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990-PF

Return of Private Foundation

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

OMB No 1545-0052

Open to Public Inspection

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Form 990-PF

Department of the Treasury

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

For calendar year 2014 or tax year beginning 12/19/14, and ending 12/31/14Employer identification number Name of foundation 47-2604905 THE KLINE FAMILY FOUNDATION Telephone number (see instructions) Number and street (or P O box number if mail is not delivered to street address) Room/suite 870-535-4753 6809 BRINKLEY RD City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here 71603 PINE BLUFF AR initial return of a former public charity 1. Foreign organizations, check here Initial return G Check all that apply Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change Check type of organization. X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust Cash J Accounting method: Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here Other (specify) end of year (from Part II, col (c), 260,000 (Part I, column (d) must be on cash basis) line 16) ▶ \$ (d) Disbursements Part 1 Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal income income purposes books the amounts in column (a) (see instructions)) (cash basis only) 260,000 Contributions, gifts, grants, etc., received (attach schedule) 1 If the foundation is **not** required to attach Sch. B 2 Interest on savings and temporary cash investments 3 Dividends and interest from securities Gross rents 5a b Net rental income or (loss) Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 0 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances Less Cost of goods sold Gross profit or (loss) (attach schedule) Ç 11 Other income (attach schedule) 260,000 12 Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc 13 Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) RECEIVED Accounting fees (attach schedule) Other professional fees (attach schedule) c 17 MAY 20 Taxes (attach schedule) (see instructions) Depreciation (attach schedule) and depletion OGDEN UT 20 Occupancy Travel, conferences, and meetings 22 Printing and publications Other expenses (att sch) Total operating and administrative expenses. 0 0 n Add lines 13 through 23 25 0 0 Contributions, gifts, grants paid 0 0 0 Total expenses and disbursements. Add lines 24 and 25 26 27 Subtract line 26 from line 12 260,000 Excess of revenue over expenses and disbursements 0 Net investment income (if negative, enter -0-)

Adjusted net income (if negative, enter -0-)

260,000 Form 990-PF (2014)

2

3

<u>4</u>

6

260,000

260,000

2 Enter amount from Part I, line 27a

4 Add lines 1, 2, and 3

3 Other increases not included in line 2 (itemize) ▶

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

5 Decreases not included in line 2 (itemize)

Part IV Capital Gains a	nd Losses for Tax on Investme	ent Income				
(a) List and desc	cribe the kind(s) of property sold (e.g., real estate, arehouse, or common stock, 200 shs MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acqui (mo , day, yi		
1a N/A						
b						
С						
d				<u></u>		
е		···	l			
(e) Gross sales pnce	(f) Deprecation allowed (or allowable)		r other basis inse of sale		(h) Gain or (loss) e) plus (f) minus (g)	
<u>a</u>						
b					 	
<u>c</u>	 		 		•	
<u>d</u>			<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Complete only for assets showing	gain in column (h) and owned by the fou	Indation on 12/31/69	 			
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	ss of col (i)	col (k),	ins (Col. (h) gain minus , but not less than -0-) or osses (from col. (h))	
a	· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	 		
b			 			
c	· · · · · · · · · · · · · · · · · · ·					
d			•			
6						
2 Capital gain net income or (net ca	If gain, also enter in If (loss), enter -0- in			2		
3 Net short-term capital gain or (los	s) as defined in sections 1222(5) and (6)) .				
If gain, also enter in Part I, line 8,	column (c) (see instructions). If (loss), er	nter -0- in				
Part I, line 8				3		
	nder Section 4940(e) for Reduc			me		
(For optional use by domestic private	foundations subject to the section 4940(a	a) tax on net investme	ent income.)			
If section 4940(d)(2) applies, leave the	s part blank				N/A	
	on 4942 tax on the distributable amount	of any year in the hea	o norad?		Yes	No
	fy under section 4940(e). Do not complet		e penou r			J 140
	each column for each year, see the instru		any entries	•		
(a)		Scholla Bellare making	• •		(d)	
Base penod years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distribution:	s Net valu	(c) e of nonchantable-use asse	ts	Distribution ratio (col (b) divided by col (c))	
2013	,				(5) (5) (6)	
2012						
2011						
2010						
2009			, , , , , , , , , , , , , , , , , , , ,		. ,	
					<u>. </u>	
2 Total of line 1, column (d)				2		
3 Average distribution ratio for the 5	5-year base period – divide the total on lir	ne 2 by 5, or by the				
number of years the foundation ha	as been in existence if less than 5 years			3		
4 Enter the net value of noncharitation	ole-use assets for 2014 from Part X, line	5		4		
5 Multiply line 4 by line 3				5		
6 Enter 1% of net investment incom	e (1% of Part I, line 27b)			6		
7 Add lines 5 and 6				7		
8 Enter qualifying distributions from	Part XII, line 4			8		
· · · · · · ·	line 7, check the box in Part VI, line 1b,	and complete that par	t using a 1% tax rate	. See the		
Part VI instructions						

