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Form **990-PF**

Return of Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

F	or	cale	ndar year 2015 or tax year beginning			, and ending		
	Nar	ne o	f foundation				A Employer identification	number
	T	HE	LOUISE R. LESTER	FOUNI	DATION		54-2036566	i
	Nun	nber a	and street (or P O box number if mail is not deliv	ered to stree	t address)	Room/suite	B Telephone number	
_	_2	12	1 ELECTRIC ROAD			201	540-772-82	00
			town, state or province, country, and ZIP (NOKE , VA 24018	or foreign p	postal code		C If exemption application is p	ending, check here
r			k all that apply: Initial return		Initial return of a fo	ormer public charity	D 1. Foreign organizations	check here
Ì		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Final return		Amended return	or public triains		
			X Address chan	ge	Name change		Foreign organizations me check here and attach co	eeting the 85% test, imputation
ŀ	- C	hecl	k type of organization: X Section 5	01(c)(3) e	xempt private foundation		E If private foundation sta	tus was terminated
_] <u>s</u> e	ection 4947(a)(1) nonexempt charitable tr	ust 🗀	Other taxable private foundate		under section 507(b)(1)	
2016	Fa		- 1		ing method: Cash	X Accrual	F If the foundation is in a	60-month termination
30	(fr		Part II, col. (c), line 16)		ther (specify)		under section 507(b)(1)	(B), check here
₋		·\$	387,273. (F Analysis of Revenue and Expenses	art I, colu	ımn (d) must be on cash i		4.4.0	(d) 5
	Pa		(The total of amounts in columns (b), (c), and (in necessarily equal the amounts in column (a))	d) may not	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
		1	Contributions, gifts, grants, etc., receive		55,000.		N/A	
		2	Check Interest on savings and temporary	ach Sch B			<u> </u>	
SCANNED		3	cash investments .		4 041	4 0 4 1		Cm2 mmy cover 1
Ž		4	Dividends and interest from securities Gross rents		4,841.	4,841.		STATEMENT 1
<u>ব্</u>			Net rental income or (loss)	•				
9.		_	Net gain or (loss) from sale of assets not on line	10	 			
	Revenue	b	Gross sales price for all				PECE	IVED
	eve	7	Capital gain net income (from Part IV, line 2)			0.	1	700
	۳	8	Net short-term capital gain				1001	0
	ļ	9	Income modifications				MAY 1	3 2016 W
		10a	Gross sales less returns and allowances					
	ſ		Less Cost of goods sold				OGDE	N, U 1
			Gross profit or (loss)		ļ 			
		11	Other income		59,841.	4,841.		
-	_	12 13	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, et	·	33,841.	9,041.		0.
	ı	14	Other employee salaries and wages	·				
	- 1	15	Pension plans, employee benefits					
	ses	16a	Legal fees					
	en G	þ	Accounting fees STM	r .2	395.	0.		0.
	ŭ	C	Other professional fees					·
	ţ	17	Interest	<u></u>				
	tra	18	Taxes STM	г З	104.	0.		0.
	ij	19	Depreciation and depletion					
	팅	20	Occupancy Travel, conferences, and meetings					
	2	21 22	Printing and publications					
		23	Other expenses STM	г 4	20.	0.		0.
	atin		Total operating and administrative					
	per		expenses. Add lines 13 through 23		519.	0.		0.
	0	25	Contributions, gifts, grants paid		17,500.			<u> 17,500.</u>
	1	26	Total expenses and disbursements.			_		<u> </u>
_	_		Add lines 24 and 25		18,019.	0.		17,500.
			Subtract line 26 from line 12:	1				
	1		Excess of revenue over expenses and disburser	*	41,822.	4 041		
			Net investment income (if negative, enter -) -)		4,841.	N/A	
	_ !	·	regative, enter -U-)		j l	Į.	74 / 127	

523501 11-24-15 LHA For Paperwork Reduction Act Notice, see instructions.

