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Form 990-PF

Return of Private Foundation

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

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.

OMB No 1545-0052 20**15**

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.

Open to Public Inspection

FOR	calendar year 2015 or tax year beginning		, 2015, and en		, 20
	e of foundation	itano		A Employer Identi	
	NKBEINER MEMORIAL FUND	- PIEN			061
Nun	ber and street (or P O box number if mail is not delivered	i to street address)	Room/su	ite B - Telephone numi	ber (see instructions)
	NORTH MAIN STREET			501-778-	-2328
City	or town, state or province, country, and ZIP or foreign po-	stal code			
				C If exemption applic pending, check her	ation is
BE	NTON, AR 72015				
G C	neck all that apply Initial return	Initial return	of a former public ch	arity D 1. Foreign organiza	ations, check here
	Final return	Amended ref	turn	2. Foreign organiz	ations meeting the
	Address change	Name change	e	85% test, check computation	here and attach
H C	neck type of organization: Section 501	(c)(3) exempt private f	oundation		
	Section 4947(a)(1) nonexempt charitable trust	Other taxable pr	vate foundation	E If private foundation	b)(1)(A), check here
I Fa	ir market value of all assets at J Acco			`	s in a 60-month termination
	· · · · · · · · · · · · · · · · · · ·	ther (specify)			o)(1)(B), check here
		column (d) must be on cas	sh basis.)		
	Analysis of Revenue and Expenses (The				(d) Disbursements
	total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in	expenses per	(b) Net investment income	(c) Adjusted net income	for charitable purposes
	column (a) (see instructions))	books	mcome	liicome	(cash basis only)
T_1	Contributions, gifts, grants, etc., received (attach schedule)	3000			
	Check ► if the foundation is not required to attach Sch. B.				
9102 3102	Interest on savings and temporary cash investments.	528	528	528	
e 4	Dividends and interest from securities			T	
ر عالم	Gross rents				<u> </u>
Z	Net rental income or (loss)				
의 6:	Net gain or (loss) from sale of assets not on line 10				
Ni Sevenne 18 60	Gross sales price for all assets on line 6a				
3 7	Capital gain net income (from Part IV, line 2)				
8	Net short-term capital gain				
وچک	Income modifications				
(10:	Gross sales less returns and allowances		<u></u>		
1	Less Cost of goods sold .				
(Gross profit or (loss) (attach schedule)				
11	Other income (attach schedule)				
12	Total. Add lines 1 through 11	3528	528	528	
13	Compensation of officers, directors, trustees, etc				
Administrative Expenses 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	Other employee salaries and wages				
5 15	Pension plans, employee benefits Legal fees (attach schedule)				
뭐168	Legal fees (attach schedule). VED		······································		
	Accounting fees (attach schedule)	415	415	415	415
	Other professional (téés) (attach scheque)				
<u>E</u> 17	Interest				
일 18	Taxes (attach schedule) (see.instructions)	5			
[19	Depreciation (attach schedule) and depletion				·
20	Оссирапсу				
21 22	Travel, conferences, and meetings				
ਲ 22	Printing and publications	43	43	43	43
23	Other expenses (attach schedule)				L
[24	Total operating and administrative expenses.				
berating 24	Add lines 13 through 23	463	458	458	458
D [25	Contributions, gifts, grants paid	3000			3000
26	Total expenses and disbursements. Add lines 24 and 25	3463	458	458	3458
27	Subtract line 26 from line 12	4 =			
а		65			
6	`		70		
C	Adjusted net income (if negative, enter -0-)			70	

