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Department of the Treasury Internal Revenue Service

Return of Private Foundation

or Section 4947(a)(1) Nonexempt Charitable Trust

Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0052 2009

| For | calen | dar year 2009, or tax year beginning | , 2009 | , and e | ending | | , 20 |
|----------------------------|-----------------|---|--|---------|---------------------|---|--|
| G | Check | | eturn of a former pu | | narity ne change | ☐ Final return | |
| Us | e the | IRS Name of foundation | | | | identification number | · |
| _ | label. | MARY HARMON FLORAL GARDENS, INC. | | | | 63-0946387 | |
| O | therwi print | Transportation (or the beat frame) in that is not delivered to | o street address) Roor | m/suite | B Telephone | number (see page 10 c | of the instructions) |
| (| or type | | | _ | | 870-856-2425 | i |
| Se | e Spe | cific City or town, state, and ZIP code | | | C If exempt | ion application is pendir | ng, check here |
| Ins | truction | ons. _{HARDY,} AR 72542-038 | | | | n organizations, check | _ |
| Н | Check | type of organization: Section 501(c)(3) exempt p | rivate foundation | | | n organizations meeting | g the 85% test, |
| | Sectio | n 4947(a)(1) nonexempt charitable trust | | ation | | here and attach compu | _ |
| ı | Fair m | narket value of all assets at J Accounting method | 🗹 Cash 🗌 Ac | crual | | foundation status was 07(b)(1)(A), check here | terminated under ► |
| | | f year (from Part II, col. (c), \tag{ \ta} \tag{ | | | | ndation is in a 60-mont | _ |
| _ | line 16 | 6) ► \$ 60,782 (Part I, column (d) must be | on cash basis.) | | | ction 507(b)(1)(B), chec | |
| Pa | art I | Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see page 11 of the instructions)) | (a) Revenue and expenses per books | | investment come | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 19,917 | | | | |
| | 2 | Check ▶ ☐ if the foundation is not required to attach Sch. B | | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | | |
| | 4 | Dividends and interest from securities | | | | | |
| | 5a | Gross rents | | | | | |
| | b | Net rental income or (loss) | | | | | |
| Ē | 6a | Net gain or (loss) from sale of assets not on line 10 | | | | | |
| /en | _ь | Gross sales price for transfer by the sa | | | | | |
| Revenue | 7 | Capital gain net income (from Part IV, line 2) | | | | | |
| _ | 8 | Net short-term capital gain | | | | | |
| | 9 10a | Net short-term capital gain | | · | | | <u> </u> |
| | b | Less: Cost of goods-sold N 17 | | | | | |
| | C | Gross profit or (loss) (attach schedule) | | | | | |
| | 11 | Other income (attach schedule) | | | | | |
| | 12 | Total. Add lines 1 through 11 | 19,917 | | 0 | | |
| | 13 | Compensation of officers, directors, trustees, etc. | 3,032 | | | | 3,032 |
| Expenses | 14 | Other employee salaries and wages | | | | | |
| ē | 15 | Pension plans, employee benefits | 232 | | | | 232 |
| × | 16a | Legal fees (attach schedule) | | | | | |
| Je E | b | Accounting fees (attach schedule) | | | | . <u>.</u> | |
| | С | Other professional fees (attach schedule) | | | | | |
| tra | 17 | Interest | | | | | |
| nis. | 18 | Taxes (attach schedule) (see page 14 of the instructions) | | | | | |
| Έ | 19 | Depreciation (attach schedule) and depletion | 2,512 | | | | 1 222 |
| Ad | 20 | Occupancy | 1,628 800 | | | - | 1,628 |
| פַ | 21 | Travel, conferences, and meetings | 800 | | | | 800 |
| ā | 22 | Printing and publications | 12,790 | | | <u> </u> | 12,790 |
| آت. | 23 | Total operating and administrative expenses. | 12,730 | | <u> </u> | | 12,790 |
| rat | | Add lines 13 through 23 | 20,994 | | | | 18,482 |
| Operating and Administrati | 25 | Contributions, gifts, grants paid | 2,465 | | | | 2,465 |
| 0 | 26 | Total expenses and disbursements. Add lines 24 and 25 | 23,459 | | 0 | | 20,947 |
| _ | 27 | Subtract line 26 from line 12. | , , , | | | | |
| | _ a | Excess of revenue over expenses and disbursements | -3542 | | | | |
| | ь | Net investment income (if negative, enter -0-) . | | | 0 | | |
| | С | Adjusted net income (if negative, enter -0-) | | | | | |
| For | Privac | y Act and Paperwork Reduction Act Notice, see page 30 o | f the instructions. | | Cat No 11 | 289X Fo | orm 990-PF (2009) |

