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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements For calendar year 2008, or tax year beginning and ending Final return Amended return Address change Name change G Check all that apply Initial return Employer identification number Name of foundation Use the IRS 41-2048561 label. THE LESTER MCKINLEY FAM. FOUNDATION Telephone number (see page 10 of the instructions) Otherwise, 870-830-0156 print Number and street (or P O box number if mail is not delivered to street address) Room/suite or type. P.O. BOX 446 C If exemption application is pending, check here See Specific 1. Foreign organizations, check here City or town, state, and ZIP code Instructions. AR 72042 DEWITT 2. Foreign organizations meeting the 85% test, check here and attach computation H Check type of organization | X | Section 501(c)(3) exempt private foundation If private foundation status was terminated Section 4947(a)(1) nonexempt chantable trust Other taxable private foundation under section 507(b)(1)(A), check here J Accounting method: X Cash Accrual Fair market value of all assets at end of year (from Part II, col. (c), Other (specify) If the foundation is in a 60-month termination under section 507(b)(1)(B), check here 141,039 (Part I, column (d) must be on cash basis) line 16) ►\$ (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and expenses per (b) Net investment (c) Adjusted net for chantable total of amounts in columns (b), (c), and (d) may not necessarily books income ıncome purposes equal the amounts in column (a) (see pg 11 of the instructions)) (cash basis only) 10,000 Contributions, gifts, grants, etc., received (attach schedule) Check ▶ I If the foundation is **not** required to attach Sch B 2 4,489 4,489 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Ь 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 Gross sales less returns & allowances 10a Less Cost of goods sold Gross profit or (loss) (attach schedule) C 11 Other income (attach schedule) 14,489 4,489 12 Total, Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc erating and Administrative Expenses Other employee salaries and wages Pension plans, employee benefits ecanned may 27 2011 16a Legal fees (attach schedule) STMT 1 150 150 Accounting fees (attach schedule) Other professional fees (attach schedule) Taxes (attach schedule) (see page 14 of the instructions) Depreciation (attach schedule) and depletion Occupancy 21 Travel, conferences, and meetings Printing and publications 23 Other expenses (att sch) Total operating and administrative expenses. 150 150 Add lines 13 through 23 0 0 Contributions, puts, grants paid 25 Total expenses and dispersements. Add lines 24 and 25 150 150 Subtract line 26 from line 12 MAExcessof 20 Mue over expenses & disbursements 14,339 Net investment income (if negative, enter -0-) 4,339 Adjusted, net income (if negative, enter -0-)

Form 990-PF (200

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Part II		Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End of	/ear	
	Part श	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing				
	2	Savings and temporary cash investments	126,700	141,039	141,039	
-	3	Accounts receivable			·	
İ		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 (attach schedule) (see page 15 of the				
		instructions)				
	7	Other notes and loans receivable (att. schedule)				
	•	Less allowance for doubtful accounts				
ဖ	8	Inventories for sale or use	<u> </u>			
Assets	9	Prepaid expenses and deferred charges				
S	_	Investments—U.S. and state government obligations (attach schedule)	-			
٦	10a	· · · · · · · · · · · · · · · · · · ·				
	b	Investments—corporate stock (attach schedule)	-			
	C	Investments—corporate bonds (attach schedule)			-	
	11	Investments—land, buildings, and equipment basis	1			
		Less: accumulated depreciation (attach sch)				
	12	Investments—mortgage loans				
	13	Investments—other (attach schedule)				
	14	Land, buildings, and equipment basis		:		
		Less accumulated depreciation (attach sch.)				
	15	Other assets (describe)				
	16	Total assets (to be completed by all filers—see the	126,700	141,039	141,039	
_		Instructions Also, see page 1, item I)	120,700	141,033	111,033	
	17	Accounts payable and accrued expenses				
Š	18	Grants payable				
Ĕ	19	Deferred revenue	-			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
i.	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe)		0		
\dashv	23	Total liabilities (add lines 17 through 22)	0			
		Foundations that follow SFAS 117, check here				
es		and complete lines 24 through 26 and lines 30 and 31.				
Net Assets or Fund Balances	24	Unrestricted .				
ala	25	Temporanly restricted	-			
8	26	Permanently restricted				
u		Foundations that do not follow SFAS 117, check here				
F		and complete lines 27 through 31.				
o	27	Capital stock, trust principal, or current funds	126,700	141,039		
ts	28	Paid-in or capital surplus, or land, bldg, and equipment fund	-			
SSE	29	Retained earnings, accumulated income, endowment, or other funds				
ĕ	30	Total net assets or fund balances (see page 17 of the				
et		instructions)	126,700	141,039		
_	31	Total liabilities and net assets/fund balances (see page 17				
		of the instructions)	126,700	141,039		
	Part I			· ·		
1		net assets or fund balances at beginning of year—Part II, column (a), line 30 (must	agree with	[]	106 700	
		f-year figure reported on prior year's return)		1	126,700	
		amount from Part I, line 27a		2	14,339	
		increases not included in line 2 (itemize)		3	147 030	
					141,039	
5 Decreases not included in line 2 (itemize)					141 020	
_6	Total	net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b),	line 30	6	141,039	
					Form 990-PF (2008)	

