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Return of Private Foundation

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

OMB No 1545-0052

2015

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

Inte	mal Reve	enue Service	▶ I	nformation abo	ut Form 990	-PF and its se	eparate instruction	ns is :	at www.i	rs.gov/forms	990p <u>f.</u>)pen to i	ublic ins	pection
Fo	r calen	calendar year 2015 or tax year beginning , 2015, and ending											, 20	
	Name of	foundation								A Employer	identification numb	oer		
•	THE L	EXINGTON B	OUND	TION						64-0912	2814			
	Number	and street (or P C). box nur	mber if mail is not o	lelivered to str	eet address)		Ro	om/suite	B Telephone	number (see instruc	tions)		
1	ро во	X 445								(662)83	34-2488			
(City or to	wn, state or prov	ince, cou	ntry, and ZIP or for	eign postal co	de				C If exempt	ion application is pen	dına, che	ck here	ightharpoonup
]	LEXIN	GTON, MS 3	9095								орриодион ю рон	g,	O.K 1.10.10	
G	Check	all that apply:		Initial return		Initial return	of a former public of	harit	у	D 1. Foreig	n organizations, chec	k here		▶□
20				Final return		Amended re	eturn							_
36				Address chang	ge 🗀	Name chang	ge				n organizations meet here and attach com			ightharpoonup
션	Amended Address change Name cha Check type of organization: X Section 501(c)(3) exempt p					(3) exempt priv	vate foundation			ì	foundation status was			
9	Section 4947(a)(1) nonexempt charitable trust Other						taxable private four	ndatio	n	, ,	07(b)(1)(A), check he			▶□
		arket value of a			J Account	ing method:	X Cash	A	ccrual	F If the four	oth termin	ation	_	
₩	end of	year (from Part	II, col. (c),	Othe	er (specify)					tion 507(b)(1)(B), ch			▶□
\geq	line 16) ▶ \$	1	,728,724	(Part I, colu	ımn (d) must b	e on cash basis)							
P	art I	Analysis	of Rev	enue and E	xpenses	(The total of	(a) Revenue and	,		,		(0) Disburse	
19E	,	amounts in columns (b), (c), and (d) may not necessarily equal				expenses per	1		investment	(c) Adjusted net		for charita purpose		
		the amounts in	column ((a) (see instruction	s).)		books		ın	come	income	(cash basi	
ELVE St. 15	1	Contributions,	gıfts, gr	ants, etc., receiv	ed (attach so	chedule)	130,	729					······································	·····
E171	1 2	Check ▶	if the fou	indation is not requir	ed to attach Sch	в								
ية.	3	·				ts		126		126				
	4	Dividends and	l interes	t from securities										
	5a	Gross rents .					111,	600		111,600				
	- b	Net rental inco	ome or (I	oss)							·			
ď	1:0-			sale of assets n	ot on line 10						RECEN	/FN		
Ž	Ь	Gross sales price	for all asse	ets on line 6a								-	70	
Revenue	7	Capital gain n	et incom	e (from Part IV, I	ine 2)					2-509			t crs E	
ď	8	Net short-term	n capital	gain						Č.	MAY 1 9	ZUT	0 9	
	. 9	Income modifi	cations							i iii			Œ	
	10a	Gross sales less re	tums and allowances								OGDEN	IIT		
;	b b	Less: Cost of	goods s	oid				<u> </u>		i de la composition della comp		4.7 8	rons å	
	С	Gross profit or	r (loss) (attach schedule)				[.						
	11	Other income	(attach:	schedule)										
	12	Total. Add line	es 1 thro	ough_11		<u> </u>	242,	455		111,726				
	13	Compensation	of office	ers, directors, tru	stees, etc									
Ses	14	Other employe	ee salari	es and wages	<i>.</i>		7,:	30d		3,650	<u></u>		3	<u>,65</u> 0
S	15	Pension plans	, employ	ee benefits										
ğ	16a	-		edule)										
Ú	b	Accounting fe	es (attac	h schedule) .		STM108		852		426				426
. <u>×</u>	C	Other professi	ional fee	s (attach schedu	le)									
Ţ	17													
S.	18	•		e) (see instruction				459		6,179				280
Ē	19			chedule) and dep			93,4	476				<u> </u>		
Ad	20							_					_	
Operating and Administrative Expen	21			nd meetings				_						
<u> </u>	22	• .		ns										
<u>.</u>	23	•	•	h schedule)		3	115,0	528		115,473				<u> 155</u>
rat	24	-	_	administrative e			-							
oo (-	23			223,			125,728				,511
0	25		-	ants paid			108,4					-		457
	26			lisbursements.	Add lines 24	and 25 .	332,	172		125,728			112	,968
	27	Subtract line 2						-				ŧ		
	а			ver expenses ar		ments .	(89,	717)	<u></u>					
	b			ne (if negative, e				.		d				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
	1 6	Adjusted net	income	(if negative, enti-	er -0-)		I	ŀ		1		ď		