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| 9: | ırt II | Balance Sheets Attached schedules and amounts in the description column | Beginning of year | End o | i year | |
|-----------------------------|------------|--|---------------------------|----------------|---------------------------------------|--|
| | | 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 | 12,493 | 11,463 | 11,463 | |
| | 2 | Savings and temporary cash investments | | | | |
| | 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 (attach schedule) (see page 16 of the instructions) | | | | |
| | 7 | Other notes and loans receivable (attach schedule) ▶ | | | · · · · · · · · · · · · · · · · · · · | |
| | | Less: allowance for doubtful accounts ▶ | | | | |
| Assets | 8 | Inventories for sale or use | | | | |
| SS | 9 | Prepaid expenses and deferred charges | | _ | | |
| ⋖ | 10a | Investments—U.S. and state government obligations (attach schedule) | | | - | |
| | ь | Investments—corporate stock (attach schedule) | | | | |
| | C | Investments—corporate bonds (attach schedule) | | | | |
| | 11 | Investments—land, buildings, and equipment. basis ▶ | | | | |
| | ' ' | Less accumulated depreciation (attach schedule) | | | | |
| | 12 | Investments—mortgage loans | | | | |
| | 13 | | | | | |
| | 14 | Investments—other (attach schedule) | | | | |
| | '* | Land, buildings, and equipment: basis ► 140,389 | 51,831 | 40 240 | 40.240 | |
| | ۱ ۵۰ | Less: accumulated depreciation (attach schedule) ▶ 91,070 | | 49,319 | 49,319 | |
| | 15 16 | Other assets (describe >) | | | | |
| | 10 | Total assets (to be completed by all filers—see the instructions. Also, see page 1, item l) | 64.004 | 00.700 | 60.700 | |
| | | | 64,324 | 60,782 | 60,782 | |
| | 17 | Accounts payable and accrued expenses | | | | |
| S | 18 | Grants payable | | | | |
| ≝ | 19 | Deferred revenue | | | | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | | |
| <u>.e</u> | 21 | Mortgages and other notes payable (attach schedule) | | | | |
| _ | 22 | Other liabilities (describe ►) | | | | |
| | 23 | Total liabilities (add lines 17 through 22) | | | | |
| S | | Foundations that follow SFAS 117, check here ▶ ☐ and complete lines 24 through 26 and lines 30 and 31. | | | | |
| ĕ | 24 | Unrestricted | 64,324 | 60,782 | | |
| <u>ā</u> | 25 | Temporarily restricted | | | | |
| ä | 26 | Permanently restricted | | | | |
| Net Assets or Fund Balances | | Foundations that do not follow SFAS 117, check here ▶ ☐ and complete lines 27 through 31. | | | | |
| 7 | 27 | Capital stock, trust principal, or current funds | | | | |
| Š | 28 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | | |
| šet | 29 | Retained earnings, accumulated income, endowment, or other funds | | | | |
| Ş | 30 | Total net assets or fund balances (see page 17 of the | | | | |
| 7 | | instructions) | 64,324 | 60,782 | | |
| ž | 31 | Total liabilities and net assets/fund balances (see page 17 | | | | |
| | | of the instructions) | 64,324 | 60,782 | | |
| Pa | rt III | Analysis of Changes in Net Assets or Fund Balances | | | | |
| | | I net assets or fund balances at beginning of year-Part II, colur | mn (a), line 30 (must a | agree with | | |
| | | -of-year figure reported on prior year's return) | | | 64,324 | |
| 2 | . Ente | er amount from Part I, line 27a | | | -3,542 | |
| | | er increases not included in line 2 (itemize) | | | | |
| 4 | | lines 1, 2, and 3 | | | 60,782 | |
| 5 | | reases not included in line 2 (itemize) ▶ | | | | |
| e | Tota | al net assets or fund balances at end of year (line 4 minus line 5)-F | Part II, column (b), line | 30 6 | 60,782 | |

| Part | Capital Gains and | a Losses for Lax on Investing | nent Income | T 40 4 1 | | |
|--|---------------------------------------|---|--|--|-------------------------------------|---|
| | | ne kind(s) of property sold (e.g., real estatuse, or common stock, 200 shs MLC Co | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo , day, yr) | (d) Date sold (mo , day, yr) |
| 1a | NONE | | | | | |
| <u>b</u> | | | | | | |
| <u>c</u> | | | | | | |
| <u>d</u> _ | | | | | | |
| <u>e</u> _ | | (A) | | <u> </u> | | L |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | other basis nse of sale | | n or (loss) (f) minus (g) |
| <u>a</u> b | | | | | | |
| <u>c</u> | | | | | | |
| d | | | | | | |
| <u> e </u> | | | | | | |
| | Complete only for assets sho | owing gain in column (h) and owned | by the foundation | on 12/31/69 | | (h) gain minus |
| | (i) F M V as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | s of col (i) (j), if any | | t less than -0-) or from col (h)) |
| <u>a</u> | | | | | | |
| <u>b</u> | | | | | | |
| <u>c</u> | · · · · · · · · · · · · · · · · · · · | | | | | |
| <u>d</u> | | | | | | |
| <u>e</u> | | (If non | oloo ootou oo Do | | | |
| 2 | Capital gain net income of | | also enter in Pa , enter -0- in Pai | | 2 | |
| 3 | If gain, also enter in Part | in or (loss) as defined in sections I, line 8, column (c) (see pages 1 | 3 and 17 of the | | | |
| Dort | If (loss), enter -0- in Part | | | | 3 | |
| Part | | der Section 4940(e) for Redu | | | | |
| • | | rivate foundations subject to the | Section 4940(a) | tax on het lives | intent income.) | |
| If sect | ion 4940(d)(2) applies, leav | e this part blank. | | | | |
| | | esection 4942 tax on the distribut t qualify under section 4940(e). D | | | base period? | ☐ Yes ☐ No |
| 1 | | ount in each column for each ye | | | ns before making a | any entries. |
| | (a) Base penod years | (b) | | (c) f nonchantable-use a | Dis | (d) tribution ratio |
| Cale | ndar year (or tax year beginning in | <u> </u> | NONE | | (coi (b) | divided by col (c)) |
| | 2008 2007 | | NONE | | | |
| | 2006 | | | | | |
| | 2005 | | | | | |
| | 2004 | | | | | |
| | | | | | | |
| 2 | Total of line 1, column (d |) | | | . 2 | |
| 3 | | for the 5-year base period—div | | | | |
| | | dation has been in existence if le | | | | |
| 4 | Enter the net value of nor | ncharitable-use assets for 2009 f | from Part X, line | 5 | . 4 | |
| 5 | Multiply line 4 by line 3 | | | | 5 | |
| 6 | Enter 1% of net investme | ent income (1% of Part I, line 27t | o) | | 6 | |
| 7 | Add lines 5 and 6 | | | | . 7 | |
| 8 | If line 8 is equal to or gre | ons from Part XII, line 4 ater than line 7, check the box | | | . 8 that part using a | 1% tax rate. See the |
| | Part VI instructions on pa | ıye 10. | | | | |

