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990 Form

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

Inspection

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public

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| | | | | |
| 4d | Other program services (Describe in | Schedule O) | | |
| | (Expenses \$ | including grants of \$ |)(Revenue \$ |) |
| 1e | Total program service expenses \$ | 56014. | (Must equal Part IX, Line 25 | |
| | | | | Form 990 (2008) |
| | | | | |
| CA | Copyright form software only, 2008 Universal Tax | Systems, Inc. All rights reserved | US990\$\$2 Rev 1 | |

Part IV Checklist of Required Schedules

| | 1. the second state of the SOM (2)(0) as 40.47(2)(4) (4) by the Some second state (2) (5)(0) as 10.47(2)(4) (4) by the Some second state (2) (5)(0) as 10.47(2)(4) (4) by the Some second state (2) (5)(0) as 10.47(2)(4) (4) by the Some second state (2) (4) (4) (4) by the Some second state (2) (4) (4) (4) by the Some second state (2) (4) (4) (4) by the Some second state (2) (4) (4) (4) (4) (4) (4) (4) (4) (4) (4 | Γ | Yes | No |
|-----|--|------------------|----------|----------|
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," | | ~ | ' |
| _ | complete Schedule A | 1 | _X | 37 |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors? | 2 | | X |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | _ [| | v |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | X |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, | | | 37 |
| _ | Part II | 4 | | X |
| 5 | Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and | _ | | |
| _ | reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III | 5 | | |
| 6 | Did the organization maintain any donor advised funds or any accounts where donors have the right to | | | |
| | provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete | | | |
| _ | Schedule D, Part I | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | |
| | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | _ 7 | | X |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," | | | |
| | complete Schedule D, Part III | 8 | | <u> </u> |
| 9 | Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part |] | | |
| | X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," | | | |
| | complete Schedule D, Part IV | 9 | | X |
| 10 | Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V | 10 | | Х |
| 11 | Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, | | | |
| | Parts VI, VII, VIII, IX, or X as applicable | 11 | X | |
| 12 | Did the organization receive an audited financial statement for the year for which it is completing this return | | | |
| | that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII | 12 | | X |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| 14a | Did the organization maintain an office, employees, or agents outside of the U.S.? | 14a | | X |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, | | | |
| _ | business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I | 146 | | Х |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization | | | |
| | or entity located outside the United States? If "Yes," complete Schedule F, Part II | 15 | i | х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance | - . - | | |
| | to individuals located outside the United States? If "Yes," complete Schedule F, Part III | 16 | | Х |
| 17 | Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I | 17 | | X |
| 18 | Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | X |
| 19 | Did the organization report more than \$15,000 total of Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | X |
| | | 20 | | X |
| 20 | Did the organization operate one or more hospitals? If "Yes," complete Schedule H | | | |
| 21 | Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II | 21 | | X |
| 22 | Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | | X |
| 23 | Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J | 23 | | X |
| 24a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than | | | |
| | \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer questions 24b-24d | | | |
| | and complete Schedule K If "No," go to question 25 | 24a | | X |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year | | | |
| | to defease any tax-exempt bonds? | 24c | | |
| d | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | |
| 25a | Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a | | · | |
| | disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | X |
| b | Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified | | ' I | |
| | person from a prior year? If "Yes," complete Schedule L, Part I | 25b | | X |
| 26 | Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or | | | |
| | described and a state of the send of the s | ا مما | į | X |
| | disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II | 26_ | | |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or | 26_ | | |

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organization? If "Yes," complete Schedule R, Part V, line 2

Checklist of Required Schedules Part IV (Continued) Yes No During the tax year, did any person who is a current or former officer, director, trustee, or key employee a Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Х 28a b Have a family member who had a direct or indirect business relationship with the organization? If "Yes." 28b Х c Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 29 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X conservation contributions? If "Yes," complete Schedule M 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Х Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? 32 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, 34 X III, IV, and V, line 1 34 Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete 35 Χ 35 Schedule R, Part V, line 2

Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related

Did the organization conduct more than 5% of its activities through an entity that is not a related organization

and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

Form 990 (2008)