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	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)				
	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)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check				
	here and enter 1% 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-)				<u> </u>
3	Add lines 1 and 2				
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-			~~~~	0
6	Credits/Payments:				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 6a				
b	Exempt foreign organizations – tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
ď	Backup withholding erroneously withheld 6d 6d				
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 Tax due, If the total of lines 5 and 8 is more than line 7, enter amount owed		-	٠.,	
9	Tax doct if the total of this or all the total of the tot		····		
10	- The state of the		•		
11	Enter the directive for the to be distincted to the terminal of the terminal o			-	
	t VII-A Statements Regarding Activities During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
1a	participate or intervene in any political campaign?		1a	103	X
ь	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see				
U	Instructions for the definition)?		1b		х
	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		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year		<i>'</i>		
_	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$				
e	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?		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	ļ	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		L
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 law remain in the governing instrument?	ļ	6	X	<u> </u>
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				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		_و ړ	X	•
0	(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 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"			i	İ
	complete Part XIV		9		x
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	ł	<u> </u>		
	names and addresses STMT 1		10	x	
		F			(2014)

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Forn		AMILY FOUNDATION		604905			Page 6
P	art VII-B Statements Regard	ling Activities for Which For	m 4720 May Be Re	equired (contir	nued)	,	
5a	During the year did the foundation pay of	r incur any amount to:					
	(1) Carry on propaganda, or otherwise	attempt to influence legislation (section	1 4945(e))?	Y	es X No		
	(2) Influence the outcome of any specif	ic public election (see section 4955); o	r to carry on,				
	directly or indirectly, any voter regis	tration drive?		Y	es 🗓 No		-
	(3) Provide a grant to an individual for t	ravel, study, or other similar purposes?	?	∐ Y	es 🗓 No		
	(4) Provide a grant to an organization of	ther than a charitable, etc , organizatio	n described in	_			
	section 4945(d)(4)(A)? (see instruct	ions)		Y	es 🗶 No		
	(5) Provide for any purpose other than	religious, charitable, scientific, literary,	or educational	_			
	purposes, or for the prevention of c	ruelty to children or animals?		Y	'es 🗶 No		
b	If any answer is "Yes" to 5a(1)-(5), did a	any of the transactions fail to qualify un	der the exceptions desc	cribed in	_		-
	Regulations section 53 4945 or in a curi	ent notice regarding disaster assistant	ce (see instructions)?		N/A	5b	
	Organizations relying on a current notice	e regarding disaster assistance check	here		▶ []		
С	If the answer is "Yes" to question 5a(4),	does the foundation claim exemption f	from the tax				
	because it maintained expenditure resp	onsibility for the grant?		N/A 🗌 Y	'es 📗 No		
	If "Yes," attach the statement required b	y Regulations section 53.4945–5(d)			i		
6a	Did the foundation, during the year, rece	eive any funds, directly or indirectly, to	pay premiums	_			
	on a personal benefit contract?			Y	′es 🗓 No		
b	Did the foundation, during the year, pay	premiums, directly or indirectly, on a p	ersonal benefit contract	?	•	6b	X
	If "Yes" to 6b, file Form 8870.					Ì	1
7a	At any time during the tax year, was the	foundation a party to a prohibited tax s	shelter transaction?	_ Y	'es 🗶 No		1
b	If "Yes," did the foundation receive any	proceeds or have any net income attrib	outable to the transaction	ո?	N/A	7b	
Pi		officers, Directors, Trustees,			aid Employe	es,	.,
	and Contractors						
1	List all officers, directors, trustees, for	indation managers and their compe	ensation (see instructi	ons).	, ,		
			(b) Title, and average	(c) Compensation	(d) Contributions to		•
	(a) Name an	d address	hours per week	(If not paid,	employee benefit plans and deferred		ense account, r allowances
			devoted to position	enter -0-)	compensation		
Al	NETTE KLINE	PINE BLUFF	PRESIDENT				
68	309 BRINKLEY ROAD	AR 71603	1.00	0	0	<u> </u>	0
	CHAEL G. KLINE	PINE BLUFF	DIRECTOR		•		
68	309 BRINKLEY RD.	AR 71603	1.00	o	0		0
	RISTOPHER A. KLINE	PINE BLUFF	DIRECTOR				
)22 W 50TH AVE.	AR 71603	1.00	0	0		0
	CHAEL G. KLINE, JR.	PINE BLUFF	DIRECTOR				
	309 BRINKLEY RD.	AR 71603	1.00	l o	0	,	0
2	Compensation of five highest-paid e		d on line 1 – see instr	uctions). If none,	enter		
	"NONE."			<u> </u>	(d) Contabulation	$\overline{}$	
			(b) Title, and average	(-) Components	(d) Contributions to employee benefit	(e) Exp	ense account,
	(a) Name and address of each employee	paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		rallowances
					compensation	├	
N	ONE		-				
				 		—	
				ļ,		 	
						1	
			. ,			<u> </u>	
]			
						<u> </u>	
				ļ		<u> </u>	
Tota	I number of other employees paid over \$	50,000				_ ▶	0
	** ** ** **						A DE

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Part VIII	Information About Officers, Directors, Trustees, Fou and Contractors (continued)	ndation Managers, Highly Paid E	mployees,
3 Five high	est-paid independent contractors for professional services (see ins	tructions). If none, enter "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		
	s four largest direct chantable activities during the tax year. Include relevant statistical information other beneficiaries served, conferences convened, research papers produced, etc.	such as the number of	Expenses
1 N/A			
2	,		
3			
4			
Part IX-B	Summary of Program-Related Investments (see ins	tructions)	
	rgest program-related investments made by the foundation during the tax year on lines 1 and 2		Amount
1 N/A			
2			
All other program-n	elated investments. See instructions		

Total. Add lines 1 through 3

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)

Adjusted qualifying distributions. Subtract line 5 from line 4

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

Suitability test (prior IRS approval required)

Cash distribution test (attach the required schedule)