| Part | Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the | e insi | | ons) | | |
|---------|--|--------|--------------|----------|--|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and enter "N/A" on line 1. | | | | | |
| | Date of ruling or determination letter. (attach copy of letter if necessary – see instructions) | | | | | |
| b | | | | | | |
| | here ► and enter 1% of Part I, line 27b | | | | | |
| С | All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of | | | | | |
| | Part I, line 12, col. (b) | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | | |
| 3 | Add lines 1 and 2 | | | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0 | | | | | |
| 6 | Credits/Payments. | | | | | |
| a | 2009 estimated tax payments and 2008 overpayment credited to 2009 6a Exempt foreign exactly at tax withheld at accuracy. | | | | | |
| b C | Exempt foreign organizations—tax withheld at source | | | | | |
| d | Backup withholding erroneously withheld 6d | | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | | | | | |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8 | | - | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | | - | | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid • 10 | | | | | |
| 11 | Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refunded ▶ 11 | | | | | |
| Part | 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 | , in | Yes | No | | |
| | participate or intervene in any political campaign? | 1a | | 1 | | |
| 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 | | - | | |
| | 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 | | \ | | |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ▶ \$ | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | | |
| | on foundation managers. ► \$ 0 | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | 1 | | |
| _ | If "Yes," attach a detailed description of the activities. | | | <u></u> | | |
| 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 | | 1 | | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | 1 | | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | 4b | | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | \ | | |
| | 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 | - | | | |
| 7 8a | 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 Enter the states to which the foundation reports or with which it is registered (see page 19 of the | 7 | ✓ | | | |
| 8a | instructions) ARKANSAS | | | | | |
| b | | | | | | |
| J | (or designate) of each state as required by General Instruction G? If "No," attach explanation | 8ь | / | | | |
| 9 | | | | | | |
| 3 | 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page | | | | | |
| | 27)? If "Yes," complete Part XIV | 9 | 1 | | | |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | | | |
| | names and addresses | 10 | | 1 | | |

| Form | 990-PF | (2009) | |
|------|--------|--------|--|

| _ | | | | |
|---|---|---|---|---|
| ۲ | a | 3 | е | a |

| Part | VII-A Statements Regarding Activities (continued) | | | . ugo e |
|-------------|--|--------|----------|---------|
| 11 | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the | | | Γ |
| | meaning of section 512(b)(13)? If "Yes," attach schedule (see page 20 of the instructions) | 11 | | 1 |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | t |
| | August 17, 2008? | 12 | | ✓ |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | 1 | |
| | Website address ► NONE | | | |
| 14 | | 0-856- | 2425 | |
| | | 2542-0 | 387 | |
| 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 | | | |
| Part | VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | _ |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | | Yes | No |
| 1a | During the year did the foundation (either directly or indirectly): | 1 | | |
| | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? \square Yes \square No | | | ĺ |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | |
| | disqualified person? | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | ì | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes . No | | | İ |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for | | | ł |
| | the benefit or use of a disqualified person)? | ł | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" if the | 1 | | |
| | foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) | İ | | |
| ь | If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | l |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)? | 46 | | 1 |
| | Organizations relying on a current notice regarding disaster assistance check here | 1b | _ | - |
| С | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that | 1 | | |
| · | were not corrected before the first day of the tax year beginning in 2009? | 1c | | 1 |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | T | | + • |
| _ | operating foundation defined in section 4942(j)(3) or 4942(j)(5)): | [| | |
| а | At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and | Ì | | |
| | 6e, Part XIII) for tax year(s) beginning before 2009? | ŀ | | |
| | If "Yes," list the years ▶ 20 , 20 , 20 , 20 | | | |
| ь | 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 | l | | l |
| | all years listed, answer "No" and attach statement—see page 20 of the instructions.) | 2b | | 1 |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | |
| | ▶ 20, 20, 20, 20 | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | | | |
| | at any time during the year? | 1 | | |
| b | If "Yes," did it have excess business holdings in 2009 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 | ļ | | |
| | foundation had excess business holdings in 2009.) | 3b | <u> </u> | ļ |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | ✓ |
| b | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its | | | |
| | charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009? | 4b | | _ ✓ |

