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Return of Private Foundation

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

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

OMB No 1545-0052

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. For calendar year 2016 of tax year beginning , and ending Name of foundation Employer identification number THE LESTER MCKINLEY FAM. FOUNDATION 41-2048561 Number and street (or P O box number if mail is not delivered to street address) Room/suite Telephone number (see instructions) P.O. BOX 446 870-830-0156 City or town, state or province, country, and ZIP or foreign postal code If exemption application is pending, check here DEWITT 72042 AR G Check all that apply. Initial return Initial return of a former public charity 1 Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the Address change 85% test, check here and attach computation Name change Check type of organization X Section 501(c)(3) exempt private foundation If private foundation status was terminated under section 507(b)(1)(A), check here Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation I Fair market value of all assets at J Accounting method: X Cash | Accrual If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col (c), Other (specify) 143,576 line 16) ▶ (Part I, column (d) must be on cash basis) Part I (d) Disbursements Analysis of Revenue and Expenses (The total of (a) Revenue and (b) Net investment (c) Adjusted net for charitable amounts in columns (b), (c), and (d) may not necessarily equal expenses per purposes (cash basis only) income income the amounts in column (a) (see instructions)) hooks 10,000 1 Contributions, gifts, grants, etc., received (attach schedule) 2 if the foundation is **not** required to attach Sch B 3 Interest on savings and temporary cash investments 631 631 4 Dividends and interest from securities ക 5a **Gross rents** b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) Net short-term capital gain Income modifications 9 10a Gross sales less returns and allowances Less: Cost of goods sold Gross profit or (loss) (attach schedule) 11 Other income (attach schedule) 631 12 Total. Add lines 1 through 11 10,631 13 Compensation of officers, directors, trustees, etc. Operating and Administrative Expenses 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees (attach schedule) STMT 1 475 475 Accounting fees (attach schedule) Other professional fees (attach schedule) 17 Taxes (attach schedule) (see instructions) 3 19 Depreciation (attach schedule) and depletion \ / (1) 20 Occupancy Travel, conferences and meetings 4 2017 21 22 Printing and publications 23 Other expenses (att sch) Total operating and administrative expenses 24 478 478 Add lines 13 through 23 7,250 7,250 25 Contributions, gifts, grants paid 7,728 478 ٥ 7,250 Total expenses and disbursements. Add lines 24 and 25 26 Subtract line 26 from line 12 27 2,903 Excess of revenue over expenses and disbursements 153 Net investment income (if negative, enter -0-)

For Paperwork Reduction Act Notice, see instructions.

Adjusted net income (if negative, enter -0-)

Form 990-PF (2016)

2 Enter amount from Part I, line 27a 2 3 Other increases not included in line 2 (itemize) ▶ 3 4 Add lines 1, 2, and 3 143,576 4 5 Decreases not included in line 2 (itemize) ▶ 5 143,576

6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

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6

If section 4940(d)(2) applies, leave this part blank.	
Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?	Yes X
If "Yes," the foundation does not qualify under section 4940(e) Do not complete this part	
1 Enter the appropriate amount in each column for each year, see the instructions before making any entries	

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col (b) divided by col (c))
2015	7,250	144,444	0.050192
2014	6,600	143,910	0.045862
2013	6,500	136,642	0.047570
2012	7,000	134,752	0.051947
2011	6,900	131,316	0.052545

	2011	6,900	131,316		0.052545
2	Total of line 1, column (d)			2	0.248116
3	Average distribution ratio for the 5-year base penumber of years the foundation has been in exi	• • •		3	0.049623
4	Enter the net value of noncharitable-use assets	for 2016 from Part X, line 5		4	145,648
5	Multiply line 4 by line 3			5	7,227
6	Enter 1% of net investment income (1% of Part	I, line 27b)		6	2
7	Add lines 5 and 6			7	7,229
8	Enter qualifying distributions from Part XII, line	4		8	7,250

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate. See the Part VI instructions

