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Form **990-PF**

EXTENDED TO NOVEMBER 15, 2017 Return of Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.lrs.gov/form990pf.

Ford	For calendar year 2016 or tax year beginning , and ending						
Nan	ne of	foundation		A Employer identification number			
T	ΗÈ	JAMES BURTON BLAIR FAM					
		NDATION, INC.			71-0841498		
		nd street (or P O box number if mail is not delivered to street	address)	Room/suite	B Telephone number		
_1	722	N COLLEGE AVENUE, STE	2	330	(479) 756-	2545	
		wn, state or province, country, and ZIP or foreign p			C If exemption application is pe	ending, check here	
		ETTEVILLE, AR 72703					
G C	heck	all that apply: Initial return	Initial return of a for	mer public charity	D 1. Foreign organizations	, check here	
		Final return	Amended return				
		Address change	Name change		Foreign organizations me check here and attach coi	eting the 85% test, mputation	
H C	heck	type of organization: X Section 501(c)(3) ex	empt private foundation		 E If private foundation stat	us was terminated	
	Sec	ction 4947(a)(1) nonexempt charitable trust	Other taxable private foundate		under section 507(b)(1)		
1 Fa	ır ma	rket value of all assets at end of year J Accounti	ng method: X Cash	Accrual	F If the foundation is in a 6	60-month termination	
(fr	om F		her (specify)		under section 507(b)(1)		
		1,203,124. (Part I, colu	mn (d) must be on cash b	asis)			
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable purposes	
رَيِ		necessarily equal the amounts in column (a))	expenses per books	ıncome	income	(cash basis only)	
		Contributions, gifts, grants, etc., received	1,000.	·	N/A		
0 %	2	Check X If the foundation is not required to attach Sch. B					
<u>)</u> ≓	3	Interest on savings and temporary cash investments					
, . 	4	Dividends and interest from securities	72,403.	72,403.		STATEMENT 1	
	5a	Gross rents					
	Ь	Net rental income or (loss)					
ത് ം	6a	Net gain or (loss) from sale of assets not on line 10	708.				
图点	Ь	Gross sales price for all assets on line 6a 2,227.					
/NNNNE() . Revenue	7	Capital gain net income (from Part IV, line 2)		708.			
۳	8	Net short-term capital gain			DE		
Y2	9	Income modifications			ng		
	10a	Gross sales less returns and allowances			101	(0)	
	b	Less Cost of goods sold			181 111	0 3 2017 18	
	C	Gross profit or (loss)					
	11	Other income			200	65	
	12	Total Add lines 1 through 11	74,111.	<u>73,111.</u>		EN. UT j	
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.	
	14	Other employee salaries and wages					
Ø	15	Pension plans, employee benefits					
	16a	Legal fees					
Expense	I	Accounting fees STMT 2	2,500.	1,250.	,	0.	
Ж		Other professional fees		<u> </u>	<u> </u>		
Operating and Administrative	17	Interest					
trat	18	Taxes STMT 3	6,193.	2,239.		0.	
nis	19	Depreciation and depletion	10,309.	0.			
텵	20	Occupancy	ļ		 	<u> </u>	
Ă	21	Travel, conferences, and meetings				<u> </u>	
anc	22	Printing and publications	ļ		<u> </u>	<u> </u>	
ng	23	Other expenses STMT 4	14,794.	0.	<u>, </u>	0.	
rati	24	Total operating and administrative					
De	}	expenses. Add lines 13 through 23	33,796.	3,489	<u> </u>	0.	
9	25	Contributions, gifts, grants paid	76,664.		 	76,664.	
	26	Total expenses and disbursements.					
	<u> </u>	Add lines 24 and 25	110,460.	3,489	 	76,664.	
	27	Subtract line 26 from line 12:					
	ì	Excess of revenue over expenses and disbursements	<36,349.		 		
	l .	Net investment income (if negative, enter -0-)		69,622		<u> </u>	
	C	Adjusted net income (if negative, enter -0-)	<u> </u>	<u> </u>	N/A	<u> </u>	

623501 11-23-16 LHA For Paperwork Reduction Act Notice, see instructions.