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(a) List and desc 2-story brick w	cribe the kind(s) of prop arehouse; or common s	erty sold (e.g., real estate, stock, 200 shs. MLC Co.)		(b) How acquired P - Purchase D - Donation	(c) Date acquire (mo., day, yr.	ed (d) Date sold (mo., day, yr.)
1a				·		
b NC	NE					
_C						
		_ 				
(e) Gross sales price	(f) Depreciation a	allowed (g) Co	st or other basis		(h) Gain or i	(loss)
	(or allowabl	e) plus e	expense of sale		(e) plus (f) mi	nus (g)
<u>a</u> b						
C						
d						
e						
Complete only for assets showi	,				(I) Gams (Col. (h) ol. (k), but not less	
(i) F.M.V. as of 12/31/69	(j) Adjusted b as of 12/31/	asis (k) E> 69 over	cess of col. (i) col. (j), if any		Losses (from	col. (h))
<u>a</u>						
<u>b</u>				 		
<u>C</u>						
d e						
 Capital gain net income or (net capital gain or (lo if gain, also enter in Part I, line 8, if (loss), enter -0- in Part I, line 8 	ss) as defined in section column (c).	ain, also enter in Part I, line oss), enter -0- in Part I, line is 1222(5) and (6):	7 .7	} 2		
Part V Qualification U	Inder Section 49	40(e) for Reduced	Tax on Net	Investment In	come	
If section 4940(d)(2) applies, leave t Was the foundation liable for the sec If "Yes," the foundation does not qua	tion 4942 tax on the dis lify under section 4940(e). Do not complete this pa	irt.			Yes X No
1 Enter the appropriate amount in (a)	each column for each ye		fore making any en			(4)
Base period years Calendar year (or tax year beginni	ng in) Adjusted o	(b) qualifying distributions	Net value of non	(c) charitable-use asset	s (col. (b	(d) stribution ratio) divided by col. (c))
2014		15,100.		306,28		.04930
2013		25,972.		257,78		.10075
2012		10,000.		154,19		.06485
2011		5,100. 3,500.		101,262 93,42		.050364
2010				33,42	*-	.03740
2 Total of line 1, column (d)					2	.30273
3 Average distribution ratio for the				of years		
the foundation has been in existe	nce if less than 5 years				3	.06054
Enter the net value of noncharitat	ole-use assets for 2015	from Part X, line 5			4	387,645
Multiply line 4 by line 3					5	23,471
Enter 1% of net investment incon	ne (1% of Part I, line 27i	b)			6	48.
7 Add lines 5 and 6					7	23,519
B Enter qualifying distributions from	n Part XII, line 4				8_	17,500
If line 8 is equal to or greater than See the Part VI instructions.			lete that part using	a 1% tax rate.		

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	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e instr	uctio	ns)
18	a Exempt operating foundations describ ed i n 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)			
t	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🔛 and enter 1%			97.
	of Part I, line 27b			
(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			<u>97.</u>
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-			97.
6	Credits/Payments:			
a	2015 estimated tax payments and 201 4 o verpayment credited to 2015			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withhe ld			
	Total credits and payments. Add lines 6a through 6d			0.
	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			97.
-	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	Enter the amount of line 10 to be: Credited to 2016 estimated tax			
	art VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes	No
	any political campaign?	1a	1.50	Х
h	Did it spend more than \$100 during the ye ar (either directly or indirectly) for political purposes (see 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	-15		
	distributed by the foundation in connection with the activities.			
^	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:	14		
u	(1) On the foundation. \triangleright \$ 0 . (2) On foundation managers. \triangleright \$ 0 .	1	ľ	
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
e				
^	managers. \$ 0.			· •
4	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			
4.	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3	 	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	. 4a_		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	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.	-	l	}
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		ŀ	•
	By language in the governing instrument, or		ł	}
	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		<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	
_				1
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	-		
	VA	- [
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	_8b_	X	 -
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			
	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		<u>X</u>
t۸	Did any persons become substantial contributors during the tay year? It even a schedule listing their names and addresses	10	l	x

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

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

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 5a During the year did the foundation pay or incur any amount to: Carry on propaganda, or otherwise attempt to influence legislation (section). Influence the outcome of any specific public election (see section 4955); any voter registration drive? Provide a grant to an individual for travel, study, or other similar purposes. Provide a grant to an organization other than a charitable, etc., organization 4945(d)(4)(A)? (see instructions) Provide for any purpose other than religious, charitable, scientific, literary the prevention of cruelty to children or animals? If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un section 53.4945 or in a current notice regarding disaster assistance (see instructions) relying on a current notice regarding disaster assistance check in the answer is "Yes" to question 5a(4), does the foundation claim exemption in 	on 4945(e))? or to carry on, directly or indirectly or described in section or, or educational purposes, or inder the exceptions described auctions)? here from the tax because it maintation	ectly,	es X No	5b
a personal benefit contract?		🗀 Y	es X No	_
b Did the foundation, during the year, pay premiums, directly or indirectly, on a <i>lf</i> "Yes" to 6b, file Form 8870.	personal benefit contract?		•	Sb X
7a At any time during the tax year, was the foundation a party to a prohibited tax:	shelter transaction?	Ye	es X No	
b If "Yes," did the foundation receive any proceeds or have any net income attrib				'b
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	nagers, Highly	,	
1 List all officers, directors, trustees, foundation managers and their		1	[(-1) 0	
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
LOUISE R LESTER	DIRECTOR			
300 KINGS WAY RD., APT. 304	1 00			•
MARTINSVILLE, VA 24112	1.00	0.	0.	0.
ELAINE R ZOPP	DIRECTOR			
213 CROWFIELD CIRCLE LEWISBURG, WV 24901	1.00	0.	0.	0.
LANDON CATRON	DIRECTOR	•		
2121 ELECTRIC RD., SUITE 201	DIRECTOR			
ROANOKE, VA 24018	1.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc	luded on line 1) If none	enter "NONE "		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
	1			
	-			
				