| Form 99 | 0-₽F (2009) | | | | | | | | | ъ. | c |
|---------|--|-----------|---|------------|---------------------|----------|--|---------------------|----------|---------------------|-------|
| | VII-B Statements Regarding Activities | for W | /hich Form | 4720 | May Be R | equire | d (conti | nued) | | | age 6 |
| 5a | During the year did the foundation pay or incur a | | | | may o | <u> </u> | 10011111 | .uou, | | T | |
| | (1) Carry on propaganda, or otherwise attempt to (2) Influence the outcome of any specific public | o influe | nce legislation | | | | ☐ Yes | ☑ No | | | |
| | directly or indirectly, any voter registration dr | | | | - | - | Yes | [∕] No | | | |
| | (3) Provide a grant to an individual for travel, stu(4) Provide a grant to an organization other than section 509(a)(1), (2), or (3), or section 4940(d | n a cha | rıtable, etc., | organız | ation desc | | Yes | ☑ No | | | |
| | (5) Provide for any purpose other than religious, purposes, or for the prevention of cruelty to compare the compared to the co | , charita | able, scientif | ic, lıtera | ary, or educ | cational | 1 | ✓ No ✓ No | | | |
| b | If any answer is "Yes" to 5a(1)–(5), did any of the Regulations section 53 4945 or in a current notice | | | | | | ons descr | ribed in | | | |
| | Organizations relying on a current notice regarding | | | | | | | | | | |
| С | If the answer is "Yes" to question 5a(4), does t because it maintained expenditure responsibility | | | | | the tax | ∏ Yes | □No | | | |
| _ | If "Yes," attach the statement required by Regula | | | | | | | | | l | |
| 6a | Did the foundation, during the year, receive any on a personal benefit contract? | | • | • | | | Yes | ☑ No | | | |
| b | Did the foundation, during the year, pay premiun If "Yes" to 6b, file Form 8870. | ns, dıre | ctly or indire | ctly, on | a personal | benefi | t contract | .° . | 6b | | |
| | At any time during the tax year, was the foundation a | | | | | | ☐ Yes | ✓ No | | | |
| _ | If yes, did the foundation receive any proceeds of | | | | | | | | 7b | | |
| Par | Information About Officers, Direct and Contractors | tors, I | rustees, F | ounda | tion Mana | agers, | Highly I | Paid E | mploy | ees, | |
| | List all officers, directors, trustees, foundation | n mana | ners and th | eir con | nensation | lsee r | 200 22 0 | of the in | etructi | onel | |
| | | | e, and average | | mpensation | | Contribution | | | | |
| | (a) Name and address | hou | rs per week ed to position | (If not | paid, enter -0-) | emplo | oyee benefit erred compe | plans | (e) Expe | allowand | ces |
| SEE A | TTACHMENT | | <u></u> | | | | | | - | | _ |
| | | | | | | | | | | | |
| | | | , | | | | | · | | | |
| | | | _ | | | | | | _ | | |
| 2 | Compensation of five highest-paid employee If none, enter "NONE." | s (oth | er than thos | se inclu | ided on lir | ie 1—s | ee page | 23 of | the ins | tructio | ons) |
| | (a) Name and address of each employee paid more than \$50,00 | 00 | (b) Title, and a hours per videvoted to p | week | (c) Compe | nsation | (d) Contribution (d) Co | benefit deferred | (e) Expe | nse acc allowanc | |
| NONE | | | | | | | | | | | |
| | | | | | | _ | | | | | |
| | | | | | | | 1 | | | | |

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

| orm | 990- | ΡF | (200 | 09) |
|-----|------|----|------|-----|
|-----|------|----|------|-----|

Page 7

| Par | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Empand Contractors (continued) | oloyees, |
|----------|---|------------------|
| <u> </u> | Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none | e, enter "NONE." |
| | (a) Name and address of each person paid more than \$50,000 (b) Type of service | (c) Compensation |
| NON | E | |
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| | | |
| | | <u>-</u> |
| | | |
| Tota | I number of others receiving over \$50,000 for professional services | |
| Dar | t IX-A Summary of Direct Charitable Activities | |
| r ai | Sulfillary of bilect Charitable Activities | |
| | st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ganizations and other beneficianes served, conferences convened, research papers produced, etc. | Expenses |
| 1 | MAINTENANCE OF FLOWER GARDENS, PURCHASES OF FLOWERS AND PLANTS FOR DISTRIBUTION TO | |
| • | PATIENTS AT LOCAL HOSPITALS AND NURSING HOMES | 20,947 |
| | | ,- |
| 2 | | |
| _ | | |
| | | |
| 3 | | |
| - | | |
| | | |
| 4 | | |
| | | |
| | | |
| Par | t IX-B Summary of Program-Related Investments (see page 24 of the instructions) | |
| De | escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| 1 | NONE | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| All | other program-related investments. See page 24 of the instructions | |
| 3 | | |
| | | |
| | | |
| Tota | II. Add lines 1 through 3 | |

