITH AR 77901	NONE	PC	CHARITABLE	2,500

Total			▶ 3a	76,500
CHILDREN'S EMERGENCY SHELTER 3015 SOUTH 14TH STREET FORT SMITH, AR 72901	NONE	PC	CHARITABLE	2,500
P O BOX 433 VAN BUREN, AR 72957				

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

Name and address (home or husiness)

Name and address (nome or business)	or substantial contributor	·		
a Paid during the year				
CHLOE HARDIE KIRKSEY FOUNDATION 104 NORTH 13TH STREET VAN BUREN, AR 72956	NONE	PF	CHARITABLE	500
COMMUNITY DENTAL CLINIC	NONE	PC	CHARITABLE	1,000

COMMUNITY DENTAL CLINIC P O BOX 180070 FORT SMITH, AR 72918	NONE	PC	CHARITABLE	
COMMUNITY RESCUE MISSION	NONE	PC	CHARITABLE	

COMMUNITY DENTAL CLINIC P O BOX 180070 FORT SMITH, AR 72918	NONE	PC	CHARITABLE	1,
COMMUNITY RESCUE MISSION P O BOX 607	NONE	PC	CHARITABLE	

P O BOX 180070 FORT SMITH, AR 72918				
COMMUNITY RESCUE MISSION P O BOX 607 FORT SMITH, AR 72902	NONE	PC	CHARITABLE	500

COMMUNITY RESCUE MISSION	NONE	PC	CHARITABLE	500
P O BOX 607				
FORT SMITH, AR 72902				

FORT SMITH, AR 72902			
Total	 	<b>&gt;</b> 3a	76,500

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 a Paid during the year

COMMUNITY SERVICES CLEARINGHOUSE P O BOX 1522 FORT SMITH, AR 72902	NONE	PC	CHARITABLE	1,000
CRISIS INTERVENTION CENTER 5603 SOUTH 14TH STREET FORT SMITH AR 72001	NONE	PC	CHARITABLE	3,000

FORT SMITH, AR 72902				
CRISIS INTERVENTION CENTER 5603 SOUTH 14TH STREET FORT SMITH, AR 72901	NONE	PC	CHARITABLE	3,000
DONALD W REYNOLDS CANCER SUPPORT HOUSE 3324 SOUTH M STREET FORT SMITH, AR 72903	NONE	PC	CHARITABLE	5,000

Total .

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

Name and address (home or business)

Total .

,	or substantial contributor			
a Paid during the year				
FORT SMITH BOYS & GIRLS CLUBS 4905 NORTH O STREET FORT SMITH, AR 72904	NONE	PC	CHARITABLE	4,000

recipient

FORT SMITH HERITAGE FOUNDATION 514 NORTH 6TH STREET FORT SMITH, AR 72901	NONE	PF	CHARITABLE	1,00
FORT SMITH MUSEUM OF HISTORY	NONE	PC	CHARITABLE	1,00

FORT SMITH HERITAGE FOUNDATION 514 NORTH 6TH STREET FORT SMITH, AR 72901	NONE	PF	CHARITABLE	1,000
FORT SMITH MUSEUM OF HISTORY 320 ROGERS AVENUE FORT SMITH, AR 72901	NONE	PC	CHARITABLE	1,000

FORT SMITH, AR 72901				
FORT SMITH MUSEUM OF HISTORY 320 ROGERS AVENUE FORT SMITH, AR 72901	NONE	PC	CHARITABLE	1,000

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 contribution status of any foundation manager recipient

Name and address (nome or business)	or substantial contributor			
a Paid during the year				
FORT SMITH SYMPHONYP O BOX 3151 FORT SMITH, AR 72913	NONE	PC	CHARITABLE	1,000

•				
FOUNTAIN OF YOUTH ADULT DAY CENTER 2801 MCKINLEY AVENUE FORT SMITH, AR 72903	NONE	PC	CHARITABLE	2,000
•				

CENTER 2801 MCKINLEY AVENUE FORT SMITH, AR 72903				
GIRL SCOUTS -DIAMONDS OF AROK&TX 5506 WALSH LANE 108 ROGERS, AR 72758	NONE	PC	CHARITABLE	2,000

Total	76,500			
GIRL SCOUTS -DIAMONDS OF AROK&TX 5506 WALSH LANE 108 ROGERS, AR 72758	NONE	PC	CHARITABLE	2,000
2801 MCKINLEY AVENUE FORT SMITH, AR 72903				

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

Name and address (home or business)

Total .

	or substantial contributor			
a Paid during the year				
GIRL'S INC OF FORT SMITH P O BOX 1253 FORT SMITH, AR 72902	NONE	PC	CHARITABLE	2,000
GIRLS SHELTER OF FORT SMITH	NONE	PC	CHARITABLE	3,000

GIRLS SHELTER OF FORT SMITH P O BOX 3177 FORT SMITH, AR 72913	NONE	PC	CHARITABLE	3
GOOD SAMARITAN CLINIC 615 NORTH B STREET	NONE	PC	CHARITABLE	5