Form 990-PF (2015)

P.	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year
نسا	11 6 11	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	24,831	32,617	32,617
	2`	Savings and temporary cash investments	185,025		
	3	Accounts receivable >			7,1111117
		Less: allowance for doubtful accounts			
	4	Pledges receivable			
		Less: allowance for doubtful accounts			İ
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	•	disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule)			
	'	Less: allowance for doubtful accounts			
Ś	8	Inventories for sale or use			-
Assets	9	Prepaid expenses and deferred charges			
As	-	Investments - U.S. and state government obligations (attach schedule)			-
	10a				
	1	Investments - corporate stock (attach schedule)			
	. · c	` , , , , , , , , , , , , , , , , , , ,			<u> </u>
	11	Investments - land, buildings, and equipment basis			
	l	Less accumulated depreciation (attach schedule)			-
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)		OFF T	·
	14	Land, buildings, and equipment: basis ► 2,590,386			
		Less accumulated depreciation (attach scts 1994, 119 ► 894, 279	1,608,585	1,696,107	1,696,107
	15	Other assets (describe ▶)			
	16	Total assets (to be completed by all filers - see the			
	<u> </u>	instructions. Also, see page 1, item l)	1,818,441	1,728,724	1,728,724
	17	Accounts payable and accrued expenses			
s	18	Grants payable			
tie	19	Deferred revenue			
iii	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	
S		Foundations that follow SFAS 117, check here and complete lines 24 through 26 and lines 30 and 31.			
lances	24	Unrestricted			
ਰ	25	Temporarily restricted			
m	26	Permanently restricted			
Assets or Fund		Foundations that do not follow SFAS 117, check here ▶ X			
Ē		and complete lines 27 through 31.			
ō	27	Capital stock, trust principal, or current funds			
ets	28	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	29	Retained earnings, accumulated income, endowment, or other funds	1,818,441	1,728,724	
<u>ن</u> د	30	Total net assets or fund balances (see instructions)	1,818,441	1,728,724	
Net	31	Total liabilities and net assets/fund balances (see			
		instructions)	1,818,441	1,728,724	
Pa	art II		es		
		net assets or fund balances at beginning of year - Part II, column (a), line 3			
		of-year figure reported on prior year's return)		<u>1</u>	1,818,441
2		amount from Part I, line 27a			(89,717)
		increases not included in line 2 (itemize)			
		ines 1, 2, and 3			1,728,724
5	Decr	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	6	1,728,724	