Forn	1990-PF (2016) THE LESTER MCKINLEY FAM. FOUNDATION 41-2048561				F	age 4
_P	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 – see instructions)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1					
	Date of ruling or determination letter (attach copy of letter if necessary—see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	ļ			2
	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-)	2	ļ			0
3	Add lines 1 and 2	3	ļ			2
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	ļ			0
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-	5	<u> </u>			2
6	Credits/Payments					
а	2016 estimated tax payments and 2015 overpayment credited to 2016 6a					
b	Exempt foreign organizations – tax withheld at source 6b					
С	Tax paid with application for extension of time to file (Form 8868) 6c					
d	Backup withholding erroneously withheld 6d 6d					
7	Total credits and payments Add lines 6a through 6d	7_	ļ			
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	9				2
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10	ļ			
11	Enter the amount of line 10 to be: Credited to 2017 estimated tax ▶ Refunded ▶	11	<u> </u>			
Pa	art 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			l ,		
	Instructions for the definition)?			1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials					
	published or distributed by the foundation in connection with the activities					
С	Did the foundation file Form 1120-POL for this year?			1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year					
	(1) On the foundation. ▶ \$ (2) On foundation managers ▶ \$	_				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed					
	on foundation managers \$					
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2		X
	If "Yes," attach a detailed description of the activities					
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of					
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		ļ
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5		X
	If "Yes," attach the statement required by General Instruction T.					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:					
	● By language in the governing instrument, or					
	● By state legislation that effectively amends the governing instrument so that no mandatory directions that					
	conflict with the state law remain in the governing instrument?			6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part	XV		7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions) ▶					
	AR					
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General					
	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or					
	4942(j)(5) for calendar year 2016 or the taxable year beginning in 2016 (see instructions for Part XIV)? If "Yes,"					
	complete Part XIV			9		<u> </u>
0	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					
	names and addresses			10		<u> </u>
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P	art VII-A Statements Regarding Activities (continued)					age c
					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		x
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		х
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicat	ion?		13	X	
	Website address ▶ N/A					
14		none no	870-8	30-	015	6
	P.O. BOX 446					
	Located at ▶ DEWITT AR	ZIP+4 ▶	72042	2		
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	▶ •	15			
16	At any time during calendar year 2016, 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					
Pa	rt 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).					
	(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?	Yes	X No			
	(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?	Yes	X No			
	(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)?	Yes	X No			
	(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	X No			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulation	ons	/-			
	section 53 4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?		N/A	1b		
	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		N/A		ĺ	
_	were not corrected before the first day of the tax year beginning in 2016?		N/A	1c		
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)). At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and					
а	6e, Part XIII) for tax year(s) beginning before 2016?	Yes	X No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20					
b	Are there any years listed in 2a for which the foundation is not 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)		N/A	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		•			
	▶ 20 , 20 , 20 , 20					
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise					
	at any time during the year?	Yes	X No			
b	If "Yes," did it have excess business holdings in 2016 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					
	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 2016)		N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	,		4a		X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its		ĺ			٧-
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 201	16?		_4b		<u>X</u>
			F	om 99	リーピト	(2016)

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Pa	rt VII-B Statements Regarding Activities for Which Form	4720 May Be F	Required (con	tinued)	· · · · · · · · · · · · · · · · · · ·	
5a	During the year did the foundation pay or incur any amount to.					
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section	4945(e))?	` .	Yes X No		
	(2) Influence the outcome of any specific public election (see section 4955), or	to carry on,	_	(
	directly or indirectly, any voter registration drive?		Ц,	Yes X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		□ ,	Yes X No		
	(4) Provide a grant to an organization other than a charitable, etc., organization	n described in		<u></u>		
	section 4945(d)(4)(A)? (see instructions)		□,	Yes X No		
	(5) Provide for any purpose other than religious, charitable, scientific, literary, of	or educational				
	purposes, or for the prevention of cruelty to children or animals?			Yes X No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und			/-		
	Regulations section 53 4945 or in a current notice regarding disaster assistance		7	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check h			▶ ∐		
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax	37/3 D.	. 🗀		
	because it maintained expenditure responsibility for the grant?		N/A 📗 🔻	res ∐ No		
	If "Yes," attach the statement required by Regulations section 53 4945–5(d)					
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums	┌ .	,		
	on a personal benefit contract?			res X No	C.	x
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit conti	ract'		6b	
	If "Yes" to 6b, file Form 8870		\Box	res X No		
	At any time during the tax year, was the foundation a party to a prohibited tax si			res X No N/A	7b	İ
	If "Yes," did the foundation receive any proceeds or have any net income attribut VIII Information About Officers, Directors, Trustees, Fo					
F'G	and Contractors	Januarion man	agoro, riigiiiy	· ala Employ	,	
1 L	ist all officers, directors, trustees, foundation managers and their compens	sation (see instruc	tions).			
				(d) Contributions to		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	employee benefit plans and deferred		ense account, allowances
		devoted to position	enter -0-)	compensation	Outer	Bilowalices
SEI	3 ATTACHED SCHEDULE					
		0.00	0	0	<u></u>	0
		<u> </u>		<u>-</u>	ļ <u>-</u>	
		1			ľ	
		<u> </u>			L	
	Compensation of five highest-paid employees (other than those included	on line 1 – see inst	tructions). If non	e, enter		
	"NONE."	1	r	(a) Contributions to		
	4.1 No. 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit	(e) Expe	ense account,
	(a) Name and address of each employee paid more than \$50,000	devoted to position	(c) Compensation	plans and deferred compensation	other :	allowances
				compendation		
NON	IE .					
		-				
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			İ			
		-				
otal	number of other employees paid over \$50,000			>		0