Part II Balance Sheets Attached schedules and amounts in the description column should be for end of wear amounts only	Beginning of year	End of	year
Part II Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing	2.	3.	3.
2 Savings and temporary cash investments	134,499.	22,403.	22,403.
3 Accounts receivable ►			
Less: allowance for doubtful accounts			
4 Pledges receivable ►			
Less: allowance for doubtful accounts			
5 Grants receivable			
6 Receivables due from officers, directors, trustees, and other			
disqualified persons			
7 Other notes and loans receivable			
Less: allowance for doubtful accounts			
2 8 Inventories for sale or use			
8 Inventories for sale or use 9 Prepaid expenses and deferred charges			·
10a Investments - U.S. and state government obligations			
b Investments - corporate stock STMT 5	1,004,999.	1,092,537.	854,706.
c Investments - corporate bonds STMT 6	191,779.	190,260.	11,458.
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			
14 Land, buildings, and equipment; basis ► 519,766.			
Less accumulated depreciation STMT 7 > 215,212.	314,863.	304,554.	314,554.
15 Other assets (describe ►)			
16 Total assets (to be completed by all filers - see the			
instructions. Also, see page 1, item I)	1,646,142.	1.609.757	1,203,124.
17 Accounts payable and accrued expenses			
18 Grants payable			
A Data and assurance			
20 Loans from officers, directors, trustees, and other disqualified persons 21 Mortgages and other notes payable			
21 Mortgages and other notes payable			
22 Other liabilities (describe >)			
23 Total liabilities (add lines 17 through 22)	0.	0.	
Foundations that follow SFAS 117, check here			
and complete lines 24 through 26 and lines 30 and 31.			
φ			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
24 Unrestricted 25 Temporarily restricted 26 Permanently restricted Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. 27 Capital stock, trust principal, or current funds 28 Paid-in or capital surplus, or land, bldg., and equipment fund Retained earnings, accumulated income, endowment, or other funds 30 Total net assets or fund balances	1,646,142.	1,609,757.	
30 Total net assets or fund balances	1,646,142.	1,609,757.	
-			
31Total liabilities and net assets/fund balances	1,646,142.	1,609,757.	
Part III Analysis of Changes in Net Assets or Fund B			
			·
1 Total net assets or fund balances at beginning of year - Part II, column (a), line	30		
(must agree with end-of-year figure reported on prior year's return)		1	1,646,142.
2 Enter amount from Part I, line 27a		2	<36,349.
3 Other increases not included in line 2 (itemize)		3	0.
4 Add lines 1, 2, and 3		4	1,609,793.
5 Decreases not included in line 2 (itemize) ► NONDEDUCTIBLE	EXPENSES	5	36
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	1,609,757

FOUNDATION, INC.