| Part | Minimum Investment Return (All domestic foundations must complete this part. Fore see page 24 of the instructions.) | ign found | ations, |
|--------|---|---|---------------------------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: | | |
| а | Average monthly fair market value of securities | 1a | 0 |
| b | Average of monthly cash balances | 1b | 11,978 |
| c | Fair market value of all other assets (see page 24 of the instructions) | 1c | 11,978 |
| d | Total (add lines 1a, b, and c) | 1d | 11,978 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | iu | 11,976 |
| • | 1c (attach detailed explanation) | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0 |
| 3 | Subtract line 2 from line 1d | 3 | |
| 4 | Cash deemed held for charitable activities. Enter 1 ½ % of line 3 (for greater amount, see page 25 of | 3 | 11,978 |
| • | | | 420 |
| 5 | the instructions) | 4 | 138 |
| 5 6 | Minimum investment return. Enter 5% of line 5 | 5 | 11,840 |
| Part | XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private | 6 | 592 |
| rait | foundations and certain foreign organizations check here \blacktriangleright and do not complete this part.) | operating | |
| 1 | Minimum investment return from Part X, line 6 | 1 | N/A |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | | |
| b | Income tax for 2009. (This does not include the tax from Part VI.) 2b |] | |
| С | Add lines 2a and 2b | 2c | |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | 3 | |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | · · · · · · · · · · · · · · · · · · · |
| 6 | Deduction from distributable amount (see page 25 of the instructions) | 6 | |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| | line 1 | 7 | |
| Part | XII Qualifying Distributions (see page 25 of the instructions) | <u>, - , </u> | |
| | () 3 | | |
| 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 | 20,947 |
| 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 | 0 |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| а | Suitability test (prior IRS approval required) | 3a | 0 |
| b | Cash distribution test (attach the required schedule) | 3b | 0 |
| 4 | Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 20,947 |
| 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 | 20,947 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating | g whether | the foundation |

| | 90-PF (2009) | | | | Page 9 |
|------|--|---------------------------------------|----------------------------|---------------------------------------|-------------|
| Part | VIII Undistributed Income (see page 26 or | | <u> </u> | Ι | |
| 1 | Distributable amount for 2009 from Part XI, line 7 | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
| 2 | Undistributed income, if any, as of the end of 2009: | | | | N/A |
| a | Enter amount for 2008 only | | | | |
| b | Total for prior years: 20,20,20 | | - | | |
| 3 | Excess distributions carryover, if any, to 2009: | | | | |
| а | From 2004 | | | | |
| b | From 2005 | | | | |
| c | From 2006 | | | | |
| d | From 2007 | | | | |
| e | From 2008 | | | | |
| f | Total of lines 3a through e | | | | |
| 4 | Qualifying distributions for 2009 from Part XII, line 4: ▶ \$ | · · · · · · · · · · · · · · · · · · · | | | |
| а | Applied to 2008, but not more than line 2a . | | | | |
| | Applied to undistributed income of prior years | | | | _ |
| | (Election 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 2009 distributable amount . | | | | |
| е | Remaining amount distributed out of corpus | | | | |
| 5 | Excess distributions carryover applied to 2009 | · · | | · · · · · · · · · · · · · · · · · · · | |
| | (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 | | | | |
| 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 | | | | |
| d | Subtract line 6c from line 6b. Taxable amount—see page 27 of the instructions . | | | | |
| е | Undistributed income for 2008. Subtract line 4a from line 2a. Taxable amount—see page 27 of the instructions | | | | |
| f | Undistributed income for 2009. Subtract lines | | | | |
| | 4d and 5 from line 1. This amount must be distributed in 2010 | | | | |
| 7 | Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions) | | | | |
| 8 | Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the instructions) | | | | |
| 9 | Excess distributions carryover to 2010. Subtract lines 7 and 8 from line 6a | | | | |
| 10 | Analysis of line 9: | | | | |
| а | Excess from 2005 | | | | |
| b | Excess from 2006 | | 1 | • | |
| C | Excess from 2007 | | | | |
| d | Excess from 2008 | | | | |
| e | Excess from 2009 | | | | 1 |