	art II	Palance Shoets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	Enc	d of year
	aj U	Datatice Sileets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-beari	ng			
	2	Savings and temporary	cash investments	204713	204778	204778
	3	Accounts receivable ▶_		The state of the s	The same of the same of the same of	***************************************
	1	Less. allowance for doub	otful accounts >			
	4	Pledges receivable ▶		المراج المراجع	handle har bearing	A Camera Land
	Î	Less allowance for doub	otful accounts >			
	5	Grants receivable				
	6	Receivables due from o	officers, directors, trustees, and other			
		disqualified persons (att	ach schedule) (see instructions)			
	7	Other notes and loans re	eceivable (attach schedule)			La Company of the Com
			otful accounts >			
ş	8	Inventories for sale or use	e			
Assets	9	Prepaid expenses and de	eferred charges			
Ä	10a	Investments - U.S. and state	government obligations (attach schedule)	, <u></u>		
	b	Investments - corporate	stock (attach schedule)			
	, c	Investments - corporate	bonds (attach schedule)			
	11	Investments - land, buildings and equipment, basis	· •			in the state of th
		Less accumulated depreciat (attach schedule)	tion >			<u> </u>
	l	•	oans			
	13	investments - other (attac	ch schedule)			
		Land, buildings, and equipment basis	-			to retilizate the secretarians of sure in the
İ	,	Less accumulated depreciati (attach schedule)	ion			
	15	Other assets (describe >)			
ĺ			completed by all filers - see the			
		instructions Also, see pa	ge 1, item I)	204713	204778	204778
[17	Accounts payable and ac	crued expenses			
-	18	Grants payable				
8	19	Deferred revenue				1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1
Ħ	20	Loans from officers, directors	s, trustees, and other disqualified persons			
롈			es payable (attach schedule)			
ᅦ	22	Other liabilities (describe	>)	· · · · · · · · · · · · · · · · · · ·		
ĺ						
\dashv	_		17 through 22)			- 温度的
S			ow SFAS 117, check here . ▶			
Ses	•	and complete lines 2	4 through 26 and lines 30 and 31.			
ᡖ	24					
Ba	25					
g		•				· · · · · · · · · · · · · · · · · · ·
ᆰ	ı	Foundations that do n				
5		•	lete lines 27 through 31.			
ဖွ	27 (•	pal, or current funds			大型建筑公司 一十十
Se		•	and, bldg , and equipment fund	204713	204778	
AS			ated income, endowment, or other funds	204713		學事 经 化
ఠ			balances (see instructions)	204713	204778	A. T.
~			· ·	204712	204770	13.60
9				204713	204778	1 The State of the
			lances at beginning of year - Part I		nust agree with	J
•			on prior year's return)		-	204713
2			ne 27a			204713
3	Other	r increases not include	ed in line 2 (itemize) ▶		3	0.5
J A	DUI-	ines 1 2 and 3				204778
		eases not included in l			5	204770
			lances at end of year (line 4 minus	line 5) - Part II. column (b		204778
<u>~</u>	10101	not assets of fully bal	and a tend of year (me 4 minus	mic of Trach, column (b	7. m.c. 00	204778

Ŀ	all W Capital Gallis	s and Lusses for rax off in	vesument income			
		nd describe the kınd(s) of property solo brick warehouse, or common stock, 20		(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr)
1a						
b)					
C		_				
d						
6						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) minu	
<u>a</u>						
<u>b</u>						
C				ļ		
<u>d</u>	<u> </u>					
0				ļ		
	Complete only for assets	showing gain in column (h) and own			Gains (Col (h) ga	
	(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	col	(k), but not less to Losses (from co	
a			<u> </u>			
b						
С		·				
d					· · · · · · · · · · · · · · · · · · ·	
е			<u></u>	<u> </u>		
2	Capital gain net income	or (not canital loce)	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7	2		
3	Net short-term capital ga	ain or (loss) as defined in sections	1222(5) and (6)			
	If gain, also enter in Pa	art I, line 8, column (c) (see ins	structions) If (loss), enter -0- in $\}$			
_	Part I, line 8	<u> </u>	<u></u>	3		
Pa	art V Qualification L	<u> Jnder Section 4940(e) for Re</u>	educed Tax on Net Investment I	ncome		<u> </u>
Nα			butable amount of any year in the ba	ase period	s	Yes X No
4			ar; see the instructions before makin	a any entr		
1	(a)	···· <u>·</u>	T'	g any entri	(d)	
Ca	Base period years alendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	(Distribution rat	
	2014	·				
	2013					
	2012		<u> </u>			
	2011		 			
	2010		<u> </u>	1		
_						
				2		
3	=	•	de the total on line 2 by 5, or by the			
	number of years the foun	dation has been in existence if les	ss than 5 years	3		
4	Enter the net value of nor	ncharitable-use assets for 2015 fr	om Part X, line 5	4		
5	Multiply line 4 by line 3.			5		
6	Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		
7	Add lines 5 and 6			7		
8	Enter qualifying distribution If line 8 is equal to or great Vinstructions	ons from Part XII, line 4 eater than line 7, check the box	in Part VI, line 1b, and complete th	8 nat part us	sing a 1% tax	rate See the

