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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)

Department of the Treasury

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

Open to Public Inspection

-		e 2009 calendar year, or tax year beginning and ending							
<u>A</u>	ror the		·						
В	Check if applicable	Please C Name of organization	D Employer identific	cation number					
		use IRS							
	Addre	e print or GEORGE W. DONAGHEY FOUNDATION							
	Name chang	e type Doing Business As	71-0	201619					
Г	Initial return	See Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E Telephone numbe	,					
F	Termir	- Specific 111 CENTER CERTER 2200	· · · · · · · · · · · · · · · · · · ·	570-3528					
\vdash	Jated □]Amend		G Gross receipts \$	25,522,925.					
H	lreturn]Applic								
_	⊥ltión pendir	EITTHE ROCK, AR 72201		H(a) Is this a group return					
		F Name and address of principal officer PHILLIP 5. ANDERSON	for affiliates?	Yes X No					
		111 CENTER STREET, SUITE 2200, LITTLE ROCK							
<u>i</u>	Tax-exe	empt status X 501(c) (3) ◀ (insert no) 4947(a)(1) or 527	If "No," attach a	list (see instructions)					
J	Websit	te: ► N/A	H(c) Group exemptio	n number 🕨					
K	Form of	forganization: Corporation X Trust Association Other L	Year of formation: 1929 N	State of legal domicile: AR					
P	art I	Summary							
-	1	Briefly describe the organization's mission or most significant activities Provide	funds to Univ	ersity of					
Activities & Governance		Arkansas at Little Rock							
ā		Check this box If the organization discontinued its operations or disposed of i	mara than 25% of its not as	anata .					
ě				_					
Ő	1	Number of voting members of the governing body (Part VI, line 1a)	3	<u> </u>					
•ত		Number of independent voting members of the governing body (Part VI, line 1b)	4	7					
es	5	Total number of employees (Part V, line 2a)	5	0					
Ξ	6	Total number of volunteers (estimate if necessary)	6	0					
Ç	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	7a	0.					
•	Ь	Net unrelated business taxable income from Form 990-T, line 34	7b	0.					
			Prior Year	Current Year					
Revenue	8	Contributions and grants (Part VIII, line 1h)							
	9	Program service revenue (Part VIII, line 2g)							
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	<7 202 870	> <3,070,541.>					
	10		<7,202,870.	× <3,070,341.					
	1	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7 000 070	2 000 544					
	7	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<1,202,870.	> <3,070,541.>					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,936,500.	1,825,191.					
	14	14 Benefits paid to or for members (Part IX, column (A), line 4)							
Sesu: NAIM	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)							
	16a	Professional fundraising fees (Part IX, column (AR ITE) VED							
\$∂\$	1	Total fundraising expenses (Part IX, column _r (D), line 25)							
شَ	147	Other expenses (Part IX column (A) lines the 11d 11f 249	347,699.	299,668.					
	18	Total expenses Add lines 13-17 (must expenses Add lines 13-17 (must expenses)	2,284,199.	2,124,859.					
) D		Revenue less expenses Subtract line 18 from line 12		> <5,195,400.>					
<u>ار د</u>	- دا ا	Academic less expenses Subtract line 16 Indimine 12							
$\mathcal{F}_{\mathcal{F}}$	2 00	(and the same of	Beginning of Current Year	End of Year					
Ner Assets or	20	Total assets (Part X, line 16)	49,039,432.	61,935,771.					
Z .	21	Total liabilities (Part X, line 26)	48,413.	47,486.					
	22	Net assets or fund balances Subtract line 21 from line 20	48,991,019.	<u>61,888,285.</u>					
	art II	Signature Block							
D)		Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statem and compilete peclaration of preparer (other than officer) is based on all information of which preparer has any knowledge.	ents, and to the best of my knowledged	ge and belief, it is true, correct,					
			•						
Sig	jn	Lulipo. (Maloon	Deme 3	0,2010					
He	ге	Signature of officer	Date						
		PHILLIP S. ANDERSON, SECRETARY							
		Type or print name and title							
_		Preparer's Date,	Check if Prepare	er's identifying number					
Pai	d	Supporture V	self- (see ins	structions)					
Pre	parer's	12110	employed						
Use	Only	yours if L. COTTON THOMAS & CO.	EIN ►						
	•	self-employed), address, and 620 WEST THIRD ST., STE 400							
		ZIP+4 LITTLE ROCK, AR 72201	Phone no. ► (<u>501) 375-9187</u>					
Ma	y the I	RS discuss this return with the preparer shown above? (see instructions)		X Yes No					
	001 02-0		instructions.	Form 990 (2009)					
		· · · · · · · · · · · · · · · · · · ·							

Pai	rt III State	ement of Program Service Acco	mplishments		
1	Briefly desc	ribe the organization's mission			
			SITY OF ARKANSAS AT I	TTTLE ROCK	
		- 101100 10 1111 011111	DIII OI IIIIII III I	HITEL ROCK	
					