| Earm | 990- | ÞΕ | (2009) | |
|------|------|----|--------|--|
| | | | | |

| 2000 | 4 | n |
|------|---|---|
| ane | | u |

| 1a If the foundation has received a nating or determination letter that it is a private operating foundation, and the ruling is effective for 2009, enter the date of the ruling. b Check box to indicate whether the foundation is a private operating foundation described in section 4942(k(S) or 4942(k(S | Part | XIV Private Operating Founda | itions (see page | 27 of the instruc | tions and Part V | II-A, question 9) | <u></u> | |
|---|------|---|---|--|----------------------|----------------------|--------------------|--|
| b Check box to indicate whether the foundation is a private operating foundation described in section 4942(NO) or 4942(NO) o | 1a | If the foundation has received a ruling foundation, and the ruling is effective for | g or determination or 2009, enter the da | letter that it is a ate of the ruling. | private operating | | | |
| 2a Enter the lesser of the adjusted net income from Part I of the minimum investment reform Part I of the minimum investment reform Vorn Part X for by 2009 (b) 2009 (c) 2007 (c) 2009 (c) 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | b | | | | | ection | 3) or 3 4942(i)(5) | |
| westment return from Part X for each year listed 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | _ | Enter the lesser of the adjusted net | | <u> </u> | | | | |
| each year listed 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Total | |
| Collativing distributions from Part XII, line 4 for each year listed 20,947 18,049 20,357 16,044 75,397 d Anounts included in line 2 not used directly for active conduct of exempt activities. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | 0 | 0 | 0 | 0 | 0 | |
| In the 4 for each year listed 20,947 18,049 20,357 16,044 75,397 d Amounts moded in line 2 not used directly for active conduct of exempt activities. 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 | | | 0 | 0 | 0 | 0 | 0 | |
| or active conduct of exempt activities. Qualifying distributions made directly gractive conduct of exempt activities. Subtract line 2d from line 2c | С | | 20,947 | 18,049 | 20,357 | 16,044 | 75,397 | |
| for active conduct of exempt activities. Subtract line 2d from line 2c. 20,947 18,049 20,357 16,044 75,397 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test relied upon a "Assets" alternative test e-netre. (1) Value of all assets . 60,782 64,324 60,990 67,225 253,321 (2) Value of all assets supathyring under section 4942()(3)(8)(0) . 60,782 64,324 60,990 67,225 253,321 b "Adownent" alternative test—enter. // | ď | | 0 | 0 | 0 | 0 | 0 | |
| 3 Complete 3a, b, or c for the alternative test relied upon a "Assets" alternative test relied upon a "Assets" alternative test relied upon a "Assets" alternative test relied upon a "Assets" alternative test relied upon (2) Value of all assets (2) Value of all assets (3) Value of all assets (4) Value of all assets (5) Value of assets qualifying under section 4942()(3(B)) b "Endowment" alternative test relied in the park time of or each year isted (5) "Component" alternative test relied in the park time of or each year isted (6) Value of assets qualifying under section of section of minimum investment return shown in Park X, line 6 for each year isted (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalities) (2) Support from general public and 5 or more exempt organization as provided in section 4942()(3(B)(6)(iii)) (3) Largest amount of support from an exempt organization (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.) Information Regarding Foundation Managers: List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other | е | for active conduct of exempt activities. | 20,947 | 18.049 | 20.357 | 16.044 | 75.397 | |
| (1) Value of all assets qualifying under section 4942([0](3)(6)(1) | 3 | • | | | | , , , , , , | | |
| (2) Value of assets qualifying under section 4942(0)(3)(6)(0) | а | "Assets" alternative test - enter. | | | | | | |
| section 4942(i)(i)(iiiiiiiiiiiiiiiiiiiiiiiiiiiiiii | | | 60,782 | 64,324 | 60,990 | 67,225 | 253,321 | |
| b "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | | | | |
| c "Support" alternative test—enter: (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalities). (2) Support from general public and 5 or more exempt organizations as provided in section 4942(p)(3)(b)(iii) | b | "Endowment" alternative test-enter 2/3 of minimum investment return shown in | 60,782 | 64,324 | 60,990 | 67,225 | 253,321 | |
| (1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)S), or royalities). (2) Support from general public and 5 or more exempt organizations as provided in section 4942(b)(B)(b)(ii) . (3) Largest amount of support from an exempt organization and so remains a section 4942(b)(B)(b)(ii) . (4) Gross investment income Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.) Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here b if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: FLOYD HANNON, 60 WINNEBAGO DR., CHEROKEE VILLAGE, AR 72529 PHONE: 870.257.2314 b The form in which applications should be submitted and information and materials they should include: LETTER; NAME & ADDRESS OF HEALTH CARE FACILITY c Any submission deadlines: NONE/ONGOING d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other | С | | | | | | | |
| and 5 or more exempt organizations as provided in section 4942()(3)(B)(iii) (3) Largest amount of support from an exempt organization | | investment income (interest, dividends, rents, payments on securities loans (section | | | | | | |
| an exempt organization . (4) Gross investment income . Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year — see page 28 of the instructions.) 1 Information Regarding Foundation Managers: a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ ☐ If the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: FLOYD HANNON, 60 WINNEBAGO DR., CHEROKEE VILLAGE, AR 72529 PHONE: 870.257.2314 b The form in which applications should be submitted and information and materials they should include: LETTER; NAME & ADDRESS OF HEALTH CARE FACILITY c Any submission deadlines: NONE/ONGOING d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other | | and 5 or more exempt organizations as provided in | | | | | | |
| Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see page 28 of the instructions.) Information Regarding Foundation Managers: List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here Information Regarding Contribution only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. The name, address, and telephone number of the person to whom applications should be addressed: FLOYD HANNON, 60 WINNEBAGO DR., CHEROKEE VILLAGE, AR 72529 PHONE: 870.257.2314 b The form in which applications should be submitted and information and materials they should include: LETTER; NAME & ADDRESS OF HEALTH CARE FACILITY c Any submission deadlines: NONE/ONGOING d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other | | | | | | | | |
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| Information Regarding Foundation Managers: List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).) NONE List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: | Part | | | | | ad \$5,000 or mo | re in assets at | |
| a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: FLOYD HANNON, 60 WINNEBAGO DR., CHEROKEE VILLAGE, AR 72529 PHONE: 870.257.2314 b The form in which applications should be submitted and information and materials they should include: LETTER; NAME & ADDRESS OF HEALTH CARE FACILITY c Any submission deadlines: NONE/ONGOING d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other | | any time during the year- | -see page 28 of | the instruction | s.) | | | |
| before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2).) NONE b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: FLOYD HANNON, 60 WINNEBAGO DR., CHEROKEE VILLAGE, AR 72529 PHONE: 870.257.2314 b The form in which applications should be submitted and information and materials they should include: LETTER; NAME & ADDRESS OF HEALTH CARE FACILITY c Any submission deadlines: NONE/ONGOING d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other | - | | | | | | | |
| Description of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: FLOYD HANNON, 60 WINNEBAGO DR., CHEROKEE VILLAGE, AR 72529 PHONE: 870.257.2314 b The form in which applications should be submitted and information and materials they should include: LETTER; NAME & ADDRESS OF HEALTH CARE FACILITY c Any submission deadlines: NONE/ONGOING d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other | а | List any managers of the foundation | who have contribu | ited more than 2% | 6 of the total conti | ributions received I | by the foundation | |
| b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest. NONE 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: FLOYD HANNON, 60 WINNEBAGO DR., CHEROKEE VILLAGE, AR 72529 PHONE: 870.257.2314 b The form in which applications should be submitted and information and materials they should include: LETTER; NAME & ADDRESS OF HEALTH CARE FACILITY c Any submission deadlines: NONE/ONGOING d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other | NONE | before the close of any tax year (but o | only if they have co | ontributed more th | an \$5,000) (See s | ection 507(a)(2).) | | |
| PINONE Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here □ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: FLOYD HANNON, 60 WINNEBAGO DR., CHEROKEE VILLAGE, AR 72529 PHONE: 870.257.2314 b The form in which applications should be submitted and information and materials they should include: LETTER; NAME & ADDRESS OF HEALTH CARE FACILITY c Any submission deadlines: NONE/ONGOING d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other | | | | | • | | ge portion of the | |
| 2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs: Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: FLOYD HANNON, 60 WINNEBAGO DR., CHEROKEE VILLAGE, AR 72529 PHONE: 870.257.2314 b The form in which applications should be submitted and information and materials they should include: LETTER; NAME & ADDRESS OF HEALTH CARE FACILITY c Any submission deadlines: NONE/ONGOING d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other | NONE | ownership of a partnership of other en | nuty) of which the | iouridation nas a | 1076 Of greater file | erest. | | |
| Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d. a The name, address, and telephone number of the person to whom applications should be addressed: FLOYD HANNON, 60 WINNEBAGO DR., CHEROKEE VILLAGE, AR 72529 PHONE: 870.257.2314 b The form in which applications should be submitted and information and materials they should include: LETTER; NAME & ADDRESS OF HEALTH CARE FACILITY c Any submission deadlines: NONE/ONGOING d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other | | Information Regarding Contribution | Grant Gift Loa | n Scholarshin e | to Programs: | · | | |
| a The name, address, and telephone number of the person to whom applications should be addressed: FLOYD HANNON, 60 WINNEBAGO DR., CHEROKEE VILLAGE, AR 72529 PHONE: 870.257.2314 b The form in which applications should be submitted and information and materials they should include: LETTER; NAME & ADDRESS OF HEALTH CARE FACILITY c Any submission deadlines: NONE/ONGOING d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other | - | Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see page 28 of the instructions) to individuals or | | | | | | |
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FULTON & SHARP COUNTIES IN ARKANSAS/HEALTH CARE FACILITIES

