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Form ~ 990-PF

Return of Private Foundation

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

OMB No 1545-0052 2014

Department of the Treasury Internal Revenue Service

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Fo	r calen	dar year 2014 or tax year beginning	, 201	l4, and endin	g		, 20
1	Name of	foundation			A Employer	identification number	
	THE L	EXINGTON FOUNDATION			64-091	2814	
١	Number a	and street (or P.O. box number if mail is not delivered to street address)		Room/suite	B Telephone	number (see instructions) .
	PO BO	X 445			(662)8	34-2488	
(City or to	wn, state or province, country, and ZIP or foreign postal code			C If exempt	tion application is pending	check here
I	LEXIN	GTON, MS 39095				and approach to postaring	
G	Check	all that apply: Initial return Initial return	of a former public c	harity	D 1. Foreig	n organizations, check he	re ▶
		Final return Amended re	eturn				
<u>က</u>		Address change Name chang	ge			n organizations meeting there and attach computer	
SH.	Check	type of organization: X Section 501(c)(3) exempt priv	ate foundation			foundation status was terr	
	Sect	tion 4947(a)(1) nonexempt charitable trust Other	taxable private foun	dation		07(b)(1)(A), check here	
	Fair ma	arket value of all assets at J Accounting method:	X Cash	Accrual	F If the four	ndation is in a 60-month te	rmination
· ·	end of	year (from Part II, col. (c), Other (specify)				ction 507(b)(1)(B), check I	
₩AY	line 16)) ▶ \$ 1,818,441 (Part I, column (d) must b	e on cash basis.)	-			
	art I	Analysis of Revenue and Expenses (The total of	(a) Bayanya and		-		(d) Disbursements
H		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net	investment	(c) Adjusted net	for charitable
		the amounts in column (a) (see instructions))	books	in in	come	ıncome	purposes (cash basis only)
in the DATE	1	Contributions, gifts, grants, etc., received (attach schedule)	27,4	36			
اغا	2	Check ► X if the foundation is not required to attach Sch B			***************************************		
3	3	Interest on savings and temporary cash investments	6	36	636	1 1111111111111111111111111111111111111	
(C-)	4	Dividends and interest from securities					***************************************
	5a	Gross rents	98,0	50	98,050		·
	b	Net rental income or (loss)					
ø	6a	Net gain or (loss) from sale of assets not on line 10	, , , , , , , , , , , , , , , , , , , ,	***	· , , , , , , ,		
Ž	b	Gross sales pnce for all assets on line 6a	1 2m 2 m	OFN (F)	7		
Š	7	Capital gain net income (from Part IV, line 2)	HE	CLIVE	<u> </u>		
æ	8 Net short-term capital gain		Ø)	****	<u> </u>		
ภกร์Revenue	₹ 9	Income modifications	8 MA	Y 1 9 201	, !		, , , , , , , , , , , , , , , , , , , ,
Ę.	10a	Gross sales less returns and allowances	Sil III		121		
•	b b	Less: Cost of goods sold	200	BEAL I	1T	· · · · · · · · · · · · · · · · · · ·	-16 il
	J .	Gross profit or (loss) (attach schedule)	l UG	DEN, C			
:	≱° ⊒1	Other income (attach schedule)					
	12	Total. Add lines 1 through 11	126,1	.22	98,686		
		Compensation of officers, directors, trustees, etc		1			
ŝ	4	Other employee salaries and wages	10,8	00	5,400		5,400
SI	15	Pension plans, employee benefits					
90	16a	Legal fees (attach schedule)				-	
	(D) p	Accounting fees (attach schedule) STM108	3,3	73	1,686		1,687
<u>Š</u>	C	Other professional fees (attach schedule) STM109		12	12		
īa	17	Interest					
ist	18	Taxes (attach schedule) (see instructions) STM110	2,3	42	1,928		414
Ë	19	Depreciation (attach schedule) and depletion STM126	85,2	38			
Administrative	20	Occupancy					
ğ	21	Travel, conferences, and meetings					
and	22	Printing and publications					
<u> </u>	23	Other expenses (attach schedule) STM103	20,2	79	105,517		
Operating	24	Total operating and administrative expenses.					
ē		Add lines 13 through 23	122,0	44	114,543		7,501
0	25	Contributions, gifts, grants paid	254,7	26			254,726
	26	Total expenses and disbursements. Add lines 24 and 25 .	376,7	70	114,543		262,227
	27	Subtract line 26 from line 12:				:	
	а	Excess of revenue over expenses and disbursements .	(250,6	48)			
	b	Net investment income (if negative, enter -0-)			0		:
	С	Adjusted net income (if negative, enter -0-)		<u>'</u>		0	