					-
					
2			n services during the year which were not	listed on	
	the prior For	m 990 or 990-EZ?			Yes X No
	If "Yes," des	Scribe these new services on Schedule O			
3	Did the orga	nization cease conducting, or make signifi	icant changes in how it conducts, any pro-	gram services?	Yes X No
		scribe these changes on Schedule O.	, ,,,		
4			of the organization's three largest program	senuces by expenses	
•			ion 4947(a)(1) trusts are required to report		
			· · · · · · · · · · · · · · · · · · ·		
	anocations	o others, the total expenses, and revenue	, if any, for each program service reported		
		1 005	101	- 404	
l a)(Expenses \$ 1,825,	191. including grants of \$ 1,825	, 191 •) (Revenue \$	0.)
	<u>Funds</u>	<u>provided to Universit</u>	y of Arkansas at Litt	:le Rock	
					_
				- "	
	-				
		-			
					
1b	(Code) (Expenses \$	including grants of \$) (Revenue \$	<u> </u>
-	(, (21),2011000 \$	g g.a.m.e e. 🗣) (i.i.e.e.i.e.e \$,
					
		-			
		 			
	-	 			
					
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
					
				· · · · · · · · · · · · · · · · · · ·	
					
					<u> </u>
					
					
1d	Other progr	am services (Describe in Schedule O)			
	(Expenses \$		of \$) (Revenue \$)	
			25,191.		
. —					

GEORGE W. DONAGHEY FOUNDATION

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Form **990** (2009)

	•		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	
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 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, 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 similar funds or 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_		X
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, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?	Ì		
	If "Yes," complete Schedule D, Part V	10		<u> </u>
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VIII, IX, or X		i	
_	as applicable .	11	Х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI.			
•	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII			
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	ŀ		
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	ļ		
0	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in	•	l	
_	Part X, line 16? If "Yes," complete Schedule D, Part IX			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
10	the organization's liability for uncertain tax positions under FIN 48? If "Yes," complete Schedule D, Part X			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI, XII, and XIII	40		v
124		12		<u>X</u>
IZA	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional Yes No 12A X			
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	-	X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
~	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		X
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	ľ	X
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		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions 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 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		-	
	complete Schedule G, Part III	19		X
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Х
		Form	aan 🗸	2000)

Form 990 (2009) GEORGE W. DONAGHEY FOUNDATION

Part IV Checklist of Required Schedules (continued)

	•		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 19 If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	<u> </u>	Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	İ		
	Schedule J	23		х
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 lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		х
ь	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	2.40		
•	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		
-	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	240		
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	254		
~	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified	230		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		_^_
۲.	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	07		x
28	Was the organization a party to a business transaction with one of the following parties, (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	200		v
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		X
C	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was	200		Α_
·	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	00-		v
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30	contributions? If "Yes," complete Schedule M	20		v
31	Did the organization liquidate, terminate, or dissolve and cease operations?	30		<u> </u>
31	If "Yes," complete Schedule N, Part I			v
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		_X_
32	Schedule N, Part II	00		v
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		X
33	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	00		v
34	Was the organization related to any tax-exempt or taxable entity?	_33_		_X_
34	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	0.4		v
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	34_		<u>X</u>
33	If "Yes," complete Schedule R, Part V, line 2	0.5		v
26		35		<u> X</u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "You " complete Schedule R. Part V. Inc. 2.	00		v
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			v
20	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u>X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X 000 (2000
		LOLL	990 (2009)

O09) GEORGE W. DONAGHEY FOUNDATION
Statements Regarding Other IRS Filings and Tax Compliance Part V

	•			Yes	No
1a	Enter, the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of				
	U.S. Information Returns. Enter -0- if not applicable	1a	0		
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	1b	0	1	
C	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	l	1	
	(gambling) winnings to prize winners?		1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		ł		
	filed for the calendar year ending with or within the year covered by this return	2a	0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns? .	2b	<u>.</u>	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see	instructions)		1	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year covere	d by this return?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a	j		
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a	L	X
Ь	If "Yes," enter the name of the foreign country	***	.		
	See the instructions for exceptions and filing requirements for Form TD F 90-22 1, Report of Foreign I	Bank and			
	Financial Accounts.				
	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 transa		5b	ļ	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Rega	rding Prohibited	_		
_	Tax Shelter Transaction?		5c		-
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ie organization solicit			v
	any contributions that were not tax deductible?		6a		X
D	If "Yes," did the organization include with every solicitation an express statement that such contribut were not tax deductible?	ions or gins	G.		
7	Organizations that may receive deductible contributions under section 170(c).		6b		
7	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods and sanucas			
а	provided to the payor?	goods and services	7a		х
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required		-	
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a p	ersonal			
	benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr	act?	7 f		Х
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 1098-0	as required?	7h		<u> </u>
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations	-			
	supporting organization, or a donor advised fund maintained by a sponsoring organization, have exceeding	ess business holdings			
	at any time during the year?		8	ļ	
9	Sponsoring organizations maintaining donor advised funds.			į	
a	Did the organization make any taxable distributions under section 4966?		9a	-	
ь	Did the organization make a distribution to a donor, donor advisor, or related person?		9b	├	
10	Section 501(c)(7) organizations. Enter:	ا ۱۵۰			
a	Initiation fees and capital contributions included on Part VIII, line 12 Green received uncluded on Form 900, Part VIII, line 12, for public use of club facilities	10a	\dashv		
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	112			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	11a	\dashv		
D	amounts due or received from them)	11b			
12>	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	120		
- 2				990	