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

8

8 Enter qualifying distributions from Part XII, line 4

the Part VI instructions on page 18

Form	1990-PF (2008) THE LESTER MCKINLEY FAM. FOUNDATION 41-2048561				F	age 4	
<u> </u>	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the in	nstruc	tions)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		l				
	Date of ruling letter (attach copy of ruling letter if necessary—see instructions)		٠.				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	1	ļ,			87	
	here ▶ ☐ and enter 1% of Part I, line 27b						
C	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	L			0	
3	Add lines 1 and 2	3				87	
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				87	
6	Credits/Payments·						
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a						
þ	Exempt foreign organizations—tax withheld at source 6b						
C	Tax paid with application for extension of time to file (Form 8868) 6c						
đ	Backup withholding erroneously withheld 6d						
7	Total credits and payments. Add lines 6a through 6d	7					
8	Enter any penalty for underpayment of estimated tax. Check here. If Form 2220 is attached	8	<u>. </u>				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9				87	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10					
<u>11</u>	Enter the amount of line 10 to be. Credited to 2009 estimated tax	11_					
Pŧ	art VII-A Statements Regarding Activities						
1a					Yes	No	
	participate or intervene in any political campaign?			1a		Х	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	•	•				
	of the instructions for 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.						
c	Did the foundation file Form 1120-POL for this year?			1c		x	
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year						
	(1) On the foundation. > \$ (2) On foundation managers. > \$						
0	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	:	х	
_	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			
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 page 19 of the						
O.	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			9.	х	+	
9	(or designate) of each state as required by General Instruction G? If "No," attach explanation			8b		,	
•	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3)				1		
	or 4942(j)(5) for calendar year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV on			_	- 1	X	
10	page 27)? If "Yes," complete Part XIV			_9			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their					v	
	names and addresses			10 m 99		<u>X</u>	
				9 9		- 71 H 18	