Б.	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	year
<u></u>	21 6 11	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	٠1	Cash - non-interest-bearing	81,558	24,831	24,831
	2	Savings and temporary cash investments	427,406	185,025	185,025
	3	Accounts receivable ▶		· · · · · · · · · · · · · · · · · · ·	
	i -	Less: allowance for doubtful accounts	Ť		
	4	Pledges receivable			
	-	Less: allowance for doubtful accounts	†	•	
	١.	Grants receivable			
	5				
	6	Receivables due from officers, directors, trustees, and other			
	_	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)	1		
"		Less: allowance for doubtful accounts ▶			
Assets	8	Inventories for sale or use			
SSI	9	Prepaid expenses and deferred charges		· · · · · · · · · · · · · · · · · · ·	
٩	10a	Investments - U.S. and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
	С	Investments - corporate bonds (attach schedule)			
	11	Investments - land, buildings, and equipment basis	·		
		Less: accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)			
	14	Land, buildings, and equipment: basis > 2,324,150			
	'	Less accumulated depreciation (attach schild 119 > 715,565	1,560,123	1,608,585	1 600 505
	15		1,300,123	1,000,585	1,608,585
		Other assets (describe >)	-		
	16	Total assets (to be completed by all filers - see the	0.000.000	7 070 447	
_	4-	instructions. Also, see page 1, item I)	2,069,087	1,818,441	1,818,441
	17	Accounts payable and accrued expenses			
Ś	18	Grants payable			
tie	19	Deferred revenue			
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe)			
	23	Total liabilities (add lines 17 through 22)	0	0	
G		Foundations that follow SFAS 117, check here · · · · · · ▶ ☐ and complete lines 24 through 26 and lines 30 and 31.			
õ	24	Unrestricted			
Balances	25	Temporarily restricted			
Bal					
	26	Permanently restricted			
Ę		Foundations that do not follow SFAS 117, check here ▶ X			
or Fund		and complete lines 27 through 31.			
	27	Capital stock, trust principal, or current funds			
Assets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
Ąŝ	29	Retained earnings, accumulated income, endowment, or other funds	2,069,087	1,818,441	
Net.	30	Total net assets or fund balances (see instructions)	2,069,087	1,818,441	
Z	31	Total liabilities and net assets/fund balances (see			
		instructions)	2,069,087	1,818,441	
P	art II	Analysis of Changes in Net Assets or Fund Balance	es		
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line 3	0 (must agree with		
	end-c	of-year figure reported on prior year's return)		1	2,069,087
2	Enter	amount from Part I, line 27a		2	(250,648)
3	Othe	r increases not included in line 2 (itemize) > STM115		3	2
4	Add I	ines 1, 2, and 3		4	1,818,441
		eases not included in line 2 (itemize)		5	
6	Total	net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	1,818,441

•	the kind(s) of property sold (e.g., real estate,		(b) How acquired	(c) Date acquired	(d) Data and
	buse; or common stock, 200 shs MLC Co.)	, 	P-Purchase D-Donation	(mo , day, yr.)	(d) Date sold (mo., day, yr.)
1a					
b					
_ c					
ď	 				
<u>e</u>					
(e) Gross sales price (f) Depreciation allowed (g) Cost or other basis plus expense of sale					Sain or (loss) s (f) minus (g)
a					
b	· · · · · · · · · · · · · · · · · · ·			·	
C .					<u> </u>
d					
Consists only for accepts about		£	0/04/00	 -	
Complete only for assets snowin	g gain in column (h) and owned by the			(I) Gains (Col (h) gain minus
(i) F.M.V as of 12/31/69	(i) F.M.V as of 12/31/69 (j) Adjusted basis (k) Excess of col. (i) over col. (j), if any		Col. (K), Dut l Losses	not less than -0-) or (from col (h))	
a	20011201100		G, a say		
b	-				
c					
d		·	-		
е					
2 Capital gain net income or (net c	anital Inggi	ter in Part I, line		2	· · · · · · · · · · · · · · · · · · ·
3 Net short-term capital gain or (los	ss) as defined in sections 1222(5) and ('		
	, column (c) (see instructions). If (loss),			ļ	
			. ; ; }	3	
	der Section 4940(e) for Reduc		Net Investme		-
	ns part blank. tion 4942 tax on the distributable amour lify under section 4940(e). Do not comp	• •	the base period?		Yes X No
	each column for each year; see the inst	ructions before	making any entri	es.	
(a) Base period years Calendar year (or tax year beginning i	(b) Adjusted qualifying distributions	Net value of ne	(c) oncharitable-use as	ssets D	(d) stribution ratio b) divided by col. (c))
2013	185,063		420,9	94	.439586
2012	212,809		195,0	55	L.09102
2011	162,183		424,3	58	382184
2010	236,180		504,1		.468454
2009	168,916	<u> </u>	495,9	30	340605
				. 2 :	2.721849
~	5-year base period - divide the total on I		•		
number of years the foundation h	as been in existence if less than 5 year	·s		. 3 ().54437
4 Enter the net value of noncharital	ble-use assets for 2014 from Part X, line	e5		. 4	
5 Multiply line 4 by line 3				. 5	0
6 Enter 1% of net investment incom	ne (1% of Part I, line 27b)			6	
7 Add lines 5 and 6				. 7	0
8 Enter qualifying distributions from					262,227
If line 8 is equal to or greater than Part VI instructions.	n line 7, check the box in Part VI, line 1b	o, and complete	that part using a	1% tax rate. See th	e