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line §a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	to line qu, ob, or rob below, describe the circumstances, processes, or changes in scriedule O. See instructions.			
Sec	tion A. Governing Body and Management		l	
		7	Yes	No
_	Enter the number of voting members of the governing body Categorian States and the Association of the States and the S	/		
ь	Enter the number of voting members that are independent Did any officer, director, tracker, as law ampleuse have a fearly selectorable as a law ampleuse have a fearly selectorable.	4		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			37
2	officer, director, trustee, or key employee?	2		<u> </u>
3	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?			v
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?	3		X
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a		•		
	governing body?	7a		_x_
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	1		
	by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, 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	9		х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
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?	10b		
11	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11	X	
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a		X
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		
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		<u> X</u>
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	15a		X
D	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (See instructions)	15b		X
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
IUa	taxable entity during the year?	160		х
h	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation	16a		
J	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure	IOD		
17	List the states with which a copy of this Form 990 is required to be filed None	-		
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) availab	le for		
	public inspection. Indicate how you make these available. Check all that apply			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy,	and fina	ncial	
	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 of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the person who possesses the books and records of the organization of the organization of the person who possesses the books and records of the organization of the person of the pers	ation >	•	
-	Bart Roach - 501-551-4159			
	P.O. Box 3546, Little Rock, AR 72203			

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

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

1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year. 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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees.
- 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

X Check this box if the organization did		пу сі	ırrer			, dire	ecto			·	
(A)	(B)		(C)					(D)	(E)	(F)	
Name and Title	Average hours				Position all that apply)			Reportable compensation	Reportable compensation	Estimated amount of	
	per week	Individual trustee or director	Institutional trustee	Officer	Γ	sated		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
Bart Roach									_	_	
President		┼	ļ		-	-		0.	0.	0.	
Philip S. Anderson									0		
Secretary								0.	0.	0.	
		ļ	<u> </u>								
					<u> </u>						
		<u> </u>									

Pai	Section A. Officers, Directors, Tru		nplo	yee			ligh	est		ees (continued)				
	• (A)	(B)	İ	(C)					(D)	(E)			(F)	
	Name and title	Average	Position (check all that apply)					L A	Reportable	Reportable			tımate	
		hours per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated Compensated Complexee		compensation from the organization (W-2/1099-MISC)	compensation from related organizations (W·2/1099-MIS(ated other			ition e ion ed
										9444				
													<u>-</u>	<u></u>
													,	
			-			 	<u> </u>			****				
														
1b	Total	l	<u> </u>	l	L	L		l	0.		0.			0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re						
	compensation from the organization													0
											_		Yes	No
3	Did the organization list any former officer, line 1a? If "Yes," complete Schedule J for s	uch individual					-					3		Х
4	For any individual listed on line 1a, is the su and related organizations greater than \$15	0,000? <i>If "Yes,</i>	" co	mple	ete S	Sche	edule	e J f	for such individual	-		4		Х
5	Did any person listed on line 1a receive or a				rom	any	unr/	elat	ed organization for serv	ices rendered to		_		v
Sec	the organization? If "Yes," complete Sched	ule 3 for such	pers	on								5		X
1	Complete this table for your five highest co	empensated in	depe	ende	ent c	onti	racto	ors t	that received more than	\$100,000 of comp	ensa	ation f	rom	
	(A) Name and business	address				•	•		(B) Description of s	ervices	C	(Comper) isatio	n
		··			., .									
_								\dashv						
														
2	Total number of independent contractors (i \$100,000 in compensation from the organi	_	ot h	mıte	d to		se lis	stec	d above) who received m	nore than				
	\$. 55,000 in compensation nom the organi	Lation					-						200	-

	990 (NAGHEY FU	UNDATION		/1-0201	619 Page 3
Pai	t VIII	Statement of Rever	nue	.,	(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	1 a b	Federated campaigns Membership dues Fundraising events	1a 1b					513, or 514
	d e	Related organizations Government grants (contributed) All other contributions, gifts, gran	tions) 1e nts, and					
	_	Similar amounts not included about Noncash contributions included in lines Total. Add lines 1a-1f	<u> </u>					
	2 a	Total. Add lines 1a-11		Business Code				
Program Service Revenue	c d							
		All other program service revo	enue	>				
	3 4 5	Investment income (including other similar amounts) Income from investment of tal Royalties		•	1,454,956.	1,454,956.		
		Gross Rents Less rental expenses Rental income or (loss)	(i) Real	(II) Personal				
	7 a	Net rental income or (loss) Gross amount from sales of assets other than inventory Less cost or other basis	(i) Securities 2406796	(II) Other	-			
	d	and sales expenses Gain or (loss) Net gain or (loss)	2859346 <452549		<4525497	><4525497.	>	
Other Revenue		Gross income from fundraising including \$ contributions reported on line Part IV, line 18	of e 1c) See	a				
D D	С	Less: direct expenses Net income or (loss) from fun Gross income from gaming a Part IV, line 19	draising events ctivities See	b				
	С	Less direct expenses Net income or (loss) from gar	ning activities	b > _				
	b	Gross sales of inventory, less and allowances Less cost of goods sold	; 1	a				
	11 a	Net income or (loss) from sale Miscellaneous Reveni	ue	Business Code				
	b							
	12	All other revenue Total. Add lines 11a-11d Total revenue. See instructions.		>	<3070541	><3070541.	> 0.	
93200 02-04	າ ຍ 10							Form 990 (2009)