JSA 5E1430 1 000

Pa	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	instr	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here			
	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			1
	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 $\mathcal J$			
	Part I, line 12, col (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add tines 1 and 2			1
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			1
5	Tax based on Investment Income. Subtract line 4 from line 3. If zero or less, enter -0			<u>_</u>
6	Credits/Payments:			
a	2015 estimated tax payments and 2014 overpayment credited to 2015 6a			
þ	Exempt foreign organizations - tax withheld at source			
C	rex pere that application for extension of time to the (1 offices),			
_ d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			
8	This any points, the amost payment of the same and the sa		"	1
9	The state of the s			
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	Τ	Yes	No
	participate or intervene in any political campaign?	1a	1.00	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see	<u> </u>		
	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
	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	ŀ		
	foundation managers > \$	İ		
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
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	48		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
6	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:			
0	By language in the governing instrument, or			ļ
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			l
	conflict with the state law remain in the governing instrument?	6	х	•
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	Х	
8а	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		<u>x</u>
9	ls 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,"	į		
	complete Part XIV	9		<u> </u>
	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			
	names and addresses	10		<u> </u>

	Or Assess As Demonstrates As Abstract Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As Assess Demonstrates As			
	art VII-A Statements Regarding Activities (continued)	J	TV	T No.
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the	١	Yes	
	meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	 	<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	ĺ		ĺ
	person had advisory privileges? If "Yes," attach statement (see instructions)	12	ļ	X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	<u> </u>
	Website address			
14	The books are in care of ▶ FRED BRINER Telephone no ▶ 501-778-	232	8	
	Located at ► BENTON, AR ZIP+4 ► 72015			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		>	· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
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		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
	the foreign country ▶			
Pa	rt VII-B Statements Regarding Activities for Which Form 4720 May Be Required		10.	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		. ,	
•••	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No		1.	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a			. 4
	disqualified person?	4	14	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	20	,	,
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	٠,٠		-
	(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	· . ,		1
			' '	į
	termination of government service, if terminating within 90 days.)	ŗ		. 4
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	د ت 1b	در پر	
	Organizations relying on a current notice regarding disaster assistance check here			
_	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	- 1	7 🔠	. 1
·	were not corrected before the first day of the tax year beginning in 2015?	1c	**	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private	••	-	
-	27 / 70		i	
	operating foundation defined in section 4942(j)(3) or 4942(j)(5)): At the end of tax year 2015, did the foundation have any undistributed income (lines 6d and	- 1	·	1
a		-	. =,	. 1
	6e, Part XIII) for tax year(s) beginning before 2015?	' '		-
.	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)		*	j
b	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	.]	`.	ļ
		2b		X
_	all years listed, answer "No" and attach statement - see instructions.)	20		
E		•	· · [1
-	Did the foundation hold more than a 20% direct or induced integral in any hypiness enterprise	1	ĺ	1
Jä	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?	i	ľ	•
_			<i>'</i>	j
D	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	į
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of	- 1	- 1	1
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the	,	ı	1
_	foundation had excess business holdings in 2015)	3b		~ ~
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	-+	<u> </u>
þ	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		-	v
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b [<u>X</u>