<u>Form</u>	990-PF (2008) THE LESTER MCKINLEY FAM. FOUNDAY		048561			<u> </u>	age 6
Pa	art VII-B Statements Regarding Activities for Which Form	4720 May Be	Required (con	tinued)		······	
5a	During the year did the foundation pay or incur any amount to		_			1	
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 494	15(e))?	∐ ¥	res X No		1	
	(2) Influence the outcome of any specific public election (see section 4955), or to o	carry on,				1	
	directly or indirectly, any voter registration drive?		∐ Y	es X No		1	
	(3) Provide a grant to an individual for travel, study, or other similar purposes?			′es X No			
	(4) Provide a grant to an organization other than a charitable, etc., organization de	scribed in				1	
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instruc-		□ Y	′es 🛛 No		1	
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or			_		1	
	educational purposes, or for the prevention of cruelty to children or animals?		□ Y	es X No		1	
b	If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the	he exceptions desc	nbed in	_		1	
	Regulations section 53 4945 or in a current notice regarding disaster assistance (s.			N/A	5b		
	Organizations relying on a current notice regarding disaster assistance check here		·	▶ 🗍			-
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from					1	
	because it maintained expenditure responsibility for the grant?		N/A 🗌 Y	es No		I	
	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 pay p	oremiums				ı	
va	on a personal benefit contract?	Johnana	\sqcap \checkmark	es X No		1	
h	•	nal hanefit contract		IAO	6b	ŧ	X
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a perso	nai penem comiaci	-		- J.J		
7-	If you answered "Yes" to 6b, also file Form 8870	or transaction?		es X No		1	
	At any time during the tax year, was the foundation a party to a prohibited tax shelts			. N/A	7b		
<u>b</u>	If yes, did the foundation receive any proceeds or have any net income attributable if VIII Information About Officers, Directors, Trustees, Foundation						
ra	and Contractors	illuation Mana	gers, riigiliy r	ald Lilipioye	55,		
4 1		ion /200 page 33 o	f the instructions	<u> </u>			
<u></u>	ist all officers, directors, trustees, foundation managers and their compensati		(c) Compensation	(d) Contributions to	(0)	Expen	
	(a) Name and address	(b) Title, and average hours per week devoted to position	(If not paid, enter	(d) Contributions to employee benefit plans and deferred compensation	àcc	count, ot	ther
	T AMMAGUID COURTE	devoted to position	-0-)	compensation		Owance	
55	E ATTACHED SCHEDULE	0	اه	o			0
		10	<u>-</u>				
							
	•	1					
			<u> </u>		├		
		Į.		!	1		
		<u>. </u>		<u> </u>	L		
2	Compensation of five highest-paid employees (other than those included on	line 1see page 2	23 of the instruction	ons).			
	If none, enter "NONE."	T	г				
	(a) Name and address of each employee paid more than \$50,000	(b) Title, and average	(a) Camanastan	(d) Contributions to employee benefit		Expen	
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred compensation		llowance	
	_ 			Compensation	 -		
NO	NE				l		
					 -		
		1]		
					├		
			!				
			<u> </u>		<u> </u>		
			<u> </u>		<u> </u>		
	<u></u>				<u> </u>		
otal	number of other employees paid over \$50,000				▶		
				Fo	m 99	0-PF ((2008)

<u>Form 990-</u> PF (20	008) THE LESTER MCKINLEY FAM. FOUNDATIO	N 41-2048561	Page
Part VIII	Information About Officers, Directors, Trustees, Foundaring and Contractors (continued)	ation Managers, Highly Paid Empl	oyees,
3 Five highe	est-paid independent contractors for professional services (see page 23	of the instructions). If none, enter "NONE.	11
	(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 convers		<u> </u>
	others receiving over \$50,000 for professional services		
Part IX-A	Summary of Direct Charitable Activities		
	on's four largest direct chantable activities during the tax year. Include relevant statistical in and other beneficianes served, conferences convened, research papers produced, etc.	nformation such as the number	Expenses
1 N/A	· · · · · · · · · · · · · · · · · · ·		
2 .			
	•	•	
3			
	·		
4			
		•	
Part IX-B	Summary of Program-Related Investments (see page 2	23 of the instructions)	
	largest program-related investments made by the foundation during the tax year on lines		Amount
1 N/A			
			