	and Losses for Tax on In	vestment	Income					. 001	
(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)				(b) H	low ac - Purc - Dona	nase į '	c) Date a (mo., da		(d) Date sold (mo., day, yr.)
1a									
b SEE ATTACHED	STATEMENT			<u> </u>					
<u>c</u>				<u> </u>					·
<u>d</u>									
<u>e</u>	(D) D	(-) 0		┖		1		o (loos)	<u></u>
(e) Gross sales price	(f) Depreciation allowed (or allowable)		t or other basis epense of sale		· -		(e) plus	in or (loss) (f) minus () (g)
<u>.</u>									
_b									
_ <u>c</u>						·			
e 2,227.			1,51	9					708.
	ng gain in column (h) and owned by	the foundation				(1)	Gains (Co	ol. (h) gam	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exc	cess of col. (1) col. (j), if any				k), but n	ot less that from col. (n -0-) or
<u>a</u>									
<u>b</u>									·
<u>c</u>									
<u>d</u>									
<u>e</u>	<u> </u>	<u> </u>							708.
2 Capital gain net income or (net ca	apital loss) $ \begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases} $	r in Part I, line : - in Part I, line	7 7	}	2_	ļ	<u>.</u>		708.
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) ar	nd (6):		`					
If gain, also enter in Part I, line 8,	• •			\				37/3	
Part V Qualification U	Inder Section 4940(e) for	Paducad	Tay on Not	t lm	3 Ostr	nent inc	me	N/A	<u> </u>
	``								
(i or optionar use by domestic privat	e foundations subject to the section	4940(a) tax uii	Het myestment i	licom	e.)				
If section 4940(d)(2) applies, leave t	this part blank.								
Was the foundation liable for the sec	ction 4942 tax on the distributable an	nount of any ve	ear in the base pe	rıod?					Yes X No
If "Yes," the foundation does not qua	alify under section 4940(e). Do not co	omplete this pa	rt.						
1 Enter the appropriate amount in	each column for each year; see the i	nstructions be	fore making any	entrie	s				
(a) Base period years	(b)			(c)				Distri	(d) bution ratio
Calendar year (or tax year beginn			Net value of n					(col. (b) dr	vided by col. (c))
2015		4,600.				6,030			.040731
2014		6,500.				0,029			.017434
2013		6,700.			<u>, 53</u>	88,097	•		.062870
2012		3,820.	···			3,547 3,881			.052900
2011		30,690.			, 5	2,88I	- 	<u> </u>	.051268
2 Total of line 1, column (d)									.225203
• • • • • • • • • • • • • • • • • • • •	5-year base period - divide the total	on line 2 hy 5	or by the numbe	r of w	aare		2		
the foundation has been in existe		on line 2 by 5,	or by the number	i Oi y	eai S		3		.045041
the foundation has been in exist	tine il less tilali 5 years						-	 	.043043
4 Enter the net value of noncharita	ble-use assets for 2016 from Part X,	line 5					4		1,407,029.
	,	,							
5 Multiply line 4 by line 3							5	}	63,374.
6 Enter 1% of net investment inco	me (1% of Part I, line 27b)						6		696
7 Add lines 5 and 6		•					7_	ļ	64,070
8 Enter qualifying distributions fro	m Part XII. line 4						8	=	76,664
	in line 7, check the box in Part VI, lin	e 1h and com	nlete that part us	י מחח	1% +2~	rate	<u> </u>	1	
See the Part VI instructions			pioto triat part usi	y a	. /u (a)				

THE JAMES BURTON BLAIR FAMILY

	990-PF (2016) FOUNDATION, INC. 71-0841 rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			age 4 S)
	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) Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%		6:	96.
c	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).			
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
	Add lines 1 and 2		69	96.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		6.9	96.
	Credits/Payments:			
	2016 estimated tax payments and 2015 overpayment credited to 2016 6a 1,640.			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c			
	Backup withholding erroneously withheld Tatal codults and no imports. Add here So theoreth Sd.		1 6	4.0
	Total credits and payments. Add lines 6a through 6d Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached 8		1,6	<u>+ U •</u>
	Enter any penalty for underpayment of estimated tax. Check here If Form 2220 is attached Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9			
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		9	44.
	Enter the amount of line 10 to be: Credited to 2017 estimated tax			0.
	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)?	16		<u>X</u>
	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.			
C	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ 0. (2) On foundation managers. ► \$ 0.		, ,	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
	managers. > \$ 0.		,)	v
Z	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
3	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] }		
Ü	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
	If "Yes," has it filed a tax return on Form 990-T for this year? 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		1	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	1	1	
	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)			
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)	1		
	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>	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		X
	F	orm 99 0	0-PF	(2016)

THE JAMES BURTON BLAIR FAMILY 71-0841498 FOUNDATION. Page 5 INC Part 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 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 application? Website address ► N/A Telephone no. \triangleright (479) 521-1403 14 The books are in care of ▶ JAMES B. BLAIR Located at ▶ 3065 NORTH COLLEGE AVE. #51. ZIP+4 ▶72703 FAYETTEVILLE. 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 Yes No 16 At any time during calendar year 2016, did the foundation have an interest in or a signature or other authority 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 Part VII-B | Statements Regarding Activities for Which Form 4720 May Be Required Yes No File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. 1a During the year did the foundation (either directly or indirectly): __ Yes X No (1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) Yes X No 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? Yes X No (5) Transfer any income or assets to a disqualified person (or make any of either available Yes X No for the benefit or use of a disqualified person)? (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 Yes X No termination of government service, if terminating within 90 days.) 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)? N/A1b Organizations relying on a current notice regarding disaster assistance check here 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 X before the first day of the tax year beginning in 2016? 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)): a At the end of tax year 2016, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2016? If "Yes," list the years 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/A2b c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. 3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time Yes X No during the year? b If "Yes," did it have excess business holdings in 2016 as a result of (1) any purchase by the foundation or 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

Form **990-PF** (2016)

4a

X

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

had not been removed from jeopardy before the first day of the tax year beginning in 2016?

