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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)

- Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990. All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form.
- The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

**2009****Open to Public Inspection**Department of the Treasury  
Internal Revenue Service

<b>A</b> For the 2009 calendar year, or tax year beginning , and ending											
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1"> <tr> <td><b>C</b> Name of organization H M &amp; Janet Kennerly TUW</td> <td><b>D</b> Employer identification number 71-6086419</td> </tr> <tr> <td>Number and street (or P O box, if mail is not delivered to street address) Citizens Bank, P.O. Box 2156</td> <td><b>E</b> Telephone number 870-793-4444</td> </tr> <tr> <td>City, town, or country Batesville</td> <td><b>F</b> Group Exemption Number ▶</td> </tr> <tr> <td>State AR</td> <td></td> </tr> <tr> <td>ZIP + 4 72503</td> <td></td> </tr> </table>	<b>C</b> Name of organization H M & Janet Kennerly TUW	<b>D</b> Employer identification number 71-6086419	Number and street (or P O box, if mail is not delivered to street address) Citizens Bank, P.O. Box 2156	<b>E</b> Telephone number 870-793-4444	City, town, or country Batesville	<b>F</b> Group Exemption Number ▶	State AR		ZIP + 4 72503	
<b>C</b> Name of organization H M & Janet Kennerly TUW	<b>D</b> Employer identification number 71-6086419										
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City, town, or country Batesville	<b>F</b> Group Exemption Number ▶										
State AR											
ZIP + 4 72503											

- **Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).**

**G** Accounting Method ☒ Cash ☐ Accrual  
Other (specify) ▶

**I** Website: ▶ N/A

**J** Tax-exempt status (check only one)— ☐ 501(c) ( ) ◀ (insert no) ☒ 4947(a)(1) or ☐ 527

**H** Check ☒ if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

**K** Check ☐ if the organization is not a section 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000. A Form 990-EZ or Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return.

**L** Add lines 5b, 6b, and 7b, to line 9 to determine gross receipts, if \$500,000 or more, file Form 990 instead of Form 990-EZ. ▶ \$ 129,057

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (See the instructions for Part I)

<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, and similar amounts received . . . . .	<b>1</b>	0
	<b>2</b> Program service revenue including government fees and contracts . . . . .	<b>2</b>	
	<b>3</b> Membership dues and assessments . . . . .	<b>3</b>	
	<b>4</b> Investment income . . . . .	<b>4</b>	8,959
	<b>5a</b> Gross amount from sale of assets other than inventory . . . . .	<b>5a</b>	120,098
	<b>b</b> Less: cost or other basis and sales expenses . . . . .	<b>5b</b>	120,147
	<b>c</b> Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . . .	<b>5c</b>	-49
	<b>6</b> Special events and activities (complete applicable parts of Schedule G) If any amount is from gaming, check here <input type="checkbox"/> . . . . .		
	<b>a</b> Gross revenue (not including \$ 0 of contributions reported on line 1) . . . . .	<b>6a</b>	0
	<b>b</b> Less: direct expenses other than fundraising expenses . . . . .	<b>6b</b>	0
<b>c</b> Net income or (loss) from special events and activities (Subtract line 6b from line 6a) . . . . .	<b>6c</b>	0	
<b>7a</b> Gross sales of inventory, less returns and allowances . . . . .	<b>7a</b>		
<b>b</b> Less: cost of goods sold . . . . .	<b>7b</b>		
<b>c</b> Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . . . . .	<b>7c</b>	0	
<b>8</b> Other revenue (describe ▶ ) . . . . .	<b>8</b>	0	
<b>9</b> <b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6c, 7c, and 8. ▶	<b>9</b>	8,910	
<b>Expenses</b>	<b>10</b> Grants and similar amounts paid (attach schedule) . . . . .	<b>10</b>	9,999
	<b>11</b> Benefits paid to or for members . . . . .	<b>11</b>	
	<b>12</b> Salaries, other compensation, and employee benefits . . . . .	<b>12</b>	
	<b>13</b> Professional fees and other payments to independent contractors . . . . .	<b>13</b>	1,353
	<b>14</b> Occupancy, rent, utilities, and maintenance . . . . .	<b>14</b>	
	<b>15</b> Printing, publications, postage, and shipping . . . . .	<b>15</b>	
	<b>16</b> Other expenses (describe ▶ See Attached Statement) . . . . .	<b>16</b>	1,326
	<b>17</b> <b>Total expenses.</b> Add lines 10 through 16. ▶	<b>17</b>	12,678
<b>Net Assets</b>	<b>18</b> Excess or (deficit) for the year (Subtract line 17 from line 9) . . . . .	<b>18</b>	-3,768
	<b>19</b> Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) . . . . .	<b>19</b>	247,098
	<b>20</b> Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>	94,248
	<b>21</b> Net assets or fund balances at end of year. Combine lines 18 through 20. ▶	<b>21</b>	337,578