Form		54-0912814		Page 4				
Pai	t VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see ins	truction	ons)					
1a	1a 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	b Domestic foundations that meet the section 4940(e) requirements in Part V, check							
	here ▶ X and enter 1% of Part I, line 27b							
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of							
	Part I, line 12, col. (b).							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 2			0				
3	Add lines 1 and 2							
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) . 4							
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							
b	Exempt foreign organizations - tax withheld at source 6b							
С	Tax paid with application for extension of time to file (Form 8868) 6c							
d	Backup withholding erroneously withheld 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 8							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed ▶ 9							
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid							
11	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ Refunded ▶ 11							
	t 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	ļ ''' · '	Yes	No				
	participate or intervene in any political campaign?	1a		X				
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	···						
_	Instructions for the definition)?	1b		$ \mathbf{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		x				
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		:					
u	(1) On the foundation. \$\Bigs\\$ (2) On foundation managers. \$\Bigs\\$							
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		х				
-	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							
Ŭ	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	1 2	•	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?	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 law remain in the governing instrument?	6	X	ĺ				
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)		- 25	· · · · · ·				
Ja	MS							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General							
J	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	İ				
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	00		 				
J	4942(j)(5) for calendar year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes,"							
	complete Part XIV	9		x				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their							
	u Did any persons become substantial contributors during the tax year? It ites, attach a scriedule listing their							

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· Pa	rt VII-A Statements Regarding Activities (continued)		_	
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 ► CAROLYN S MIRICK Telephone no. ► 662-8	34-2	488	
	Located at ▶ PO BOX 445, LEXINGTON, MS ZIP+4 ▶ 39095	;		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041-Check here			▶ □
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15			
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90.22.1). If		•	
	"Yes," enter the name of the foreign country			<u> </u>
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for			
	the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
_	termination of government service, if terminating within 90 days.) Yes X No			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		ļ
	Organizations relying on a current notice regarding disaster assistance check here	:		
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
	were not corrected before the first day of the tax year beginning in 2014?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014?			
	_			
b	If "Yes," list the years Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	20		
·	h allo providente de decidente de 2/4/22 dire bonig applica to unit of allo yours noted in 24, list are yours note.			
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 2014 as a result of (1) any purchase by the foundation or			
-	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2014.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b	ĺ	Х