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years

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0

3a

3b

4

5

6

b

4

5

Daybbulable amount for 2014 from Parl XI, Copy. Inc. 7 Undarbud income, if any, as of the end of 2014, Enter amount for 2013 only Did for proyers. 20 20 20 3 Excess datributions carryover, if any, to 2014. From 2010 From 2010 From 2010 From 2012 From 2013 From 2010 From 2011 From 2012 From 2013 From 2015 From 2010 From 2012 From 2013 From 2010 From 2012 From 2013 From 2010 From 2012 From 2013 From 2016 From 2012 From 2016 From 2016 From 2017 From 2017 From 2018 From 2018 From 2019 From 201	Pa	rt XIII Undistributed Income (see instructions	s)			· · · · · · · · · · · · · · · · · · ·
Inter 7 Undishibuted income, if any, as of the end of 2014. Enter amount for 2013 only Total for prior years. 20		,	(a)	(b)	(c)	(d)
line 7 Lindshirbulod income, if any, as of the end of 2014. Enter amount for 2013 only Didle for prior years 20 20 20	1	Distributable amount for 2014 from Part XI,	Corpus	Years pnor to 2013	2013	2014
2 Undershoulded Income, if any, as of the end of 2014. Enter amount of 2013 only 5 Total for pror years. 20	=					0
a Enter amount for 2013 only bridle for proyects 2 0	2					
5 Total for prior years. 20 _ 20 _ 20 _ 30 5 Excess distributions carryover, if any, to 2014. a From 2009 b From 2010 c From 2010 d From 2012 f From 2013 f Total of lines 3s through e 4 Qualifying distributions for 2014 from Part XII, line 4: ▶ \$ Applied to 2013, but not more than line 2s b Applied to 2013, but not more than line 2s c Applied to 2013, but not more than line 2s c Replied to Undistributed income of prior years (Election required – see instructions) d Applied to 2014 distributions out of corpus (Election required – see instructions) d Applied to 2014 distribution and to corpus (Election required – see instructions) d Applied to 2014 distribution and to corpus (Election required – see instructions) d Applied to 2014 distribution and to corpus (Election required – see instructions) d Applied to 2014 distribution and to corpus (Election required – see instructions) d Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (e)) Einter the net total of each column as indicated below: C Corpus Add issess 3, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 2b C Enter the amount of prory years' undistributed income for volumn and the form line 2b C Enter the amount of prory years' undistributed income for volumn and the form line 2b Undistributed income for 2013 Subtract line 4a from line 2a Taxable amount – see instructions f Undistributed income for 2014 Subtract line 4 from line 7 Taxable amount – see instructions f Undistributed income for 2014 Subtract line 4 from line 7 Taxable amount – see instructions f Undistributed income for 2014 Subtract line 4 from line 7 Taxable amount – see instructions f Undistributed income for 2014 Subtract line 4 from line 6 from line 8 loss of the control of corpus to satisfy requirements imposed by section 170(0)(1)(7) or 4492(3)(3) (Election may be required – see instructions) g Excess distributions carryover to 2015. Subtract lines 7 and 8 from line 8 loss of the cont		-				1
3 Excess distributions carryover, if any, to 2014. From 2010 From 2011 From 2012 From 2013 Total of lines 3a through e 4 Qualifying distributions for 2014 from Part XII, Inne 4: Ps. S. a Applied to 2013, but not more than line 2a b Applied to 2013, but not more than line 2a Applied to 2013, but not more than line 2a Applied to 2013, but not more than line 2a Applied to 2014 distributions out of corpus (Election required – see instructions) Traised as distributions out of corpus (Election required – see instructions) Exercised distributions carryover applied to 2014 (Iff an amount appears in column (a), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 Prior years' undistributed income Subtract line 5 Prior years' undistributed income Subtract line 5 Prior years' undistributed income Subtract line 6 Undistributed in core for 2013 Subtract line 5 Undistributed in core for 2013 Subtract line 44 from line 2b Taxable amount must be distributed income for 2014. Subtract line 44 from line 2 Taxable amount must be distributed in core for 2014. Subtract line 44 from line 17 Taxable amount must be distributed in core for 2014. Subtract line 44 from line 17 Taxable amount must be distributed in core for 2014. Subtract line 5 A mount reserted as distributions cut of corpus to assistly requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions) Excess from 2010 Excess from 2010 Excess from 2011 Excess from 2012 Excess from 2011 Excess from 2012 Excess from 2011 Excess from 2012 Excess from 2013					7 111	
a From 2010 c From 2011 d From 2012 f Total of lines & through e 4 Outsilying distributions for 2014 from Part XII, line 4-1 ► \$ 5 Applied to undistributed income of prior years (Election required – see instructions) c Treated as distributions or of copus (Election required – see instructions) d Applied to 2014 distributed emount d Applied to 2014 distributed emount d Applied to 2014 distributed emount d Remanning amount distributed out of copus Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a) to the same amount must be shown in column (a) to the same amount must be shown in column (a) to the same amount must be shown in column (a) to the same amount must be shown in column (a) to the same amount must be shown in column (a) to the same amount of the provider force in the structure of the same amount of prory years' undistributed income for which a notice of efficiency has been insured, or on which the section 4942(a) tax has been proviously assessed d Subtract line 6s from line 6b Taxable amount – see instructions Undistributed income for 2013 Subtract line 4 from line 2 Taxable amount – see instructions Undistributed income for 2014. Subtract lines 4 after firm line 1 This amount must be distributed income for which ine 1 This amount must be distributed in 2015 4 Months but del income for 2014. Subtract lines 4 and 5 from line 1 This amount must be distributed in 2015 A mounts treated as distributions out of copus to saledy requirements imposed by section 170(b)(1)(f) or 4442(g)) (Election may be required—see instructions) 5 Excess distributions carryover from 2009 not applied on line 5 or line 7 (see instructions) 9 Excess from 2010 2 Excess from 2011 2 Excess from 2012						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
b From 2010 c From 2011 d From 2012 e From 2013 f Total of lines 3s through e 4 Qualifying distributions for 2014 from Part XII, line 4: Ps S a Applied to 2013, but not more than line 2a b Applied to 2013, but not more than line 2a b Applied to coldstributed income of prior years (Election required see instructions) c Treated as distributions out of corpus (Election required see instructions) d Applied to 2014 distributible amount experiment of the company of the co		· · · · · · · · · · · · · · · · · · ·		Ī		
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required—see instructions) 8						
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10 Analysis of line 9. a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013	y					
a Excess from 2010 b Excess from 2011 c Excess from 2012 d Excess from 2013						
b Excess from 2011 c Excess from 2012 d Excess from 2013	10	•		1		
c Excess from 2012 d Excess from 2013	а	Excess from 2010	⊣	1		
d Excess from 2013	b	Excess from 2011	_	1		
	С	Excess from 2012	_			
e Excess from 2014	d	Excess from 2013	_			
	е	Excess from 2014		, I , , , , , , , , , , , , , , , , , , ,		