**Part II Balance Sheets.** If Total assets on line 25, column (B) are \$1,250,000 or more, file Form 990 instead of Form 990-EZ.

(See the instructions for Part II)

	(A) Beginning of year	(B) End of year
<b>22</b> Cash, savings, and investments . . . . .	1,967	<b>22</b> 9,779
<b>23</b> Land and buildings . . . . .		<b>23</b>
<b>24</b> Other assets (describe ▶ See Attached Statement) . . . . .	245,131	<b>24</b> 327,799
<b>25</b> <b>Total assets</b> . . . . .	247,098	<b>25</b> 337,578
<b>26</b> <b>Total liabilities</b> (describe ▶ ) . . . . .	0	<b>26</b> 0
<b>27</b> <b>Net assets or fund balances</b> (line 27 of column (B) must agree with line 21) . . . . .	247,098	<b>27</b> 337,578

For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.

Form **990-EZ** (2009)



**Part V Other Information** (Note the statement requirements in the instructions for Part V.)

	Yes	No
<b>33</b> Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.		X
<b>34</b> Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes.		X
<b>35</b> If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.		
<b>a</b> Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting, and proxy tax requirements?		X
<b>b</b> If "Yes," has it filed a tax return on Form 990-T for this year?		
<b>36</b> Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N.		X
<b>37 a</b> Enter amount of political expenditures, direct or indirect, as described in the instructions. <b>37a</b>		
<b>b</b> Did the organization file Form 1120-POL for this year?		X
<b>38 a</b> Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the period covered by this return?		X
<b>b</b> If "Yes," complete Schedule L, Part II and enter the total amount involved. <b>38b</b>		
<b>39</b> Section 501(c)(7) organizations. Enter:		
<b>a</b> Initiation fees and capital contributions included on line 9. <b>39a</b>		
<b>b</b> Gross receipts, included on line 9, for public use of club facilities. <b>39b</b>		
<b>40 a</b> Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 <u>0</u> ; section 4912 <u>0</u> ; section 4955 <u>0</u>		
<b>b</b> Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and 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.		X
<b>c</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. <u>0</u>		
<b>d</b> Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the organization. <u>0</u>		
<b>e</b> All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.		X
<b>41</b> List the states with which a copy of this return is filed. <u></u>		
<b>42 a</b> The organization's books are in care of <u>Citizens Bank Of Batesville</u> Telephone no. <u>(870) 793-4441</u> Located at <u>P.O. Box 2156</u> City <u>Batesville</u> ST <u>AR</u> ZIP + 4 <u>72503</u>		
<b>b</b> At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	Yes	No
If "Yes," enter the name of the foreign country: <u></u>		X
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
<b>c</b> At any time during the calendar year, did the organization maintain an office outside of the U.S.?		X
If "Yes," enter the name of the foreign country: <u></u>		
<b>43</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here <input checked="" type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the tax year <b>43</b> <u>0</u>		
<b>44</b> Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X
<b>45</b> Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be completed instead of Form 990-EZ.		X

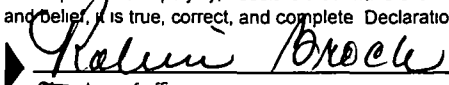
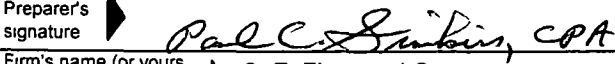
**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 46–49b and complete the tables for lines 50 and 51.