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| F | Statements Regarding Other IRS Fillings and Tax Compliance | | | |
|----------|---|------------|---------------|---------------|
| 4- | Fater the must be a second of the Pour 2 of Facer 4000. Annual Currence and Transmitted of | | Yes | No |
| ٦а | Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter -0- if not applicable | | | |
| L | U.S. Information Returns. Enter -0- if not applicable | - | | |
| | Did the organization comply with backup withholding rules for reportable payments to vendors and reportable | - | | |
| · | gaming (gambling) winnings to prize winners? | 1c | 1 1 | x |
| 23 | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| Za | Statements, filed for the calendar year ending with or within the year covered by this return 2a | | | |
| L | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | . 2b | | 1 |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return (see instructions) | . 20 | i 1 | |
| 32 | Did the organization have unrelated business gross income of \$1,000 or more during the year covered by | | | |
| Ju | this return? | 3a | ı | x |
| h | If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O | 3b | | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | Х |
| b | If "Yes," enter the name of the foreign country | | <u> </u> | |
| _ | See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign Bank | | | |
| | and Financial Accounts | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding | | | |
| | Prohibited Tax Shelter Transaction? | 5c | | |
| 6a | Did the organization solicit any contributions that were not tax deductible? | . 6a | | X |
| | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | . 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization provide goods or services in exchange for any quid pro quo contribution of more | | | |
| | than \$75? | 7a | <u> </u> | Х |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | . 7b | | |
| c | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | l |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | _ | | |
| е | Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal | | | , |
| | benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | For all contributions of qualified intellectual property, did the organization file Form 8899 as required? | . 7g | | |
| h | For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? | 7 <u>h</u> | | j |
| 8 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and Section 509(a)(3) | | | |
| | supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have | | | |
| | excess business holdings at any time during the year? | . 8 | ll | |
| 9 | Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds. | ı | ıı | ı- <u>-</u> - |
| а | Did the organization make any taxable distribution under section 4966? | 9a | | X |
| b | Did the organization make a distribution to a donor, donor advisor, or related person? | _9b | | X |
| 10 | Section 501(c)(7) organizations. Enter | | | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 10a | - | | |
| b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities [10b] | - | | |
| 11 | Section 501(c)(12) organizations. Enter. | | | |
| a | Gross income from members or shareholders | - | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources | | | |
| 7- | against amounts due or received from them) | 12a | | X |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | 1 | i i | Λ |
| | in res, enter the amount of tax-exempt interest received or accrued during the year [120] | Fr | rm 990 | (2008) |
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Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code) Section A. Governing Body and Management Yes No For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions 1a Enter the number of voting members of the governing body Enter the number of voting members that are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed? 4 Х 5 Did the organization become aware during the year of a material diversion of the organization's assets? 5 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one of more members b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following? a The governing body? b Each committee with authority to act on behalf of the governing body? 8b X 9a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10 Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations Х must describe in Schedule O the process, if any, the organization uses to review the Form 990 10 11 Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Х 11 Section B. Policies Yes No 12a Does the organization have a written conflict of interest policy? If "No", go to line 13 X 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c . . . X 13 Does the organization have a written whistleblower policy? 13 14 Does the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official? ... b Other officers or key employees of the organization? Describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the States with which a copy of this Form 990 is required to be filed AR 18 Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website Upon request 19 Describe in Schedule O whether (and if so, how), the organization makes it governing documents, conflict of interest policy, and financial statements available to the public 20 State the name, physical address, and telephone number of the person who possesses the books and records of the

organization: ▶CHERYL PORTER

80 west ma Booneville AR 72927- 479-675-2724

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated **Employees, and Independent Contractors**

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A

- 1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

| (A) | (B) | e any officer, director, trustee, or (C) | | | | | | (D) | (E) | (F) | |
|----------------|-------------------|--|-----------------------|----------|--------------|------------------------------|----------|--|--|--|--|
| Name and Title | | Position (check all that apply) | | | | hat ap | ply) | Reportable | Reportable | Estimated | |
| | hours per week | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | compensation from the organization (W-2/1099-MISC) | compensation from related organizations (W-2/1099-MISC) | amount of other compensation from the organization and related | |
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| Part VII Section A. Officers, Directors, | Trustees, | Key E | mploy | ees, | and | High | est (| Compensated Empl | oyees (continued) | |
|---|--------------|--------------------------------|-----------------------|----------|--------------|------------------------------|----------|---|----------------------------|-----------------------|
| (A) | (B) | | | (C | | | | (O) | (E) | (F) |
| Name and title | Average | | ion (cl | | all t | hat ap | - | Reportable | Reportable | Estimated |
| • | hours per | Individual trustee or director | Inst | Officer | ĕ, | Highest compensated employee | Former | compensation | compensation | amount of |
| | week | linec Vidu | Institutional truster | g | Key employee | bloy | ner n | from the | from related organizations | other |
| | | oral | ona | ļ | 횽 | 8 8 | | organization | (W-2/1099-MISC) | compensation from the |
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| 1b Total | l.—_ | <u></u> | | <u></u> | L | L | ▶ | 0 | 0 | 0 |
| 2 Total number of individuals (including thos | e in 1a) wh | no rece | ived r | nore | tha | n \$100 | 0,000 | <u>'</u> | <u> </u> | <u> </u> |
| organization▶ | -, | | | | | | | | | |
| | | | | | | | • | | | Yes No |
| 3 Did the organization list anyformer officer, | | | | | | | | | | |
| employee on line 1a? If "Yes," complete Se | | | | | | | | | | <u>3</u> X |
| 4 For any individual listed on line 1a, is the s | - | | | | | | | | | |
| the organization and related organizations individual | greater in | | | | | , com | piet | e Schedule J for Suci | | 4 X |
| 5 Did any person listed on line 1a receive or | | | | from | | unrela | ated | | | 1 |
| services rendered to the organization? If " | | | | | | | | | | . 5 X |
| Section B. Independent Contractors | | | | | | | | | | |
| 1 Complete this table for your five highest co | mpensate | d inde | pende | nt co | ontra | ctors | that | received more than | \$100,000 of | |
| compensation from the organization | | | | | | | | | | |
| (A) | | | | | | | | (B) | | (C) |
| Name and busines | s address | | | | | | \vdash | Description of | services | Compensation |
| | | | | _ | | | - | | | |
| | • | | | | | | - | | | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| 2 Total number of independent contractors (| including th | nose in | 1) wh | no re | ceiv | ed mo | re th | nan \$100,000 in | | |
| compensation from the organization | | | | | | | | | | |