7	CINGTON FOUNDATION	4		64-0	912814	Page 3
	Losses for Tax on Investm	-	(b) How acquired	(-) D (/	
	kind(s) of property sold (e.g., real estate, e, or common stock, 200 shs. MLC Co.)		P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)		ite sold day, yr)
1a						
b				·		
С					<u> </u>	
d						
е	 					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or of plus expens			Bain or (loss) is (f) minus (g)	
a						
b						_
С						
d						
е						
Complete only for assets showing g	ain in column (h) and owned by the f	oundation on 12	2/31/69	(I) Gains (Col. (h) gain m	inus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess over col. (j)		col. (k), but Losses	not less than -0 (from col. (h))) or
a						
b						
С						
d		-				
0		=	_			
2 Capital gain net income or (net capi	tal loss) { If gain, also ent If (loss), enter-					
2. Not short town posited some or (loss)	• •			2		-
3 Net short-term capital gain or (loss)	olumn (c) (see instructions). If (loss),	•		İ		
			}	3		
	r Section 4940(e) for Reduc		Net Investme			
(For optional use by domestic private fo						
(For optional use by domestic private to	undations subject to the section 4340	(a) tax on not ii	TVC3BTICHE INCOME	o.,		
f section 4940(d)(2) applies, leave this	part blank.					
Was the foundation liable for the section	4942 tax on the distributable amoun	t of any year in	the base period?		Yes	X No
f "Yes," the foundation does not qualify			0.0 0000 po01.		Ш	
	th column for each year; see the instr		making any entrie	es.		•
(a)			(c)		(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of no	oncharitable-use as		istribution ratio b) divided by co	ol. (c))
2014	262,227					
2013	185,063		420,9	94	.439586	
2012	212,809		195,0)55	L.09102	
2011	162,183		424,3	358	382184	
2010	236,180		504,1	L69	.468454	
2 Total of line 1, column (d)				. 2	2.381245	
3 Average distribution ratio for the 5-y	ear base period - divide the total on li	ine 2 by 5, or by	/ the			
number of years the foundation has	been in existence if less than 5 years	s		. 3	.476249	
4 Enter the net value of noncharitable	-use assets for 2015 from Part X, line	95		. 4		
5 Multiply line 4 by line 3	. 5		0			
6 Enter 1% of net investment income	6					
7 Add lines 5 and 6				. 7		0
8 Enter qualifying distributions from P.	. 8	1	12,968			
· -	ne 7, check the box in Part VI, line 1b	, and complete	that part using a	1% tax rate. See th	ne	
Part VI instructions.		<u> </u>				

Par	TVI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see if	structi	ons)	
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			0
	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-) Add lines 1 and 2			_
3	Add lines 1 and 2			
4	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			——;
5 6	Credits/Payments:			
а	2015 estimated tax payments and 2014 overpayment credited to 2015 6a			
b	Exempt foreign organizations - tax withheld at source 6b			
C	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			
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 2016 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		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		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. \$\Bigsim \\$ \qquad (2) On foundation managers. \$\Bigsim \\$ \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qquad \qqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqqq			
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		
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		X
5	Trade a representation of the second	3		 ^ -
c	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	1		
6	By language in the governing instrument, or			
	 By state legislation that effectively amends the governing instrument so that no mandatory directions that 			į
	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 XV	7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered (see instructions)	<u> </u>		
O ₄	MS			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	-		İ
~	(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		<u>X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	4 10	X_	

Par	t 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	ļ	X
12`	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified		1	
	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	X	
	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 chantable 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			
16	At any time during calendar year 2015, 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		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country	<u> </u>		
Par	t 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):		ļ	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes No		1	
	(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 No		ŀ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(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)?		1	
	(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 No		İ	
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 ,	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 2015?	1c		ļ
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 2015, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2015?			
	If "Yes," list the years		1	
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		ŧ	
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to		†	1
	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.			
	·			
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 2015 as a result of (1) any purchase by the foundation or		1	
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the		1	
	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	26	}	
	foundation had excess business holdings in 2015.)	3b 4a		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	44	 	
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4b		
	chantable purpose that had not been removed from leopardy before the first day of the tax year beginning in 2015?	4D	1	1