	990-PF (2015)	5 Whi-1- F	4700 M D - D		Page 6		
	t VII-B Statements Regarding Activities		1 4720 Iviay Be Rei	quirea (continuea)	 -		
5a	During the year did the foundation pay or incur any am		40.45()0	Yes X N	.		
	(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,						
			· · · · · · · · · · · · · · · · · · ·				
					lo		
	(4) Provide a grant to an organization other than a		-		_		
	section 4945(d)(4)(A)? (see instructions) (5) Provide for any purpose other than religious, of			· — · · · — ·	'°		
					_		
_	purposes, or for the prevention of cruelty to children if any answer is "Yes" to 5a(1)-(5), did any of the			• 🗀 '''	1 1 1		
b	Regulations section 53.4945 or in a current notice rega						
	Organizations relying on a current notice regarding disa				· 30		
_							
С	If the answer is "Yes" to question 5a(4), does the because it maintained expenditure responsibility for the				.		
	If "Yes," attach the statement required by Regulations se	_		·			
6a	Did the foundation, during the year, receive any fu		rectly to nay premin	me			
Va	on a personal benefit contract?	•			.		
b	Did the foundation, during the year, pay premiums, dir				6b X		
-	If "Yes" to 6b, file Form 8870.	cony or mandony, on c	personal cononi contin		.		
7a	At any time during the tax year, was the foundation a p	arty to a prohibited ta	x shelter transaction?	Yes X N	。		
	If "Yes," did the foundation receive any proceeds or ha			• — —	1 1 1		
Par	t VIII Information About Officers, Director and Contractors	rs, Trustees, Fou	ındation Manager	s, Highly Paid Em			
4	list all officers directors tructors foundation						
_ <u></u>	List all officers, directors, trustees, foundation						
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expense account, other allowances		
		(b) Title, and average	(c) Compensation	(d) Contributions to			
JOHI	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
JOH! BEN	(a) Name and address I DEDMON	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other allowances		
JOHI BEN'	(a) Name and address I DEDMON CON, AR	(b) Title, and average hours per week	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other allowances		
JOHI BEN' RONI BEN'	(a) Name and address I DEDMON CON, AR IIE KERR	(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other allowances		
JOHI BEN' RONI BEN' FREI	(a) Name and address I DEDMON CON, AR IIE KERR CON, AR	(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	other allowances		
JOHI BENT RONI BENT FREI BENT	(a) Name and address N DEDMON TON, AR NIE KERR TON, AR D BRINER	(b) Title, and average hours per week	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deterred compensation	O O		
JOHI BENT RONI BENT FREI BENT DR I	(a) Name and address N DEDMON CON, AR NIE KERR CON, AR D BRINER CON, AR CON, AR CON, AR CON, AR CON, AR CON, AR	(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 O O	O O O		
JOHN BENT RONN BENT FREI BENT DR I BENT 2	(a) Name and address N DEDMON CON, AR NIE KERR CON, AR D BRINER CON, AR	(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 0 0 0 1 - see instructi	O O O		
JOHI BENT RONI BENT FREI BENT DR I BENT 2	(a) Name and address N DEDMON CON, AR NIE KERR CON, AR D BRINER CON, AR COB ASHLEY CON, AR COMPENSATION OF five highest-paid employees	(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 O O	O O O		