2	•	1	
		}	
All other program-	-related investments See page 24 of the instructions		
3			
		į	
Total. Add lines 1	1 through 2		
<u>, otali, Aud lines I</u>	r usrough 3		

a	Expenses, contributions, gifts, etc —total from Part I, column (d), line 26	_ 1a	
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out chantable, etc.,		
	purposes	2	
3	Amounts set aside for specific chantable projects that satisfy the		
a	Suitability test (pnor 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	0
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 page 26 of the instructions)	5	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note. The amount on line 6 will be used in Part V. column (b), in subsequent years when calculating whether the for	undation	

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

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Pa	rt XIII Undistributed Income (see pa	ige 26 of the instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2008 from Part XI,	Corpus	Years prior to 2007	2007	2008
	line 7				6,240
2	Undistributed income, if any, as of the end of 2007:	L.			
а	Enter amount for 2007 only			5,958	
b	Total for prior years 20 <u>06</u> , 20 , 20		5,770		
3	Excess distributions carryover, if any, to 2008		1		
а	From 2003				
b	From 2004				
C	From 2005			Ī	
d	From 2006			Į.	
е	From 2007			1	
f	Total of lines 3a through e				
4	Qualifying distributions for 2008 from Part XII,		1	1	
	line 4· ▶\$			1	
а	Applied to 2007, but not more than line 2a				
b	Applied to undistributed income of prior years (Elect	ion		‡	
	required—see page 26 of the instructions)				
C	Treated as distributions out of corpus (Election			•	
	required—see page 26 of the instructions)				
d	Applied to 2008 distributable amount				
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2008				
	(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 Subtract line 5				····
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		5,770		
С	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			1	
	been previously assessed				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions		5,770		
e	Undistributed income for 2007. Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions			5,958	
f	Undistributed income for 2008 Subtract lines				
	4d and 5 from line 1. This amount must be				
	distributed in 2009				6,240
7	Amounts treated as distributions out of corpus			‡	
	to satisfy requirements imposed by section			1	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			1	
	instructions)				
8	Excess distributions carryover from 2003 not			-	
	applied on line 5 or line 7 (see page 27 of the			1	
	instructions)				
9	Excess distributions carryover to 2009.				
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:		I T		
а	Excess from 2004			1	
b	Excess from 2005			1	
С	Excess from 2006			•	
d	Excess from 2007				
8	Excess from 2008				

а а	If the foundation has received a ruling or d	etermination letter that	it is a private operation	a		
a	foundation, and the ruling is effective for 2			y ▶		
b	Check box to indicate whether the foundat			ed in section 4	942(j)(3) or	4942(j)(5)
a	Enter the lesser of the adjusted net	Tax year		Pnor 3 years		(e) Tota
•	income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) 10ta
	investment return from Part X for	\u) 2000	(5) 2001	(5/ =333		
	each year listed					
)	85% of line 2a			· ·		
	Qualifying distributions from Part XII,					
•	line 4 for each year listed					
	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
	Qualifying distributions made directly			·	 	
	for active conduct of exempt activities					
	Subtract line 2d from line 2c					
	Complete 3a, b, or c for the					
	alternative test relied upon:				1	
	"Assets" alternative test—enter					
	(1) Value of all assets			 		
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
	"Endowment" alternative test-enter 2/3 of					
	minimum investment return shown in Part					
	X, line 6 for each year listed			 	 	
	"Support" alternative test—enter					
	(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					
_	rt XV Supplementary Inform	ation (Complete	this part only if	the foundation ha	nd \$5 000 or mo	re in assets
a	at any time during the	• •	•		14 40,000 OI IIIC	ne in docote
-	Information Regarding Foundation Man		Zi of the matruc	110113.1		
	List any managers of the foundation who h	•	than 20% of the total co	ntributions received by	the foundation	
	before the close of any tax year (but only if				the loandation	
	N/A	triey have contributed	more man \$5,000) (c	see section 307(d)(2))		
	List any managers of the foundation who o	un 10% or more of the	stock of a corporation	o (or an equally large n	ortion of the	
	ownership of a partnership or other entity)				ordon or the	
	N/A	of which the loundation	Trias a 10 % or greate	i iliterest		
	Information Regarding Contribution, Gr	ent Gift Loon Schol	larchin etc Brogran			
	F-7	makes contributions to	preselected charitable	e organizations and do		
	organizations under other conditions, comp		· · · · · · ·			
	The name, address, and telephone number LESTER MCKINLEY 870 -	r of the person to who		be addressed		· · · · · · · · · · · · · · · · · · ·
	P.O. BOX 446 DEWITT	AR 72042		······································		
	The form in which applications should be s SEE STATEMENT 2	ubmitted and informati	on and materials they	should include:		
	Any submission deadlines. N/A					
_	Any restrictions or limitations on awards, s	uch as by geographica	l areas, chantable field	ls, kinds of institutions,	or other factors	