Part IX Statement of Functional Expenses

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

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21	1,825,191.	1,825,191.		
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	Payroll taxes				
11	Fees for services (non-employees)				
а	Management				
b	Legal				
С	Accounting	3,100.		3,100.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other				
12	Advertising and promotion				
13	Office expenses	374.		374.	
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
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	Investment Management F	288,944.		288,944.	
b	Insurance Expense	7,250.		7,250.	
c				. , = = = -	
d					, , , , , , , , , , , , , , , , , , , ,
e					
f	All other expenses			,	
25	Total functional expenses Add lines 1 through 24f	2,124,859.	1,825,191.	299,668.	0.
26	Joint costs Check here ▶ ☐ If following		_ <u>, </u>		
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				

Par	tΧ	Balance Sheet			
			(A) Beginning of year		(B) End of year
į	1	Cash - non-interest-bearing		1	
	2	Savings and temporary cash investments	333,107.	2	4,384,275.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key	;		
		employees, and highest compensated employees. Complete Part II			
		of Schedule L		5	
	6	Receivables from other disqualified persons (as defined under section			
		4958(f)(1)) and persons described in section 4958(c)(3)(B) Complete			
		Part II of Schedule L		6	
ets	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use	4 504	8	
•	9	Prepaid expenses and deferred charges	4,794.	9	4,794.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a	<u> </u>		
		Less accumulated depreciation 10b		10c	·
	11	Investments - publicly traded securities	10 126 020	11	E7 20E 002
	12	Investments - other securities See Part IV, line 11	48,426,039.	12	57,285,082.
	13	Investments - program-related See Part IV, line 11		13	
	14 15	Intangible assets Other assets See Part IV, line 11	275,492.	14 15	261,620.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	49,039,432.	16	61,935,771.
	17	Accounts payable and accrued expenses	48,413.	17	47,486.
	18	Grants payable		18	1,,1001
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
Ø	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
abil		highest compensated employees, and disqualified persons. Complete Part II			
5		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	48,413.	26	47,486.
		Organizations that follow SFAS 117, check here			
es		lines 27 through 29, and lines 33 and 34.			
auc	27	Unrestricted net assets	48,991,019.	27	61,888,285.
Bal	28	Temporarily restricted net assets		28	
þ	29	Permanently restricted net assets		29	····
Ē		Organizations that do not follow SFAS 117, check here			
s or		complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Tet	32	Retained earnings, endowment, accumulated income, or other funds	40 001 010	32	61 000 005
_	33	Total hebities and not coasts found belonces	48,991,019.	33	61,888,285.
	34	Total liabilities and net assets/fund balances	49,039,432.	34	61,935,771.

Form	990 (2009) GEORGE W. DONAGHEY FOUNDATION 71-020	1619	Pag	ge 12
Pa	rt XI Financial Statements and Reporting			
	•		Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	_2a		X
b	Were the organization's financial statements audited by an independent accountant?	2b		X
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit,			
	review, or compilation of its financial statements and selection of an independent accountant?	2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a			
	consolidated basis, separate basis, or both.			
	Separate basis Consolidated basis Both consolidated and separate basis			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit			
	Act and OMB Circular A-133?	За		X

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why in Schedule O and describe any steps taken to undergo such audits