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Part VII-B Statements Regarding Activit	es for	Which For	n 472	0 May Be	Requi	red (continued)		
5a During the year did the foundation pay or incur any a	mount to	:					1"-1		
(1) Carry on propaganda, or otherwise attempt to in	fluence le	egislation (section	on 4945	(e))?		Yes X No			
(2) Influence the outcome of any specific public elec	tion (see	section 4955);	or to ca	rry on,					
directly or indirectly, any voter registration drive	·					Yes X No			
(3) Provide a grant to an individual for travel, study,	or other s	similar purpose	s?			Yes X No			
(4) Provide a grant to an organization other than a c	haritable,	, etc., organizat	on desc	cribed in	'				
section 4945(d)(4)(A)? (see instructions) .						Yes X No	1		
(5) Provide for any purpose other than religious, cha	(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational								
purposes, or for the prevention of cruelty to child	ren or an	ımals?				Yes X No			
b If any answer is "Yes" to 5a(1)-(5), did any of the tra	nsactions	s fail to qualify u	nder the	exceptions	describe	ed in			
Regulations section 53.4945 or in a current notice re	garding d	lısaster assista	nce (see	instructions)?		5b	i	
Organizations relying on a current notice regarding of	isaster a	ssistance chec	k here			▶ 🗍			
c If the answer is "Yes" to question 5a(4), does the fou	ndation o	laim exemption	from th	e tax					
because it maintained expenditure responsibility for	he grant?	?				Yes No			
If "Yes," attach the statement required by Regulation	s section	53.4945-5(d).							
6a Did the foundation, during the year, receive any fund	s, directly	or indirectly, to	pay pr	emiums			Ī		
on a personal benefit contract?	-	·				Yes X No			
b Did the foundation, during the year, pay premiums, d	rectly or	indirectly, on a	persona	al benefit con	tract?		6ь	[
If "Yes" to 6b, file Form 8870.	·	_	•				1		
7a At any time during the tax year, was the foundation a	party to	a prohibited tax	shelter	transaction?	.	Yes X No			
b If "Yes," did the foundation receive any proceeds or							7b		
Part VIII Information About Officers, Di							Emplo	vees.	
and Contractors					•	, , ,	•	, ,	
1 List all officers, directors, trustees, foundation man	nagers as	nd their compe	ensation	n (see instru	ctions).				
	(b) Tit	le, and average	(c) C	ompensation	(d)	Contributions to	(e) Expe	nse account,	
(a) Name and address		hours per week (If not pai devoted to position enter -0-				oyee benefit plans ferred compensation		llowances	
RICHARD BARRETT	PRESI	DENT			•				
PO BOX 445, LEXINGTON, MS 39095		1.00	0		0		0		
KATHERINE BARRETT	V PRE		-				-		
PO BOX 445, LEXINGTON, MS 39095		1.00		0		0		0	
CHARLES F BARRETT	SECRE	TARY							
PO BOX 445, LEXINGTON, MS 39095		1.00		0	ļ	0		0	
CAROLYN S MIRICK	OFFIC	E MANAGER							
PO BOX 445, LEXINGTON, MS 39095		10.00		9,000		0		0	
2 Compensation of five highest-paid employees (oth	er than ti		on line		uctions). If none, enter	·		
"NONE."						,			
						(d) Contributions to	· -		
(a) Name and address of each employee paid more than \$5	0,000	(b) Title, and a		(c) Compe	nsation	employee benefit		nse account, llowances	
		devoted to po	osition	(1)		compensation	Othera	lowances	
NONE									
									
		†							
		 							
Total number of other employees paid over \$50,000								0	
EEA	<u> </u>						Form 990	PF (2014)	

Part VIII Information About Officers, Directors, Trustees, Fo and Contractors (continued)	undation Managers, Highly P	aid Employees,
3 Five highest-paid independent contractors for professional services (see in	structions). If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
ROBERTS CONSTRUCTION		
PO BOX 72, SALLIS, MS 39160	BUILDING RENOVATIO	129,023
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. Include relevant sorganizations and other beneficiaries served, conferences convened, research papers produced		Expenses
1 INDIVIDUAL CHURCHES-DIRECT HELP TO BE USED IN THEIR OUTREACH MINISTRY		
2 SCHOOLS TO BE USED IN SCHOLARSHIPS	_	10,850
		25,415
3 TOWNS TO BE USED TO REVITALIZE MAIN STREET AREA AND GOVERNORS DAY		
		139,600
4 INDIVIDUALS-DIRECT HELP TO INDIVIDUALS DEMONSTRATING FINANCIAL NEED		
Dest IV D. Common of Drowns Deleted Investments (see in	Amusaki ana a	78,807
Part IX-B Summary of Program-Related Investments (see ins		Amount
1	in Offices Failu 2	Amount
2		
All other program related investments. See instructions		
All other program-related investments See instructions. 3		
Total. Add lines 1 through 3		
EEA		Form 990-PF (2014)

2 Amounts set aside for specific chantable projects that satisfy the: 3a 3h

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 income. Enter 1% of Part I, line 27b (see instructions)

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.