******	rt XIV Private Operating Fou	indations (see ins	tructions and Par	t VII-A, question 9)		
1a	If the foundation has received a ruling or o			• •		
	foundation, and the ruling is effective for 2			•		
b	Check box to indicate whether the founda			d in section 49	942(j)(3) or 4942	?(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		, ,
	income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
	investment return from Part X for	,			, , ,	
	each year listed					
b	85% of line 2a]		
С	Qualifying distributions from Part XII,	,				
	line 4 for each year listed					
d	Amounts included in line 2c not used directly	•				
	for active conduct of exempt activities					
е	Qualifying distributions made directly				·	
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
	alternative test relied upon:					
а	"Assets" alternative test - enter:					
	(1) Value of all assets		,	ļ. , , , , , , ,		
	(2) Value of assets qualifying under			<u> </u>		
	section 4942(j)(3)(B)(i)					
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:					
	(1) Total support other than gross					
	investment income (interest,					
	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					
Pa	rt XV Supplementary Inform	•	•	he foundation ha	d \$5,000 or more i	in assets at
	any time during the ye		ions.)		,	
1	Information Regarding Foundation Ma	=				
а	List any managers of the foundation who l				he foundation	
	before the close of any tax year (but only	f they have contributed	more than \$5,000). (S	ee section 507(d)(2).)		
	SEE STATEMENT 2	4004		, , , , , , , , , , , , , , , , , , , ,		
b	List any managers of the foundation who				rtion of the	
	ownership of a partnership or other entity) $\mathbf{N/A}$	or which the foundation	nnas a 10% or greater	interest		
_	Information Regarding Contribution, G	ront Cift Loon Saha	Jorohin eta Brogra			
2					n not accept	
	Check here X if the foundation only makes contributions to preselected charitable organizations and does not accept					
	unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under					
	other conditions, complete items 2a, b, c, The name, address, and telephone number		the nerven to whom a	onlications should be ad	drassad:	
а	N/A	ei oi e-maii address of	me hersou to whom at	phications should be ad	uicsseu.	
	M/ &					
h	The form in which applications should be	submitted and informati	on and materials their	should include		
Þ	The form in which applications should be : N/A	submitted and informati	on and materials they	anoulu miciuue.		
c	Any submission deadlines.	,	· · · · · · · · · · · · · · · · · · ·			
·	N/A					
d	Any restrictions or limitations on awards, s	such as by geographica	l areas, charitable field	s, kinds of institutions.	or other	
-	factors	, 5 5				
	N/A					