Page 8

| Part | VIII , | Statement of Reve | enue | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512, 513, or 514 |
|--|-----------------------------|--|-----------------|--------------------|---------------------------------------|--|---|---|
| Contributions, gifts, grants and other similar amounts | 1a b c d e f | Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not inctuded above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f | 1a | 83836. | 83836. | | | |
| | <u> </u> | | | Business Code | <u> </u> | • | | |
| en (en | 2a | OHIO VALLEY | RENT | 16 | 30000. | 30000. | | |
| Ŗ | ь_ | AEP RENT | | 16 | 4283. | 4283. | | |
| 8 | c | BDC RENT | | 16 | 13200. | 13200. | | |
| ē | ď | CITY HANGER I | RENT | 16 | 3500. | 3500. | | |
| ٦S | e | ······································ | | | | | | |
| gra | , - | All other program service | revenue | | | | | |
| Program Service Revenue | g | Total. Add lines 2a-2f | | ▶ | 50983. | <u>. </u> | | <u> </u> |
| | 3 | Investment income (inclu | ding dividen | ds, interest, and | | | | |
| | | other similar amounts) . | | ▶ | | | | |
| | 4 | Income from investment of tax-exe | empt bond proce | eds | | | <u> </u> | |
| | 5 | Royalties | | ▶ | | | | |
| | Ì | (|) Real | (II) Personal | | | | |
| | 6a | Gross Rents | | | • | | | i |
| | ь | Less rental expenses | | | • | | | |
| | С | Rental income or (loss) | | | · | | | |
| | d | Net rental income or (loss | s) . | | make party are a construction through | 2 - 10 Mr. pr Mr. months | | the other or early at - may |
| | 7a | Gross amount from (i) S | ecurities | (II) Other | | <u></u> | | |
| | | sales of assets other than inventory | | 168454. | • | | | |
| | ь | Less cost or other | | | • | | | r E |
| | 1 | basis and sales expenses | | 1198940. | | | | , |
| | c | Gain or (loss) | | -1030486. | , | | | |
| | d | Net gain or (loss) | | • | -1030486. | -1030486. | | |
| | 8a | Gross income from fundraising even | ents | | | | | |
| e | | (not including \$ | | | | | | |
| Other Revenue | Į | of contributions reported on line 10 | ;) | | | | | ļ |
| Re. | | See Part IV, line 18 | a | | | | | ļ |
| her | ь | Less direct expenses | b | | | | | |
| ō | c | Net income or (loss) from | fundraising | events . | | | | |
| | 9a | Gross income from gamir | ng | | | | | |
| | | activities See Part IV, line | e 19 .a | | | | | |
| | ь | Less direct expenses | b | - - | , | | , | , |
| | C | Net income or (loss) from | gaming act | ivities ► | | | | <u> </u> |
| | 10a | Gross sales of inventory, | less | | | | | t |
| | | returns and allowances . | · · · · - | | | | | |
| | b | Less cost of goods sold | _ | | | , | | |
| | С | Net income or (loss) from | | entory > | | | | |
| | | Miscellaneous Rev | enue | Business Code | | | · | |
| | 11a | | | _ | | | | |
| | b | | | _ | | | | |
| | С | | | _ | | | <u> </u> | |
| | d | All other revenue | | | | L | | |
| | е | Total. Add lines 11a-11d | | | |) | _ - - | 1 |
| | 12 | Total Revenue Add lines | _ | | 005555 | 070500 | | |
| | ì | 9c, 10c, and 11e | | 🕨 | -895667. | -979503. | | 1 |

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

| | All other organizations must complete c | | | | |
|-------|--|--------------------|------------------------|-----------------------|--------------------|
| Do n | ot include amounts reported on lines 6b, | (A) Total expenses | (B) Program service | (C) Management and | (D) Fundraising |
| 7b, 8 | b, 9b, and 10b of Part VIII. | | expenses | general expenses | expenses |
| 1 | Grants and other assistance to governments and | | | | |
| | organizations in the U.S. See Part IV, line 21 | 5000. | 5000. | | |
| 2 | Grants and other assistance to individuals in | | | | |
| | the U.S. See Part IV, line 22 | | | | |
| 3 | Grants and other assistance to governments, | | | | |
| | organizations, and individuals outside the | | | | |
| | U.S. See Part IV, lines 15 and 16 | | | | |
| 4 | Benefits paid to or for members | | | | |
| 5 | Compensation of current officers, directors, | | | | |
| • | trustees, and key employees | | | | |
| 6 | Compensation not included above, to disqualified | | ···· | | |
| • | persons (as defined under section 4958(f)(1)) and | | | | |
| | persons described in section 4958(c)(3)(B) | | | | |
| 7 | Other salaries and wages | | | | |
| 8 | Pension plan contributions (include section 401(k) | | | | |
| • | and section 403(b) employer contributions) | | | | |
| 9 | Other employee benefits | | | | |
| 10 | | | | | · |
| | Fees for services (non-employees) | | | | |
| 11 | · · · · · · · · · · · · · · · · · · · | 20400. | 20400. | | |
| a | Management | 79. | 79. | | |
| b | Legal | 550. | 550. | | |
| C | Accounting | | 330. | | |
| d | Lobbying | | | | |
| e | Professional fundraising services See Part IV, line 17 | | · ·········· | | |
| f | Investment management fees | | | | |
| g | Other | | | | |
| 12 | Advertising and promotion | | · —- | | |
| 13 | Office expenses | 20. | 20. | | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | | | | <u>-</u> |
| 17 | Travel | | | _ | |
| 18 | Payments of travel or entertainment expenses | | | | |
| | for any federal, state, or local public officials | 914. | 914. | | |
| 19 | Conferences, conventions, and meetings | 736. | 736. | ·. <u> </u> | |
| 20 | Interest | 1296. | 1296. | | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization | 17572. | 17863. | | |
| 23 | Insurance | 8370. | 8370. | | |
| 24 | Other expenses Itemize expenses not | | | | |
| | covered above (Expenses grouped together | | | | |
| | and labeled miscellaneous may not exceed | | | | |
| | 5% of total expenses shown on line 25 below) | | | | |
| а | BLDG REPAIRS | 786. | 786. | | |
| b | ROOF - REIMBURSED | | | | |
| С | | | | | |
| d | | | | | |
| е | | | | | |
| f | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24f | 55723. | 56014. | | |
| 26 | Joint Costs Check here ▶ If following | | | | |
| | SOP 98-2 Complete this line only if the org | | i | | |
| | reported in column (B) joint costs from a combined | | | | |
| | educational campaign and fundraising solicitation | | | | |
| | TTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTTT | | | | L |