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Part VIII Information About Officers, Directo and Contractors (continued)	· · · · · · · · · · · · · · · · · · ·		nployees,
3 Five highest-paid independent contractors for professi	onal services (see instructions)	. 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 se	envices		
Part IX-A Summary of Direct Charitable Act	ivities		<u>,</u>
List the foundation's four largest direct charitable activities during the tax year. Inclu- organizations and other beneficiaries served, conferences convened, research paper		number of	Expenses
1 N/A			
		{	
2 .			
3			
	•		
4			
Part IX-B Summary of Program-Related Inve	estments (see instructions)		
Describe the two largest program-related investments made by the foundation during			Amount
1 N/A			
•			
2			
All other program-related investments See instructions			
3			

Total. Add lines 1 through 3

7	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	7,250
þ	Program-related investments – total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	7,250
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b (see instructions)	5	2
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	7,248
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the	foundation	

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

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Pa	rt XIII Undistributed Income	(see instructions)				
•			(a)	(b)	(c)	(d)
1	Distributable amount for 2016 from Part	XI,	Corpus	Years prior to 2015	2015	2016
	line 7					7,280
2	Undistributed income, if any, as of the er	nd of 2016				
а	Enter amount for 2015 only				7,141	
b	Total for prior years: 20 , 20	. 20				
3	Excess distributions carryover, if any, to					
a	From 2011					
h	From 2012					
c	From 2013					
٦	From 2014					
u	From 2015					
e	•					
f	Total of lines 3a through e	. v.,				
4	Qualifying distributions for 2016 from Par	T All,				
	line 4· ▶ \$ 7,250				7,141	
	Applied to 2015, but not more than line 2				7,141	······································
b	Applied to undistributed income of prior y	rears				
	(Election required – see instructions)					·····
C	Treated as distributions out of corpus (El	ection				
	required – see instructions)					
d	Applied to 2016 distributable amount					109
е	Remaining amount distributed out of corp	ous				
5	Excess distributions carryover applied to	2016				
	(If an amount appears in column (d), the	same ·				
	amount must be shown in column (a))					
6	Enter the net total of each column as					
	indicated below:					
а	Corpus Add lines 3f, 4c, and 4e Subtrac	ct line 5				·····
	Prior years' undistributed income Subtra					
_	line 4b from line 2b					
c	Enter the amount of prior years' undistrib	uted				
Ŭ	income for which a notice of deficiency h					
	been issued, or on which the section 494	L. C.				
	tax has been previously assessed	2(0)				
	Subtract line 6c from line 6b. Taxable	•		· · · · · · · · · · · · · · · · · · ·		
a	•					
_	amount – see instructions Undistributed income for 2015 Subtract	lino				
е		inte				
	4a from line 2a. Taxable amount – see	•				
_	Instructions	·		 		
1	Undistributed income for 2016 Subtract	i				
	4d and 5 from line 1 This amount must b	e e				7,171
	distributed in 2017	-				7,111
7	Amounts treated as distributions out of c	·				
	to satisfy requirements imposed by section					
	170(b)(1)(F) or 4942(g)(3) (Election may	be				
	required—see instructions)	-				
8	Excess distributions carryover from 2011	not				
	applied on line 5 or line 7 (see instruction	s)				
9	Excess distributions carryover to 2017	' .				
	Subtract lines 7 and 8 from line 6a					
10	Analysis of line 9.					
а	Excess from 2012					
b	Excess from 2013					
c	Excess from 2014					
d	Excess from 2015					
e	Excess from 2016		_			
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	art XIV Private Operating For					Page 1 0
	If the foundation has received a ruling or					
	foundation, and the ruling is effective for		•	g		
b	Check box to indicate whether the found	· ·	•	ibed in section 4	942(j)(3) or 494	2(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		
	income from Part I or the minimum	(a) 2016	(b) 2015	(c) 2014	(d) 2013	(e) Total
	investment return from Part X for					
	each year listed		J			
b	85% of line 2a					
¢	Qualifying distributions from Part XII, line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
	for active conduct of exempt activities.					
	Subtract line 2d from line 2c		<u> </u>			
3	Complete 3a, b, or c for the					
	alternative test relied upon					
а	"Assets" alternative test – enter		1			
	(1) Value of all assets		<u> </u>			
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				·	
b	"Endowment" alternative test – enter 2/3					
	of minimum investment return shown in					
	Part X, line 6 for each year listed					
С	"Support" alternative test – enter				i	
	(1) Total support other than gross investment income (interest,					
	dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public					
	and 5 or more exempt					
	organizations as provided in					
	section 4942(j)(3)(B)(iii)					
	(3) Largest amount of support from					
	an exempt organization					
	(4) Gross investment income int XV Supplementary Inform	nation (Complete	this part only if	the foundation ha	d \$5 000 or more	in assets at
I'G	any time during the ye			ine roundation ne	14 45,000 01 11101	in assets at
1	Information Regarding Foundation Ma		<u> </u>			
а	List any managers of the foundation who	_	re than 2% of the total	contributions received I	by the foundation	
	before the close of any tax year (but only $\mathbf{N/A}$					
b	List any managers of the foundation who	own 10% or more of	the stock of a corporati	on (or an equally large	portion of the	
	ownership of a partnership or other entity \mathbf{N}/\mathbf{A}					
2	Information Regarding Contribution, G	rant, Gift, Loan, Sch	nolarship, etc., Progra	ıms:		
	Check here ▶ ☐ If the foundation only				oes not accept	
	unsolicited requests for funds If the found		·			
	other conditions, complete items 2a, b, c,	and d				
а	The name, address, and telephone numb LESTER MCKINLEY 870-		of the person to whom	applications should be	addressed	
	P.O. BOX 446 DEWITT					
b	The form in which applications should be SEE STATEMENT 3	submitted and inform	ation and materials the	y should include		
С	Any submission deadlines.					
d	Any restrictions or limitations on awards,	such as by geographi	cal areas, charitable fie	elds, kinds of institution	s, or other	
-	factors· N/A		·			
DAA	/					Form 990-PF (2016)