Form 990-PF (2014)

262,227

262,227

•Form	990-PF (2014) THE LEXINGTON FOUND	ATION		64-091	2814 Page 9
Pai	t XIII Undistributed Income (see instr	uctions)			
1	Distributable amount for 2014 from Part XI,	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
	line 7				(
2	Undistributed income, if any, as of the end of 2014:	[<u> </u>		ŧ
а	Enter amount for 2013 only				
b	Total for prior years:,,		1,876		
3	Excess distributions carryover, if any, to 2014:				
а	From 2009 144,79:	1	1		1
þ	From 2010	<u>o</u>			•
C	From 2011 141,548	3			1
d	From 2012	5	1		}
8	From 2013	3	-		
f	Total of lines 3a through e	867,102	1		;
4	Qualifying distributions for 2014 from Part XII,		:		
	line 4: ▶\$		1		1
а	Applied to 2013, but not more than line 2a				
b	Applied to undistributed income of prior years				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	(Election required - see instructions)				<u>}</u>
С	Treated as distributions out of corpus (Election			,,,,,,,, .	177 4 1 1 1
	required - see instructions)		1		<u> </u>
d	Applied to 2014 distributable amount		······································	' 	
Θ	Remaining amount distributed out of corpus	262,227			
5	Excess distributions carryover applied to 2014 .		***************************************	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(If an amount appears in column (d), the same		-	***************************************	
	amount must be shown in column (a).)				}
6	Enter the net total of each column as		;		
	indicated below:		1		
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 .	1,129,329			
b	Prior years' undistributed income. Subtract			···········	
	line 4b from line 2b		1,876		
С	Enter the amount of prior years' undistributed			' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '	
	income for which a notice of deficiency has				
	been issued, or on which the section 4942(a)				t t
	tax has been previously assessed				-
d	Subtract line 6c from line 6b, Taxable	, , , , , , , , , , , , , , , , , , , ,		, 1/4	,
	amount - see instructions		1,876		-
e	Undistributed income for 2013. Subtract line				his ' nHnti
	4a from line 2a. Taxable amount - see				
	instructions		•		
f	Undistributed income for 2014. Subtract lines			·····	
•	4d and 5 from line 1. This amount must be		<u> </u>		
	distributed in 2015		1		o
7	Amounts treated as distributions out of corpus		**************************************	1 1991 1	
•	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 2009 not			· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
•	applied on line 5 or line 7 (see instructions)	144,791	1	:	
9	Excess distributions carryover to 2015.	122,131			
J	Subtract lines 7 and 8 from line 6a	984,538	Ţ		
10	Analysis of line 9:	304,338	· H43461 · · · · · .	· · · · · · · · · · · · · · · · · · ·	
			1		
a		‡ }	1	•	
D -	Excess from 2011 141,548	7 }	1	•	
C	Excess from 2012	1 1	‡		
d	Excess from 2013 165,528	1 1	F		
e	Excess from 2014 262,227	'F			<u>.</u>

Parl	art XIV Private Operating Foundations (see instructions and Part VII-A, question 9)									
1a										
•	foundation, and the ruling is effective for 2014, enter the date of the ruling									
b	Check box to indicate whether the found	ation is a private opera	ting foundation describ	ed in section	4942(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 investment return from Part X for	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total				
	each year listed									
b	85% of line 2a									
С	Qualifying distributions from Part XII,									
	line 4 for each year listed									
ď	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: "Assets" alternative test - enter:									
d	(1) Value of all assets									
	(2) Value of assets qualifying under									
b	section 4942(j)(3)(B)(i) "Endowment" alternative test - enter 2/3		<u> </u>							
-	of minimum investment return shown in Part X, line 6 for each year listed									
С	"Support" alternative test - enter:									
	(1) Total support other than gross									
	investment income (interest,									
	dividends, rents, payments on securities loans (section									
	512(a)(5)), or royalties)	I								
	(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 Informa			e foundation had	d \$5,000 or more	in assets at				
	any time during the yea	r - see instructio	ns.)							
1	Information Regarding Foundation M									
а	List any managers of the foundation who before the close of any tax year (but only	have contributed more	e than 2% of the total c	contributions received b	y the foundation					
	before the close of any tax year (but on	y ii uley nave contribut	ed more than \$5,000).	(See section 507(a)(2).)					
	NONE,									
b	List any managers of the foundation who				portion of the					
	ownership of a partnership or other entit	y) of which the foundat	ion has a 10% or great	er interest.						
	NONE,									
2	Information Regarding Contribution,	Grant, Gift, Loan, Sch	nolarship, etc., Progra	ıms:						
	Check here ▶ ☐ If the foundation only	makes contributions t	o preselected charitable	e organizations and do	es not accept					
	unsolicited requests for funds. If the four	ndation makes gifts, gra	ants, etc. (see instruction	ons) to individuals or or	ganizations under					
	other conditions, complete items 2a, b, c									
а	The name, address, and telephone num	ber or e-mail address o	of the person to whom a	applications should be	addressed:					
	990APP									
	The form in which applications should be	submitted and inform	ation and materials the	v should include:	 -					
.,	io iii wiion applications should be	, Japanico and illioitik	ason and materials they	y orionia monuae.						
С	Any submission deadlines:									
d	Any restrictions or limitations on awards factors:	, such as by geographi	cal areas, charitable fie	elds, kinds of institution	s, or other					

