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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 2015

Open to Public inspection

Department of the Treasury Internal Revenue Service ▶ 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 2015 or tax year beginning , and ending Employer (dentification number Name of foundation 41-2048561 THE LESTER MCKINLEY FAM. FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) 870-830-0156 P.O. BOX 446 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here 72042 DEWITT AR G Check all that apply Initial return Initial return of a former public charity 1 Foreign organizations, check here 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 Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation X Cash Fair market value of all assets at J Accounting method 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), line 16) ▶ \$ 140,673 (Part I, column (d) must be on cash basis) (d) Disbursements Part I Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable expenses per books amounts in columns (b), (c), and (d) may not necessarily equal income income purposes the amounts in column (a) (see instructions)) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 1 Check ► X If the foundation is **not** required to attach Sch B 2 626 626 3 Interest on savings and temporary cash investments Dividends and interest from securities 4 Gross rents 5a Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part V line 2) FD 0 7 0 Net short-term capital gain q Income modifications 10a Gross sales less returns and alle Less Cost of goods sold Gross profit or (loss) (attach Other income (attach schedule) 11 626 626 12 Total, Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses Other employee salaries and wages 14 15 Pension plans, employee benefits 16a Legal fees (attach schedule) STMT 1 450 450 Accounting fees (attach schedule) Other professional fees (attach schedule) C 17 STMT 2 4 18 Taxes (attach schedule) (see instructions) 4 19 Depreciation (attach schedule) and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses (att. sch.) Total operating and administrative expenses. 454 454 Add lines 13 through 23 7,250 7,250 25 Contributions, gifts, grants paid 454 0 7,250 7,704 Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12: 27 -7,078 Excess of revenue over expenses and disbursements 172 Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-)

Form 990-PF (2015)

| | Part I | Balance Sheets Attached schedules and amounts in the description colur | mn - | Beginning of year | End o | f year |
|------------------------------------|----------|--|-------------|-------------------|----------------|-----------------------|
| _ | FAILE | should be for end-of-year amounts only (See instruction | s) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash – non-interest-bearing | | | | |
| | 2 ` | Savings and temporary cash investments | | 147,751 | 140,673 | 140,673 |
| | 3 | Accounts receivable ▶ | | | | |
| | | Less: allowance for doubtful accounts ▶ | | | | |
| | 4 | Pledges receivable ▶ | | | | |
| | | Less allowance for doubtful accounts ▶ | | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, directors, trustees, and other | | | | |
| | 1 | disqualified persons (attach schedule) (see | | | | |
| | | instructions) | | | | |
| | 7 | Other notes and loans receivable (att. schedule) | | | | |
| | | Less allowance for doubtful accounts ▶ | 0 | | | |
| ß | 8 | Inventories for sale or use | | | | |
| Assets | 9 | Prepaid expenses and deferred charges | | | | |
| As | 10a | Investments – U S and state government obligations (attach schedule) | | | | |
| | ь | Investments – corporate stock (attach schedule) | | | | |
| | c | Investments – corporate bonds (attach schedule) | | | | - |
| | 11 | Investments – land, buildings, and equipment basis | | | | |
| | | Less accumulated depreciation (attach sch.) | | | | |
| | 12 | Investments – mortgage loans | | | | |
| | 13 | Investments - other (attach schedule) | | | | |
| | 14 | Łand, buildings, and equipment basis ▶ | | | | |
| | | Less accumulated depreciation (attach sch.) | | | | |
| | 15 | Other assets (describe ▶ |) | | | |
| | 16 | Total assets (to be completed by all filers - see the | | | | |
| | <u> </u> | instructions. Also, see page 1, item I) | | 147,751 | 140,673 | 140,673 |
| | 17 | Accounts payable and accrued expenses | | | | |
| | 18 | Grants payable | | | | |
| ties | 19 | Deferred revenue | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| iat | 21 | Mortgages and other notes payable (attach schedule) | | | | |
| _ | 22 | Other liabilities (describe ▶ |) | | | |
| _ | 23 | Total liabilities (add lines 17 through 22) | | 0 | 0 | |
| | | Foundations that follow SFAS 117, check here | ▶ □ | | | |
| Ses | | and complete lines 24 through 26 and lines 30 and 31. | | | | |
| au | 24 | Unrestricted | | | | |
| Net Assets or Fund Balances | 25 | Temporarily restricted | | | | |
| פֿ | 26 | Permanently restricted | \ (T) | | | |
| ᆵ | | Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. | ► X | | | |
| <u>-</u> | | | | 147 751 | 140 673 | |
| Ş | 27 | Capital stock, trust principal, or current funds | | 147,751 | 140,673 | |
| SSe | 28 | Paid-in or capital surplus, or land, bldg, and equipment fund | | | | |
| ğ | 29 | Retained earnings, accumulated income, endowment, or other funds | | 147,751 | 140,673 | |
| R | 30 | Total net assets or fund balances (see instructions) | | 147,751 | 140,673 | |
| | 31 | Total liabilities and net assets/fund balances (see | | 147,751 | 140,673 | |
| ۲ | Part II | Instructions) I Analysis of Changes in Net Assets or Fund Balan | CAS | 147,731 | 140,015 | |
| | | net assets or fund balances at beginning of year – Part II, column (a), lir | | ist agree with | - T- I | |
| ' | | f-year figure reported on prior year's return) | .5 50 (IIIu | ot agree with | 1 | 147,751 |
| 2 | | amount from Part I, line 27a | | | 2 | -7,078 |
| | | increases not included in line 2 (itemize) | | 3 | ., | |
| | | nes 1, 2, and 3 | | | 4 | 140,673 |
| | | ases not included in line 2 (itemize) ▶ | | | 5 | |
| | | net assets or fund balances at end of year (line 4 minus line 5) – Part II, | column (I | b), line 30 | 6 | 140,673 |
| <u> </u> | . 5.51 | Turk in the second of the seco | | | | 000 DE |