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation Purpose of grant or status of Amount contribution Name and address (home or business) recipient a Paid during the year PATIENTS AT LOCAL HOSPITALS AND NONE N/A **FLOWERS TO THOSE IN** 2,465 **NURSING HOMES** ILL HEALTH 2,465 **b** Approved for future payment NONE

| Pa | rt XVI | Analysis of Income-Producing Ac | MAINCO | | | | |
|------------------------|---|---|----------------------|----------------|-----------------------|---------------------|---|
| Ente | r gros | s amounts unless otherwise indicated. | | isiness income | Excluded by secti | on 512, 513, or 514 | (e) Related or exempt |
| 1 | Prog | ram service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See page 28 of the instructions) |
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| 2 | - | ees and contracts from government agencies | | | | | |
| 3 | | bership dues and assessments | <u> </u> | | - | | |
| 4 | | lends and interest from securities | | | | | |
| 5 | | ental income or (loss) from real estate: | | | | | |
| Ŭ | | Pebt-financed property | | | <u> </u> | | |
| | | lot debt-financed property | | | | | |
| 6 | | ental income or (loss) from personal property | | | | | |
| 7 | | r investment income | _ | | | | |
| 8 | | or (loss) from sales of assets other than inventory | | | | | |
| 9 | | ncome or (loss) from special events | | | | | |
| 10 | | s profit or (loss) from sales of inventory . | | | - | | |
| | | r revenue: a | | | † | | |
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| 12 | е _ | otal Add columns (b), (d), and (e) | | | | | |
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| 13 See Pa Lin | e _ Subte Totale works rt XV e No. | otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt to | y calculations.) | ent of Exemp | t Purposes | | |
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| 13 See Pa Lin | e _ Subte Totale works rt XV e No. | otal Add columns (b), (d), and (e) I. Add line 12, columns (b), (d), and (e) sheet in line 13 instructions on page 28 to verify Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt prostructions | y calculations.) | ent of Exemp | t Purposes | | |
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| Form 990 | • |) | | Pac | ae 1 3 |
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| Part > | KVII | Information Regarding Transfers To and Transactions and Relationships With Nonchar Exempt Organizations | itable | | |
| | | organization directly or indirectly engage in any of the following with any other organization described | Ye | es | No |
| | in section organiza | on 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political ations? | | | |