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Open to Public Inspection

Name of the organization

Employer identification number GEORGE W. DONAGHEY FOUNDATION 71-0201619

Part I	Reason	for Public Cha	rity Status (All organiz	zations mu	st comple	te this par	t) See ins	tructions.		
The organ	-		because it is: (For lines							
1 🔲	A church, co	nvention of churche	es, or association of chur	ches desc	ribed in se	ection 170) (b)(1)(A)(i).		
2	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)									
з 🗔	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).									
4 🗔			operated in conjunction)(b)(1)(A)(i	ii). Enter t	the hospital's name,
	city, and stat								•	•
5 🔲	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in									
	section 170(b)(1)(A)(iv). (Complete Part II)									
6 🗔	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7			ceives a substantial part					or from the	general	public described in
	section 170(b)(1)(A)(vi). (Comple	ete Part II.)							
8 🔲	A community	trust described in	section 170(b)(1)(A)(vi).	(Complete	Part II)					
9 🗀	An organizat	on that normally red	ceives: (1) more than 33 ⁻	1/3% of its	support f	rom contr	ibutions, r	nembersh	ıp fees, aı	nd gross receipts from
	activities rela	ted to its exempt fu	inctions - subject to certa	aın exceptı	ons, and (2) no more	than 33	1/3% of its	support	from gross investment
	income and i	unrelated business	taxable income (less sect	tion 511 ta	x) from bu	ısınesses a	acquired b	y the orga	anization a	after June 30, 1975.
	See section	509(a)(2). (Complet	e Part III)							
10	An organizat	on organized and o	perated exclusively to te	st for publ	ıc safety 🤄	See sect io	on 509(a)(4).		
11 X	An organizati	on organized and o	perated exclusively for the	he benefit (of, to perfe	orm the fu	nctions of	, or to carr	y out the	purposes of one or
			ations described in secti				2) See se	ction 509((a)(3). Che	eck the box that
	describes the	e type of supporting	organization and compl		_					_
	a Type	≀ ь∟	l Type II	с 🗶 Тур	e III - Fund	tionally in	tegrated		d	Type III - Other
e X	By checking	this box, I certify th	at the organization is not	controlled	directly o	r indirectly	y by one o	r more dıs	qualified (persons other than
	foundation m	anagers and other	than one or more publicly	y supporte	d organiza	ations des	cribed in s	section 50	9(a)(1) or	section 509(a)(2)
f	If the organiz	ation received a wri	tten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Typ	e III		
	supporting o	rganızatıon, check t	his box							
g			organization accepted ar			-				
	(i) A perso	n who directly or inc	directly controls, either al	lone or tog	ether with	persons of	described	ın (ıı) and ((III) below,	Yes No
	_		supported organization?							11g(i) X
		•	n described in (i) above?							11g(ii) X
		•	a person described in (i) o							11g(iii) X
h	Provide the f	ollowing information	about the supported or	ganızatıon	(s).					
		 	City Type of			Т			. 1	
	of supported	(ii) EIN	(iii) Type of organization				u notify the	Lorganizati	on in col 1	(vii) Amount of
orga	anızatıon		(described on lines 1-9	in col. (i) lis governing			tion in col. r support?	(i) organiz U.S	ed in the	support
			above or IRC section		r	· · · · · · · · · · · · · · · · · · ·	r			
TT			(see instructions))	Yes	No	Yes	No	Yes	No	·
Unive			11			3.7		ļ <u></u>		1 005 101
OL AL	kansas		<u> </u>	X		Х	-	X		1,825,191.
		-				ļ	 		 	
				 						
						 		 		
		I	I	1		I	ŀ	1	1 1	

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2009

1,825,191.

Total

O 1 1 1-	A /F	000		
Schedule .	A (Form	990 o	r 990·EZI	2009

Page 2

	rt II Support Schedule for	Organizations	Described in	Sections 170	0(b)(1)(A)(iv) an	d 170(b)(1)(A)(v	/i)
	(Complete only if you checke	d the box on line 5	5, 7, or 8 of Part I.)			
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not			·			
	include any "unusual grants ")		:				
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to		ŧ				
	or expended on its behalf						
3	The value of services or facilities	: :					
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions			-			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included		-				
	on line 1 that exceeds 2% of the						
	amount shown on line 11, column (f)	•					
	**			ļ			
<u>6</u>	Public support. Subtract line 5 from line 4 ction B. Total Support			<u> </u>	<u> </u>		
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(4) 2009	(=) 2000	(6) Total
	Amounts from line 4	(a) 2005	(6) 2006	(6) 2007	(d) 2008	(e) 2009	(f) Total
8	Gross income from interest,						<u> </u>
Ŭ	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part IV)						
11	Total support. Add lines 7 through 10				<u> </u>		
12	Gross receipts from related activities,	etc (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization'	s first, second, th	rd, fourth, or fifth	tax year as a section	on 501(c)(3)	
<u> </u>	organization, check this box and storection C. Computation of Publ		rcontago				
						T	
	Public support percentage for 2009 (, ,,		column (f))		14	<u>%</u>
15	Public support percentage from 2008 33 1/3% support test - 2009. If the o			n line 12 and line	14 :0 22 1/20/	15	<u>%</u>
100	stop here. The organization qualifies	=			14 15 33 1/3/6 01 11	nore, check this bo	x and
H	33 1/3% support test - 2008. If the o		_		f line 15 is 33 1/3%	or more check th	e boy
_	and stop here. The organization qual	_			2 III 10 10 10 00 1707	or more, check th	▶ □
17a	10% -facts-and-circumstances tes	, ,	•		e 13, 16a. or 16b.:	and line 14 is 10% a	or more.
	and if the organization meets the "fac	_					•
	meets the "facts-and-circumstances"						▶□
ь	10% -facts-and-circumstances tes	_	•		•	17a, and line 15 is 1	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ				•		
18	Private foundation. If the organization		=				s

Pa	rt III Support Schedule for C	rganizations	Described in	Section 509(a	(Complete only	uf you checked the hi	ex on line 9 of Part L
Sec	ction A. Public Support				, complete on		
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organ- ization'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						
6	Total. Add lines 1 through 5				<u> </u>		
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)				L		
	ction B. Total Support		T			1	
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
-	Amounts from line 6 Gross income from interest,						
102	dividends, payments received on securities loans, rents, royalties and income from similar sources						
t	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13	Total support (Add lines 9, 10c, 11, and 12)					1	
14	First five years. If the Form 990 is for	the organization	's first, second, the	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organız	zation,
_	check this box and stop here			·			
	ction C. Computation of Publ						
	Public support percentage for 2009 (I			column (f))		15	%
	Public support percentage from 2008 ction D. Computation of Investigation					16	<u>%</u>
				· · · · · · · · · · · · · · · · · · ·		147	
17	Investment income percentage from	2008 Schedule A,	Part III, line 17		45 11	17 18	% %
198	33 1/3% support tests - 2009. If the	•		•		·	I / is not
	more than 33 1/3%, check this box a 33 1/3% support tests - 2008. If the	•	=	•			▶
,	line 18 is not more than 33 1/3%, che	=					▶ □

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

► Attach to Form 990. ► See separate instructions.