Part XV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	Purpose of grant or contribution MAIN STREET RENOVATIONS TUITION AND FEES FOR STUDENTS IN FINANCIAL CRISIS NO RELATIONSHIP PC OUTREACH MINISTRY FINANCAIL ASSISTANCE FAMILIES IN EVENT TO IMPROVE ECONOMIC		
Paid during the year				
INANCIAL AID TO TOWNS	İ			
/ARIOUS	NO		MAIN STREET	
EXINGTON, MS 39095	RELATIONSHIP	GOV		124,68
CHOLARSHIPS HOLMES CC			TUITION AND FEES	
ARIOUS	NO		FOR STUDENTS IN	
EXINGTON, MS 39095	RELATIONSHIP	NC	FINANCIAL CRISIS	25,41
PINANCIAL AID TO CHURCHES				
VARIOUS	NO		1	
EXINGTON, MS 39095	RELATIONSHIP	PC	OUTREACH MINISTRY	10,85
PINANCIAL AID TO FAMILIES IN CRISIS			FINANCAIL	
VARIOUS	ио		ASSISTANCE	
EXINGTON, MS 39095	RELATIONSHIP	I	FAMILIES IN	78,80
GOVERNORS DAY LEXINGTON			EVENT TO IMPROVE	
AIN STREET			ECONOMIC	
EXINGTON, MS 39095	LFO EVENT	PF	CONDITIONS IN	14,97
		_		_
	1	· · · · · · · · · · · · · · · · · · ·	≯ 3a	254,72
Approved for future payment				
	•		1	

	amounts unless otherwise indicated.		business income	Excluded by s	ection 512, 513, or 514	(e)
•	n service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions.)
						
		-	 -			
e —				ļ		_
g Fees	and contracts from government agencies					
-	rship dues and assessments			 		
	on savings and temporary cash investments	525920		03	636	636
	ds and interest from securities	323524		 " "		030
	tal income or (loss) from real estate:					······································
	-financed property			1		
	debt-financed property	531120		03	(15,907)	(15,907
	tal income or (loss) from personal property					
	vestment income					
8 Gain or	(loss) from sales of assets other than inventory					
9 Net inco	ome or (loss) from special events	1				
10 Gross p	rofit or (loss) from sales of inventory					
11 Other re	evenue: a					
•						
c						_
d						
е			 -			
	i. Add columns (b), (d), and (e)				(15,271)	(15,271)
					13	(30,542
	neet in line 13 instructions to verify calculations.)					
Part AVI	Relationship of Activities to the					
Line No.	Explain below how each activity for which inco accomplishment of the foundation's exempt po					
						<u> </u>
03	INTEREST EARNED ON FUNDS TO BE					
05B	RENTAL INCOME ON BUILDING RENO	VATIONS T	O REVITALIZE	THE AREA		
						
						
						
						
				-		····
	<u> </u>		 			
						· · · · · · · · · · · · · · · · · · ·
						· · · · · · · · · · · · · · · · · · ·
		-	,			
						
	•				<u> </u>	
				<u> </u>	· · · · · · · · · · · · · · · · · · ·	
						
		···				
			-			
			-			

	-PF (2014)	THE LEXINGTON						0912814		age 13
Part X		ion Regarding Ti	ransfers To a	and Transac	tions an	d Relations	ships Wit	h Nonchari	table	
		Organizations								
•1 Did	the organization d	rectly or indirectly enga	age in any of the f	following with an	y other org	anızation descr	ibed		Yes	No
	, ,	e Code (other than sect	ion 501(c)(3) org	anizations) or ın	section 52	7, relating to po	litical	-	1	
orga	anizations?							l	1	
		orting foundation to a n							Ī	
								1a(1)	X
(2)	Other assets							1a(2)	X
b Oth	er transactions:								1	
		a noncharitable exemp	=					` -)	X
		ets from a nonchantable)	X
		equipment, or other as								X
		rrangements						<u> </u>		X
	-	rantees								X
		rvices or membership								X
	-	upment, mailing lists,								X
		the above is "Yes," co				-				
	-	ner assets, or services								
		n or sharing arrangeme			7					
(a) Line no	(b) Amount involve	d (c) Name of nor	ncharitable exempt	organization	(d) Des	cription of transfe	rs, transaction	s, and sharing a	rangeme	ents
		 			ļ					
					}					
	<u> </u>	 -								
	<u> </u>				<u> </u>					
	ļ.———	 	 -		 					
	 				<u> </u>					
					}					
					 					