Supplementary Information (continued)

3 Grants and Contributions Paid During the Year or Approved for Future Payment					
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor				
a Paid duning the year N/A					
Total		<u> </u>	▶ 3a		
b Approved for future payment N/A			P 3a		
Total			3b_		

_	Part XVI-A		tivities				
		ounts unless otherwise indicated	(a) Business code	(b) Amount	(c) Exclusion code	d by section 512, 513, or 514 (d) Amount	(e) Related or exempt function income (See page 28 of the instructions)
·	_						
			_		<u> </u>		
	d		_		 		
	θ		-	ļ	 		
	f		-	 			
_		nd contracts from government agencies		 	<u> </u>		
		o dues and assessments		 	14	4,489	
		savings and temporary cash investments and interest from secunties			+	1,109	
		ncome or (loss) from real estate			 		
٠		nanced property		†	 		
		ot-financed property			 		
6		ncome or (loss) from personal property			1		
		tment income					
8	Gain or (los	s) from sales of assets other than inventory					
9	Net income	or (loss) from special events					
10	Gross profit	or (loss) from sales of inventory					
11	Other reven	ue a	_		ļ		
					╄	ļ	
			_	ļ	<u> </u>		
			_	ļ	├		
	θ		-			4 400	
		dd columns (b), (d), and (e)		L	<u>'l</u>	4,489	4,489
		ine 12, columns (b), (d), and (e)	\		٠	13	7,703
	art XVI-B	In line 13 instructions on page 28 to verify calculation Relationship of Activities to the A		ent of Exempt Pi	irnoses		
		Explain below how each activity for which income					··········
1	Line No. ▼	the accomplishment of the foundation's exempt po	•				
		page 28 of the instructions.)					
	N/A						
							_ _
							
							
_							
	_					 	
	_						
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_	_						
							
							
	_						
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)AA							Form 990-PF (2008

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H	art XVII	Exempt Orga	•	ansters to and trai	nsactions a	na Kelationsi	nips With N	onchar	itable		
1	Did the			e in any of the following w	th any other or	ganization describe	 ed			Yes	No
				n 501(c)(3) organizations)	=						
	organiz		,	,	-						É
а	•		oundation to a no	ncharitable exempt organi	zation of						
	(1) Cas	. •							1a(1)	Ī	X
								1a(2)		X	
b Other transactions.										<u> </u>	
	(1) Sal	es of assets to a nonch	nantable exempt	organization					1b(1)	1	X
		chases of assets from	•	•					1b(2)		X
	•	ntal of facilities, equipm		· -		•		•	1b(3)		X
		mbursement arrangem	•						1b(4)		X
	(5) Loa	ns or loan guarantees			••	ì			1b(5)		X
			r membership or	fundraising solicitations	•			•	1b(6)		X
c	Sharing	of facilities, equipmen	t, mailing lists, ot	her assets, or paid employ	/ees	•		•	1c		X
d	I If the ar	swer to any of the abo	ve is "Yes," com	plete the following schedul	le Column (b)	should always sho	w the fair mark	et			
		•		ven by the reporting organ							
	value in	any transaction or sha	ппд arrangemen	t, show in column (d) the	value of the goo	ods, other assets,	or services rec	eived			
	(a) Line n	b (b) Amount invol	ved (c) Nam	e of noncharitable exempt org	anization	(d) Description of t	ransfers, transac	tions, and s	hanng arrangen	nents	
N/	A										
2a		•	•	vith, or related to, one or m han section 501(c)(3)) or i	•	•			. \[\text{Ye}	s X	No
b	If "Yes,"	complete the following	schedule								
		(a) Name of organizat	ion	(b) Type of organiza	tion		(c) Description	on of relation	nship		
	N/A		·	<u> </u>							
			<u></u>								
							 				