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

section 53.4945 or in a current notice regarding disaster assistance (see instruc	ctions)?	•	N/A	5b
Organizations relying on a current notice regarding disaster assistance check he	ere			1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	om the tax because it maint	ained	\	<u> </u>
expenditure responsibility for the grant?	1	N/A 🗀 Ye:	s 🔲 No	
If "Yes," attach the statement required by Regulations section 53.4945	i-5(d)			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	ay premiums on			
a personal benefit contract?		Ye:	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a pe	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax sl	helter transaction?	Ye:	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b
Part VIII Information About Officers, Directors, Truster Paid Employees, and Contractors	es, Foundation M	anagers, Highly		
1 List all officers, directors, trustees, foundation managers and their of	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances
JAMES B. BLAIR	VICE PRESIDE		RER	
16850-112 COLLINS AVE. #144				
SUNNY ISLES BEACH, FL 33160	1.00	0.	0.	0
	VICE PRESIDE			
5202 S.DORCHESTER #3				
CHICAGO, IL 60615	0.25	0.	0.	0
	SECRETARY			
9515 RED RAIN PATH				
COLUMBIA, MD 21046	0.25	0.	0.	0
NANCY BLAIR 1122 N	PRESIDENT			
3065 N. COLLEGE AVE. #250,162 持330		Į į		,
FAYETTEVILLE, AR 72703	0.25	0.	0.	0
2 Compensation of five highest-paid employees (other than those inc		e, enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
				1
		1		
	1			1
				1
	1			}
	1			1

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

THE JAMES BURTON BLAIR FAMILY Orm 990-PF (2016) FOUNDATION, INC.	71-0) 841498 Page 7
Part VIII Information About Officers, Directors, Trustees, Found Paid Employees, and Contractors (continued)	lation Managers, Highly	
Five highest-paid independent contractors for professional services. If none, en	ter "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		▶ 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant standard of organizations and other beneficiaries served, conferences convened, research papers p	itistical information such as the roduced, etc.	Expenses
N/A		
?		
3		
·		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year	on lines 1 and 2.	Amount
N/A		
All other program-related investments. See instructions.		

Total. Add lines 1 through 3

FOUNDATION, INC.

P	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		
a	Average monthly fair market value of securities	1a	839,977.
b	Average of monthly cash balances	15	_58,713.
C	Fair market value of all other assets	1c	529,766.
d	Total (add lines 1a, b, and c)	1 <u>d</u>	1,428,456.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,428,456.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	21,427.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,407,029.
6	Minimum investment return. Enter 5% of line 5	6	70,351.
P	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.)	id certain	
1	Minimum investment return from Part X, line 6	1	70,351.
	Tax on investment income for 2016 from Part VI, line 5		· · · · · · · · · · · · · · · · · · ·
b	Income tax for 2016. (This does not include the tax from Part VI.)	1	
	Add lines 2a and 2b	2c	696.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	69,655.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	69,655.
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	69,655.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	76,664.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
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	76,664.
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	<u>696.</u>
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	75,968.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation 4940(e) reduction of tax in those years.	qualifies	for the section

FOUNDATION, INC.

Part XIII	Undistributed Income	(see instructions)
-----------	-----------------------------	--------------------

	(a) Corpus	(b) Years prior to 2015	(c) 2015	(d) 2016
1 Distributable amount for 2016 from Part XI,				
line 7				69,655.
2 Undistributed income, if any, as of the end of 2018				
a Enter amount for 2015 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2016:				
a From 2011 3,613.				
b From 2012 6,679.				
c From 2013 21,279.				
d From 2014				
e From 2015	31,571.			
f Total of lines 3a through e 4 Qualifying distributions for 2016 from	31,3/1.			
Part XII, line 4: ►\$ 76,664.				
a Applied to 2015, but not more than line 2a			0.	t
b Applied to undistributed income of prior			•	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2016 distributable amount	``			69,655.
e Remaining amount distributed out of corpus	7,009.	· · · · · · · · · · · · · · · · · · ·		
5 Excess distributions carryover applied to 2016	0.			0.
(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:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	38,580.			L
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		<u> </u>
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.	<u> </u>	<u> </u>
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.	<u> </u>	
e Undistributed income for 2015. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	<u> </u>
f Undistributed income for 2016. Subtract				
lines 4d and 5 from line 1. This amount must be distributed in 2017				
7 Amounts treated as distributions out of			 	0.
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 2011	•		 	
not applied on line 5 or line 7	3,613.			
9 Excess distributions carryover to 2017.				
Subtract lines 7 and 8 from line 6a	34,967.			
10 Analysis of line 9:				
a Excess from 2012 6,679.				
b Excess from 2013 21,279.				
c Excess from 2014				
d Excess from 2015				
e Excess from 2016 7,009.	<u> </u>	<u> </u>		<u> </u>