	1			
Total number of other employees paid over \$50,000			>	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "NC	NE."	
(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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical in number of organizations and other beneficiaries served, conferences convened, research papers produced,		Expenses
1 N/A		
2		
3		
Part IX-B Summary of Program-Related Investments	 	
Describe the two largest program-related investments made by the foundation during the tax year on lines	l and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		
3		
Fatal Add lines 1 through 3		

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<u>P</u>	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, see instructions.)	
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a 366	,500.
b	Average of monthly cash balances		,048.
	Fair market value of all other assets	_1c	
d	Total (add lines 1a, b, and c)	1d 393	,548.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d		,548.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)		,903.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4		,645.
6	Minimum investment return. Enter 5% of line 5	6 19	<u>,382.</u>
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an	d certain	
	foreign organizations check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1 19	<u>,382.</u>
2a	Tax on investment income for 2015 from Part VI, line 5		
b	Income tax for 2015. (This does not include the tax from Part VI.) 2b		
C	Add lines 2a and 2b	_2c	<u>97.</u>
3	Distributable amount before adjustments. Subtract line 2c from line 1		285.
4	Recoveries of amounts treated as qualifying distributions	4	<u> </u>
5	Add lines 3 and 4		285.
6	Deduction from distributable amount (see instructions)	6	<u> </u>
7	Distributable amount as adjusted, Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7 19,	<u>.285.</u>
Р	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a 17,	500.
b	Program-related investments - total from Part IX-B	1b	_ 0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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 17,	500.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6 17,	500.
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the foundation q		

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4940(e) reduction of tax in those years.

Form 990-PF (2015) THE LOUISE R. LESTER FOUNDATION 54-2036566 Page 9 Part XIII Undistributed Income (see instructions) (b) (c) (d) Corpus Years prior to 2014 2014 2015 1 Distributable amount for 2015 from Part XI, 19,285. 2 Undistributed income, if any, as of the end of 2015 0 a Enter amount for 2014 only b Total for prior years: 0 3 Excess distributions carryover, if any, to 2015: a From 2010 **b** From 2011 2,248. c From 2012 13,139 d From 2013 e From 2014 15,387 f Total of lines 3a through e 4 Qualifying distributions for 2015 from Part XII, line 4: ►\$ 17.500 0 a Applied to 2014, but not more than line 2a ... b Applied to undistributed income of prior 0 years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 17,500. d Applied to 2015 distributable amount 0. e Remaining amount distributed out of corpus 1,785. 1,785. Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 13,602 a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0 line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously 0 assessed d Subtract line 6c from line 6b. Taxable 0 amount - see instructions e Undistributed income for 2014. Subtract line 0 4a from line 2a. Taxable amount - see instr. f Undistributed income for 2015. Subtract lines 4d and 5 from line 1. This amount must 0.

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 Excess distributions carryover to 2016. Subtract lines 7 and 8 from line 6a

10 Analysis of line 9: a Excess from 2011

e Excess from 2015

463. b Excess from 2012 c Excess from 2013 13,139. d Excess from 2014

0	

0

13,602.