			 -								
- 1				ed this return, including according							
- }	Dellei, ICi	s true correct, and comple	te Declavation of p	reparer (other than taxpayer o	ir ilducially) is bas	ed on all information	or which preparer	Has ally Kil	lowledge		
-		m/	$\mathcal{O}_{\mathcal{I}}$		5/14	110	Mas	le_			
إب	Sign	ature of officer or trustee		 	Date ^t	<u> </u>	Title				
ا چ						Date			Preparer's identify	ring	
-	s _						Check if		number (see Sigi	nature o	n
Sign Here	P 등 전 기 기 기	Preparer's					self-employed	³ ▶ ∐	page 30 of the ins		
"	Paid Preparer's Use Only	- ciginotare	non vie			5-13-12		I.	431-82	-94	<u> 36</u>
	£ 5	Firm's name (or yours i	.		CPA'S						_
		self-employed), address		CAPITOL, SU		· · · · · · · · · · · · · · · · · · ·			71-059		
		and ZIP code	LITTI	LE ROCK, AR	72201			Phone no	501-37		
									Form 990	D-PF	(2008)

Schedule B (Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

OMB No 1545-0047

2008

Name of the organization

Employer identification number

THE LESTER MCF	CINLEY FAM. FOUNDATION	41-2046361			
Organization type (check one):				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation				
	527 political organization				
Form 990-PF	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), (8), or (7) for both the General Rule and a Special Rule See instructions)	10)			
X For organizations filing	Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money contributor. Complete Parts I and II	or			
Special Rules					
under sections 509(a)(organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the (1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990 d II.	n of the			
during the year, aggreg), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one c gate contributions or bequests of more than \$1,000 for use exclusively for religious, char fucational purposes, or the prevention of cruelty to children or animals Complete Parts I	ntable,			
during the year, some of not aggregate to more the year for an exclusive	b), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributions for use exclusively for religious, chantable, etc., purposes, but these contributions that box is checked, enter here the total contributions that were received religious, chantable, etc., purpose Do not complete any of the parts unless the Generation because it received nonexclusively religious, chantable, etc., contributions of \$5,000.	butions did I during eral Rule			
990-EZ, or 990-PF), but they m	aution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 80-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their form 990-PF, to certify that they do not meet the filing requirements of Schedule B (Form 990, 80-EZ, or 990-PF)				

Page	1	of	1	of Part
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	rganization LESTER MCKINLEY FA	M. FOUNDATION		Employer identification number 41-2048561
Part I	Contributors (see instru			
(a) No.	Name, addr	(b) ess, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LESTER MCKINLEY P.O. BOX 446 DEWITT	AR 72042	\$ 10,00	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	Name, addr	(b) ess, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	Name, addr	(b) ess, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	Name, addr	(b) ess, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	Name, addr	(b) ess, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		·	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	Name, addre	(b) ess, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	·		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)

Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees Net CPA - RETURN PREP \$ 150 \$ 150 \$ 150 \$ 150 \$ 5	- 46k Accounting	į		· ·
	i Kilininoook - dol el	rees		•
\frac{1}{120}	Net Investment	Adjusted Net	Charitable Purpose	
	[2] [2]		w w	
				<u>.</u>
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				-

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Federal Statements

Statement 2 - 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, 2008

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 PART-TIME	0	0	0