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| | | ction 501(c) of th nizations? | e Code (ot | her than s | ection 501(c) |)(3) orga | nızatıon | s) or in s | section 5 | 527, relating | to political | | | |
| а | Trans | sfers from the rep | ortina four | ndation to | a noncharita | ble exer | not ora | anızatıor | n of | | | | | |
| | | Cash | | | | | | | | | | 1a(1) | | 1 |
| | | Other assets | | | | | | | | | | 1a(2) | | 1 |
| b | Othe | er transactions: | | | | | | | | | | 1.5/5/1 | | <u>-</u> |
| | | Sales of assets to | a nonchar | table exer | mpt organiza | tion | | | | | | 1b(1) | | 1 |
| | | Purchases of asse | | | | | tion . | | | | | 1b(2) | | 1 |
| | | Rental of facilities, | | | | | | | | | | 1b(3) | | 1 |
| | | Reimbursement ai | | | | | | | | | | 1b(4) | | |
| | | oans or loan gua | _ | | | | | | | | | 1b(5) | | ' |
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| С | | ing of facilities, e | | | | | | | | | | 1c | | , |
| d | | answer to any | | | | | | | | | | | fair m | |
| _ | value | e of the goods, of | ther assets | or services. | es given by | the repo | rtına fo | undation | obluming. If the f | oundation r | eceived less | w uic i s than t | fair m | iai ke iarke |
| | | e in any transaction | | | | | | | | | | | | |
| (a) Lin | | (b) Amount involved | | | antable exempt | | | | | | actions, and sha | | | |
| (-, - | + | (-) | (0) | | | or garnzatio | ··- | (0) 5000 | inpuon or u | Taristers, trainse | actions, and sin | ±1119 a116 | angenne | EIIIS |
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| 2a | le th | e foundation dire | ctly or ind | rectly affi | liated with | or rolato | d to on | | ro tay a | vomnt orac | nizotiono | | | |
| 20 | | ribed in section 5 | | | | | | | | | _ | 7 | [7] | |
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| | Paid Preparer's Use Only | signature | | | | | | | <u> </u> | | | | | |
| | 4- | self-employed), add | rs II ress, | | | | | | | EIN ► | | | | |
| ı | | and ZIP code | 7 | | | | | | | Phone no | | | | |

Attachment 1 to 2009 Form 990-PF, Return of Private Foundation Mary Harmon Floral Gardens, Inc. EIN 63-0946387

Part 1, line 1 – Contributions, gifts, grants, etc.

| Estate of Frank Harmon through Mary Harmon Flowers of Love Trust | \$19,917 |
|--|-----------------|
| Part 1, line 23 – Other expenses | |
| Flowers; maintenance of gardens | 4,800 |
| Contract labor | 3,961 |
| Supplies | 1,919 |
| Insurance | 1,337 |
| Repairs & maintenance | <u>773</u> |
| | <u>\$12,790</u> |

Attachment 2 to 2009 Form 990-PF, Return of Private Foundation Mary Harmon Floral Gardens, Inc. EIN 63-0946387

Part 1, line 19 & Part II, line 14 - Depreciation

| <u>Description</u> | <u>Date</u> | Cost | Method | 09 Depr | Acc Depr |
|--------------------|-------------|----------------|---------|----------------|-----------------|
| Pre-94 Eqpt | 1/93 | 2,740 | | | |
| Bush Hog | 4/94 | 1,850 | SL-7yr | | 1,850 |
| Drive | 5/94 | 6,450 | SL-15yr | 143 | 6,450 |
| Eqpt Shed | 12/94 | 7,451 | SL-10yr | 0 | 7,451 |
| Bldg Imprs | 1/96 | 12,639 | SL-30yr | 421 | 5,894 |
| Bldg Roof | 8/97 | 5,485 | SL-10yr | 0 | 5,485 |
| Road Impr | 9/97 | 20,000 | SL-30yr | 667 | 8,448 |
| A/C | 6/99 | 2,285 | SL-7yr | 0 | 2,285 |
| Front-end Loader | 11/99 | 3,250 | SL-7yr | 0 | 3,250 |
| Road Impr | 6/99 | 4,753 | SL-30yr | 158 | 1,606 |
| Bldg Imprs | 8/00 | 2,798 | SL-30yr | 93 | 876 |
| Bldg Imprs | 4/01 | 6,954 | SL-30yr | 231 | 1,978 |
| Mower | 4/01 | 6,216 | SL-7yr | 0 | 6,216 |
| Truck | 7/01 | 4,493 | SL-5yr | 0 | 4,493 |
| Conf Rm Impr | 11/02 | 23,963 | SL-30yr | 799 | 5,726 |
| Truck | 9/02 | 29,062 | SL-5yr | <u>0</u> | <u>29,062</u> |
| | | <u>\$140,3</u> | 89 | <u>\$2,512</u> | <u>\$91,070</u> |

Attachment 3 to 2009 Form 990-PF, Return of Private Foundation Mary Harmon Floral Gardens, Inc. EIN 63-0946387

Part VIII, List of Officers and Directors:

| Floyd D. Hannon 60 Winnebago Cherokee Village, AR 72529 | President | No Compensation |
|--|-----------|-----------------|
| Richard Gammie 66 Winnebago Cherokee Village, AR 72529 | Vice-Pres | No Compensation |
| Charles E. Wilson PO Box 387 Hardy, AR 72542 | Sec-Treas | \$3,032 |
| Daniel McEntire 68 Winnebago Cherokee Village, AR 72529 | Board Mbr | No Compensation |
| Don Kingsland 33 Yosemite Dr. Cherokee Village, AR 72529 | Board Mbr | No Compensation |