Form	990-PF (2015) THE LEXINGTON FOUND							4-0912		Page 6		
Par	t VII-B Statements Regarding Activitie	s for V	Vhich Forn	1 4720	May Be	Requi	red (con	tinued))			
5a	During the year did the foundation pay or incur any am											
•	(1) Carry on propaganda, or otherwise attempt to influ		islation (sectio	n 4945(e	e))?	[Yes	No				
	(2) Influence the outcome of any specific public election					_						
	directly or indirectly, any voter registration drive?					[Yes	No				
	(3) Provide a grant to an individual for travel, study, or						Yes	No				
	(4) Provide a grant to an organization other than a cha								-			
	• •					[Yes	No				
	(5) Provide for any purpose other than religious, chari	table, sc	ientific, literary	, or educ	cational	_						
	purposes, or for the prevention of cruelty to children					[Yes	No				
b	If any answer is "Yes" to 5a(1)-(5), did any of the trans			nder the	exceptions of	describe	d in					
-	Regulations section 53.4945 or in a current notice rega								5b			
	Organizations relying on a current notice regarding dis							▶ 🔲				
c	If the answer is "Yes" to question 5a(4), does the foun											
•	because it maintained expenditure responsibility for th					[Yes	No				
	If "Yes," attach the statement required by Regulations					-						
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums											
	on a personal benefit contract?											
b	Ch											
	If "Yes" to 6b, file Form 8870.											
7a	Von No											
b	If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?											
	art VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees,											
4.73	and Contractors	•	•			_		Ī.,				
1 1	ist all officers, directors, trustees, foundation mana	gers an	d their compe	nsation	(see instru	ctions).						
		(b) Title	e, and average	(c) Co	mpensation	(d)	Contribution			ense account,		
	(a) Name and address		s per week ed to position		ot paid, ter -0-)		oyee benefi ferred comp		other	allowances		
RIC	HARD BARRETT	PRESI	DENT									
	BOX 445, LEXINGTON, MS 39095		1.00		0		0			0		
	HERINE BARRETT	V PRE	S									
	BOX 445, LEXINGTON, MS 39095		1.00		0	0		0		0		
	RLES F BARRETT	SECRE'	TARY									
	BOX 445, LEXINGTON, MS 39095		1.00		0			0		0		
	OLYN S MIRICK	OFFIC	E MANAGER									
	BOX 445, LEXINGTON, MS 39095		10.00		0			0		0_		
2 (Compensation of five highest-paid employees (other	r than th	ose included	on line	1 - see instr	uctions)	. If none,	enter				
	NONE."											
			(b) Title, and a				(d) Contrib		<i>(-)</i>			
	(a) Name and address of each employee paid more than \$50	,000	hours per w	eek ¯	(c) Comper	nsation	employee			ense account, allowances		
			devoted to po	sition			comper	sation				
NON	8					-						
-												
						· · · · · ·						
							i					
							ļ					
					<u> </u>							
Tota	I number of other employees paid over \$50,000	<u></u>	<u> </u>	<u></u>	<u> </u>	<u></u>	<u></u>	<u></u>		0		

Form 990-PF (2015)

Information About Officers, Directors, Trustees, Four and Contractors (continued)	ndation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional services (see instr	ructions). 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	249,685
		<u></u>
	1	
Total number of others reaching over \$50,000 for professional acquires		·
Total number of others receiving over \$50,000 for professional services	<u> </u>	<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 state	setural information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, e		Expenses
1 INDIVIDUAL CHURCHES-DIRECT HELP TO BE USED IN THEIR		
OUTREACH MINISTRY	Ĭ	
		4,450
2 SCHOOLS TO BE USED IN SCHOLARSHIPS		
]	
		28,572
3 TOWNS TO BE USED TO REVITALIZE MAIN STREET AREA		
		64,385
4 INDIVIDUALS-DIRECT HELP TO INDIVIDUALS DEMONSTRATING		
FINANCIAL NEED		11 050
Part IX-B Summary of Program-Related Investments (see instru	uctions)	11,050
Describe the two largest program-related investments made by the foundation during the tax year o		Amount
1	Times tand 2.	Anoch
•		
2		
All other program-related investments. See instructions.	į	
3	j	
Total Add Page 4 Abours 2		
Total. Add lines 1 through 3	<u> </u>	Form 990-PF (2015)
EEA		1 0/111 990-F1 (2010)

Part X Minimum Investment Return (All domestic foundations must complete this part. Fo	reign foundatio	ns,
· see instructions.)		<u> </u>
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
purposes:		
a Average monthly fair market value of securities	. <u>1a</u>	0
b Average of monthly cash balances	. 1b	0
c Fair market value of all other assets (see instructions)	. 1c	0
d Total (add lines 1a, b, and c)	. 1d	0
e Reduction claimed for blockage or other factors reported on lines 1a and		
1c (attach detailed explanation)		
2 Acquisition indebtedness applicable to line 1 assets	. 2	0
3 Subtract line 2 from line 1d	. 3	0
4 Cash deemed held for chantable activities. Enter 1 1/2% of line 3 (for greater amount, see		
instructions)	. 4	0
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4 .	. 5	0
6 Minimum investment return. Enter 5% of line 5	. 6	0
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operat	ing foundations	5
and certain foreign organizations check here ▶ and do not complete this part.)		
1 Minimum investment return from Part X, line 6	. 1	
2a Tax on investment income for 2015 from Part VI, line 5 2a		
b Income tax for 2015. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	. 2c	
3 Distributable amount before adjustments. Subtract line 2c from line 1	. 3	
4 Recoveries of amounts treated as qualifying distributions	. 4	
5 Add lines 3 and 4	. 5	
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,		
line 1	. 7	0
Part XII Qualifying Distributions (see instructions)		
Call All 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	112,968
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:		
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	112,968
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	
6 Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	112,968
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether	er the foundation	
qualifies for the section 4940(e) reduction of tax in those years.		