	-				 					
	 				 -					
	 									
	 	 		· · · <u></u>	 					
				·	 					
					<u> </u>					
					 					
22 le #	ne foundation direc	tly or indirectly affiliated	l with or related t	o one or more t		organizations				
		01(c) of the Code (othe				organizations		□ ∨	es X	No
		following schedule.		.(0)(0)) 01 111 000	don 027 .			ш.	00 [2]] 140
	(a) Name of org		(b) Tv	pe of organization			(c) Description	of relationship		
	(a) Namo or or	jui ii zu tori	(2) .)	po or organization			(c) Description	TO TOIGUOISTIP		
~~										
		·				· · · · · · · · · · · · · · · · · · ·				
				·						
	· 		-	·						
1	Jnder penalties of perjur	y, I declare that I have examin	ned this return, includir	ng accompanying sch	redules and st	atements, and to the	e best of my kno	wledge and belief,	t is true,	
Sign	correct, and complete D	eclaration of preparer (other the	an taxpayer) is based	on all information of	which prepare	r has any knowledg	je .			
Here	110006	n Muick	5	14/2011	OFFICE	MANAGER		May the IRS discu- with the preparer s		
i le le	Signature of officer of		Date	1 porce	Title		—— [(see inst)?		X No
l	Print/Type pre	parer's name	Preparer's sign	nature		Date	Check	If PTIN		
Paid	Brenda	o Mullen	() A			04-28-2016	l l	ш [1005	
Prepar		▶ Mullen CPA	<i>1</i> 7			<u> </u>	m's EIN	, , F + + + + + + + + + + + + + + + + +		
Use O			treet				none no			
-30 U	· · · · · · · · · · · · · · · · · · ·									

Lexington MS 39095

662-834-2556

Federal Supporting Statements	2014 PG 01
Name(s) as shown on return	FEIN
THE LEXINGTON FOUNDATION	64-0912814
FORM 990PF, PART III, LINE 3 OTHER INCREASES SCHEDULE	STATEMENT #115
ROUNDING	2
TOTAL	<u>2</u>

		Federal Su	Federal Supporting Statements	nents	2014 PG 01
Name(s) as shown on return THE LEXINGTON FOUNDATION					Your Social Secunty Number 64-0912814
	FORM 990PF	FORM 990PF, PART I, LINE 23 -	- OTHER EXPENSES SCHEDULE	ЛЕ	STATEMENT #103
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE	
SAFE DEPOSIT BOX RENTAL RENTAL EXPENSE LITTLITES	3 983	15	0 0	0 0	
RENTAL MAINT T MITCHELL	260	2,70	, 0	0 0	
RENTAL INSURANCE HOOKER	6,261	6,261	0	0	
RENTAL JANITORIAL	1,288	1,288	0	0	
RENTAL MAINT D ROBERTS	2,400	2,400	0	0	
RENTAL MAINT GILMORE	80	08 5	0 (0	
RENIAL SUPPLIES	786	786	0 (0 (
RENIAL INSURANCE BRIAKFIELD	101,1	101,1	> •	o (
RENIAL MAINI	3,604	5,604 85,228	o c	D C	
		057/60			
TOTALS	20,279	105,517	0	0	
	FORM 990PF,	PART I, LINE 16(B) -	FORM 990PF, PART I, LINE 16(B) - ACCOUNTING FEES SCHEDULE	EDULE	PG 01 STATEMENT #108
DESCRIPTION ACCOUNTING	REVENUE AND EXPENSES 3,373	NET INVESTMENT 1,686	ADJUSTED NET INCOME	CHARITABLE PURPOSE 1,687	
TOTALS	3,373	1,686	0	1,687	