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

▶ 3b

Total

	Part XVI-A				Fuglisdo	d by costion F12 F12 or F14	
En	ter gross amo	ounts unless otherwise indicated	(a) Business code	d business income (b) Amount	(c) Exclusion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income
1	Program se	rvice revenue					(See instructions)
	b				ļ		
					<u> </u>		
					 		
							
	_	d contracts from government agencies			ļ		
		dues and assessments			111	621	
3		savings and temporary cash investments		: 	14	631	
4		nd interest from securities			ļ		
5		come or (loss) from real estate					
		anced property	ļ		-		
_		t-financed property			 		
		come or (loss) from personal property					
	Other invest						
		s) from sales of assets other than inventory					
		or (loss) from special events					
	-	or (loss) from sales of inventory					
11		ue. a			1		
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40	е				,	631	
	eSubtotal Ad	ld columns (b), (d), and (e)		C		631	631
13	Subtotal Ad Total. Add in	ld columns (b), (d), and (e) ine 12, columns (b), (d), and (e)				631 13	
13 (Se	e Add li Total. Add li ee worksheet	id columns (b), (d), and (e) ine 12, columns (b), (d), and (e) in line 13 instructions to verify calculations)				13	
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E-Q1	(AVII	Exempt Organiz	_	idiisieis IU a	nu mansac	tions and Re	nationships w	nth Noncharitable		
1	Did the org	anization directly or inc		age in any of the f	ollowing with a	ny other organiza	tion described		Yes	No
i	n section 5	001(c) of the Code (oth	er than sect	ion 501(c)(3) orga	anizations) or ir	section 527, rel	ating to political			
	organizatio									
		rom the reporting found	dation to a n	ioncharitable exer	mpt organizatio	n of				
,	(1) Cash							1 <u>a(1</u> 1 <u>a(2</u>		X
(2) Other assets b Other transactions										<u> </u>
_		of assets to a noncharit	ahle evemn	t organization				1b(1	.]]	x
	• •	ses of assets from a ne	•	_	ition			1b(2		X
		of facilities, equipment						1b(3		X
	-	rsement arrangements						1b(4)		х
(5) Loans o	or loan guarantees						1b(5		Х
(6) Perform	nance of services or me	embership c	or fundraising soli	citations			1b(6		X
	_	facılıties, equipment, m	_					<u>1c</u>		X
		er to any of the above i					-			
		goods, other assets, o								
	Line no	(b) Amount involved		ent, snow in columne of noncharitable exe				VICES FECEIVED transactions, and sharing arrangem		
N/A	LINGTIO	(b) Altibulit illivolved	(0) (40)	IO OI TIOTICI ISTRADIO BACI	mpt organization	(4)	rescription of transfers,	transactions, and sharing attangent	31115	
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		ation directly or indirec	-				izations	\Box .	(T)	l
		section 501(c) of the (than section 501	(c)(3)) or in sec	tion 5277		Y	es X	No
D II		nplete the following sch) Name of organization	ledule	(b) Type of	organization	T	(c) Descri	ption of relationship		
N,				(47.7,72.2.			(0, 2000)			
							· · · · · ·			
-										
	T the decision	-11								
		attles of perjury, I declare that nd complete Declaration of pr						my knowledge and belief, it is true	-	
eian.		_						May the IRS discuss this re with the preparer shown be		
Sign Iere		0 M.	. 1			1			Yes	No
icie	1	Teton 16	//		1	3/20/17	L CHAI	RMAN OF TRUST	EES	
	Signa	ture of officer or trustee	/		Da	ate	Title	THE THOUSAND		
	Print/Typ	pe preparer's name			Preparer's signa	ature	- 	Date	Check	
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aid		NORRIS			عنده	nomio	CPA	3-14-17		