ı a	It Alli Ollaistribatea III	come (see insue	10110113)			
1 `	Distributable amount for 2015 fro		(a) Corpus	(b) Years pnor to 2014	(c) 2014	(d) 2015
_	Undistributed income, if any, as of					
2	•					
a	Enter amount for 2014 only					
b		·——,		1,876	•	—————————————————————————————————————
3	Excess distributions carryover, if	1	-	Į.		
а	From 2010	211,610	: 1	ŀ		Ì
b	From 2011	141,548	}			İ
C	From 2012	203,625	3			
d		165,528				
θ	From 2014	262,227				†
f	Total of lines 3a through e		984,538			
4	Qualifying distributions for 2015 f	rom Part XII,				-
		2,968		1		
а	Applied to 2014, but not more that	nn line 2a	,			
b	Applied to undistributed income of	' '	-	•		†
	(Election required - see instruction	ns)				
С	Treated as distributions out of co	rpus (Election				
	required - see instructions)					
d	Applied to 2015 distributable amo	ount	" '	' ' '	······································	
θ	Remaining amount distributed ou	ľ	112,968	-		
5	Excess distributions carryover ap			'	•	
	(If an amount appears in column	•				····
	amount must be shown in column					
6	Enter the net total of each colu			ļ		
	indicated below:		.]	[
а	Corpus. Add lines 3f, 4c, and 4e.	Subtract line 5 .	1,097,506	+		
b	Prior years' undistributed income	,				
-	line 4b from line 2b			1,876		;
c	Enter the amount of prior years' u		***************************************		'	1
_	income for which a notice of defic			[
	been issued, or on which the sec	· ·				
	tax has been previously assesse	` ′ ;				
М	Subtract line 6c from line 6b. Tax				, ,, ,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
•	amount - see instructions			1,876		
е	Undistributed income for 2014. S		· · · · · · · · · · · · · · · · · · ·	2,0,9		. ,,*,, ',-',-'1!***
•	4a from line 2a. Taxable amount	.		1		1
	instructions	- 300				
f	Undistributed income for 2015. So	ubtract lines				<u> </u>
•	4d and 5 from line 1. This amount			ļ		
	distributed in 2016	1		ļ į		
7	Amounts treated as distributions	F		· · · · · · · · · · · · · · · · · · ·	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	· · · · · · · · · · · · · · · · · · ·
′	to satisfy requirements imposed by	·				
	170(b)(1)(F) or 4942(g)(3) (Election					
						ļ.
^	required - see instructions)	F			,	
8	Excess distributions carryover fro		211 614			-
^	applied on line 5 or line 7 (see ins	· F	211,610		*************************************	·
9	Excess distributions carryover		005 000	1		
	Subtract lines 7 and 8 from line 6	a	885,896	<u></u>		
0	Analysis of line 9:	ا آءِ ۽ آءِ ا				1
а	Excess from 2011	141,548		ļ	_	!
b	Excess from 2012	203,625	1	}		1
C	Excess from 2013	165,528].		
d	Excess from 2014	262,227		}		1
е	Excess from 2015	112,968		. [‡ .

The form in which applications should be submitted and information and materials they should include:

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Any submission deadlines:

factors:

Part XV Supplementary Information (continued)

Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or	
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	contribution	Amount
Paid during the year	or Substantial Contributor		-	·
Planting the year Planting the year Planting the year Planting the year				
ARIOUS	NO		MAIN STREET	
LEXINGTON, MS 39095	RELATIONSHIP	GOV	RENOVATIONS	64,38
SCHOLARSHIPS HOLMES CC]	TUITION AND FEES	
ARIOUS	ио		FOR STUDENTS IN	
LEXINGTON, MS 39095	RELATIONSHIP	NC	FINANCIAL CRISIS	28,57
FINANCIAL AID TO CHURCHES				
VARIOUS	NO			
LEXINGTON, MS 39095	RELATIONSHIP	PC	OUTREACH MINISTRY	4,45
FINANCIAL AID TO FAMILIES IN CRISIS			FINANCAIL	
ARIOUS	NO		ASSISTANCE	
EXINGTON, MS 39095	RELATIONSHIP	I	FAMILIES IN	11,05
	}]	
	İ			
	1			
			1	
	1			
			1	
	<u> </u>			
Total	· · · · · · · · · · · · · · · · · · ·	<u> </u>		108,45
Approved for future payment				
			1	
]			
			1	