| Part IV Capital Gains a | nd Losses for Tax on Investme | ent Income | | | |
|--|--|---|--|----------------------------------|--|
| | ribe 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 acquir (mo , day, yr | |
| 1a N/A | | | | | |
| b | | | | | |
| <u>c</u> | | | | | |
| d | | | | | |
| <u>e</u> | | | <u> </u> | | |
| (e) Gross sales price | (f) Depreciation allowed (or allowable) | | or other basis pense of sale | | h) Gain or (loss) plus (f) minus (g) |
| <u>a</u> | | | | | |
| <u>b</u> | | | | | |
| C | | | | | |
| d e | | | | | |
| | g gain in column (h) and owned by the fo | undation on 12/31 | /69 | | |
| (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | (k) Exc | ess of col (i) ol (j), if any | col (k), t | ns (Col (h) gain minus but not less than -0-) or sees (from col (h)) |
| _ a | | | | | |
| _b | | | | | |
| С | | | | - | |
| d | | | | ······ | |
| | apital loss) If gain, also enter in lif (loss), enter -0- in lif (loss) as defined in sections 1222(5) and (6, column (c) (see instructions). If (loss), enter -0- in life (l | Part I, line 7 | | 3 | |
| Part V Qualification Ur | nder Section 4940(e) for Reduc | ed Tax on Net | Investment Inco | me | |
| If section 4940(d)(2) applies, leave the Was the foundation liable for the sect If "Yes," the foundation does not qual | tion 4942 tax on the distributable amount lify under section 4940(e) Do not comple | of any year in the | base period? | | Yes X No |
| 1 Enter the appropriate amount in (a) | each column for each year, see the instru | ctions before mar | | | (d) |
| Base penod years Calendar year (or tax year beginning in) | | | (c) ue of noncharitable-use asset | | Distribution ratio of (b) divided by col (c)) |
| 2014 | | 600 | 143,9 | | 0.045862 |
| 2013 | | 500 | 136,6 | | 0.047570 |
| 2012 | | 900 | 134,7 131,3 | | 0.051947 0.052545 |
| 2011 | | 991 | 139,2 | | 0.179479 |
| 2010 2 Total of line 1, column (d) | | , | 133,1 | 2 | 0.377403 |
| _ | 5-year base period – divide the total on lines been in existence if less than 5 years | | e | 3 | 0.075481 |
| 4 Enter the net value of noncharital | ble-use assets for 2015 from Part X, line | 5 | | 4 | 144,444 |
| 5 Multiply line 4 by line 3 | | | | 5 | 10,903 |
| 6 Enter 1% of net investment incom | ne (1% of Part I, line 27b) | | | 6 | 2 |
| 7 Add lines 5 and 6 | | | | 7 | 10,905 |
| 8 Enter qualifying distributions from If line 8 is equal to or greater than Part VI instructions | n Part XII, line 4 n line 7, check the box in Part VI, line 1b, | and complete tha | t part using a 1% tax ra | 8 ate See the | 7,250 |