3 Grants and Contributions Paid During the	Year or Approved for F	uture Payment		
Recipient	If recipient is an individual, 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	Тобрык		
a Paid during the year		1		
N/A				
			1	
			1	
			ŀ	
			1	
		}		
			1	
			}	
		<u> </u>	<u> </u>	 -
Total	 		▶ 3a	
b Approved for future payment				
N/A				
]	
			1	
Tatal			▶ 3b	
Total			P 3bi	

Page	1	2

Part XVI-			ed business income	Excluder	d by section 512, 513, or 514	
inter gross an	nounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
_	ervice revenue					(366 Histiacions)
a				 		
<u> </u>		· · · · · · · · · · · · · · · · · · ·				
·				 		
T	and contracts from government agencies			<u> </u>		
_	ip dues and assessments			1		
	a savings and temporary cash investments			1		
	and interest from securities					
	income or (loss) from real estate:					
	inanced property					
	ebt-financed property					,
	income or (loss) from personal property					
	estment income					
8 Gain or (lo	oss) from sales of assets other than inventory					
	e or (loss) from special events					
	fit or (loss) from sales of inventory	1		ļ		
11 Other reve	enue a			ļ		
				ļ		
		I		<u> </u>		
		I	,			
е						
	Add columns (b), (d), and (e)	<u> </u>	()	0	0
13 Total, Add	dime 40 columns (b) (d) and (s)					
	d line 12, columns (b), (d), and (e)	à			13 _	
See workshee	et in line 13 instructions to verify calculations)	, , , , , , , , , , , , , , , , , , ,	ant of Evampt D	IFDOCO		
Part XVI-	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the	
See workshee Part XVI⊷ Line No. ▼	et in line 13 instructions to verify calculations) B Relationship of Activities to the Ac	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the	
Part XVI-	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI⊷ Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)
See workshee Part XVI-I Line No. ▼	Relationship of Activities to the Activity for which income in the Activity for which income	s reported in col	umn (e) of Part XVI-A	contribute	s ed importantly to the oses) (See instructions	3.)

orm 990-PF	(2014) THE KLINI	E FAMILY	FOUNDAT	ION	47-26049			Page 13
Part XVII	Information Reg Exempt Organiz		fers To and	Transaction	ns and Relationship	s With Noncharitab	le	
1 Did the	organization directly or indi		any of the follow	ing with any other	er organization described		Ye	s No
	on 501(c) of the Code (other							
-	rs from the reporting found	ation to a noncha	ritable exempt o	organization of.				I
(1) Cas				-			1a(1)	X
	ner assets				•		1a(2)	X
	ansactions.							
(1) Sal	es of assets to a noncharita	able exempt orga	nızatıon				1b(1)	X
	chases of assets from a no						1b(2)	X
(3) Rei	ntal of facilities, equipment,	or other assets					1b(3)	X
(4) Rei	mbursement arrangements	5					1b(4)	X
	ans or loan guarantees						1b(5)	X
	formance of services or me						1b(6)	X
	of facilities, equipment, ma						1c	X
	nswer to any of the above is f the goods, other assets, o							
value in	any transaction or sharing (b) Amount involved		ow in column (c			services received. ansfers, transactions, and shanng a	arrangements	<u> </u>
N/A			······································					
		 					•	
		 						