Part XV	-A Analysis of Income-Producing	Activities			· · · · ·						
	amounts unless otherwise indicated.		d business income	Excluded by s	ection 512, 513, or 514	(e)					
		_ (a)	(b)	(c)	(d)	Related or exempt function income (See instructions.)					
_	n service revenue:	Business	Amount	Exclusion code	Amount	(Oce instructions.)					
a				,							
· · · · · · · · · · · · · · · · · · ·				<u> </u>							
e											
f											
-	and contracts from government agencies										
2 Member	ship dues and assessments										
3 Interest	on savings and temporary cash investments .	525920		03							
4 Dividend	ds and interest from securities										
5 Net rent	al income or (loss) from real estate:										
a Debt-	-financed property					_					
b Not d	lebt-financed property	531120		03		-					
	al income or (loss) from personal property										
	vestment income										
	(loss) from sales of assets other than inventory										
	me or (loss) from special events				-						
	rofit or (loss) from sales of inventory			-							
	venue: a					<u> </u>					
ь				-							
c											
d											
е						<u></u>					
	. Add columns (b), (d), and (e)										
13 Total. A	Add line 12, columns (b), (d), and (e)				13						
	eet in line 13 instructions to verify calculations.)										
Part XVI	B Relationship of Activities to the	Accomp	lishment of Exe	empt Purpo	ses						
Lina Na	Explain below how each activity for which inco	ome is reported in column (e) of Part XVI-A contributed importantly to the									
Line No.	accomplishment of the foundation's exempt p	ourposes (other than by providing funds for such purposes). (See instructions.)									
03	INTEREST EARNED ON FUNDS TO BE	DISTRIB	UTED ACCORDIN	IG TO							
05B	RENTAL INCOME ON BUILDING RENO	VATIONS	TO REVITALIZE	THE AREA							
					 						
					····-						
					· · · · · · · · · · · · · · · · · · ·						
		- -									
											
		-									

EEA

Part	XVII		n Regarding Tr rganizations	ansfers T	o and Trans	actions a	nd Relatio	nship	s Wi	h Nor	charit	able	
1 D	id the or		ctly or indirectly enga	ge in any of	the following with	n any other or	ganization de	scribed				Yes	No
			Code (other than sect									1.00	
	rganizati		(,,			P					
	_		ting foundation to a n	oncharitable	exempt organiza	ation of:							
											1a(1)	İ	X
											1a(2)		X
-		sactions:									1		
			nonchantable exemp	t organization	n						1b(1)		Х
			from a noncharitable								1b(2)		X
			quipment, or other as								1b(3)		X
			ngements								1b(4)		Х
			ntees								1b(5)		Х
•	•	-	ices or membership o								1b(6)		Х
-	-		pment, mailing lists, c	_							1c		Х
	-		e above is "Yes," cor								L		
			assets, or services of		•						et		
		-	or sharing arrangeme	-	-								
		mount involved			mpt organization		scription of tran					angeme	
、,			 -		, , ,								
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	_												
						l		 					
			or indirectly affiliated (c) of the Code (other					s			Ye	_ [[]	A.
		,		uian secuon	1 50 1(0)(3)) 01 111	Secuon 521 :						s A	MO
<u> </u>			owing schedule.		.) T ((a) Da					
	(8	a) Name of organ	nization	(o) Type of organiza	ition	 	(c) De	scriptio	n of relati	onsnip		
							 						
							 						
							 						