| _ | 990-PF (2015) THE LESTER MCKINLEY FAM. FOUNDATION 41-2048561 | | | P | age 4 |
|----|--|--|--------|------|--------|
| | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions) | | | | |
| 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 | Domestic foundations that meet the section 4940(e) requirements in Part V, check | | | | 3 |
| | here ▶ ☐ and enter 1% of Part I, line 27b | | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of | | | | |
| | Part I, line 12, col (b) | | | | _ |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) | | | | 0 |
| 3 | Add lines 1 and 2 | | | | 3 |
| 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- | : | | | 3 |
| 6 | Credits/Payments | | | | |
| а | 2015 estimated tax payments and 2014 overpayment credited to 2015 | | | | |
| b | Exempt foreign organizations – tax withheld at source | | | | |
| С | Tax paid with application for extension of time to file (Form 8868) | | | | |
| d | Backup withholding erroneously withheld 6d 6d | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | <u>' </u> | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check hereif Form 2220 is attached8 | <u> </u> | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | | | 3 |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 0 | _ | | |
| 11 | Enter the amount of line 10 to be Credited to 2016 estimated tax ▶ Refunded ▶ 1 | 1 | | | |
| Pa | rt VII-A Statements Regarding Activities | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | | 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 | | 1 | | |
| | Instructions for the definition)? | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | | |
| | published or distributed by the foundation in connection with the activities | | | | |
| 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 | | | | |
| | (1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$ | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | |
| | on foundation managers > \$ | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | 2 | | X |
| | If "Yes," attach a detailed description of the activities | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of | | | | |
| | incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes | | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | N/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either | | | | |
| | By language in the governing instrument, or | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that | | | | |
| | conflict with the state law remain in the governing instrument? | | 6 | X | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part X' | V | 7 | Х | |
| 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 | | | | |
| | (or designate) of each state as required by General Instruction G? If "No," attach explanation | | 8b | Х | |
| 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 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," | | | | |
| | complete Part XIV | | 9_ | | Х |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | | |
| | names and addresses | | 10 | | X |
| | | F | orm 99 | 0-PF | (2015) |

If "Yes," did it have excess business holdings in 2015 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

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

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 2015)