P O BOX 3177 FORT SMITH, AR 72913	NONE	PC	CHARITABLE	3,00
GOOD SAMARITAN CLINIC 615 NORTH B STREET FORT SMITH, AR 72901	NONE	PC	CHARITABLE	5,00

FORT SMITH, AR 72913				
GOOD SAMARITAN CLINIC 615 NORTH B STREET FORT SMITH, AR 72901	NONE	PC	CHARITABLE	5,000

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

a Paid during the year				
GREGORY KISTLER TREATMENT CENTER 3304 SOUTH M STREET FORT SMITH, AR 72903	NONE	PC	CHARITABLE	4,000

FORT SMITH, AR 72903				
HANNAH HOUSE INCP O BOX 1672 FORT SMITH, AR 72902	NONE	PC	CHARITABLE	1,000
HODE HUMANE SOCIETYD O BOY 10053	NONE	PC PC	CHARITARIE	1 000

FORT SMITH, AR 72902	NONE	PC	CHARITABLE	1,000
HOPE HUMANE SOCIETYP O BOX 10953 FORT SMITH, AR 72917	NONE	PC	CHARITABLE	1,000

FORT SMITH, AR 72902				
HOPE HUMANE SOCIETYP O BOX 10953 FORT SMITH, AR 72917	NONE	PC	CHARITABLE	1

HOPE HUMANE SOCIETYP O BOX 10953 FORT SMITH, AR 72917	NONE	PC	CHARITABLE	1,000
Total			▶ 3a	76,500

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

or substantial contributor

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
INTERFAITH COMMUNITY PRESCHOOL 1200 NORTH 5TH STREET FORT SMITH, AR 72901	NONE	PC	CHARITABLE	2,500

recipient

METHODIST VILLAGE SENIOR LIVING 7811 EUPER LANE FORT SMITH, AR 72903	NONE	PC	CHARITABLE	13
PROJECT COMPASSION INC	NONE	PC	CHARITABLE	1

METHODIST VILLAGE SENIOR LIVING 7811 EUPER LANE FORT SMITH, AR 72903	NONE	PC	CHARITABLE	3,000
PROJECT COMPASSION INC 1205 SOUTH ALBERT PIKE FORT SMITH, AR 72903	NONE	PC	CHARITABLE	1,000

7811 EUPER LANE FORT SMITH, AR 72903				
PROJECT COMPASSION INC 1205 SOUTH ALBERT PIKE FORT SMITH, AR 72903	NONE	PC	CHARITABLE	1,00

PROJECT COMPASSION INC 1205 SOUTH ALBERT PIKE FORT SMITH, AR 72903	NONE	PC	CHARITABLE	1,000
' I I I I I I I I I I I I I I I I I I I				

PROJECT COMPASSION INC	NONE	r C	CHARTABLE	1,000
1205 SOUTH ALBERT PIKE				
FORT SMITH, AR 72903				
·				

FORT SMITH, AR 72903		
Total	 3a	76,500

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

Name and address (home or business)

,	or substantial contributor			
a Paid during the year				
RIVERVIEW HOPE CAMPUS 301 SOUTH E STREET FORT SMITH, AR 72901	NONE	PC	CHARITABLE	5,000
RIVER VALLEY REGIONAL FOOD BANK	NONE	PC	CHARITABLE	1,000

recipient

*				
RIVER VALLEY REGIONAL FOOD BANK P O BOX 180070 FORT SMITH, AR 72918	NONE	PC	CHARITABLE	1,000
SALVATION ARMY	NONE	PC	CHARITABLE	3,000

RIVER VALLEY REGIONAL FOOD BANK P O BOX 180070 FORT SMITH, AR 72918	NONE	PC	CHARITABLE	1,
SALVATION ARMY 301 NORTH 6TH STREET	NONE	PC	CHARITABLE	3,

P O BOX 180070 FORT SMITH, AR 72918				·
SALVATION ARMY 301 NORTH 6TH STREET FORT SMITH, AR 72901	NONE	PC	CHARITABLE	3,000

SALVATION ARMY	NONE	PC	CHARITABLE	3,000
301 NORTH 6TH STREET				
FORT SMITH, AR 72901				

801 NORTH 6TH STREET FORT SMITH, AR 72901			_
Total	 	▶ 3a	76,500

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

a Paid during the year				
SINGLE PARENT SCHOLARSHIP FUND P O BOX 8108 FORT SMITH, AR 72902	NONE	PC	CHARITABLE	1,000
				1

FORT SMITH, AR 72902				
S T E P S706 GARRISON AVENUE FORT SMITH, AR 72901	NONE	PC	CHARITABLE	500
THE ARC FOR THE RIVER VALLEY	NONE	PC	CHARITABLE	500

S T E P S706 GARRISON AVENUE FORT SMITH, AR 72901	NONE	PC	CHARITABLE	500
THE ARC FOR THE RIVER VALLEY 7821 TEXAS ROAD FORT SMITH, AR 72908	NONE	PC	CHARITABLE	500