		ER FOUNDATI)36566 Page 10
Part XIV Private Operating F			-A, question 9)	N/A	
1 a If the foundation has received a ruling o			Ì		
foundation, and the ruling is effective fo	•	- •-	▶└		
b Check box to indicate whether the found		<u>ig foundation described i</u>		4942(j)(3) or 4	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years	1	4
income from Part I or the minimum	(a) 2015	(b) 2014	(c) 2013	(d) 2012	(e) Total
investment return from Part X for					
each ye ar listed				. <u> </u>	
b 85% of line 2a				 	
c Qualifying distributions from Part XII,				}	
line 4 for each year listed	 		ļ <u></u>	 	
d Amounts included in line 2c not					
used directly for active conduct of exempt activities					1
e Qualifying distributions made directly	 				
for active conduct of exempt activities.			}	1	
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year					
listed				-	
(1) Total support other than gross				1	
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					1
an exempt organization					ł
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	had \$5,000 or m	ore in assets
at any time during t	he year-see instr	uctions.)			
Information Regarding Foundation a List any managers of the foundation who year (but only if they have contributed in LOUISE R LESTER	have contributed more t		ibutions received by the	foundation before the clo	se of any tax
b List any managers of the foundation who other entity) of which the foundation has			or an equally large porti	on of the ownership of a p	artnership or
NONE					
2 Information Regarding Contribution Check here ► X if the foundation of	nly makes contributions to	o preselected <mark>cha</mark> ritable o	organizations and does r		
the foundation makes gifts, grants, etc. (10.
a The name, address, and telephone numb	oer or e-mail address of th	ne person to whom applic	cations should be addres	ssed:	
b The form in which applications should be	e submitted and informat	on and materials they sh	ould include:		
c Any submission deadlines:			· · · · · · · · · · · · · · · · · ·		
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields, l	kinds of institutions, or o	other factors;	

Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to any foundation manager status of recipient Amount Name and address (home or business) or substantial contributor a Paid during the year FIRST BAPTIST CHURCH RELIGIOUS 23 STARLING AVENUE MARTINSVILLE, VA 24112 10,000, MARTINSVILLE-HENRY COUNTY SPCA ANIMAL HEALTH 132 JOSEPH MARTIN HWY MARTINSVILLE VA 24112 2.500. SALVATION ARMY PROVIDE FOOD 603 MEMORIAL BLVD MARTINSVILLE, VA 24112 2,500. HISTORICAL SPENCER PENN CENTRE 475 SPENCER PENN RD PRESERVATION SPENCER VA 24165 2,500. 3a 17.500. b Approved for future payment NONE Total **▶** 3b

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Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
Enter gross amounts uniess otherwise indicated.	(a)	(b)	(c) Exclu-	(d)	Related or exempt
1 Program service revenue:	Bušiness code	Amount	sion	Amount	function income
•	COUC		1		
a			 - -		
			 		
			 		
			 		
e					
g Fees and contracts from government agencies					
2 Membership dues and assessments			\vdash		
3 Interest on savings and temporary cash					
4 Dividends and interest from eccurities			14	4,841.	
5 Net rental income or (loss) from real estate:				7,031.	
a Debt-financed property					
b. Not dobt franced meanwhi					
6 Net rental income or (loss) from personal					-
	}		ļ		
property	 		<u> </u>		
8 Gain or (loss) from sales of assets other					
than inventory	1 1		•		
than inventory	 		_		
10 Gross profit or (loss) from sales of inventory	 				
11 Other revenue:					
ab					
	 				
c					
d	 				
6		0.		1 811	
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)			<u> </u>		4,841.
(See worksheet in line 13 instructions to verify calculations.)	• ••				4,041.
 					
Part XVI-B Relationship of Activities to	o the Acco	emplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incor	ne is reported in	n column (e) of Part XVI-A	contrib	outed importantly to the accom	inlishment of
the foundation's exempt purposes (other than t			00111111	diod importantly to the docen	phoninont of
	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	_ ``_`			
·					
					
					
					
					
					<u> </u>
	-				
					
					
					
				_	

	Exempt Organ		31613 10	and mansactions	and neignons	niipa ttiui 140	iionantabit	-	
1 Did th	e organization directly or indi		of the follow	ng with any other organiza	ation described in sec	tion 501(c) of		Yes	No
	ode (other than section 501(c					`,	İ		
	fers from the reporting found				-				
(1) C	ash						1a(1)		X
(2) 0	ther assets					•• •	1a(2)		X
b Other	transactions:								
(1) S	ales of assets to a noncharita	ible exempt organiza	tion				16(1)		Х
(2) P	urchases of assets from a no	ncharitable exempt o	rganization .		*** ** ** ***		1b(2)		Х
(3) R	ental of facilities, equipment,	or other assets				•••	1b(3)		X
(4) R	eimbursement arrangements	1	•				1b(4)		_X_
(5) L	oans or loan guarantees						1b(5)		<u>X</u>
(6) P	erformance of services or me	embership or fundrai	sıng solıcıtati	ons			1b(6)]	_ <u>X</u>
	n <mark>g of facilities, equipment,</mark> ma	-					. <u>1c</u>		X
	answer to any of the above is							ets,	
	vices given by the reporting f				alue in any transaction	i or sharing arrange	ment, show in		
	in (d) the value of the goods,	,			(4) 5				
(a) Line no	(b) Amount involved	(c) Name of		e exempt organization	(U) Description	of transfers, transaction	ns, and sharing arr	angemer	nts
	 	 	N/A				 		
									