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X

X

3b

4a

N/A

| <u>orn</u> | 1990-PF (2015) THE LESTER MCKINLEY FAM. FOUND | ATION 41-2 | 2048561 | | | Page 6 |
|-------------|---|---------------------------------------|-----------------------------|--|----------|-----------------------------|
| P | art VII-B Statements Regarding Activities for Which Form | 4720 May Be F | Required (cont | inued) | · | |
| 5a | During the year did the foundation pay or incur any amount to | | | | | |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 4945(e))? | [] · | Yes X No | | |
| | (2) Influence the outcome of any specific public election (see section 4955), or | to carry on, | | | | |
| | directly or indirectly, any voter registration drive? | | | Yes 🛛 No | | |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | | Π, | Yes X No | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization | described in | | | | |
| | section 4945(d)(4)(A)? (see instructions) | | П | Yes X No | | |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, o | r educational | ت_ | | | |
| | purposes, or for the prevention of cruelty to children or animals? | | | Yes X No | | |
| b | If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und | er the exceptions d | | | | |
| - | Regulations section 53 4945 or in a current notice regarding disaster assistance | | | N/A | 5b | İ |
| | Organizations relying on a current notice regarding disaster assistance check he | | | ▶ / □ ! | | |
| _ | | | | | | |
| С | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from | om me tax | N/A □、 | Yes No | | |
| | because it maintained expenditure responsibility for the grant? | | и/и | ies No | | |
| _ | If "Yes," attach the statement required by Regulations section 53 4945–5(d) | | | | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to pa | ay premiums | \Box | Yes X No | | |
| _ | on a personal benefit contract? | | | Yes X No | | . |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a pe | rsonal benefit conti | ract? | | 6b | <u> </u> |
| | If "Yes" to 6b, file Form 8870 | | М. | . 📆 | | |
| | At any time during the tax year, was the foundation a party to a prohibited tax sh | | _ | Yes X No | | |
| | If "Yes," did the foundation receive any proceeds or have any net income attribu | | | N/A | 7b | |
| Pa | art VIII Information About Officers, Directors, Trustees, Fo | oundation Man | agers, Highly | Paid Employe | ∍es, | |
| | and Contractors | | | | | |
| <u> 1 1</u> | List all officers, directors, trustees, foundation managers and their compens | sation (see instruc | tions). | | | |
| | | (b) Title, and average | (c) Compensation | (d) Contributions to | (a) Evn | ance account |
| | (a) Name and address | hours per week devoted to position | (If not paid, enter -0-) | employee benefit plans and deferred | | ense account, allowances |
| | | devoted to position | enter-o-y | compensation | <u> </u> | |
| SE | E ATTACHED SCHEDULE | | | | | |
| | | 0.00 | 0 | 0 | <u> </u> | 0 |
| | | | | | | |
| | | | | | <u> </u> | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | <u> </u> | |
| 2 | Compensation of five highest-paid employees (other than those included of | on line 1 – see ins | tructions). If non | e, enter | | |
| | "NONE." | | | | | |
| | | (b) Title, and average | | (d) Contributions to | | |
| | (a) Name and address of each employee paid more than \$50,000 | hours per week | (c) Compensation | employee benefit plans and deferred | | ense account, allowances |
| | | devoted to position | | compensation | Outer | allowalices |
| NC | DNE | | | | | |
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| | 1 f .ht | | l | L | <u> </u> | |
| ota | I number of other employees paid over \$50,000 | | | | | 0 |
| | | | | F | orm サザ(|)-PF (2015) |

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|---|--------------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Foundation | ation Managers, Highly Paid Em | ıployees, |
| and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see instruc | ctions) If none enter "NONE " | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | (b) Type of service | (e) campensation |
| 10112 | | |
| , - | | |
| | | |
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| | | |
| | | |
| | | |
| | | |
| Takal awakan of others are sugar \$50,000 for professional convices | | |
| Total number of others receiving over \$50,000 for professional services | | <u> </u> |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information su organizations and other beneficiaries served, conferences convened, research papers produced, etc. | ich as the number of | Expenses |
| 1 N/A | | |
| | | |
| | | · |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see instruc | otions) | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | | Amount |
| 1 N/A | | |
| | | |
| 2 | | |
| | | |
| | | |
| All other program-related investments. See instructions | | |
| 3 | | |
| | | |

Total. Add lines 1 through 3

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

| P | Art X Minimum Investment Return (All domestic foundations must complete this part. Foreign | n foun | dations, |
|--------|--|----------------|----------|
| _ | , see instructions) | тТ | |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. | ļ | |
| а | purposes Average monthly fear market value of securities | 1 _a | 0 |
| a b | Average monthly fair market value of securities | 1b | 146,644 |
| | Average of monthly cash balances | 1c | 110,011 |
| c d | Fair market value of all other assets (see instructions) | 1d | 146,644 |
| | Total (add lines 1a, b, and c) | ''4 | 110/011 |
| е | Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation) 1e 0 | † | |
| - | | 2 | n |
| 2 | Acquisition indebtedness applicable to line 1 assets | 3 | 146,644 |
| 3 | Subtract line 2 from line 1d | | 140,044 |
| 4 | Cash deemed held for charitable activities Enter 1½% of line 3 (for greater amount, see | 4 | 2,200 |
| _ | instructions) | | 144,444 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 7,222 |
| 6 | Minimum investment return. Enter 5% of line 5 | | |
| Pi | Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating | iounda | itions |
| _ | and certain foreign organizations check here ▶ and do not complete this part.) | | 7,222 |
| 1 | Minimum investment return from Part X, line 6 Tax on investment income for 2015 from Part VI, line 5 2a 3 | 1 | 1,222 |
| 2a | | | |
| b | Income tax for 2015 (This does not include the tax from Part VI) | | 2 |
| С | Add lines 2a and 2b | 2c | 7,219 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 7,219 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 7 010 |
| 5 | Add lines 3 and 4 | 5 | 7,219 |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, | | E 010 |
| | line 1 | 7 | 7,219 |
| Pa | rt XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc - total from Part I, column (d), line 26 | 1a | 7,250 |
| b | Program-related investments – total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc, | | |
| | purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 7,250 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income | | |
| | Enter 1% of Part I, line 27b (see instructions) | 5 | 0 |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 7,250 |
| | Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation | ition | |