623581 11-23-16

- a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:
- b The form in which applications should be submitted and information and materials they should include:
- c Any submission deadlines:
- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors;

Page 11

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution · Name and address (home or business) or substantial contributor recipient a Paid during the year FAYETTEVILLE PUBLIC EDUCATION NONE NONE UNRESTRICTED FOUNDATION PO BOX 571 FAYETTEVILLE AR 72702 1,600. KUAF NONE NONE UNRESTRICTED 9 S. SCHOOL AVE. 1,000, FAYETTEVILLE, AR 72701 MAYO CLINIC NONE NONE UNRESTRICTED 200 FIRST STREET SW 15,000. ROCHESTER MN 55905 SYMPHONY OF NW AR NONE NONE UNRESTRICTED PO BOX 1243 5,000, FAYETTEVILLE AR 72702 THEATRESQUARED ANNUAL FUND NONE NONE UNRESTRICTED P.O. BOX 4188 FAYETTEVILLE AR 72702 1 000. SEE CONTINUATION SHEET(S) Total **▶** 3a 76 664. b Approved for future payment NONE Total Form **990-PF** (2016)

Part XVI-A Analysis of Income-Producing Activities

iter gross amounts unless otherwise indicated.	Unrelated	f business income		ed by section 512, 513, or 514	(e)
Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
a					
b			\top		
c					
d					
е					
f					
g Fees and contracts from government agencies					
Membership dues and assessments					
Interest on savings and temporary cash		·			
investments					
Dividends and interest from securities			14	72,403.	
Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
Net rental income or (loss) from personal					
property					
Other investment income					
Gain or (loss) from sales of assets other			- {		
than inventory			18	708.	
Net income or (loss) from special events					
Gross profit or (loss) from sales of inventory					
Other revenue:	1				
a					
b					
c					
d					
				ì	
е					
e		C		73,111.	
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e)		C		73,111.	
e Subtotal. Add columns (b), (d), and (e)	3.)	C			
e Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations				13	
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which the foundation's exempt purposes (other the	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which the foundation's exempt purposes (other the	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which the foundation's exempt purposes (other the	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which the foundation's exempt purposes (other the	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which the foundation's exempt purposes (other the	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which the foundation's exempt purposes (other the	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations Eart XVI-B Relationship of Activities The No Explain below how each activity for which the foundation's exempt purposes (other the conditions).	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) we worksheet in line 13 instructions to verify calculations Eart XVI-B Relationship of Activities The No Explain below how each activity for which the foundation's exempt purposes (other the conditions).	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which the foundation's exempt purposes (other the condition).	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which the foundation's exempt purposes (other the condition).	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) e worksheet in line 13 instructions to verify calculations art XVI-B Relationship of Activities ne No Explain below how each activity for which the foundation's exempt purposes (other the condition).	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which the foundation's exempt purposes (other the	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which the foundation's exempt purposes (other the	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which the foundation's exempt purposes (other the	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which the foundation's exempt purposes (other the	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which the foundation's exempt purposes (other the	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11
Subtotal. Add columns (b), (d), and (e) Total. Add line 12, columns (b), (d), and (e) ee worksheet in line 13 instructions to verify calculations Part XVI-B Relationship of Activities ine No Explain below how each activity for which the foundation's exempt purposes (other the	es to the Acco	omplishment of	Exemp	13 t Purposes	73,11