							 						
							<u> </u>						
	Under pe	naities of perjury, I nd complete Decla	declare that I have examine aration of preparer (other that	ed this retum, inc an taxpayer) is b	cluding accompanyin pased on all information	g schedules and s on of which prepai	statements, and t rer has any knowl	o the best (ledge	of my kn	owledge ar	nd belief, it	is true,	
Sign		1 /	1 40 .	· · · · ·	121.1.						RS discuss		
Here		, UMOLY	n Meles	<u> </u>	(5/4/20/	<u> </u>	MANAGER			with the p	reparer sho		W No
	Signa	ature of officer or (n.			Date /	Title				(250 112)	لما	169	71 40
		Print/Type prepare	er's name	Preparer's	s signature		Date		Check	lf	PTIN		
Paid		Brenda Jo	Mullen		Λ		04-28-20	16	self-em	ployed	P00431	L005	
Prep	arer	Firm's name	► Mullen CPA					Firm's El	N 🕨				
Use (Firm's address	▶ 105 Wall St	reet				Phone no)				
	,		Lexington M		y				662	-834-	2556		

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

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

64-0912814

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE LEXINGTON FOUNDATION

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

Organization type (check one):	
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	∑ 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
-	red by the General Rule or a Special Rule.
Note. Only a section 501(c)(7), (8) instructions.), or (10) organization can check boxes for both the General Rule and a Special Rule. See
General Rule	
= = =	Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 perty) from any one contributor. Complete Parts I and II. See instructions for determining a tions.
Special Rules	
regulations under sections 13, 16a, or 16b, and that r \$5,000 or (2) 2% of the an	ibed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the s 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line eccived from any one contributor, during the year, total contributions of the greater of (1) nount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
contributor, during the year	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one ir, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, poses, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
contributor, during the year contributions totaled more during the year for an excl General Rule applies to the	bed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one or, contributions exclusively for religious, charitable, etc., purposes, but no such than \$1,000. If this box is checked, enter here the total contributions that were received clusively religious, charitable, etc., purpose. Do not complete any of the parts unless the one organization because it received nonexclusively religious, chantable, etc., contributions ring the year
990-EZ, or 990-PF), but it must an	ot covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, iswer "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 ify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Employer identification number 64-0912814

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) Total contributions No. Name, address, and ZIP + 4 Type of contribution Person X 1 DON AND NANCY BARRETT Payroll 100 CHESTNUT STREET Noncash 110,000 (Complete Part II for LEXINGTON, MS 39095 noncash contributions.) (d) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person X 2 KATHERINE RILEY Pavroll PO BOX 445 6,500 Noncash (Complete Part II for LEXINGTON, MS 39095 noncash contributions.) (a) (b) (c) (d) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Pavroli Noncash \Box (Complete Part II for noncash contributions.) (b) (d) (a) (c) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person Pavroll Noncash (Complete Part II for noncash contributions.) (c) (d) (a) (b) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** Noncash (Complete Part II for noncash contributions.) (d) (c) (a) (b) **Total contributions** Name, address, and ZIP + 4 Type of contribution No. Person **Payroll** П Noncash (Complete Part II for noncash contributions.)

•		1	
,	Federal Supporting Statements	2015	PG01
Name(s) as shown on return		FEIN	
THE LEXINGTON F	OUNDATION	ϵ	4-0912814

FORM 990PF - PART VII-A - LINE 10 SUBSTANTIAL CONTRIBUTORS SCHEDULE STATEMENT #114

NAME

DON AND NANCY BARRETT

ADDRESS

100 CHESTNUT ST

LEXINGTON, MS 39095

NAME

KATHERINE RILEY

ADDRESS

PO BOX 455

LEXINGTON, MS 39095

		Federal Su	leral Supporting Statements	ments	2015 PG01 · ·
Name(s) as shown on return THE LEXINGTON FOUNDATION					1% 30
	FORM 990PF - PART I	- LINE 23	- OTHER EXPENSES SCHEDULE	EDULE	STATEMENT #103~
DESCRIPTION	REVENUE AND EXPENSES	NET	ADJUSTED NFT INCOME	CHARITABLE PIRPOSE	
POSTAGE AND SUPPLIES	309	154	0	155	
RENTAL EXPENSE UTILITIES	2,911	2,911	0	0	
RENTAL MAINT	200	200	0	0	
RENTAL INSURANCE	7,692	7,692	0	0	
RENTAL JANITORIAL	1,331	1,331	0	0	
RENTAL MAINT	2,066	2,066	0	0	
RENTAL BGA	2,374	2,374	0	0	
RENTAL SUPPLIES	233	233	0	o	
RENTAL BANK FEES	295	295	0	0	
RENTAL MAINT	11,749	11,749	0	0	
RENTAL ADJ	(1,008)	(2,008)	0	0	
DEPRECIATION	93,476	93,476	0	0	
TOTALS	115,628	115.473	0	155	
	FORM 990PF -	FORM 990PF - PART I - LINE 16(B) - ACCOUNTING FEES SCHEDULE	- ACCOUNTING FEES S	снериге	PG01 STATEMENT #108~
	REVENUE	NET	ADJUSTED	CHARITABLE	
DESCRIPTION ACCOUNTING	AND EXPENSES 852	INVESTMENT 426	NET INCOME	PURPOSE 426	
TOTALS	852	426	0	426	