2009
Open to Public Inspection

Name of the organization

GEORGE W. DONAGHEY FOUNDATION

Employer identification number

71-0201619

Par	t I	Organizations Maintaining Donor Advise	d Funds or Other Similar Fund	s or Acco	unts. Complete if the
		organization answered "Yes" to Form 990, Part IV, line	e 6		
			(a) Donor advised funds	(b) Fu	inds and other accounts
1	Total	number at end of year			
2	Aggr	egate contributions to (during year)			
3		egate grants from (during year)			-
4		egate value at end of year			
5		he organization inform all donors and donor advisors in	writing that the assets held in donor advi	sed funds	
_		he organization's property, subject to the organization's			Yes No
6		he organization inform all grantees, donors, and donor a	_	e used only	
•		haritable purposes and not for the benefit of the donor o			
		rmissible private benefit?	, , ,		Yes No
Par		Conservation Easements. Complete if the org	ganization answered "Yes" to Form 990,	Part IV, line	7
1	Purp	ose(s) of conservation easements held by the organizati	on (check all that apply).		
		Preservation of land for public use (e.g., recreation or p		storically imp	portant land area
		Protection of natural habitat	Preservation of a cer	rtified historic	c structure
		Preservation of open space			
2	Com	plete lines 2a through 2d if the organization held a quali	fied conservation contribution in the form	of a conser	vation easement on the last
		of the tax year.			
	•	•			Held at the End of the Tax Year
а	Tota	I number of conservation easements		2a	
b	Tota	I acreage restricted by conservation easements		2b	
С		ber of conservation easements on a certified historic str	ucture included in (a)	2c	
d		ber of conservation easements included in (c) acquired		2d	
3	Num	ber of conservation easements modified, transferred, re	leased, extinguished, or terminated by th	ne organizati	on during the tax
	year				
4	Num	ber of states where property subject to conservation ea	sement is located >		
5	Does	s the organization have a written policy regarding the pe	riodic monitoring, inspection, handling of	Ī	
	vıola	tions, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff	f and volunteer hours devoted to monitoring, inspecting,	and enforcing conservation easements	during the ye	ear >
7	Amo	unt of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year 🕨	· \$
8	Does	s each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 17	0(h)(4)(B)(i)	
	and	section 170(h)(4)(B)(ii)?			Yes No
9	In Pa	art XIV, describe how the organization reports conservat	ion easements in its revenue and expens	se statement	, and balance sheet, and
	ınclu	ide, if applicable, the text of the footnote to the organiza	tion's financial statements that describes	s the organiz	ation's accounting for
	cons	servation easements			
Pai	<u>rt III</u>	Organizations Maintaining Collections o		Other Sim	ilar Assets.
		Complete if the organization answered "Yes" to Form	990, Part IV, line 8		
1a		e organization elected, as permitted under SFAS 116, no			
	treas	sures, or other similar assets held for public exhibition, e	ducation, or research in furtherance of pr	ublic service	, provide, in Part XIV, the text of
		footnote to its financial statements that describes these			
b		e organization elected, as permitted under SFAS 116, to			
	or of	ther similar assets held for public exhibition, education, o	or research in furtherance of public service	ce, provide th	ne following amounts relating to
		e items			_
	(i)	Revenues included in Form 990, Part VIII, line 1		•	\$ \$
		Assets included in Form 990, Part X		>	
2	If the	e organization received or held works of art, historical tre	easures, or other similar assets for financi	iał gain, prov	ride
		following amounts required to be reported under SFAS 1	116 relating to these items		
а	Rev	enues included in Form 990, Part VIII, line 1		>	\$ \$
b	Ass	ets included in Form 990, Part X		•	\$