JOHI BENT RONI BENT FREI BENT DR I BENT 2	(a) Name and address I DEDMON TON, AR ILE KERR TON, AR D BRINER TON, AR BOB ASHLEY TON, AR Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (if not paid, enter-0-) 0 0 0 0 one included on line	(d) Contributions to employee benefit plans and deterred compensation O O 1 - see instructi (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O		
JOHI BENT RONI BENT FREI BENT DR I BENT 2	(a) Name and address I DEDMON TON, AR ILE KERR TON, AR D BRINER TON, AR BOB ASHLEY TON, AR Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (if not paid, enter-0-) 0 0 0 0 one included on line	(d) Contributions to employee benefit plans and deterred compensation O O 1 - see instructi (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O		
JOHI BENT RONI BENT FREI BENT DR I BENT 2	(a) Name and address I DEDMON TON, AR ILE KERR TON, AR D BRINER TON, AR BOB ASHLEY TON, AR Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (if not paid, enter-0-) 0 0 0 0 one included on line	(d) Contributions to employee benefit plans and deterred compensation O O 1 - see instructi (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O		
JOHI BENT RONI BENT FREI BENT DR I BENT 2	(a) Name and address I DEDMON TON, AR ILE KERR TON, AR D BRINER TON, AR BOB ASHLEY TON, AR Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (if not paid, enter-0-) 0 0 0 0 one included on line	(d) Contributions to employee benefit plans and deterred compensation O O 1 - see instructi (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O		
JOHI BENT RONI BENT FREI BENT DR I BENT 2	(a) Name and address I DEDMON TON, AR ILE KERR TON, AR D BRINER TON, AR BOB ASHLEY TON, AR Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (if not paid, enter-0-) 0 0 0 0 one included on line	(d) Contributions to employee benefit plans and deterred compensation O O 1 - see instructi (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O		
JOHI BENT RONI BENT FREI BENT DR I BENT 2	(a) Name and address I DEDMON CON, AR ILE KERR CON, AR D BRINER CON, AR BOB ASHLEY CON, AR Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (if not paid, enter-0-) 0 0 0 0 one included on line	(d) Contributions to employee benefit plans and deterred compensation O O 1 - see instructi (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O		
JOHI BENT RONI BENT FREI BENT DR I BENT 2	(a) Name and address I DEDMON TON, AR ILE KERR TON, AR D BRINER TON, AR BOB ASHLEY TON, AR Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (if not paid, enter-0-) 0 0 0 0 one included on line	(d) Contributions to employee benefit plans and deterred compensation O O 1 - see instructi (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O		
JOHI BENT RONI BENT FREI BENT DR I BENT 2	(a) Name and address I DEDMON CON, AR ILE KERR CON, AR D BRINER CON, AR BOB ASHLEY CON, AR Compensation of five highest-paid employees "NONE."	(b) Title, and average hours per week devoted to position (other than those hours per week hours per week hours per week	(c) Compensation (if not paid, enter-0-) 0 0 0 0 one included on line	(d) Contributions to employee benefit plans and deterred compensation O O 1 - see instructi (d) Contributions to employee benefit plans and deferred	O O O O O O O O O O O O O O O O O O O		