THE ARC FOR THE RIVER VALLEY 7821 TEXAS ROAD FORT SMITH, AR 72908	NONE	PC	CHARITABLE	500
Total				76 500

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

Name and address (home or business)

	or substantial contributor			
a Paid during the year				
THE SACK LUNCH PROGRAM 214 NORTH 6TH STREET FORT SMITH, AR 72901	NONE	PC	CHARITABLE	1,000

recipient

	NONE		01148774815	1 000
UA FORT SMITH FOUNDATION INC P O BOX 3649 FORT SMITH, AR 72913	NONE	EOF	CHARITABLE	5,000
FORT SMITH, AR 72901				

P O BOX 3649 FORT SMITH, AR 72913	NONE	EOF	CHARITABLE	5,000
UNITED WAY OF FORT SMITH P O BOX 2300 FORT SMITH, AR 72902	NONE	PC	CHARITABLE	1,000

Total			▶ 3a	76,500
UNITED WAY OF FORT SMITH P O BOX 2300 FORT SMITH, AR 72902	NONE	PC	CHARITABLE	1,000
P O BOX 3649 FORT SMITH, AR 72913				

Recipient If recipient is an individual, show any relationship to any foundation manager Recipient If recipient is an individual, show any relationship to any foundation manager recipient

Marine and address (floring of business)	or substantial contributor			
a Paid during the year				
US MARSHALLS MUSEUM FOUNDATION	NONE	EOF	CHARITABLE	5,000

14 NORTH 3RD STREET FORT SMITH, AR 72901  Total			▶ 3a	76,500
US MARSHALLS MUSEUM FOUNDATION	NONE	EOF	CHARITABLE	5,000

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491302005169							
TY 2018 Accounting Fe	ees Sch	edule			_		
Name: Alline B & Chloe C Davis Charitable Foundation							
<b>EIN:</b> 71-0556734							
Softv	vare ID:	1800734	0				
Software \	Version:	19.1.1.0					
Category Amount Net Investment Adjusted Net Disbursements Income Income Furposes							
NORRIS TAYLOR CO		3,800	3,800	3,800			

letile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491302005169

## **TY 2018 Investments Corporate Bonds Schedule**

Name: Alline B & Chloe C Davis Charitable Foundation

**EIN:** 71-0556734

**Software ID:** 18007340

Software Version: 19.1.1.0

Investments Corporate Bonds Schedule					
Name of Bond	End of Year Book Value	End of Year Fair Market Value			
UNITED HEALTH GROUP 1.63 2019-03-15	50,115	49,865			
Vanguard Inflation Protected AD	75,000	73,765			
JP MORGAN CHASE CO. 2.35 2019-01-28	25,132	24,988			
WELLS FARGO COMPANY 2.15 2019-01-15	75,238	74,978			
CISCO SYSTEMS INC 2.90 2021-03-04	50,614	50,086			
BANK OF AMERICA CORP 2.63 2021-04-19	49,537	49,320			
UNITED PARCEL SVC 3.13 2021-01-15	51,012	50,410			
DUKE ENERGY FL LLC 1.85 2020-01-15	50,094	49,461			
IBM CORP 1.90 2020-01-27	50,111	49,431			
MORGAN STANLEY 2.65 2020-01-27	50,373	49,624			

Ľ	efile GRAPHIC	print - DO NOT PROCESS	As Filed Data -	L	JLN: 93491302005169
	TY 2018 In	vestments Corporat	te Stock Sche	dule	

Name: Alline B & Chloe C Davis Charitable Foundation

**EIN:** 71-0556734

**Software ID:** 18007340

Software Version: 19.1.1.0

Investments Corporation Stock Schedule						
Name of Stock	End of Year Book Value	End of Year Fair Market Value				
1077 shares of Vanguard Equity Income Fund	48,380	71,563				
1869 shares of Fidelity Intl Discovery Fund	56,150	68,153				
441 shares of Vanguard Mıd Cap Index Fund	37,857	75,488				
2519 shares of Vanguard Total Stock Market Index Fund	74,949	156,376				
2037 shares of Vanguard 500 Index Fund	224,025	471,558				
1493 shares of Vanguard Small Cap Growth Index Fund	37,838	79,074				

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491302005169							
<b>TY 2018 Other Professional</b>	Fees Schedu	le					
Nam	Name: Alline B & Chloe C Davis Charitable Foundation						
<b>EIN:</b> 71-0556734							
<b>Software ID:</b> 18007340							
Software Versio	n: 19.1.1.0						
Category Amount Net Investment Adjusted Net Disbursements Income Income for Charitable Purposes							
INVESTMENT FEES	6,472	6,472	6,472				
AGENCY FEES	2,148	2,148	2,148				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLI	N: 93491302005169	
TY 2018 Taxes Schedule					
Name:	Alline B & Cl	nloe C Davis Chari	table Foundation		
EIN:	71-0556734				
Software ID:	<b>D:</b> 18007340				
Software Version:	19.1.1.0				
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
Real estate tax not included in line 20	1				
Tax on investment income	600				