2015 PG01 Your Social Security Number 64-0912814	STATEMENT #110~		PG01 STATEMENT #119~	
Federal Supporting Statements	- TAXES SCHEDULE	ADJUSTED CHARITABLE NET INCOME PURPOSE 0 227 0 53 0 0	II - LINE 14 - LAND ETC. SCHEDULE LATED END OF YEAR :IATION BOOK VALUE FMV 67,462 3,223	1,696,107 1,696,107 1,696,107
Federal Suppo	FORM 990PF - PART I - LINE 18 - TAXES SCHEDULE	NET INVESTMENT 226 53 5,900	PART ACCUMU DEPREC	
on return FOUNDATION		AND EXPENSES AND EXPENSES 4 5 3 1 0 6 AX 5,900	FORM 990PI COST OR OTHER BASIS 5,223	2,5
Name(s) as shown on return THE LEXINGTON FOUNDATION		DESCRIPTION SSI MEDI PROPERTY TAX	DESCRIPTION LAND EQUIPMENT	BUILDINGS

			Federal Supporting Statements	pporting	Statement	Si Si		2015	. , , , , , , , , , , , , , , , , , , ,	
Name(s) as shown on return THE LEXINGTON FOUNDATION								Your Socie	Se 79	·
		FORM 990PF - PART I		- LINE 19 - DEPRECIATION SCHEDULE	ON SCHEDULE			S	STATEMENT #126	
	DATE	COST OR		COMPUTATION			CURRENT YEAR	NET INVESTMENT ADJUSTED NET	ADJUSTED NET	
DESCRIPTION	ACQUIRED	OTHER BASIS	DEPRECIATION	МЕТНОО	RATE	LIFE	DEPRECIATION	INCOME	INCOME	_
MASONIC/GILBERT	01-01-2003	120,000	57,600	SL	4	25	4,800	0	0	
IMPROV-MASONIC	05-01-2004	29,976	14,388	SL	4	25	1,199	0	0	
ROOF MASONIC	01-31-2004	31,465	24,987	SL	6.667	15	2,098	0	0	
FLEETWOOD BUILDING	07-31-2004	647,525	295,703	SL	4	25	25,901	0	0	
IMPROV-MASONIC	06-30-2007	43,664	14,922	SL	4	25	1,747	0	0	
ANDREWS ST	01-01-2003	28,186	3,381	SL	4	25	1,127	0	0	
OFFICE EQUIPMENT	01-01-2003	3,223	3,223	SL	0	Ŋ	0	0	0	
FIXED ASSETS	06-30-2013	904,039	356,535	SL	4	25	36,162	0	0	
LAND	08-10-2012	67,462		NDA	0	0	0	0	0	
OLD HOLMES COUNTY BANK BUI 12-14-2012	UI 12-14-2012	30,424	3,147	SL	3.448	29	1,049	0	0	
HCB BLDG REMODEL	06-30-2013	243,458	21,338	SL	3.448	29	8,395	0	0	
BANK PLUS COURT SQ BLDG	12-09-2013	41,028	2,889	SL	3.448	29	1,415	0	0	
RAINBOW BUILDING RENOVATIO 09-01-2014	TO 09-01-2014	133,700	2,690	SL	3.448	29	4,610	0	0	
SOUTHERN FIT BUILDING RENO 06-30-2015	NO 06-30-2015	266,236		SL	1.868	29	4,973	0	0	
TOTALS		2,590,386	800,803				927,26			

Federal Supporting Statements 2015 PG01 Your Social Security Number THE LEXINGTON FOUNDATION 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