| 2 Undistributed income, if any, as of the end of 2015 a Enter amount for 2014 only b Total for prior years 20 | P | art XIII Undistributed Income | (see instructions) | _ | | | |
|--|----|---|--|--|---------------------|-------|-------|
| hine 7 Undistributed innorme, if any, as of the end of 2015 Enter amount for 2014 only Total of for pror years 20 | | • | | (a) | (b) | (c) | (d) |
| 2 Unidistributed accome, if any, as of the end of 2015 a Enter amount for 2014 only b Total for pror years 20 | 1 | Distributable amount for 2015 from Part > | (I, | Corpus | Years prior to 2014 | 2014 | 2015 |
| a Enter amount for 2014 only b Total for proy years 20 | | liñe 7 | | | | | 7,219 |
| a Enter amount for 2014 only b Total for proy years 20 | 2 | Undistributed income, if any, as of the en | d of 2015 | | | | |
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| Instructions f Undistributed income for 2015 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2016 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 2010 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a 10 Analysis of line 9 a Excess from 2011 b Excess from 2012 c Excess from 2013 d Excess from 2014 | е | | ine | | | | |
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| required—see instructions) 8 | | | | | | | |
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| c Excess from 2013 d Excess from 2014 | · | <u> </u> | | | | | |
| d Excess from 2014 | - | <u> </u> | | | | | |
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| | n 990-PF (2015) THE LESTER M | | | | | Page 1 (|
|---------|---|----------------------|--------------------------|------------------------------|--------------------|---------------------------------------|
| | art XIV Private Operating For | | | | 9) | |
| 1a | If the foundation has received a ruling or | | | rating | | |
| | foundation, and the ruling is effective for | | ·- | | | |
| þ | Check box to indicate whether the found | | rating foundation desc | | 942(j)(3) or 494 | 2(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | - | (e) Total |
| | income from Part I or the minimum | (a) 2015 | (b) 2014 | (c) 2013 | (d) 2012 | (1, 11111 |
| | investment return from Part X for | | | | | |
| | each year listed | | | | | |
| þ | 85% of line 2a | | | | | |
| С | Qualifying distributions from Part XII, | | | | | |
| | line 4 for each year listed | | <u> </u> | | | |
| 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 | | | | | |
| | (2) Value of assets qualifying under | | | | | |
| | 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 | | | | | |
| 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) | | | | <u> </u> | |
| | (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 | | | | | |
| P | art XV Supplementary Inform | ation (Complet | e this part only if | f the foundation h | ad \$5,000 or more | e in assets at |
| - ' | any time during the ye | | | | | |
| 1 | Information Regarding Foundation Ma | | | | - | |
| а | List any managers of the foundation who | | re than 2% of the tota | l contributions received | by the foundation | |
| _ | before the close of any tax year (but only | | | | = | |
| | N/A | , | , | , (| ., | |
| b | List any managers of the foundation who | own 10% or more of | the stock of a corpora | ation (or an equally large | e portion of the | |
| | ownership of a partnership or other entity | | | | | |
| | N/A | , | | | | |
| 2 | Information Regarding Contribution, G | rant. Gift. Loan. Sc | holarship, etc., Prog | rams: | | |
| _ | <u> </u> | | - | able organizations and | does not accept | |
| | unsolicited requests for funds If the foun- | | | | | |
| | other conditions, complete items 2a, b, c | | | | J | |
| a | The name, address, and telephone numb | | of the person to whon | n applications should be | e addressed | · · · · · · · · · · · · · · · · · · · |
| u | LESTER MCKINLEY 870- | | or the person to three | | | |
| | P.O. BOX 446 DEWITT | | | | | |
| <u></u> | The form in which applications should be | | nation and materials th | nev should include | | · · · · · · · · · · · · · · · · · · · |
| | SEE STATEMENT 3 | Submitted and anom | ination and materials to | noy onodia molado | | |
| | Any submission deadlines | | | | | |
| Ü | N/A | | | | | |
| - | Any restrictions or limitations on awards, | such as hy geograph | ical areas, charitable | fields, kinds of institution | ns or other | |
| u | factors | Judin ad by geograph | nour arous, oriantable | mide of methatio | , 01 00101 | |
| | N/A | | | | | |
| DAA | , | | | | | Form 990-PF (2015) |