Total number of other employees paid over \$50,000.

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploand Contractors (continued)	yees,
3 Five	highest-paid independent contractors for professional services (see instructions). If none, enter "NON	E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
Total numb	per of others receiving over \$50,000 for professional services	
Part IX-A		
	undation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of one and other beneficianes served, conferences convened, research papers produced, etc.	Expenses
1		
2		
3	NONE	
4		
Part IX-B	Summary of Program-Related Investments (see instructions)	
Describe the	he two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
	NONE	
	NONE	
•	rogram-related investments. See instructions	
Total. Add	lines 1 through 3	

Par	t X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	ations,
1	Fair	market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purp	poses'		
а	Ave	rage monthly fair market value of securities	1a	20474
b	Ave	rage of monthly cash balances	1b	
С	Fair	market value of all other assets (see instructions)	1c	
d		al (add lines 1a, b, and c)	1d	20474
е		uction claimed for blockage or other factors reported on lines 1a and		
	1c (a	attach detailed explanation)] [
2	Acqu	uisition indebtedness applicable to line 1 assets	2	
3			3	20474
4	Cast	tract line 2 from line 1d		
	ınstr	ructions)	4	307
5	Net	value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	20167
6	Mini	mum investment return. Enter 5% of line 5		10084
Par	t XI	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating found and certain foreign organizations check here ▶ and do not complete this part.)	dations	
1	Minir	mum investment return from Part X, line 6	1	10084
2 a	Tax	on investment income for 2015 from Part VI, line 5		
b	Inco	me tax for 2015. (This does not include the tax from Part VI).		
С	Add	lines 2a and 2b	2c	1
3		ibutable amount before adjustments Subtract line 2c from line 1	3	10083
4	Reco	overies of amounts treated as qualifying distributions	4	
5	Add	lines 3 and 4	5	10083
6		uction from distributable amount (see instructions)	6	
7	Dist	ributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,		
	line :	1 <u></u> <u> </u>	7	10083
Part	ΧII	Qualifying Distributions (see instructions)		
1		unts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а		enses, contributions, gifts, etc total from Part I, column (d), line 26	1a	3458
b	Prog	ram-related investments - total from Part IX-B	1b	-
2	Amo	unts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purp	oses	2	
3		unts set aside for specific charitable projects that satisfy the		
а	Suita	ibility test (prior IRS approval required)	3a	
b	Cash	n distribution test (attach the required schedule)	3b	
4	Quali	fying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	3458
5		idations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Ente	r 1% of Part I, line 27b (see instructions)	5	
6	Adju	sted qualifying distributions. Subtract line 5 from line 4	6	3458
	Note	The amount on line 6 will be used in Part V column (h) in subsequent years when ca	lculating v	whether the foundation

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

Pa	art XIII Undistributed Income (see instr	ructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2015 from Part XI,	Corpus	Years prior to 2014	2014	2015
	line 7				
2	Undistributed income, if any, as of the end of 2015				
_	Enter amount for 2014 only				
	Total for prior years 20,20,20				
	Excess distributions carryover, if any, to 2015:		 	 	
	From 2010				
	From 2011		}		
	From 2012				
	From 2013				
	From 2014				
	Total of lines 3a through e				
	Qualifying distributions for 2015 from Part XII,		 	 	
•	line 4 > \$				
	Applied to 2014, but not more than line 2a				
	· · · · · · · · · · · · · · · · · · ·			 	
b	Applied to undistributed income of prior years (Election required - see instructions)				
			 	 	
С	Treated as distributions out of corpus (Election required - see instructions)				
d	Applied to 2015 distributable amount,				
	Remaining amount distributed out of corpus				
	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:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5				
	Prior years' undistributed income Subtract			_	
_	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 assessed		<u> </u>		<u> </u>
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions				
e	Undistributed income for 2014. Subtract line 4a from line 2a. Taxable amount - see				
	instructions			<u> </u>	
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				Ì
	170(b)(1)(F) or 4942(g)(3) (Election may be				
	required - see instructions)				
	Excess distributions carryover from 2010 not				
	applied on line 5 or line 7 (see instructions)				
	Excess distributions carryover to 2016.				
	Subtract lines 7 and 8 from line 6a	· · · · · · · · · · · · · · · · · · ·		_	
	Analysis of line 9				
	Excess from 2011				
	Excess from 2012		}		
	Excess from 2013				
	Excess from 2014				
е	Excess from 2015 , , .		1		i