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Part XVII	Information Regarding Transfers To	and Transactions an	nd Relationships With Nonch	aritable					
d. Diddle -	Exempt Organizations		described as a space 504/a) of	Yes No					
_	anization directly or indirectly engage in any of the follow			Tes INU					
•	other than section 501(c)(3) organizations) or in section		ations?						
	rom the reporting foundation to a noncharitable exempt	organization or:		1-(1)					
(1) Cash				1a(1) X 1a(2) X					
(2) Other				1a(2) X					
b Other trans				45/45					
• •	of assets to a noncharitable exempt organization			1b(1) X					
	ases of assets from a noncharitable exempt organization			1b(2) X 1b(3) X					
	(3) Rental of facilities, equipment, or other assets (4) Reimbursement arrangements								
• •	or loan guarantees			1b(4) X 1b(5) X					
(6) Perfor		1b(3) X 1b(4) X 1b(5) X 1b(6) X							
• •		1c X							
	facilities, equipment, mailing lists, other assets, or paid of the rer to any of the above is "Yes," complete the following so		ave show the fair market value of the goods						
or services	given by the reporting foundation. If the foundation recipitation to the goods, other assets, or services received	eived less than fair market value							
	·	ible exempt organization	(d) Description of transfers, transactions, an	od sharing arrangements					
(4)4	N/A		(a) bescription of transcript, transactions, an	a situang arrangoments					
	17.5	<u> </u>							
									
									
			<u> </u>						
			 						
			 						
			 						
									
ın section	dation directly or indirectly affiliated with, or related to, of 501(c) of the Code (other than section 501(c)(3)) or in simplete the following schedule. (a) Name of organization		ations described (c) Description of relatio	Yes X No					
	N/A								
			· · · · · · · · · · · · · · · · · · ·						
Under	penalties of perjury, I declare that I have examined this return, incl	uding accompanying eshedular sed	statements and to the heat of my beautides						
Sign Here	lief, it is true, correct, and complete Declaration of preparer (other	than taxpayer) is based on all information to the control of the c	Preside	May the IRS discuss this return with the preparer shown below (see instr.)? X Yes No					
	ature of officer or trustee Print/Type preparer's name Preparer	Date 's signature	Title Check if PTI	λ1					
	Trimo Type preparer a manie Preparer		"	18					
Paid	HARRY C. ERWIN, III How	W - Zuit	/ 127120t/l	00120776					
Preparer	Firm's name ERWIN & COMPANY,		Firm's EIN ▶ 71-	00130776					
Use Only	DINIE COMPANI,	_ •41.	THIII SERV P / I	0000001					
-	Firm's address ► 6311 RANCH DRIV								
	LITTLE ROCK, AR		Phone no. (501)868-7486					
				Form 990-PF (2016)					

Capital Gains and Los	ses for lax on investment income				
(a) List and 2-story br	describe the kind(s) of property sold ick warehouse; or common stock, 20	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a 500,000 SHS DE	LTA AIRLINES, IN	C PRINC PAYMENTS	P	VARIOUS	04/29/16
b 500,000 SHS DE		C PRINC PAYMENTS	P		08/31/16
c 500,000 SHS DE		C PRINC PAYMENTS	P	VARIOUS	12/29/16
d CAPITAL GAINS					
e					
f _					
9					
_h					
_!					
				ļ	<u> </u>
<u>k</u>			_	 	
1				 	
<u>m</u>				 	
<u>n</u>				 	
0	(f) Depression allowed	In Cook or other have		A Gain or (loss)	
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(n (e)	i) Gain or (loss) plus (f) minus (g)	
a 465.		465.			0.
b 547.		547.			0.
c 507.		507.			0.
d 708.					708.
e					
f					
g					
<u>h</u>					
1					
1					
<u>k</u>		 			
<u> </u>	ļ				
<u>m</u>	 	 			
0		 			
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69	(1) 1 c	sses (from col. (h	1)
	(j) Adjusted basis	(k) Excess of col. (I)	Gains (excess	of col. (h) gain ov	er col. (k),
(i) F.M.V. as of 12/31/69	as of 12/31/69	over col. (j), if any	but	not less than "-0-")	1
a					0.
b					0.
C					0.
<u>d</u>					708.
<u>e</u>					·
<u>f</u>					
9	 	 			
<u>h</u>	ļ — — — — — — — — — — — — — — — — — — —	 			
1		 			
k	 				
1					
m	 		·		
0					
	II	Dett line 7			
2 Capital gain net income or (net c	apıtal loss) { If gain, also ente If (loss), enter "-	er in Part I, line 7 0-" in Part I, line 7	2		708.
3 Net short-term capital gain or (lo	ss) as defined in sections 1222(5) a	- 1			
If gain, also enter in Part I, line 8	, column (c).)	1		
If (loss), enter "-0-" in Part I, line	8		3	N/A	