		W. DONAGHE							<u> 1-02</u>			age 2
Par	t III Organizations Maintaining C											
3	Using the organization's acquisition, accessi	on, and other record	ds, chec	k any of the	following the	at are a s	signifi	cant u	se of its	collection	n item	ıs
	(check all that apply)											
а	Public exhibition	C	, <u> </u>	Loan or exc	hange progr	rams						
b	Scholarly research	•	, 🗀	Other								
C	Preservation for future generations											
4	Provide a description of the organization's co	ollections and expla	ın how ti	hey further t	he organizat	ion's exe	empt	purpo:	se in Par	t XIV.		
5	During the year, did the organization solicit of	r receive donations	of art, h	istorical trea	sures, or oth	ner sımıla	ar ass	ets				
	to be sold to raise funds rather than to be ma	aintained as part of	the orga	inization's co	ollection?					Yes		No
Par	t IV Escrow and Custodial Arran	gements. Compl	ete if or	ganization ai	nswered "Ye	s" to Fo	rm 99	0, Par	t IV, line	9, or		
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custod	an or other interme	diary for	contribution	ns or other a	ssets no	t inclu	ıded				
	on Form 990, Part X?									Yes] No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowing	table:								
							Γ			Amour	ıt	_
С	Beginning balance							1c		•		
d	Additions during the year							1d		•••		
е	Distributions during the year				•			1e				
f	Ending balance							1f				
2a	Did the organization include an amount on Fe	orm 990, Part X, line	217				_			Yes		No
b	If "Yes," explain the arrangement in Part XIV						•					
Par	t V Endowment Funds. Complete r	f the organization ar	nswered	"Yes" to Fo	rm 990, Parl	IV, line	10.					
		(a) Current year		Prior year	(c) Two year			hree ve	ars back	(e) Fou	r vears	back
1a	Beginning of year balance							-				
b	Contributions											
С	Net investment earnings, gains, and losses									<u> </u>		
d	Grants or scholarships									1		
e	Other expenditures for facilities											
	and programs									ļ		
f	Administrative expenses				<u> </u>				****			
g g	End of year balance			····						l		
2	Provide the estimated percentage of the year	r end halance held :	L		٠					L		····
_ a	Board designated or quasi-endowment	. one balance note:	%									
h	Permanent endowment	%	_′°									
	· · · · · · · · · · · · · · · · · · ·	^ %										
33	Are there endowment funds not in the posse		ation the	at are held a	and administr	arad for t	ho or	000170	ation			
Ja	by:	sasion of the organiz	ation th	at ale lielu a	ina administr	erea ioi t	irie Oi	yanıza	illori		Yes	N.
	(i) unrelated organizations									2-(1)	res	No
	(ii) related organizations									3a(i)	 	
_	If "Yes" to 3a(ii), are the related organizations	listed as required a	an Saba	dula D2						3a(ii)		
A	Describe in Part XIV the intended uses of the	· ·								3b	Ĺ	
Par	t VI Investments - Land, Building				Part Y line	10						
	Description of investment					I				(. D	1	
	pescription or investment	(a) Cost or o			or other (other)		preci	iulated ation	'	(d) Boo	r value	U
12	Land			1 22010		<u>-</u> -	J. 501	_,,,,,,		• • • • • • • • • • • • • • • • • • • •		
	Buildings			-					+			
	•								-			
	Leasehold improvements											
	Equipment		-		.	 						
	Other	aual Form 000 Part	Y 654	nn (D) /:nc 1	(O/a))	<u>!</u>						0.
Utal	. Add lines 1a through 1e (Column (d) must e	quar i onn 330, Part	\wedge , colui	in oj, lile i	0(6)							U •

Schedule D (Form 990) 2009

Schedule D (Form 990) 2009 GEORGE W. D	ONAGHEY FOUNDA	ATION	71-	0201619	Page 3
Part VII Investments - Other Securities. Se	e Form 990, Part X, line 12				
(a) Description of security or category (including name of security)	(b) Book value		Method of valuation of valuation of the second contract of the secon		
Financial derivatives					
Closely-held equity interests					
Other					
Securities and other					
investments	57,285,082.	End-of-Year	<u>Market</u>	<u>Value</u>	
	 			 -	-
					
		 ·			•
Total (Col (b) must equal Form 990, Part X, col (B) line 12.)	57,285,082.				
Part VIII Investments - Program Related. S	ee Form 990, Part X, line 13				
(a) Description of investment type	(b) Book value		lethod of valuati		
(4)	(5) 50011 14100	Cost or e	end-of-year marke	et value	
				-	
					
					
					·
					
Total (Col (b) must equal Form 990, Part X, col (B) line 13.)					
Part IX Other Assets. See Form 990, Part X, line	15.				
(a)	Description			(b) Book va	lue
	· · · ·				
					
			-		

Total. (Column (b) must equal Form 990, Part X, col (B) line	e 15.)				
Part X Other Liabilities. See Form 990, Part X,					
1 (a) Description of liability		(b) Amount			
Federal income taxes					
Total. (Column (b) must equal Form 990, Part X, col (B) line	e 25)				
2. FIN 48 Footnote In Part XIV, provide the text of the foo	otnote to the organization's f	inancial statements that	reports the orga	nızatıon's liabılıt	y for

•	dule D (Form 990) 2009 GEORGE W. DONAGHEY FOUNDATI			<u>71-02016</u>	19 Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Fina	ancial Stat	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7		
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		
Par	t XII Reconciliation of Revenue per Audited Financial Statemer	nts With Rev	enue per l	Return	
1	Total revenue, gains, and other support per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
а	Net unrealized gains on investments	2a		-	
b	Donated services and use of facilities	2b		-	
c	Recoveries of prior year grants	2c		-	
d	Other (Describe in Part XIV)	_2d		-	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1.1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV)	4b		- <u> </u>	
_	Add lines 4a and 4b			4c	
5 Par	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) t XIII Reconciliation of Expenses per Audited Financial Stateme	nte With Ev	nenses nei	5 r Return	
	Total expenses and losses per audited financial statements	III WILL EX	penses per		
1 2	Amounts included on line 1 but not on Form 990, Part IX, line 25			1	
a	Donated services and use of facilities	2a			
b	Prior year adjustments			-	
C	Other losses	2b		┦	
ď	Other (Describe in Part XIV)	2c 2d		-	
	Add lines 2a through 2d	[20]		1 20	
3	Subtract line 2e from line 1			2e 3	• • • • • • • • • • • • • • • • • • • •
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIV)	4b		1	
	Add lines 4a and 4b			4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
	t XIV Supplemental Information				
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, e 2, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b Also complete.				
					