| Par | ١٨_ | Balance Sneet | (A) | Г | | | | | | |
|----------------------------|---|--|-------------------|--|----------|---------------|--------|--|--|--|
| | | • | Beginning of year | | | B) of year | | | | |
| | 1 | Cash - non-interest-bearing | 19955. | 1 | | | 24. | | | |
| Ì | Ž | Savings and temporary cash investments | | 2 | | | | | | |
| | 3 | Pledges and grants receivable, net | | 3 | - | | | | | |
| | 4 | Accounts receivable, net | | 4 | | _ | | | | |
| Ì | 5 | Receivables from current and former officers, directors, trustees, key | | | | | | | | |
| | | employees, or other related parties. Complete Part II of Schedule L | | 5 | | | | | | |
| | 6 | Receivables from other disqualified persons (as defined under section | | | | | | | | |
| ļ | | 4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete | , | .~ | | | | | | |
| ĺ | | Part II of Schedule L | | 6 | | | | | | |
| yı | 7 | Notes and loans receivable, net | | 7 | | | | | | |
| Assets | 8 | Inventories for sale or use | | 8 | | | | | | |
| ٧ | 9 | Prepaid expenses and deferred charges | | 9 | | | | | | |
| | 10a | Land, buildings, and equipment cost basis 10a 760004. | | | - | | | | | |
| | b | Less accumulated depreciation Complete | | , , | | | | | | |
| l | | Part VI of Schedule D 10b 101514. | 540038. | 10c | 6 | 584 | 90. | | | |
| ľ | 11 | Investments - publicly traded securities | | 11 | | | | | | |
| | 12 | Investments - other securities See Part IV, line 11 | | 12 | | | | | | |
| l | 13 | Investments - program-related See Part IV, line 11 | 1198940. | 13 | | | | | | |
| İ | 14 | Intangible assets | | 14 | | | | | | |
| 1 | 15 | Other assets See Part IV, line 11 | I | 15 | | | | | | |
| | 16 | Total assets Add lines 1 through 15 (must equal line 34) | 1758933. | 16 | 8 | 525 | 14. | | | |
| | 17 | Accounts payable and accrued expenses | | 17 | | | | | | |
| 1 | 18 | Grants payable | . | 18 | | | 00. | | | |
| | 19 | | | | | | | | | |
| Liabilities | 20 | Tax-exempt bond liabilities | | 20 | | | | | | |
| | 21 | Escrow account liability Complete Part IV of Schedule D | | 21 | | | | | | |
| | 22 | Payables to current and former officers, directors, trustees, key | | | | | 1 | | | |
| | | employees, highest compensated employees, and disqualified | 1 | ı — — - ı - — - - | | | | | | |
| | | persons Complete Part II of Schedule L | | 22 | | | | | | |
| | 23 | Secured mortgages and notes payable to unrelated third parties | | 23 | | | | | | |
| l | 24 | Unsecured notes and loans payable | · | 24 | | 487 | 04. | | | |
| | 25 | Other liabilities Complete Part X of Schedule D | | 25 | | | | | | |
| | 26 | Total liabilities Add lines 17 through 25 | <u> </u> | 26 | | 494 | 04. | | | |
| 1 | Organizations that follow SFAS 117, check here ▶ 🗵 and | | | | | | | | | |
| Se | | complete lines 27 through 29, and lines 33 and 34. | 1758933. | | 0 | 021 | 10 | | | |
| auc | 27 | Unrestricted net assets | 1/30933. | 27 | | 031 | 10. | | | |
| Bal | 28 | Temporarily restricted net assets | | 28 | | | | | | |
| 밀 | 29 | Permanently restricted net assets | Ĺ | [29] | | | | | | |
| Net Assets or Fund Balance | | Organizations that do not follow SFAS 117, check here And complete lines 30 through 34. | 1 | | | | | | | |
| S | 20 | · | | 30 | | | لہ حد | | | |
| set | 30 31 | Capital stock or trust principal, or current funds | | 31 | | | | | | |
| t As | 32 | The state of the s | | 32 | | | | | | |
| N O | 33 | | | | | | | | | |
| | 34 | Total liabilities and net assets/fund balances | 1758933. | 34 | | 525 | 10. | | | |
| Part | | Financial Statements and Reporting | | <u> </u> | <u>=</u> | | | | | |
| | | | | | | Yes | No | | | |
| 1 | Acco | ounting method used to prepare the Form 990 🛛 Cash 📗 Accrual | Other | | | | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | | | | |
| b | | e the organization's financial statements audited by an independent accountant? | | | . 2b | | Х | | | |
| С | | es" to lines 2a or 2b, does the organization have a committee that assumes respo | | | | | | | | |
| | | t, review, or compilation of its financial statements and selection of an independer | | | 2c | Х | | | | |
| 3a | | result of a federal award, was the organization required to undergo an audit or au | | | | | 1 | | | |
| | the S | Single Audit Act and OMB Circular A-133? | | | . 3a | | X | | | |
| b | If "Ye | es," did the organization undergo the required audit or audits? | <u> </u> | <u> </u> | 3b | | | | | |
| | | · - | — — | | Form | 990 | (2008) | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support To be completed by all section 501(c)(3) organizations and section 4947(a)(1)

