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Form **990-PF** 

## **Return of 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.

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

OMB No 1545-0052

For cale	ndar year 2045 or tax year beginning		, and ending		
	of foundation			A Employer identificatio	n number
	: JAMES BURTON BLAIR FAM	ILY			_
	NDATION, INC.			71-084149	8
	and street (or P O box number if mail is not delivered to street		Room/suite	B Telephone number	
	2 NORTH COLLEGE AVENUE,		330	<del> </del>	-2545
	town, state or province, country, and ZIP or foreign pe	ostal code		C If exemption application is	pending, check here
	ETTEVILLE, AR 72703		<del></del>	_	
G Chec	k all that apply: [ Initial return		rmer public charity	D 1. Foreign organization	ns, check here
	Final return	Amended return		Foreign organizations mechack here and attach of	neeting the 85% test,
	Address change	Name change	<del></del>	1	
	k type of organization: X Section 501(c)(3) ex	•		E If private foundation st	
		Other taxable private founda		under section 507(b)(1	,
	parket value of all assets at end of year   J Accounting	•	Accrual	F If the foundation is in a	
(from ►\$	Part II, col. (c), line 16)	her (specify)	2200 /	under section 507(b)(	1)(B), check here
				(-) A d	(d) Disbursements
Fait	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net	for charitable purposes
	<del></del>	5,000.		N/A	(cash basis only)
1 2	Contributions, gifts, grants, etc., received  Check fifthe foundation is not required to attach Sch. 8	3,000.		N/W	+
3	Interest on savings and temporary				<del> </del>
4	cash investments  Dividends and interest from securities	78,022.	78,022.		STATEMENT 1
1	a Gross rents	10,022.	70,022.	-	DIAILIMBAT I
) .	Net rental income or (loss)				<del></del>
6:	Net gain or (loss) from sale of assets not on line 10	5,986.		<del> </del>	<del>                                     </del>
e e	Gross sales price for all	3,300.	<del></del>	<del> </del>	<del> </del>
Revenue 7			5,986.	<del> </del>	<del></del>
æ 8	Net short-term capital gain	-			<del> </del>
9	Income modifications				
10:	Gross sales less returns and allowances				
1	Less Cost of goods sold				
	Gross profit or (loss)				
11	Other income				
12	Total. Add lines 1 through 11	89,008.	84,008.		
13	Compensation of officers, directors, trustees, etc	0.	0.		0.
14	Other employee salaries and wages				
<u></u> 15	Pension plans, employee benefits		RECEI		
Seg 16	a Legal fees		12 MV 1	SO	
Je l	b Accounting fees		MAY 25	2016	<u> </u>
Δ) (	Other professional fees		00051	<u> </u>	<del> </del>
\$ 17	Interest	5 001	OGDEN		
18	Taxes STMT 2	5,221.	2,256.		0.
iui 19	Depreciation and depletion	10,309.	0.	<del> </del>	<del> </del>
Operating and Administrative Expens 11 12 13 15 15 15 15 15 15 15 15 15 15 15 15 15	Occupancy	<del></del>		<del> </del>	
¥ 21	Travel, conferences, and meetings			<del></del>	<del> </del>
E 22 D 23	Printing and publications Other expenses STMT 3	15,028.	0.		+
ta 24	·	13,048.	<u> </u>	<del> </del>	0.
6 a	expenses. Add lines 13 through 23	30,558.	2,256.		0
පි <sub>25</sub>		64,600.	4,450.	<del> </del>	64,600.
26		<u> </u>	·	<del> </del>	04,000.
10	Add lines 24 and 25	95,158.	2,256.	}	64,600.
27		23,133.	<u></u>		0=7000.
1	Excess of revenue over expenses and disbursements	<6,150.	>	}	}
- 1	b Net investment income (if negative, enter -0-)	30,230	81,752.	<del>                                     </del>	<del>                                     </del>
l	c Adjusted net income (if negative, enter -0-)			N/A	<del></del>
523501 11-24-15	LHA For Paperwork Reduction Act Notice, see	instructions.	<del> </del>	· · · · · · · · · · · · · · · · · · ·	Form <b>990-PF</b> (2015)