					4

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2009Open to Public

Inspection

OMB No 1545-0047

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

% ⊠ Employer identification.number 71-0201619 (h) Purpose of grant or assistance Yes recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed and address of organization (ii) Method of (ii) Description of (iii) Dispussed in the second of (iii) Dispussed in the second of (iii) Description of (iii) Dispussed in the second of (iii) Description of (iiii) Dispussed in the second of (iii) Description of (iii) Dispussed in the second of (iii) Description of (iii) Dispussed in the second of (iii) Description of (iii) Dispussed in the second of (iii) Description of (iii) Dispussed in the second of (iii) Description of (iii) Descr Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States (d) Amount of 1,825,191 cash grant GEORGE W. DONAGHEY FOUNDATION (c) IRC section if applicable Enter total number of section 501(c)(3) and government organizations General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? Enter total number of other organizations 1 (a) Name and address of organization 2801 SOUTH UNIVERSITY AVENUE Univ. of AR at Little Rock or government LITTLE ROCK, AR 72204 Name of the organization Part II Parti

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) 2009

Page 2 Schedule I (Form 990) 2009 (f) Description of non-cash assistance 71-0201619 (e) Method of valuation (book, FMV, appraisal, other) Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant GEORGE W. DONAGHEY FOUNDATION (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) 2009 932102 02-02-10 Part IV Part III

SCHEDULE 0

(Form 990)

Supplemental Information to Form 990

Complete to provide information for responses to specific questions on Form 990 or to provide any additional information.

Attach to Form 990.

2009
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

GEORGE W. DONAGHEY FOUNDATION

Employer identification number 71-0201619

Form 990, Part VI, Section B, line 11: FORM 990 IS REVIEWED ANNUALLY PRIOR
TO FILING BY THE PRESIDENT AND SECRETARY
Form 990, Part VI, Section C, Line 19: THE ORGANIZATION HAS NEVER BEEN
REQUESTED TO MAKE IT'S GOVERNING DOCUMENTS OR CONFLICT OF INTEREST POLICY
AVAILABLE TO THE PUBLIC. FINANCIAL STATEMENTS FOR THE ORGANIZATION CONSIS
OF FORM 990 WHICH IS AVAILABLE TO THE PUBLIC THROUGH THE INTERNAL REVENUE
SERVICE.

8868

(Rev April 2009)
Department of the Treasury
Internal Revenue Service

(HTA)

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

THE THE TAX							
	filing for an Automatic 3-Month Extension, complete only Part I and check this box filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (•	► X	₹		
	plete Part II unless you have already been granted an automatic 3-month extension of						
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies nee						
•	n required to file Form 990-T and requesting an automatic 6-month extension—check t	his box and co	mple	ete ►]		
All other cor	porations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 70	004 to request	an e	xtension of	_		
time to file ii	ncome tax returns	•					
of the return electronicall returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month at some some some some some some some some	annot file Forn 990-BL, 6069, and signed pag	n 886 or 88 je 2	68 870, group (Part II) of	ne		
Type or	Name of Exempt Organization		ntific	cation number			
print	George W. Donaghey Foundation	71-0201619					
File by the due date for	Number, street, and room or suite no. If a P.O. box, see instructions						
filing your	111 Center Street, Suite 2200 City, town or post office, state, and ZIP code For a foreign address, see instructions.						
return See instructions	Little Rock	AR	72	201			
Check type	of return to be filed (file a separate application for each return).				_		
X Form 9	· · · · · · · · · · · · · · · · · · ·			Form 4720			
Form 9	90-BL Form 990-T (sec. 401(a) or 408(a) trust)			Form 5227			
Form 9				Form 6069			
Form 9			H				
- Form a			ш	Form 8870			
Telephore If the org If this is is for the wh	The No. ► 501.551. 4159 FAX No. ► anization does not have an office or place of business in the United States, check this to a Group Return, enter the organization's four digit Group Exemption Number (GEN) to group, check this box	oox		▶ If this and attach a]		
until is for ► X ►	1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time						
	tax year is for less than 12 months, check reason: Initial return Final return	Change	in a	ccounting peri	iod		
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, in nonrefundable credits. See instructions.		3a	\$			
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax		-	_ *			
	ents made. Include any prior year overpayment allowed as a credit.		3ь	\$			
c Bala	nce Due. Subtract line 3b from line 3a Include your payment with this form, or, if require	d,					
	sit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment	ļ	l				
	m). See instructions.			\$	0		
	you are going to make an electronic fund withdrawal with this Form 8868, see Form 845	3-EO and Forr	n 88	79-EO			
	instructions						
For Privacy	Act and Panerwork Reduction Act Notice, see Instructions		Form	8868 (Pay 4.20	nnav		