			····						
		<u> </u>			- 				
				-					
									
								•	
		<u> </u>							
	foundation directly or indirec	•	•		inizations described			r	1
	tion 501(c) of the Code (other		(3)) or in sec	tion 527? _.			Yes	X	No
b If Yes	," complete the following scho			(h) Turns of organization	,,	(a) Decernition of re	lationable		
	(a) Name of org	janization		(b) Type of organization	-	(c) Description of re	iationship		
	N/A								
				 					
		 -							
									
	nder penalties of perjury, I declare						May the IRS d	SQUES T	
Sign an	id belief it is true, correct, and con	nplete Declaration of pre	parer (other tha	n taxpayer) is based on all info	ormation of which preparer	has any knowledge	return with the shown below (prepare	r l
Here	(some) KA	legation 1	ZON	05/13/201	16 Decr	tare	X Yes	566 1150	No
	Signature of officer or trustee		11	Date	Title	0			
	Print/Type preparer's na	ime	Preparer's s	ignature	Date	Check ıf	PTIN		
					1	self- employed			
Paid	CARLTON M.				05/11/16	,	P00006		
Prepare	1 11 11 0 11 41 11 0 1	RIS, HARV	BY, ME	AL & CO.,LL	P, CPA'S	Firm's EIN ► 5	4-06431	36	
Use On	·					_			
				T, 5TH FLOO	R	}			
·	MA.	<u>RTINSVILL</u>	E, VA	24112		Phone no. 276	6-632-98		
							Form 990	-PF (2015)

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, or 990-PF) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047

2015

Employer identification number

THE LOUISE R. LESTER FOUNDATION 54-2036566 Organization type (check one): Filers of: Section: ____ 501(c)(Form 990 or 990-EZ) (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 foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** → For an organization described in section 501(c)(3) filing Form 990 or 990 EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. 🔟 For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year**>** \$ Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990 PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2015)

Name of organization

Employer identification number

THE LOUISE R. LESTER FOUNDATION

54-2036566

Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LOUISE LESTER 300 KINGS WAY RD., APT. 304 MARTINSVILLE, VA 24112	\$\$.	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 Oncash 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 Oncash Occash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Occash (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.)

Name of organization

Employer identification number

THE LOUISE R. LESTER FOUNDATION

54-2036566

Part II	Noncash Property (see instructions). Use duplicate copies of Par	rt II ıf addıtıonal space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		 \$	00 000 E7 oz 000 DEV 2015

Schedule B (Form 990, 990-EZ, or 990-PF) (2015) Page 4 Name of organization Employer identification number 54-2036566 THE LOUISE R. LESTER FOUNDATION Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for Part III the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

FORM 990-PF DIVI	DENDS	AND INTER	EST	FROM SECUR	ITIES ST	TATEMENT :
SOURCE GROS		CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOM
FIDELITY INVESTMENTS 4	,841.		0.	4,841.	4,841.	
TO PART I, LINE 4 4	,841.		0 · ====================================	4,841.	4,841.	
FORM 990-PF		ACCOUNTI	NG F	EES	នា	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLI PURPOSES
FORD COBBE & ASSOCIATES	-	395.		0.		0.
TO FORM 990-PF, PG 1, LN 3	16B ===	395.		0.		0.
FORM 990-PF		TAX	ES		ST	'ATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) INVEST- T INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
STATE CORPORATION COMM EXCISE TAX		25. 79.		0.		0.
TO FORM 990-PF, PG 1, LN 1	18	104.		0.		0.
FORM 990~PF		OTHER EXPENSES			STATEMENT 4	
						
DESCRIPTION				(B) INVEST- I INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
		EXPENSES		INVEST-	ADJUSTED	CHARITABLE

FORM 990-PF CORPORATE STOC	K	STATEMENT 5
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
1300 SHS SUNTRUST BANK 345 SHS SHERWIN WILLIAMS 500 SHS SHERWIN WILLIAMS 1500 SHS SUNTRUST BANK	92,313. 20,124. 44,260. 44,865.	55,692. 89,562. 129,800. 64,260.
TOTAL TO FORM 990-PF, PART II, LINE 10B	201,562.	339,314.