	_			
Part III	Analysis of	<b>Changes in Net</b>	Assets or Fund	<b>Balances</b>

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		<u> </u>
	(must agree with end-of-year figure reported on prior year's return)	1	1,652,292.
2	Enter amount from Part I, line 27a	2	<6,150.>
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	1,646,142.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	1,646,142.
			200 55

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	NDATION, INC.					7	1-084	1498	Page 3
Part IV   Capital Gains	and Losses for Tax on In	vestment	Income					,	
(a) List and desc 2-story brick wa	ribe the kind(s) of property sold (e.g arehouse; or common stock, 200 shs	., real estate, s. MLC Co.)		( <b>b)</b> Ho P - D -	ow acquired Purchase Donation		acquired lay, yr.)	(d) Date (mo., da	
1a 6,000 SHS FRON					P	02/1	1/14	02/03	3/15
	CO CORP & INCOME			)	P	VARI	OUS	08/10	
c DELTA AIRLINES		OF CAP	ITAL		<u>P</u>	VARI	ous	12/30	0/15
d CAPITAL GAINS	DIVIDENDS								
<u>e</u>				Щ,	<del> </del>	L			
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis xpense of sale				ain or (loss s (f) minus		
a 43,039.			28,06	$\overline{}$					<u>,976.</u>
<u>b</u> 144,944.			<u> 168,19</u>					<23	<u>, 254 •</u> :
<u>c</u> 1,339.			1,33	9.					0.
d 14,264.				-				14	<u>,264.</u>
<u>e</u>	<u> </u>								
Complete only for assets showing	ng gain in column (h) and owned by					(I) Gains (C			
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (1) col. (1), if any			ol. (k), but i Losses	(from col. (	(h))	
<u>a</u>		-						14	<u>,976.</u>
b								<23	<u>, 254.</u> :
<u>c</u>									0.
d								14	<u>,264.</u>
<u>e</u>		<u> </u>	····						
2 Capital gain net income or (net ca	apital loss) { If gain, also enter of the loss of the			}	2			5	,986.
3 Net short-term capital gain or (lo	`								
If gain, also enter in Part I, line 8,		(0).		)					
If (loss), enter -0- in Part I, line 8					3		N/A		
Part V   Qualification L	Inder Section 4940(e) for	Reduced	Tax on Net	Inve	estment Ir	ncome			
(For optional use by domestic privat	e foundations subject to the section (	4940(a) tax on	net investment in	ncome.	)				
If section 4940(d)(2) applies, leave t	his nart hlank								
ii Section 4540(u)(2) applies, leave t	ma part blank.								
Was the foundation liable for the sec If "Yes," the foundation does not qua	lify under section 4940(e). Do not co	omplete this pa	rt					Yes	X No
	each column for each year; see the I	nstructions bef	ore making any e	entries.	<del></del> .	- 1		7.0	
(a) Base period years	(b)	stributions	Not value of pa	(c)	tabla waa aaaa		Distri	(d) bution ratio	
Calendar year (or tax year beginn			Net value of no				(col. (b) dr	vided by col.	<del></del>
2014		6,500.			520,02				17434
2013		6,700.			538,09				62870
2012		3,820.			773,54		-		52900
2011		0,690.	·· <del>····</del>		573,88				<u>51268</u>
2010	11_2	0,819.	· <del>· · · · · · · · · · · · · · · · · · </del>	т,	483,95	8.	1	. 0	<u>81417</u>
2 Total of line 1, column (d)						2		.2	65889
	5-year base period - divide the total	on line 2 by 5,	or by the number	r of yea	rs				
the foundation has been in existe	ence if less than 5 years					3		. 0	<u>53178</u>
4 Enter the net value of noncharita	ble-use assets for 2015 from Part X,	line 5				4		1,586	,030.
5 Multiply line 4 by line 3						5			,342.
6 Enter 1% of net investment inco	me (1% of Part I line 27h)					6			818.
7 Add lines 5 and 6	(							0 F	
						7_			<u>,160.</u>
	m Part XII, line 4 n line 7, check the box in Part VI, line	e 1b, and comp	olete that part usin	ng a 1%	6 tax rate.	8	<u> </u>	64	<u>,600.</u>
See the Part VI instructions.	<del></del>	-							DE (0045)