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year ACCESS SCHOOLS 10618 BRECKENRIDGE DRIVE NONPROFIT LITTLE ROCK AR 72211 GENERAL OPERATIONS 1,000 ARKANSAS BAR FOUNDATION 2224 COTTONDALE LANE PUBLIC LITTLE ROCK AR 72202 SCHOLARSHIPS FOR STUDENTS 1,000 DEWITT FIRST UNITED METHODIST CH 608 SOUTH GRANDVIEW NONPROFIT DEWITT AR 72042 GENERAL OPERATIONS 500 DEWITT LIBRARY NONPROFIT 205 WEST MAXWELL DEWITT AR 72042 GENERAL OPERATIONS 500 FIRST TEE 1 FIRST TEE WAY NONPROFIT LITTLE ROCK AR 72204 GENERAL OPERATIONS 500 PARK FOUNDATION, INC. 6915 GEYER SPRINGS ROAD NONPROFIT LITTLE ROCK AR 72209 GENERAL OPERATIONS 500 RAZORBACK FOUNDATION 1295 S. RAZORBACK ROAD NONPROFIT FAYETTEVILLE AR 72701 GENERAL OPERATIONS 2,500 NORTHWEST ARKANSAS CRISIS CENTER 614 E EMMA SUITE 213 NONPROFIT SPRINGDALE AR 72764 GENERAL OPERATIONS 750 7,250 ▶ 3a Total Approved for future payment N/A▶ 3b Total