OMB No 1545-0047 2008

Department of the Treasury Internal Revenue Service

nonexempt charitable trusts. ▶ Attach to Form 990 or Form 990-EZ.

▶ See separate instructions.

Open to Public Inspection

Employer identification number Name of the organization PETIT JEAN REGIONAL FOUNDATION 71-0828740 Reason for Public Charity Status (All organizations must complete this part) (see instructions) The organization is not a private foundation because it is (Please check onlying organization) A church, convention of churches, or association of churches described insection 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) A hospital or a cooperative hospital service organization described insection 170(b)(1)(A)(iii) (Attach Schedule H) 3 A medical research organization operated in conjunction with a hospital described isection 170(b)(1)(A)(iii) Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described section 5 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described insection 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi) (Complete the Support Schedule in Part II) A community trust described insection 170(b)(1)(A)(vi) (Complete Part II) An organization that normally receives (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 Seesection 509(a)(2) (Complete Part III) An organization organized and operated exclusively to test for public safety. Seesection 509(a)(4) (see instructions) 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the 11 purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) Sesection 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h c | Type III - Functionally integrated Type III - Other b | Type II By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2) If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? Yes No (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? 11g(ii) (ii) A family member of a person described in (i) above? 11g(iii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? Provide the following information about the organizations the organization supports (vi) Is the (vii) Amount of (iii) Type of organization (i) Name of supported (ii) EIN (iv) Is the organ-(V) Did you (described on lines 1-9 notify the organization in support organization ization in col organization in col (i) above or IRC section (i) listed in your organized (see instructions)) governing col (i) of your document? support? in the US? Yes Yes Yes

US990A\$1

Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I)

| <u>Sec</u> | tion A. Public Support | | | | | | |
|------------|--|---------------------|-------------------|----------------------|---------------------------------------|-----------|-------------|
| Cai | endar year (or fiscal year beginning in) 🕒 📗 | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 1 | Gifts, grants, contributions, and | | | | | | |
| | membership fees received (Do not | | | | | | |
| | include any "unusual grants ") | | | | | 83836. | 83836. |
| 2 | Gross receipts from admissions, merchan- | | | | | | |
| | dise sold or services performed, or facilities | | | ľ | | | |
| | facilities furnished in any activity that is rela- | | | | | | |
| | ted to the organization's tax-exempt purpose | 38358. | 38358. | 35186. | 30222. | 50983. | 193107. |
| 3 | Gross receipts from activities that | | | | | | |
| | are not an unrelated trade or business under section 513 | | | | | ' | |
| 4 | Tax revenues levied for the organization's | | | | - | | |
| | benefit and either paid to or expended on | | | | | | |
| | its behalf | | | ; | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | • | | | | |
| | organization without charge | | | ĺ | | | |
| 6 | Total. Add lines 1-5 | 38358. | 38358. | 35186. | 30222. | 134819. | 276943. |
| 7 a | Amounts included on lines 1, 2, and 3 | | | | | | |
| | received from disqualified persons | | | | | | |
| b | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | 1 | | | |
| | persons that exceed the greater of 1% | | | | | ' | |
| | of the total of lines 9, 10c, 11, and 12 for the year or \$5,000 | | | 1 | | | |
| c | Add lines 7a and 7b | | | | | | |
| 8 | Public support (Subtract line 7c from line 6) | | | | | <u> </u> | 276943. |
| | tion B. Total Support | | | | · · · · · · · · · · · · · · · · · · · | | <u> </u> |
| | endar year (or fiscal year beginning in) | (a) 2004 | (b) 2005 | (c) 2006 | (d) 2007 | (e) 2008 | (f) Total |
| 9 | Amounts from line 6 | 38358. | 38358. | 35186. | 30222. | 134819. | 276943. |
| 10a | Gross income from interest, dividends | | | | | | |
| | payments received on securities loans, | | | J | | | |
| | rents, royalties and income from similar | | | | | | |
| | sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | ļ | | | |
| | acquired after June 30,1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | İ | | | |
| | or not the business is regularly carried on | | | | | | |
| 12 | Other income Do not include gain or | | | | | | |
| - | loss from the sale of capital assets | | | | İ | | |
| | (Explain in Part IV) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11 and 12) | | 1 | | | L | 276943. |
| | First five years. If the Form 990 is for the orga | nization's first, s | econd, third, fou | rth, or fifth tax ve | ar as a section 5 | 501(c)(3) | <u> </u> |
| • • | organization, check this box andstop here | | | | | | ▶ 🗍 |
| Sec | tion C. Computation of Public Suppo | | | | | | |
| | Public support percentage for 2008 (line 8, col | | | n (f)) | | 15 | 100.00 % |
| 16 | Public support percentage from 2007 Schedule | • • | • | | | 16 | 100.00 % |
| | tion D. Computation of Investment Ir | | | | | | |
| | Investment income percentage for2008 (line 10 | | | column (f)) | | 17 | 0.00 % |
| 18 | Investment income percentage from 2007 Sche | | - | | | | 0.00 % |
| | 33 1/3 % support tests - 2008. If the organizat | | | | | | |
| | not more than 33 1/3 %, check this box andsto | | | | | | . L.al |
| b | 33 1/3 % support tests - 2007. If the organizat | | | | | | |
| _ | is not more than 33 1/3 %, check this box ands | | | | | | ▶ 🏻 |
| 20 | Private foundation. If the organization did not | | | | | | ▶ 🗍 |