THE JAMES BURTON BLAIR FAMILY

	990-PF (2015) FOUNDATION, INC. 71 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	-084 3 - sec	11498 instru	ctior	Page 4
	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 here   and enter 1%			1,6	<u>35.</u>
	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-)				<u>0.</u>
3	Add lines 1 and 2			1,6	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	<del></del>			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			1,6	<u>35.</u>
6	Credits/Payments:				
а	2015 estimated tax payments and 2014 overpayment credited to 2015  6a 1,560.				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
ď	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d			1,5	<u>60.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				1.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	,			76.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0			
11	Enter the amount of line 10 to be: Credited to 2016 estimated tax ▶ Refunded ▶ 1	1			
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
	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 o	r			
	distributed by the foundation in connection with the activities.				
c	Did the foundation file Form 1120-POL for this year?		1c		X
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. $\blacktriangleright$ \$ 0 • (2) On foundation managers. $\blacktriangleright$ \$ 0 •				
	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
Ī	managers. ▶ \$ 0 •				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Х
	If "Yes," attach a detailed description of the activities.				
	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
		N/A	4b	•	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		X
_	If "Yes," attach the statement required by General Instruction T				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law</li> </ul>	,			
	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	
•	<b>2</b> ,				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	AR		_		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		_		
_	of each state as required by General Instruction G? If "No," attach explanation		86	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 calenda	.r			
•	year 2015 or the taxable year beginning in 2015 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X_
_10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
			Form <b>99</b> 0	)-PF	

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P	art VII-A Statements Regarding Activities (continued)		,	
			Yes	No
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		<u>X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		_X_
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ JAMES B. BLAIR Telephone no. ▶ (479	) 521	<u>-14</u>	03
	Located at ► 3065 NORTH COLLEGE AVE. #51, FAYETTEVILLE, AR ZIP+4 ►	<u>72703</u>		
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	N	/A	
16	At any time during calendar year 2015, did the foundation have an interest in or a signature or other authority over a bank,	<u> </u>	Yes	No
	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 >			
Pa	art 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
18	a During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		'	
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception Check "No"		ļ	
	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.)			
ı	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)?	, <u>1b</u>		<u>-</u>
	Organizations relying on a current notice regarding disaster assistance check here	١	ļ	
(	c Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		1	
_	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 operating foundation	-		
	defined in section 4942(j)(3) or 4942(j)(5)):	İ		
	a 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?  Yes X No			
	If "Yes," list the years			
ļ	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.)  If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	2b		
,				
2	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year?			
1	b If "Yes," did it have excess business holdings in 2015 as a result of (1) any purchase by the foundation or disqualified persons after	1		
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2015.)  N/A	3b	1	
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	1-	x
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	78	<del>                                     </del>	<del></del>
	had not been removed from jeopardy before the first day of the tax year beginning in 2015?	4b		x
		Form <b>99</b>	0-PF	

0

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

3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(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	<u>▶</u> (
Part IX-A Summary of Direct Charitable Activities	<del></del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N/A	
1	
2	
3	_
	_
4	
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 1 and 2.	Amount
1 <u>N/A</u>	
2	
All other program-related investments. See instructions.	
3	$\dashv$
	-
Total. Add lines 1 through 3	0.
Total Fred miles I sineagn o	Form <b>990-PF</b> (2015

FOUNDATION, INC.