							•	
		 						
							<u>-</u>	
				., -				
							*	
		 						
								· · · · · · · · · · · · · · · · · · ·
				 				+
2a Is the fo	oundation directly or indirec	tly affiliated with,	or related to, or	ne or more tax-e	kempt organizations			
	ed in section 501(c) of the of complete the following sch		section 501(c)(3)) or in section	527?		Yes	X No
b ii ies,	(a) Name of organization	nedule	(b) Type of o	rganization		(c) Description of relationship		
N/A							· · · · · · · · · · · · · · · · · · ·	
<u> </u>			'			,		
								,
1"		<u> </u>	· · · · · · · · · · · · · · · · · · ·	·····	7			
	ler penalties of религу, I declare th ect, and complete Declaration of p							
Sian	_					I *	scuss this return or show <u>n b</u> elow	
Sign Here	1.1.	DV.				(see instruction	s)? X Yes	B No
Tele	Slehn the	Men	ب	15-	13-15	PRESIDENT		
	Signature of officer or trustee		ı	Date	Title			
Р	nnt/Type preparer's name	•		Preparer's signatur	8	Date	Chi	eck if
Paid	•			رات کی	Meel	· 5-4		f-employed
reparer SC	OTT O. NEEDHAM			(Xing				
Jse Only	ım's name ► NEWT			MÓKE LTI)		08272	
1 F		DOLLARWA E HALL, A					<u>-06629</u> 0-267-	

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.

▶ Information about Schedule B (Form 990, 990-EZ, 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number

2014

THE KLINE FA	AMILY FOUNDATION	47-2604905
Organization type (check		
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 charitable trust treated as a private four	ndation
	501(c)(3) taxable private foundation	
	is covered by the General Rule or a Special Rule. c)(7), (8), or (10) organization can check boxes for both the General Rule a	and a Special Rule. See
X For an organizatio	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contri y or property) from any one contributor Complete Parts I and II See instru contributions	
Special Rules		
regulations under 13, 16a, or 16b, a	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 9 nd that received from any one contributor, during the year, total contributio of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1	990 or 990-EZ), Part II, line ons of the greater of (1)
contributor, during	on 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, ional purposes, or for the prevention of cruelty to children or animals. Com	charitable, scientific,
contributor, during contributions totale during the year for General Rule app	on described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that the year, contributions exclusively for religious, charitable, etc., purposes, ed more than \$1,000. If this box is checked, enter here the total contribution or an exclusively religious, charitable, etc., purpose. Do not complete any of piles to this organization because it received nonexclusively religious, charitable, etc., purpose.	s, but no such ons that were received f the parts unless the
990-EZ, or 990-PF), but it	that is not covered by the General Rule and/or the Special Rules does not must answer "No" on Part IV, line 2, of its Form 990, or check the box on 2, to certify that it does not meet the filing requirements of Schedule B (For	line H of its Form 990-EZ or on its

Page 2

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

THE	KLINE FAMILY FOUNDATION	47	-2604905
Part I	Contributors (see instructions). Use duplicate copies of	Part I if additional space is nee	eded.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ANNETTE KLINE 6809 BRINKLEY RD PINE BLUFF AR 71603	s 130,000	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
2	MICHAEL G. KLINE 6809 BRINKLEY RD PINE BLUFF AR 71603	\$ 130,000	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
		\$	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 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)

5/12/2015 9:45 AM City, State, Zip Statement 1 - Form 990-PF, Part VII-A, Line 10 - Substantial Contributors PINE BLUFF AR 71611 Federal Statements Address K68760 THE KLINE FAMILY FOUNDATION PO BOX 8068 Name MIKE & ANNETTE KLINE FYE: 12/31/2014 47-2604905

K68760 THE KLINE FAMILY FOUNDATION

Federal Statements

47-2604905 FYE: 12/31/2014

Statement 2 - Form 990-PF, Part XV, Line 1a - Managers Who Contributed Over 2% or \$5,000

Name of Manager	 Amount
ANNETTE KLINE MICHAEL KLINE	\$ 130,000 130,000
TOTAL	\$ 260,000

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