US990A\$3

Rev 1

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, lines 6, 7, 8, 9, 10, 11, or 12. OMB No 1545-0047

2008

Open to Public Inspection

| | of the organization | | | Employer identification number |
|--------|--|---|-----------------|---------------------------------------|
| | TIT JEAN REGIONAL FOUNDATION | | | 71-0828740 |
| Pai | - | | unds or A | Accounts. |
| | Complete if the organization answered "Yes" to F | orm 990, Part IV, line 6 | | |
| | | (a) Donor advised funds | | (b) Funds and other accounts |
| 1 | Total number at end of year | | | |
| 2 | Aggregate contributions to (during year) | | | |
| 3 | Aggregate grants from (during year) | | | |
| 4 | Aggregate value at end of year | | | |
| 5 | Did the organization inform all donors and donor advisors | in writing that the assets held in done | or advised fu | inds |
| | are the organization's property, subject to the organization | 's exclusive legal control? | | Yes 🔀 No |
| 6 | Did the organization inform all grantees, donors, and donors | or advisors in writing that grant funds | may be used | d only |
| | for charitable purposes and not for the benefit of the dono | r or donor advisor or other impermiss | sible private l | benefit? . 🗌 Yes 🔀 No |
| Pai | Conservation Easements. Complete if | he organization answered "Yes" to F | orm 990, Pa | art IV, line 7 |
| 1 | Purpose(s) of conservation easements held by the organi | | | |
| | Preservation of land for public use (e.g., recreation or | · · · · · · · · · · · · · · · · · · · | servation of a | an historically important land area |
| | Protection of natural habitat | · | | certified historic structure |
| | Preservation of open space | <u> </u> | | |
| 2 | Complete lines 2a-2d if the organization held a qualified of | onservation contribution in the form of | of a conserva | ation easement on the last day of the |
| _ | tax year | | | |
| | tax your | | • | Held at the End of the Year |
| 9 | Total number of conservation easements | | | 2a |
| a h | Total acreage restricted by conservation easements | | | 2b |
| | Number of conservation easements on a certified historic | | | 2c |
| | Number of conservation easements included in (c) acquire | • • | | 2d |
| | Number of conservation easements modified, transferred. | | | |
| 3 | • | released, extinguished, or terminate | a by the orga | anization during |
| | the taxable year | tip leasted | | |
| 4 | Number of states where property subject to conservation | | 4 | |
| 5 | Does the organization have a written policy regarding the | • | | |
| | of the conservation easements it holds? | | | 📙 Yes 🔀 No |
| 6 | Staff or volunteer hours devoted to monitoring, inspecting | | | |
| 7 | Amount of expenses incurred in monitoring, inspecting, at | | _ | (N/D)(4) |
| 8 | Does each conservation easement reported on line 2(d) a | - | | |
| _ | | | | Yes No |
| 9 | In Part XIV, describe how the organization reports conser | | | |
| | include, if applicable, the text of the footnote to the organi | zation's financial statements that des | cribes the or | ganization's accounting for |
| | conservation easements | | - 011 | |
| Pai | Organizations Maintaining Collections | • | or Other | Similar Assets. |
| | Complete if the organization answered "Yes" to F | | | |
| 1 a | if the organization elected, as permitted under SFAS 116, | | | |
| | treasures, or other similar assets held for public exhibition | , education, or research in furtherand | e of public s | ervice, provide, in Part XIV, the |
| | text of the footnote to its financial statements that describe | es these items | | |
| | | | | |
| ŧ | If the organization elected, as permitted under SFAS 116, | | | |
| | sures, or other similar assets held for public exhibition, ed | ucation, or research in furtherance of | f public servi | ce, provide the following amounts |
| | relating to these items | | | |
| | (i) Revenues included in Form 990, Part VIII, line 1 | | | |
| | (ii) Assets included in Form 990, Part X | | | > \$ |
| 2 | If the organization received or held works of art, historical | treasures, or other similar assets for | financial gai | n, provide the following amounts |
| | required to be reported under SFAS 116 relating to these | | | |
| a | Revenues included in Form 990, Part VIII, line 1 | | | > \$ |
| | Assets included in Form 990, Part X | | | |
| | · | | | |
| For F | rivacy Act and Paperwork Reduction Act Notice, see the | instructions for Form 990. | | Schedule D (Form 990) 2008 |