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient UNIVERSITY OF ARKANSAS FOUNDATION NONE CHANCELLOR'S SOCIETY NONE 210 RAVENWOOD LANE 600. FAYETTEVILLE AR 72701 NONE NONE WASHINGTON REGIONAL FOUNDATION UNRESTRICTED P.O. BOX 356 FAYETTEVILLE, AR 72702 35,000. WASHINGTON REGIONAL HOSPICE NONE NONE UNRESTRICTED 34 COLT SQUARE 1,000. FAYETTEVILLE, AR 72703 UNIVERSITY OF ARKANSAS FOUNDATION NONE NONE UNRESTRICTED 535 RESEARCH CENTER BLVD., SUITE 120 500. FAYETTEVILLE, AR 72701 WALTONS ARTS CENTER NONE NONE UNRESTRICTED 255 N. SCHOOL AVENUE 964. FAYETTEVILLE, AR 72701 SINGLE PARENT SCHOLARSHIP FUND OF NONE NONE UNRESTRICTED NORTHWEST ARKANSAS 16 W. COLT SQUARE DRIVE FAYETTEVILLE AR 72703 10,000. UNIVERSITY OF ARKANSAS FOUNDATION NONE NONE FULBRIGHT COLLEGE 535 RESEARCH CENTER BLVD., SUITE 120 DEAN'S FUND 5,000. FAYETTEVILLE AR 72701 Total from continuation sheets 53_064.

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.irs.gov/form990 .

OMB No 1545-0047

Employer identification number

Name of the organization THE JAMES BURTON BLAIR FAMILY

FOUNDATION, INC.

71-0841498

Organization type (crieck or	ie).
Filers of:	Section:
Form 990 or 990-EZ	501(c)() (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	X 501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
	covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions
_	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under 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 or, 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, line 1. Complete Parts I and II
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the itions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for ities to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter h purpose. Don't cor	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., implete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year \$\Bigsim \frac{1}{2} \text{ \$\infty}
but it must answer "No" on	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

THE JAMES BURTON BLAIR FAMILY

FOUNDATION, INC.

Employer identification number

71-0841498

Part I	Contributors (See instructions) Use duplicate copies of Part I if add	ditional 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	\$1,000.	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 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)
(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	Noncash Property (See instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$·	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Name of organization

Employer identification number

ль JAME	ES BURTON BLAIR FAMILY	Y	Employer Identification number
TTACIMIC	ON INC.		71-0841498 in section 501(c)(7), (8), or (10) that total more than \$1,000 for
• 1	the year from any one contributor. Complete c	olumns (a) through (e) and the follow	VING line entry. For organizations
	completing Part III, enter the total of exclusively religious Use duplicate copies of Part III if additiona	s, charitable, etc., contributions of \$1,000 or all space is needed	less for the year (Enter this info once)
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_ _			
		(e) Transfer of gift	
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee
) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gif	t
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	ft
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
n) No. From	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
<u> </u>		(e) Transfer of git	ft
		(o) manager of gr	

FORM 990-PF	DIVIDEND	S AND INTER	EST FROM SECUF	RITIES ST	ATEMENT	1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE S PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTEI NET INCON	
DIVIDENDS - WELLS FARGO INTEREST - WELLS	68,140	. 708	8. 67,432.	67,432.		
FARGO	4,971	. (0. 4,971	4,971.		
TO PART I, LINE 4	73,111	. 708	72,403	72,403.		
FORM 990-PF		ACCOUNTI	NG FEES	Si	PATEMENT	2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABI PURPOSES	
ACCOUNTING FEES	_	2,500.	1,250.			0.
TO FORM 990-PF, PG 1	1, LN 16B	2,500.	1,250.			0.
FORM 990-PF		TAX	ES	S	PATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAB PURPOSE	
WASHINGTON CNTY PROPEXCISE TAX PAID	P TAX	4,477. 1,716.				0.
TO FORM 990-PF, PG	1, LN 18	6,193.	2,239.			0.