P	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	971,697.
	Average of monthly cash balances	1b	108,720.
	Fair market value of all other assets	1c	529,766.
d	Total (add lines 1a, b, and c)	1d	1,610,183.
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	3	1,610,183.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	24,153.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,586,030.
6	Minimum investment return Enter 5% of line 5	6	79,302.
P	<b>art XI</b> Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here  and do not complete this part.)	d certain	
1	Minimum investment return from Part X, line 6	1	79,302.
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.)		
C	Add lines 2a and 2b	2c	1,635.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	77,667.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	77,667.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	77,667.
<u>P</u>	Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	64,600.
þ	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:	-	
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	·
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	64,600.
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	64,600.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	qualifies fo	or the section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2014	(c) 2014	(d) 2015
1 Distributable amount for 2015 from Part XI,		V		
line 7				77,667.
2 Undistributed income, if any, as of the end of 2015			-	
a Enter amount for 2014 only			0.	
b Total for prior years:		0		
3 Excess distributions carryover, if any, to 2015:		0.		
a From 2010 47,737.				
b From 2011 3,613.				
c From 2012 6,679.				
d From 2013 21, 279.				
e From 2014				
f Total of lines 3a through e	79,308.			
4 Qualifying distributions for 2015 from	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u> </u>
Part XII, line 4: ►\$ 64,600.				
a Applied to 2014, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior			<u>-</u>	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				T
(Election required - see instructions)	0.			
d Applied to 2015 distributable amount		1,500		64,600.
e Remaining amount distributed out of corpus	0.			1
5 Excess distributions carryover applied to 2015 (If an amount appears in column (d), the same amount	13,067.			13,067.
must be shown in column (a) )  6 Enter the net total of each column as				
indicated below:	66 241			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	66,241.			<del> </del>
b Prior years' undistributed income. Subtract		0		
line 4b from line 2b		0.		
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		0.		
d Subtract line 6c from line 6b. Taxable		<u> </u>		
amount - see instructions		0.		
e Undistributed income for 2014. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2015. Subtract				<del></del>
lines 4d and 5 from line 1. This amount must				
be distributed in 2016				0.
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)	0.			
8 Excess distributions carryover from 2010				
not applied on line 5 or line 7	34,670.			
9 Excess distributions carryover to 2016.	24			
Subtract lines 7 and 8 from line 6a	31,571.			<del> </del>
10 Analysis of line 9:				
a Excess from 2011 3,613.				
b Excess from 2012 6,679. c Excess from 2013 21,279.	ļ			
c Excess from 2013 21,279.	•			
e Excess from 2015				
<u> </u>	<del></del>		<u> </u>	5 000 DE (0045)

523601 11-24-15

Form 990-PF (2015)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year THE ENDEAVOR FOUNDATION NONE NONE THE RESONANCE FUND 800 FOUNDERS PARK DRIVE 2,000. SPRINGDALE, AR 72762 COMMUNITY CREATIVE CENTER NONE NONE UNRESTRICTED 505 WEST SPRING ST. FAYETTEVILLE, AR 72701 500, FAYETTEVILLE PUBLIC EDUCATION NONE NONE UNRESTRICTED FOUNDATION PO BOX 571 FAYETTEVILLE, AR 72702 1,600. KUAF NONE NONE NONE 9 S. SCHOOL AVE. 1,000. FAYETTEVILLE AR 72701 MAYO CLINIC NONE NONE UNRESTRICTED 200 FIRST STREET SW ROCHESTER MN 55905 15,000. SEE CONTINUATION SHEET(S) **▶** 3a 64 600. b Approved for future payment NONE Total

Form 990-PF (2015) FOUNDATION, IN Part XVI-A Analysis of Income-Produ		es	<del> </del>		)841498 Page
Enter gross amounts'unless otherwise indicated.		ousiness income	Excluded by	y section 512, 513, or 514	
Enter gross amounts unless otherwise indicated.	(a) Business	(b)	(c)	(d)	(e) Related or exempt
1 Program service revenue:	Business   code	Amount	sion	Amount	function income
a					
b					
C		<u></u>			
d	1 1				
e	1 1	-			
f		· · · · · · · · · · · · · · · · · · ·			
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	78,022.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	5,986.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a	_				
b	_				
C	_				100.000
d	_				
e	_				
12 Subtotal. Add columns (b), (d), and (e)			0.	84,008.	(
13 Total. Add line 12, columns (b), (d), and (e)				13	84,008
(See worksheet in line 13 instructions to verify calculations.)			··· -		
Part XVI-B Relationship of Activities	to the Accon	nplishment of	Exempt Pu	ırposes	
Line No. Explain below how each activity for which inc				importantly to the accom	plishment of
the foundation's exempt purposes (other tha	n by providing fund:	s for such purposes)	).		
NOT APPLICABLE					
		<del></del>			
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Form **990-PF** (2015)