		Federal S	deral Supporting Statements	ments	2014 PG 01	•
Name(s) as shown on return THE LEXINGTON FOUNDATION					Your Social Secunty Number 64-0912814	'
	FORM 990PF, PART	I, LINE 16(C) - OT	FORM 990PF, PART I, LINE 16(C) - OTHER PROFESSIONAL FEES SCHEDULE	SCHEDULE	STATEMENT #109	
DESCRIPTION	REVENUE AND EXPENSES	NET INVESTMENT	ADJUSTED NET INCOME	CHARITABLE PURPOSE		
HENRY LUCKETT CHANCERY CLERK	12	12	0	0		
TOTALS	12	12	0	0		<u>-</u>
					PG 01	
	FORM	990PF, PART I, LINE	FORM 990PF, PART I, LINE 18 - TAXES SCHEDULE		STATEMENT #110	
DESCRIPTION SSI MEDI FEDERAL INCOME TAX PAID	REVENUE AND EXPENSES 670 157	NET INVESTMENT 335 78 1,515	ADJUSTED NET INCOME 0 0	CHARITABLE PURPOSE 335 79		· · · · · · · · · · · · · · · · · · ·
TOTALS	2,342	1,928	0	414		
						<u></u>
						<u></u> ,
						
						_

			Federal S	Federal Supporting Statements	Statements	1 0		2014	, PG01	•
Name(s) as shown on return THE LEXINGTON FOUNDATION								Your Social Secu 64-0912814	Your Social Secunty Number 64-0912814	<u> </u>
		FORM 990PF,	FORM 990PF, PART II, LINE 14 - LAND ETC. SCHEDULE	14 - LAND ETC.	SCHEDULE			STATEM	STATEMENT #119	
DESCRIPTION		COST OR	ACCUMULATED DEPRECIATION	END OF YEAR BOOK VALUE	>					
LAND	İ	57,462	266 2	67,462	67,462					<u> </u>
BUILDINGS		2,253,465	712,342	1,541,123	1,541,123	ı				
TOTAL		2,324,150	715,565	1,608,585	1,608,585					
									10	
		FORM 990PF,	FORM 990PF, PART I, LINE 19 - DEPRECIATION SCHEDULE	7 - DEPRECIATIO	N SCHEDULE			STATEM	STATEMENT #126	
	DATE	COST OR	PRIOR YEAR	COMPUTATION			CURRENT YEAR	NET INVESTMENT	ADJUSTED NET	
DESCRIPTION	ACQUIRED	OTHER BASIS	DEPRECIATION	METHOD	RATE	LIFE	DEPRECIATION	INCOME	INCOME	
MASONIC/GILBERT	01-01-2003	120,000	52,800	SF	7	52	4,800	0	0	
IMPROV-MASONIC	05-01-2004	29,976	13, 189	SL	7	52	1,199	0	0	_
ROOF MASONIC	01-31-2004	31,465	22,889	SL	299.9	15	2,098	0	0	_
FLEETWOOD BUILDING	07-31-2004	647,525	269,802	SF	4	52	25,901	0	0	_
IMPROV-MASONIC	06-30-2007	43,664	13,175	SL	7	52	1,747	0	0	
ANDREWS ST	01-01-2003	28,186	2,254	S.	4 (52 .	1,127	0 (0 (
FIXED ASSETS	06-30-2013	5,223 904.039	320.373	7 5	0 4	٠ <u>۲</u>	0 36,162	.	-	
LAND	08-10-2012	67,462	 - - -	NDA	0	1 0	0	0	0	
OLD HOLMES COUNTY BANK BUI	12-14-2012	30,424	2,098	SL	3.448	62	1,049	0	0	
HCB BLDG REMODEL	06-30-2013	243,458	12,943	SL	3,448	53	8,395	0	0	_
BANK PLUS COURT SQ BLDG	12-09-2013	41,028	1,474	ระ	3.448	53	1,415	0	0	
RAINBOW BUILDING RENOVATIO	09-01-2014	133,700	1,345	S	1.006	8	1,345	0	0	
TOTALS		2,324,150	715,565				85,238			

Federal Supporting Statements Name(s) as shown on return THE LEXINGTON FOUNDATION Pederal Supporting Statements Your Social Security Number 64-0912814

FORM 990PF, PART XV, LINE 2 APPLICATION SUBMISSION INFORMATION

GRANT PROGRAM

APPLICANT NAME

CAROLYN MIRICK

ADDRESS

102 ANDREWS ST LEXINGTON, MS 39095

TELEPHONE

662-834-2488

EMAIL ADDRESS

FORM & CONTENT LETTER REQUEST & APPLICATION

SUBMISSION DEADLINE

NONE; ON AS-NEEDED BASIS

RESTRICTIONS ON AWARD

NONE