repare se On	lv Firm's na				PA'S			PTIN P00572		
JJ J 11	Firm's ac		. CAPI		TE 501			Firm's EIN ▶ 71-059		
		TT.L.T.	E ROCK	, AK 72	201			Phone no 501-37 Form 99		
								Form 33	y -1 1 1	(2010)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

.irs.gov/form990.
Employer identification number

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

2016

OMB No 1545-0047

THE LESTER MC	KINLEY FAM. FOUNDATION	41-2048561			
Organization type (check one	e)				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
1 0m1 990 01 990-EZ	So t(c)() (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				
	overed by the General Rule or a Special Rule.				
Note: Only a section 501(c)(7) instructions.	, (8), or (10) organization can check boxes for both the General Rule and a Special F	Rule See			
General Rule					
—					
	ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling				
	property) from any one contributor. Complete Parts I and II. See instructions for deter	mining a			
contributor's total contri	ributions				
Special Rules					
		and of the			
	scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33½ % support t ions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ),				
_	iat received from any one contributor, during the year, total contributions of the great				
	e amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1 Complete Pa				
For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one					
=	year, total contributions of more than \$1,000 exclusively for religious, charitable, scie				
literary, or educational	purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II	, and III			
For an organization de	scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one			
	year, contributions exclusively for religious, charitable, etc., purposes, but no such	• • •			
	ore than \$1,000. If this box is checked, enter here the total contributions that were re	eceived			
	exclusively religious, charitable, etc., purpose Don't complete any of the parts unless				
	to this organization because it received <i>nonexclusively</i> religious, charitable, etc., con				
totaling \$5,000 or more	e during the year	▶ \$			
Caution: An organization that i	isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (F	Form 990,			
	t answer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its For				
	certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ,				
For Paperwork Reduction Act No	otice, see the Instructions for Form 990, 990-EZ, or 990-PF. Sch	edule B (Form 990, 990-EZ, or 990-PF) (2016)			

Name of organization

THE LESTER MCKINLEY FAM. FOUNDATION

Employer identification number 41-2048561

Part I	Contributors (See instructions). Use duplicate copies of Part I if additional space is needed						
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
1	LESTER MCKINLEY P.O. BOX 446 DEWITT AR 72042	\$ 10,000	Person X Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)				
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution				
		\$	Person Payroll Noncash (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)				

1

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41-2048561

Federal Statements

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

Description

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

THE LESTER MCKINLEY FAMILY FOUNDATION 41-2048561 LIST OF TRUSTEES/OFFICERS December 31, 2016

FORM 990-PF, PART VIII

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