THE JAMES BURTON BLAIR FAMILY 71-0841498 Form 990-PF (2015) FOUNDATION, INC. Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash X 1a(1) X (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) Х 1b(2) (2) Purchases of assets from a noncharitable exempt organization (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) Х (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (b) Amount involved (c) Name of noncharitable exempt organization (a) Line no (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer return with the preparer shown below (see instr )? Sign Here 5-16-16 X Yes Signature of officer or trustee Title Print/Type preparer's name Preparer's signature Date Check PTIN self-employed 5/12/2016 Paid HARRY C. ERWIN P00130776

Form **990-PF** (2015)

<u>(501)868-7486</u>

Firm's EIN ► 71-0603587

Preparer

**Use Only** 

Firm's name ► ERWIN & COMPANY,

Firm's address ► 6311 RANCH DRIVE

LITTLE ROCK, AR 72223

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Purpose of grant or contribution Foundation show any relationship to Amount status of any foundation manager Name and address (home or business) recipient or substantial contributor SYMPHONY OF NW AR NONE NONE UNRESTRICTED PO BOX 1243 FAYETTEVILLE AR 72702 5,000. THEATRESQUARED ANNUAL FUND NONE NONE UNRESTRICTED P.O. BOX 4188 FAYETTEVILLE, AR 72702 1,500. UNIVERSITY OF ARKANSAS FOUNDATION CHANCELLOR'S SOCIETY NONE NONE 210 RAVENWOOD LANE FAYETTEVILLE, AR 72701 2,000. WASHINGTON REGIONAL FOUNDATION NONE NONE NONE P.O. BOX 356 FAYETTEVILLE, AR 72702 1,000, WASHINGTON REGIONAL HOSPICE NONE NONE UNRESTRICTED 34 COLT SQUARE 35,000. FAYETTEVILLE AR 72703 Total from continuation sheets 44 500.

FORM 990-PF	DIVIDENDS	S AND INTER	EST	FROM SECUR	ITIES S	TATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDEND		(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME		
DIVIDENDS - WELLS FARGO INTEREST - WELLS	87,157	. 14,26	4.	72,893.	72,893.		
FARGO	5,129	•	0.	5,129.	5,129.		
TO PART I, LINE 4	92,286	14,26	4.	78,022.	78,022.		
FORM 990-PF		TAX	ES		S	TATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) TINVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
WASHINGTON CNTY PRO EXCISE TAX PAID	P TAX	4,511. 710.		2,256.			0.
TO FORM 990-PF, PG	1, LN 18	5,221.		2,256.			0.
FORM 990-PF		OTHER E	XPEN	ISES	s	TATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) TINVEST- NT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITA PURPOS	
OFFICE EXPENSE UTILITIES	-	10,090. 4,938.		0.			0.
TO FORM 990-PF, PG	1, LN 23	15,028.		0.	<u></u>	·	0.