| Par | | ganizations Maintaining ntinued) | Collections of Art, I | Historical Treasures | s, or Other Similar A | ssets |
|------|---------------------------|---|------------------------------|-----------------------------|---|--|
| 3 | Using the organ | ization's accession and other i | ecords, check any of the f | ollowing that are a signif | icant use of its collection i | tems (check all that |
| | apply) | | | _ | | |
| а | Public exhi | oition | | d Loan or exchang | e programs | |
| þ | Scholarly re | search | | e Other | | |
| С | Preservation | n for future generations | | | | |
| 4 | Provide a desci | ption of the organization's coll | ections and explain how th | ey further the organization | on's exempt purpose in P | art XIV |
| 5 | During the year | did the organization solicit or | receive donations of art, hi | storical treasures, or oth | er similar assets to be so | ld |
| | to raise funds ra | ther than to be maintained as | part of the organization's o | collection? | <u> </u> | Yes No |
| Par | | st, Escrow and Custod | | | | m 990, Part IV, line 9, |
| | or i | eported an amount on Form 99 | 90, Part X, line 21 | | | |
| 1a | Is the organizat | on an agent, trustee, custodia | n or other intermediary for | contributions or other as | sets not included | _ |
| | on Form 990, P | art X? | | | | . Yes No |
| b | If "Yes," explain | the arrangement in Part XIV a | nd complete the following | table | | |
| | | | | | | Amount |
| С | Beginning bala | nce | | | 1c | |
| | | the year | | | 1d | |
| 9 | Distributions du | ring the year | | | 1e | |
| f | Ending balance | | | | | |
| 2a | Did the organiz | ation include an amount on Fo | rm 990, Part X, line 21? | | | . Yes X No |
| | - | the arrangement in Part XIV | | | | |
| Par | | | plete if organization answe | ered "Yes" to Form 990, | Part IV, line 10 | |
| | | (a) Current year | (b) Prior year | (c) Two years back | (d) Three years back | (e) Four years back |
| 1a | Beginning of ye | | | - ``` | | · |
| | | | | | | |
| h | Contributions | | - | | | |
| | investment ear | nings | | | | |
| · | or losses | - 1 | | | | |
| 4 | Grants or scholarship | | · | | | |
| | Other expenditi | | | <u></u> | | ······································ |
| 9 | for facilities and | | | | | |
| | | | | | | |
| | programs . Administrative | | | | | |
| 1 | | Í | | | | |
| _ | • | | , | | | <u></u> |
| 9 | End of year bal | | and balance hold so | | | |
| 2 | | mated percentage of the year of the year of the year of the year. | | | | |
| | _ | | 3.00 % | | | |
| | | owment ▶ 0.00 % | | | | |
| | | nt ▶ 0.00 % | | | | |
| 3a | | vment funds not in the posses | | | | |
| | (i) unrelated o | • | | | | 3a(i) |
| | | anizations | | | | 3a(ii) |
| | | , are the related organizations | | | • | 3b |
| 4 | | t XIV the intended uses of the | | | | |
| Pai | | estments-Land, Buildir | | See Form 990, Part | | |
| | Descrip | tion of investment | (a) Cost or other | (b) Cost or other | (c) Depreciation | (d) Book value |
| | · | | basis (investment) | basis (other) | | |
| 1 a | Land | | · | | | |
| b | Buildings . | | 760,004. | | 101,514. | 658,490. |
| c | Leasehold imp | ovements | · | | | |
| đ | Equipment | | · | | | |
| | Other | | <u></u> | | | |
| Tota | I. Add lines 1a-1 | (Column (d) should equal Fo | rm 990, Part X, column (B |), line 10(c)) | <u></u> ▶ | 658,490. |

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

See separate instructions.

Attach to your tax return.

OMB No 1545-0172

2008

Attachment

Sequence No 67 Business or activity to which this form relates Name(s) shown on return Identifying number PETIT JEAN REGIONAL FOUNDATIONBOONEVILLE DEVELOPMENT CORP 71-0828740 **Election To Expense Certain Property Under Section 179** Note: If you have any listed property, complete Part V before you complete Part I 250,000. 1 Maximum amount. See the instructions for a higher limit for certain businesses. 1 2 2 Total cost of section 179 property placed in service (see instructions) 3 800,000. 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation Subtract line 3 from line 2 If zero or less, enter -0- 4 5 Dollar limitation for tax year Subtract line 4 from line 1 If zero or less, enter -0- If married filing separately, see instructions 5 (c) Elected cost (a) Description of property (b) Cost (business use only) 6 7 Listed property Enter the amount from line 29 8 Total elected cost of section 179 property Add amounts in column (c), lines 6 and 7 8 Tentative deduction Enter the smaller of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2007 Form 4562 . 10 11 Business income limitation Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction Add lines 9 and 10, but do not enter more than line 11 12 13 Carryover of disallowed deduction to 2009 Add lines 9 and 10, less line 12. Note: Do not use Part II or Part III below for listed property. Instead, use Part V Special Depreciation Allowance and Other Depreciation (Do not include listed property) (See instructions) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year (see instructions) 14 15 15 Property subject to section 168(f)(1) election 16 Other depreciation (including ACRS) 16 MACRS Depreciation (Do not include listed property) (See instructions) 17 MACRS deductions for assets placed in service in tax years beginning before 2008 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B-Assets Placed in Service During 2008 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depr (g) Depreciation (d) Recovery (e) (a) Classification of property (f) Method year placed in service (business/investment use period Convention deduction only - see instructions) 3-year property b 5-year property 7-year property 10-year property d 15-year property 20-year property S/L 25-year property 25 yrs 27 5 yrs ММ S/L Residential rental 27 5 yrs MM S/L property 01/2009 83,836. 39 yrs MM S/L 985. Nonresidential real 617. 01/2009 52,479. 39.0 ММ S/L property Section C-Assets Placed in Service During 2008 Tax Year Using the Alternative Depreciation System 20a Class life 12-year 12 yrs S/L 40 yrs S/L 40-year Summary (See instructions) 21 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21 17,572. Enter here and on the appropriate lines of your return Partnerships and S corporations - see instructions For assets shown above and placed in service during the current year, enter the