Da	rt XIV Private Op	erating Foundations	s (see instructions a	nd Part VII-A guestion	on 9)	<u></u>
	If the foundation has					,
1 4		g is effective for 2015, e			· 1	
	Check box to indicate	•	•			(3) or 4042(1)(5
b	CHECK DOX to indicate t		is a private operating	Prior 3 years	3600001 A 4342(J)	(3) or 4942(j)(5
2 a	Enter the lesser of the ad-	Tax year	41.0044	 		(e) Total
	justed net income from Part I or the minimum investment	(a) 2015	(b) 2014	(c) 2013	(d) 2012	· · · · · · · · · · · · · · · · · · ·
	return from Part X for each	_	007	500	710	150
	year listed	70	227	529	712	1538
b	85% of line 2a	60	193	450	605	1308
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .	3458	5453	7452	8451	24814
d	Amounts included in line 2c not used directly for active conduct of exempt activities					
8	Qualifying distributions made directly for active conduct of exempt activities. Subtract line					
_	2d from line 2c	3458	5453	7452	8451	24814
3 a	Complete 3a, b or c for the alternative test relied upon "Assets" alternative test - enter					
	(1) Value of all assets (2) Value of assets qualifying					
	under section					
h	4942(j)(3)(B)(i)				··	
	enter 2/3 of minimum invest-					
	ment return shown in Part X,	6723	6701	6732	6903	27059
	line 6 for each year listed	0723	0701	0752	0903	27033
C	"Support" alternative test - enter (1) Total support other than	1				
	gross investment income (interest, dividends, rents, payments on secunties					
	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 sup- port from an exempt organization					
	(4) Gross investment income					
Pai		tary Information (Caring the year - see i		only if the foundati	on had \$5,000 or	more in assets a
1	Information Regarding					
а	List any managers of t before the close of any	he foundation who he tax year (but only if the	ave contributed more by have contributed m	than 2% of the total ore than \$5,000) (See	contributions received section 507(d)(2))	d by the foundatio
N/A	•		•	, , ,	, ,	
	List any managers of t	the foundation who o	wn 10% or more of	the stock of a corpo	ration (or an equally	large portion of the
	ownership of a partners					9 - p
I/A						
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholarship	o, etc., Programs:		
	Check here ► if the unsolicited requests for				able organizations and	
	other conditions, compl			· · · · · · · · · · · · · · · · · · ·		
а	The name, address, an	d telephone number o	r e-mail address of the	e person to whom appl	cations should be addre	essed
	D BRINER, 422 N				·	
Ь	The form in which appli	cations should be subi	mitted and information	and materials they st	nould include:	
	SCRIBED APPLICA					
C	Any submission deadlin	es				
	IABLE - DEPENDI					
	Any restrictions or limitactors	nitations on awards,	such as by geograp	hical areas, charitab	le fields, kinds of in	stitutions, or other

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During the Year

3 Grants and Contributions Paid Duri	ing the rear of Appl			
Recipient	show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	contribution	, mount
a Paid during the year				
		ĺ	Í	1
CAMERON BOWDEN	110175	27 / 7	DEDDAY GOLLEGE GOREG	1000
BENTON, AR	NONE	N/A	DEFRAY COLLEGE COSTS	1000
DARREN WARFORD				1
BENTON, AR	NONE	N/A	DEFRAY COLLEGE COSTS	2000
,		ł	ł	1
		ì		1
			İ	
	}	ł	1	1
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	<u>l</u>			
<u>Total</u>	 	· · · · · · · · · · · · · · · · · · ·		3000
b Approved for future payment				
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				<u> </u>
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		1		
Total				

Part XV	/I-A Analysis of Income-Prod	ucing Act	<u>ivities</u>			
Enter gros	s amounts unless otherwise indicated.	Unrel (a)	ated business income (b)	Excluded b	y section 512, 513, or 514 (d)	(e) Related or exempt function income
1 Progra	m service revenue:	Business code	Amount	Exclusion code	Amount	(See instructions)
a				<u> </u>		
				<u> </u>		
f						
g Fees	s and contracts from government agencies					
•	ership dues and assessments					
	on savings and temporary cash investments					
	nds and Interest from securities					
	ntal income or (loss) from real estate.					
	ot-financed property					
	debt-financed property					
	tal income or (loss) from personal property.					
	nvestment income					_
-	(loss) from sales of assets other than inventory					
	ome or (loss) from special events · · ·					
	profit or (loss) from sales of inventory					
	evenue. a					
c						·
d						
θ						
12 Subtota	al Add columns (b), (d), and (e)			L		
13 Total. A	Add line 12, columns (b), (d), and (e)	. .			13	
	heet in line 13 instructions to verify calcu					
Part XVI	Relationship of Activities	to the Ac	complishment of Ex	empt Purp	oses	
Line No. ▼	Explain below how each activity accomplishment of the foundation		·		•	
	 					