FORM 990-PF (	CORPORATE STOCK		STATEMENT	4
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	1
10,900 SHS PIMCO CORP INCOME FUND 4,900 SHS PIMCO INCOME OPPORTUNIT 4,894 SHS NUVEEN S&P 500 10,000 SHS EATON VANCE TAX MANAGE 3,533 SHS NUVEEN GLOBAL HIGH INCO 4,000 SHS EATON VANCE RISK MANAGE 32 SHS DELTA AIRLINES, INC. 10,000 SHS ADVANTAGE INCOME 3,000 SHS EATON VANCE MANAGED GLO 6,000 SHS FRONTIER COMMUNICATIONS 10,000 HERCULES TECHNOLOGY 14,000 PIMCO INCOME STRAGEGY FUND	TY FUND ED OME ED OBAL OPP S CORP	0. 122,412. 99,983. 200,000. 107,418. 80,000. 294. 98,267. 28,942. 0. 121,814. 145,869.	103,73 65,72 112,00 48,54 40,64 1,62 74,50 33,69	
TOTAL TO FORM 990-PF, PART II, L	······	1,004,999.	725,13	
FORM 990-PF (	CORPORATE BONDS		STATEMENT	5
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	
500,000 DELTA AIRLINES	-	191,779.	11,45	
TOTAL TO FORM 990-PF, PART II, L	INE 10C	191,779.	. 11,45	
FORM 990-PF DEPRECIATION OF ASS	SETS NOT HELD FOR	INVESTMENT	STATEMENT	6
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE	2
LEGACY BUILDLING SUITE 508 OFFICE FURNITURE OFFICE FURNITURE OFFICE FURNITURE BALCONY FLOORING COMPUTER, PRINTER, & ROUTER	398,336. 79,458. 33,779. 5,182. 1,603. 1,408.	91,883. 79,458. 33,779. 5,182. 988. 1,408.		0. 0. 15.
TOTAL TO FM 990-PF, PART II, LN	14 519,766.	212,698.	307,06	58.

Asset					Description	of property		
lumber	Date placed in service	Method/ IRC sec.	Life or rate	Line No.	Cost or other basis	Basis reduction	Accumulated depreciation/amortization	Current year deduction
11	LEGACY E	UILDL	ING S	UIT	E 508			
<u>-</u>	07,01,07		39.00	17	398,336.		81,669.	10,214
12	OFFICE P							
	07 01 07			17	79,458.		79,458.	0
24	OFFICE F							
	08,06,07			17	33,779.		33,779.	0
35	OFFICE F				·			
	072407			17	5,182.		5,182.	0
36	BALCONY			1			<del></del>	
	08 28 07				1,603.		893.	95
37	COMPUTER							
	013008			17	1,408.	704.	704.	0
	* TOTAL	990-P	F PG	1 D				
		<u> </u>			519,766.	704.	201,685.	10,309
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01.46				Ħ	- Current year section 179	(D) - Asset dispo	96U	

## Schedule B

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

Department of the Treasury Internal Revenue Service

## 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

Name of the organization

THE JAMES BURTON BLAIR FAMILY FOUNDATION, INC.

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

71-0841498

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 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, chantable, 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

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

THE JAMES BURTON BLAIR FAMILY

FOUNDATION, INC.

Employer identification number

71-0841498

Part I	Contributors	(see instructions)	Use duplicate co	pies of Part I if a	dditional space is needed.
--------	--------------	--------------------	------------------	---------------------	----------------------------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	MARGARET BLAIR  24 SOUTH UNIVERSITY, #201  FAYETTEVILLE, AR 72701	\$5,000.	Person X Payroll
(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 Oncash 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 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)

Name of organization

THE JAMES BURTON BLAIR FAMILY

FOUNDATION, INC.

Employer identification number

71-0841498

Part II	<ul> <li>Noncash Prope</li> </ul>	rty (see instructions	Use duplicate copies of Part I	I if additional space is needed
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(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
		  \$	

THE	.TAMES	BIIRTON	RT.ATR	FAMTI.V

	S BURTON BLAIR FAMIL	Y		Employer Identification number			
Part III E	ON , INC . Exclusively religious, charitable, etc., continue year from any one contributor. Complete of completing Part IIII, enter the total of exclusively religious.	columns (a) through (e) and the follo s, charitable, etc , contributions of \$1,000 o	Wing line entry. For organization	ne.			
a) No.	Jse duplicate copies of Part III if addition	al space is needed					
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	(d) Description of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	Insferor to transferee			
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desc	cription of how gift is held			
		(e) Transfer of gi	ft				
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a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	cription of how gift is held			
		,					
	(e) Transfer of gift						
	Transferee's name, address, a	nd ZIP + 4	Relationship of tra	ansferor to transferee			
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