| Name: PETIT JEAN REGIONAL FOUNDATION | ID: /1-0828/40 |
|--|----------------|
| Description: SALE OF OLD NURSING HOME PROPERTY | |
| Туре | Amount |
| OAK MANOR COSTS FROM 2003 | 1,164,495. |
| OAK MANER COSTS FROM 2004 | 34,445. |
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| Total | 1,198,940. |
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2008 ASSET DETAIL REPORT

| Description Acad Cost Use Spec. Basis Method Per. Cv Depr. Depr. Depr. Year AMT AMT Price Sold Description Acad Cost Use Spec. Basis Method Per. Cv Depr. Depr. Year AMT AMT Price Sold Depreciation Class: Appliances - Rental Instruce Vear: 200 2835 MACKS 7.0 HY 1595 354 253 1272 347 | | | | | | | | 2008 AS | ASSET DETA | DETAIL REPORT | | | | | | |
|---|-----------------|---------|-------------|-------|----------|----------|--------|---------|------------|---------------|-------|--------|---------|-------|-------|------|
| Pec. Basis Method Per. Cv Depr. Year AMT Price Files Sold - Rental 2835 MACRS 7.0 HY 1595 354 253 1272 347 ty nonresidential 152694 SL 40.0 HY 23061 3817 3817 22902 3817 460160 MACRS 39.0 MY 617 1346 617 | | Jate | | Bus. | 179+ | | | | | Current | Next | Prior | Current | Gain/ | Sales | Date |
| - Rental 2835 MACRS 7.0 HY 1595 354 253 1272 ty nonresidential 152694 SL 40.0 HY 23061 3817 3817 22902 460160 MACRS 39.0 HY 58995 11799 11799 58995 1 83836 MACRS 39.0 MM 617 1346 136315 136315 752004 83651 17572 19365 83169 1 | , , | ı | 1 | | Spec. | Basıs | Method | | Depr. | Depr. | Year | AMT | AMT | Price | Price | Sold |
| - Rental 2835 MACRS 7.0 HY 1595 354 253 1272 ty nonresidential 152694 SL 40.0 HY 23061 3817 3817 22902 460160 MACRS 39.0 HY 58995 11799 11799 58995 1 83836 MACRS 39.0 MM 617 1346 136315 136315 752004 83651 17572 19365 83169 1 | | | | | | | | | | | | | | | | |
| # Appliances - Rental 2006 2835 MACRS 7.0 HY 1595 354 253 1272 2835 100 2835 MACRS 7.0 HY 23061 3817 3817 22902 2001 152694 100 152694 SL 40.0 HY 23061 3817 3817 22902 2003 460160 100 460160 MACRS 39.0 HY 58995 11799 58995 1 2009 83836 MACRS 39.0 MM 617 1346 52479 100 52479 MACRS 39.0 MM 617 1346 136315 136315 152004 752004 83651 17572 19365 83169 1 | Form: BOONEVILI | E DEV | ELOPMEN | T COE | ₽ | | | | | | | | | | | |
| ## Appliances - Rental 2006 2835 100 2835 MACRS 7.0 HY 1595 354 253 1272 2001 152694 100 152694 SL 460160 MACRS 39.0 HY 23061 83836 100 83836 MACRS 39.0 MM 617 1602 136315 136315 136315 752004 83651 17595 83651 17797 1876 17772 1876 17772 17772 17772 17772 17772 17772 17772 17772 17772 17772 17772 17772 17772 17772 17772 17772 17772 17772 17772 17772 | Rental Propert | , y: N/ | A | | | | | | | | | | | | | |
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| 2835 ID0 2835 MACRS 7.0 HY 1595 354 253 1272 2001 2001 40.0 HY 23061 3817 3817 22902 2003 460160 MACRS 39.0 HY 58995 11799 58995 1 2009 83836 MACRS 39.0 MM 985 2150 83836 100 52479 MACRS 39.0 MM 617 1346 52479 100 52479 MACRS 39.0 MM 617 1346 136315 1750 17572 19365 83169 1 152004 752004 752004 83651 17572 19365 1 | In Service Y | Gar: | 2006 | | | | | | | | | | | | | |
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