						
						
•	T	- · · ·				
	 					·
	 				· · · · · · · · · · · · · · · · · · ·	··
						
						
						
······					<u> </u>	
						

	-,				
Part XVII,	Information Reg	arding Transfe	rs To and Transactions	and Relationships	With Noncharitable
	Exempt Organiz	ations	<u> </u>		

1	ın sec	ne organization direction 501(c) of the Contractions?								Yes	No
а		fers from the reportir	na foundation t	o a noncharitable e	xempt organ	nization of.					
•		ash	•						1a(1)		Х
		ther assets							1a(2)		X
b		transactions:									
_		ales of assets to a no	ncharitable exe	empt organization					16(1)		Х
									15(2)		X
	(2) Purchases of assets from a noncharitable exempt organization								1b(3)		Х
		eimbursement arrang									Х
		oans or loan guarante									Х
		erformance of service									X_
С		ng of facilities, equipr							1		X
d		answer to any of th									
		of the goods, other									
	value	in any transaction of	r sharing arrar	gement, show in c	olumn (d) tl	he value of	the goods	other assets, or se	ervices	s rece	eived
(a) L	ne no	(b) Amount involved	(c) Name of	noncharitable exempt on	ganization	(d) Descrip	tion of transfe	ers, transactions, and shar	ng arra	ngeme	nts
								<u></u>			
				 							
				<u>-</u>		·					
											
						<u> </u>					
				 			····				
2a		foundation directly							٦.,	s X	1
		bed in section 501(c)	•	other than section 5	01(c)(3)) or	in section 52	277	L	Ye	s _^] NO
<u>b</u>	If "Yes	s," complete the follow		#3.7#				A Consenting of seletionship			
-		(a) Name of organization	<u> </u>	(b) Type of	organization		(c) Description of relationsh	пр		
				-							
											
											
		 									
	Unde	r penalties of perjury, I decla	re that I have exam	ined this return, including	accompanying sci	hedules and state	ements, and to	the best of my knowledge	and be	elief, it	s true
	corre	ct, and complete Declaration of	preparer (other than	texpayer) is based on all infor	rmation of which p	reparer has any kr	nowledge				
Sign		7/2	Van X	- I d-2.	3-14	n	int-	. May the IRS with the prep	discuss parer si		
dere	Sig	nature of officer or trustee	- / Market	Date	J /2-	Title		(see instructions)		Yes	No
	5.8			_ =							
		Print/Type preparer's nai	me	Preparer's signature	e _ /		Date	Check of P1	ПΝ		
Paid		JAMES C HANE		(James	C HAL	ex CPA n	4/29/16		2000	7016	9
rep	arer			URCHITELD GRI	FFIN & I	HANEY CP)534.		
	Only		BOX 1648	V	<u> </u>						
	,	I	TTLE ROCK	, AR 72203				Phone no 501-	-376-	-661	1
		<u> </u>					<u></u>		990		

FINKBEINER MEMORIAL FUND ATTACHMENT TO 990-PF 71-0557061 2015

PART VII-A 8b

The Office of the Arkansas Attorney General only requires a 990-PF to be filed with its office if the organization is soliciting donations. Since the Finkbeiner Memorial Fund does not solicit donations, the 990-PF is not filed with the Arkansas Attorney General.