FORM 990-PF	OTHER E	XPENSES			STATEMENT 4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTED NET INCOM	
OFFICE EXPENSE UTILITIES	9,811. 4,983.		0.		0.
TO FORM 990-PF, PG 1, LN 23	14,794.		0.		0.
FORM 990-PF	CORPORAT	E STOCK			STATEMENT 5
DESCRIPTION			вос	OK VALUE	FAIR MARKET VALUE
4,900 SHS PIMCO INCOME OPPOR' 4,894 SHS NUVEEN S&P 500 10,000 SHS EATON VANCE TAX MA 3,533 SHS NUVEEN GLOBAL HIGH 4,000 SHS EATON VANCE RISK MA 32 SHS DELTA AIRLINES, INC. 10,000 SHS ADVANTAGE INCOME 3,000 SHS EATON VANCE MANAGE 10,000 HERCULES TECHNOLOGY 14,000 PIMCO INCOME STRAGEGY 9,250 SHS THL CREDIT, INC. TOTAL TO FORM 990-PF, PART INCOME	ANAGED INCOME ANAGED D GLOBAL OPP FUND II			122,412. 99,983. 191,546. 107,418. 75,908. 294. 98,267. 25,905. 121,814. 145,869. 103,121.	113,484. 62,252. 103,500. 56,493. 35,840. 1,574. 84,800. 30,210. 141,100. 132,860. 92,593.
FORM 990-PF	CORPORAT	E BONDS			STATEMENT 6
DESCRIPTION			во	OK VALUE	FAIR MARKET VALUE
500,000 DELTA AIRLINES				190,260.	11,458.
TOTAL TO FORM 990-PF, PART I	I, LINE 10C			190,260.	11,458.

FORM 990-PF DEPRECIATION OF ASSE	TS NOT HELD FOR	INVESTMENT	STATEMENT 7
DESCRIPTION	COST OR OTHER BASIS	ACCUMULATED DEPRECIATION	BOOK VALUE
LEGACY BUILDLING SUITE 508 OFFICE FURNITURE	398,336. 79,458.	102,097. 79,458.	296,239.
OFFICE FURNITURE	33,779.	33,779.	0.
OFFICE FURNITURE BALCONY FLOORING	5,182. 1,603.	5,182. 1,083.	0. 520.
COMPUTER, PRINTER, & ROUTER	1,408.	1,408.	0.
TOTAL TO FM 990-PF, PART II, LN 14	519,766.	223,007.	296,759.



2016 DEPRECIATION AND AMORTIZATION REPORT

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Asset No	Description	Date Acquired	Method	Life	ν Νου Νου Νου Νου	Unadjusted Cost Or Basis	Bus Excl	Section 179 Expense	Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
11	LEGACY BUILDLING SUITE 508	07/01/07	SL	39.00	MM 7	398,336.				398,336.	91,883.		10,214.	102,097.
12	OFFICE FURNITURE	07/01/07 200DB	200DB	7.00	HX1.7	79,458.			-	79,458.	79,458.		0	79,458.
24	OFFICE FURNITURE	08/06/07 200DB	200DB	7.00	нхд 7	33,779.		-		33,779.	33,779.		0	33,779.
35	OFFICE FURNITURE	07/24/07 200DB	200DB	7.00	HX17	5,182.				5,182.	5,182.		0	5,182.
36	BALCONY FLOORING	08/28/07 150DB 15.00	150DB	15.00	HY1 7	1,603.				1,603.	988.		95.	1,083.
37	37 COMPUTER, PRINTER, & ROUTER	01/30/08 200DB	200DB	5.00	HY117	1,408.			704.	704.	704.		0	704.
	* TOTAL 990-PF PG 1 DEPR					519,766.			704.	519,062.	211,994.		10,309.	222,303.
	-	,												
٥	628111 04-01-16					(D) - Asset disposed	pesoc		*	ITC, Salvage,	* ITC, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	ercial Revita	lization Deduc	tion, GO Zone