| Part XVI- | A Analysis of Income-Producing Act | ivities | | | | |
|---------------|--|----------------------|--------------------|--------------|-------------------------------|--|
| | nounts unless otherwise indicated | | ed business income | Exclude | d by section 512, 513, or 514 | (2) |
| | | (2) | (b) | (c) | (d) | (e) Related or exempt |
| • | | (a) Business code | Amount | Exclusion | Amount | function income |
| 1 Program s | ervice revenue | | | | | (See instructions) |
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| f | | | | ļ | | |
| - | and contracts from government agencies | | | - | | |
| | ip dues and assessments | | | 7.4 | 626 | |
| | savings and temporary cash investments | | | 14_ | 626 | |
| | and interest from securities | | | | | ······································ |
| | income or (loss) from real estate | | | | | |
| | nanced property | | | | | |
| | bt-financed property | | | | | |
| | income or (loss) from personal property stment income | | | | | |
| | ss) from sales of assets other than inventory | | · | | . – | |
| • | e or (loss) from special events | | | | | |
| | it or (loss) from sales of inventory | | <u> </u> | | | <u>-</u> |
| - | nue a | - | | | | |
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| 12 Subtotal A | add columns (b), (d), and (e) | | 0 | | 626 | |
| 13 Total. Add | line 12, columns (b), (d), and (e) | | | | 13 | 626 |
| | t in line 13 instructions to verify calculations) | | | | ··· | |
| Part XVI-E | | | | | | |
| Line No. ▼ | Explain below how each activity for which income accomplishment of the foundation's exempt purpo | | | | | |
| N/A | | | _ | | | |
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|--------|---------------------------|---------------------|------------------|------------------|--|-----------------------|--|----------------------------|--|--|--------------|--|
| 1 [| Old the org | | | | ge in any of the fo | llowing with any | other organizat | tion described | | | Yes | No |
| 1 | r section 5 | i01(c) of the | Code (other | er than secti | on 501(c)(3) organ | nizations) or in | section 527, rela | iting to political | | | | |
| | organization | | | | | | • | | | | | į |
| | | rom the repo | orting found | lation to a no | oncharitable exem | pt organization | of | | | 40(4) | | v |
| | 1) Cash 2) Other a | ecate | | | | | | | | 1a(1) 1a(2) | | X |
| | 2) Other a Other trans | | | | | | | | | 18(2) | | Ĥ |
| | | | a noncharita | able exempt | t organization | | | | | 1b(1) | | х |
| (| 2) Purcha | ses of asset | ts from a no | oncharitable | exempt organizati | ion | | | | 1b(2) | | X |
| (| 3) Rental | of facilities, | equipment, | or other as | sets | | | | | 1b(3) | | X |
| - | = | irsement arr | - | 5 | | | | | | 1b(4) | | X |
| | | or loan guara | | | . 6 | 4-4 | | | | 1b(5) | | X |
| | • | | | • | or fundraising solici other assets, or pa | | | | | 1b(6) 1c | | X |
| | _ | | | | nplete the following | - | umn (b) should | always show the | faır market | ر در | | |
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| | alue in any | transaction | n or sharing | arrangeme | nt, show in column | (d) the value | of the goods, oth | ner assets, or serv | rices received | J | | |
| | Line no | (b) Amour | nt involved | (c) Nam | e of noncharitable exem | pt organization | (d) D | escription of transfers, t | ransactions, and | sharing arrangeme | nts | |
| N/A | | | | | | | + | | | | | |
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| | | | • | • | with, or related to, than section 501(| | | izations | | □ v ₄ | s X | No |
| | | mplete the fo | | - | than section 501(t | 5)(5)) Of III SECE | OII 327 · | | | | ,3 <u>++</u> | 140 |
| | | a) Name of orga | | | (b) Type of o | organization | I | (c) Descri | ption of relationsh | ııp | | |
| N | /A | | | | | | | | | | | |
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| | Under per | nalties of perjur | y, I declare tha | at I have exami | lned this return, including | g accompanying so | <u> </u> | ents, and to the best of | my knowledge a | ind belief, it is true | , | |
| | correct, a | nd complete D | eclaration of p | reparer (other t | than taxpayer) is based | on all information of | f which preparer has | s any knowledge | May the | e IRS discuss this re | eturn | |
| Sign | | 10 | \bigcirc | 111 | | | , | | | preparer shown be structions)? | | No I |
| lere | 1. 4 | 1-6 | mi | | Trust | 2 | ///// | | ــــــــــــــــــــــــــــــــــــــ | | | |
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| repar | er Firm's r | | HOWLA | ND & N | NORRIS, CI | PA'S | | . | PTIN | P00572 | 710 | |
| lse Or | 1ly | address > | 401 W | . CAPI | TOL, SUI | re 501 | | | Firm's EIN ▶ | 71-059 | 822 | 1 |
| | | | LITTL | E ROCK | t, AR 722 | 201 | | | Phone no | 501-37 | | |
| | | | | | | | | | | Form 99 | 0-PF | (2015) |

41-2048561

Federal Statements

Statement 3 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

TYPED APPLICATIONS DESCRIBING THE ORGANIZATION'S ACTIVITIES, BUDGETED NEEDS, AND ANY OTHER PERTINENT INFORMATION.

THE LESTER MCKINLEY FAMILY FOUNDATION 41-2048561 LIST OF TRUSTEES/OFFICERS December 31, 2015

FORM 990-PF, PART VIII

| NAMES & ADDRESSES (A) | TITLE & AVG HRS WORKED (B) | COMPENSATION (C) | CONTRIBUTION TO EMPLOYEE BENEFIT PLAN (D) | EXPENSES & OTHER ALLOWANCES (E) |
|---|----------------------------------|---------------------|---|---------------------------------|
| LESTER A MCKINLEY P.O. BOX 446 DEWITT, AR 72042 | CHAIRMAN OF TRUSTEES 1 | 0 | 0 | 0 |
| JEFFREY MCKINLEY P O BOX 446 DEWITT, AR 72042 | TRUSTEE 0 | 0 | 0 | 0 |
| MARY KATHERINE MCKINLEY P O. BOX 446 DEWITT, AR 72042 | TRUSTEE 0 | 0 | 0 | 0 |
| ED MCKINLEY P.O. BOX 446 DEWITT, AR 72042 | TRUSTEE 0 | 0 | 0 | 0 |