- 46** 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. **Yes** **No**
- 47** Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II. **46** **47**
- 48** Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. **48** **49a**
- 49 a** Did the organization make any transfers to an exempt non-charitable related organization? **49b**
- b** If "Yes," was the related organization a section 527 organization? **49b**
- 50** Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
Name <u>None</u> Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ 00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
Name _____ Str _____	Title _____			
City _____ ST _____ ZIP _____	Hr/WK _____ .00	0	0	0
<b>f</b> Total number of other employees paid over \$100,000 . . . . .		0		

- 51** Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation
Name <u>None</u> Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
Name _____ Str _____		
City _____ ST _____ ZIP _____		
<b>d</b> Total number of other independent contractors each receiving over \$100,000 . . . . .		0

<b>Sign Here</b>	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
	 Signature of officer		Date <u>6-4-10</u>	
	Type or print name and title <u>Robert Brock SUP/ TRUST</u>			
<b>Paid Preparer's Use Only</b>	Preparer's signature 	Date <u>5/21/2010</u>	Check if self-employed <input type="checkbox"/>	Preparer's identifying number (See instructions) <u>P00231198</u>
	Firm's name (or yours if self-employed), address, and ZIP + 4 <u>S. F. Fiser and Company</u> <u>112 East Emma Ave., Springdale, AR 72764</u>	EIN <u>71-0749699</u>	Phone no <u>(479)751-4851</u>	

May the IRS discuss this return with the preparer shown above? See instructions. ☒ Yes ☐ No

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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.

OMB No 1545-0047

**2009**

**Open to Public Inspection**

Name of the organization  
Janet & H.M Kennerly Testamentary Trust

Employer identification number  
71-6086419

**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)
- 3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 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 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9 ☐ An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.
  - a ☐ Type I      b ☐ Type II      c ☐ Type III—Functionally integrated      d ☒ Type III—Other

e ☒ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box. ☒

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

- (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? . . . . .
- (ii) A family member of a person described in (i) above? . . . . .
- (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . .

	Yes	No
11g(i)		X
11g(ii)		X
11g(iii)		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	(iv) Is the organization in col (i) listed in your governing document?		(v) Did you notify the organization in col (i) of your support?		(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of support
			Yes	No	Yes	No	Yes	No	
United Way of Indepen	71-0548432	7	X		X		X		1,000
City of Batesville	71-6000466	7	X		X		X		500
Lyon College	71-0246213	1	X		X		X		5,999
St. Paul's Episcopal Ch	71-0259138	5	X		X		X		2,500
									0
<b>Total</b>									<b>9,999</b>

**Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . . .	0	0				0
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
<b>4 Total.</b> Add lines 1 through 3 . . . . .	0	0	0	0	0	0
<b>5</b> 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) . . . . .						
<b>6 Public support.</b> Subtract line 5 from line 4.						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
<b>7</b> Amounts from line 4 . . . . .	0	0	0	0	0	0
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .	0	0				0
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on . . . . .						0
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0				0
<b>11 Total support.</b> Add lines 7 through 10 . . . . .						0
<b>12</b> Gross receipts from related activities, etc. (see instructions) . . . . .					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) . . . . .	<b>14</b>	0.00%
<b>15</b> Public support percentage from 2008 Schedule A, Part II, line 14 . . . . .	<b>15</b>	0.00%
<b>16a 33 1/3% support test—2009.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>b 33 1/3% support test—2008.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>17a 10%-facts-and-circumstances test—2009.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization. . . . . <input type="checkbox"/>		
<b>b 10%-facts-and-circumstances test—2008.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization . . . . . <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions . . . . . <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar 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.") . . . . .	0	0				0
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 . . . . .	0	0				0
3 Gross receipts from activities that are not an unrelated trade or business under section 513 . . . . .						0
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . . .	0	0				0
5 The value of services or facilities furnished by a governmental unit to the organization without charge . . . . .	0	0				0
6 Total. Add lines 1 through 5 . . . . .	0	0	0	0	0	0
7a Amounts included on lines 1, 2, and 3 received from disqualified persons . . . . .						0
b 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 . . . . .						0
c Add lines 7a and 7b . . . . .	0	0	0	0	0	0
8 Public support (Subtract line 7c from line 6.) . . . . .						0

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
9 Amounts from line 6 . . . . .	0	0	0	0	0	0
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . . . . .						0
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 . . . . .						0
c Add lines 10a and 10b . . . . .	0	0	0	0	0	0
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on . . . . .						0
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) . . . . .	0	0				0
13 Total support. (Add lines 9, 10c, 11, and 12.) . . . . .	0	0	0	0	0	0
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here . . . . .	► <input type="checkbox"/>					

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2009 (line 8, column (f) divided by line 13, column (f)) . . . . .	15	0.00%
16 Public support percentage from 2008 Schedule A, Part III, line 15 . . . . .	16	0.00%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2009 (line 10c, column (f) divided by line 13, column (f)) . . . . .	17	0.00%
18 Investment income percentage from 2008 Schedule A, Part III, line 17 . . . . .	18	0.00%

- 19a **33 1/3% support tests—2009.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3% and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . ► ☐
- b **33 1/3% support tests—2008.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization . . . ► ☐
- 20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions . . . ► ☐



## Part IV

**Supplemental Information.** Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Provide any other additional information. See instructions.

[illegible]

**Part I, Line 4 (990-EZ) - Investment Income**

<b>1</b>	Interest on savings and temporary cash investments . . . . .	<b>1</b>	<u>296</u>
<b>2</b>	Dividends and interest from securities . . . . .	<b>2</b>	<u>8,663</u>
<b>3</b>	Gross rents . . . . .	<b>3</b>	<u></u>
<b>4</b>	Other investment income . . . . .	<b>4</b>	<u></u>
<b>5</b>	Total . . . . .	<b>5</b>	<u>8,959</u>

Part I, Line 16 (990-EZ) - Other Expenses

1,326

1	Travel	1	
2	Meals and entertainment	2	
3	Fundraising	3	
4	Amortization	4	0
5	Conferences, conventions, and meetings	5	
6	Depreciation	6	0
7	Depletion	7	
8	Equipment rental and maintenance	8	
9	Interest	9	
10	Supplies	10	
11	Telephone	11	
12	Unrelated business income taxes	12	0
13	Trustee Fee	13	1,326
14		14	
15		15	
16		16	
17		17	
18		18	
19		19	
20		20	
21		21	
22		22	
23		23	
24		24	
25		25	
26		26	
27		27	
28		28	
29		29	
30		30	
31		31	
32		32	
33		33	
34		34	
35		35	

**Part I, Line 20 (990-EZ) - Other Changes in Net Assets or Fund Balances**

94,248

Description		Amount	
<b>1</b>	Unrealized gain on assets/dividend reinvest	<b>1</b>	94,248
<b>2</b>		<b>2</b>	
<b>3</b>		<b>3</b>	
<b>4</b>		<b>4</b>	
<b>5</b>		<b>5</b>	
<b>6</b>		<b>6</b>	
<b>7</b>		<b>7</b>	
<b>8</b>		<b>8</b>	
<b>9</b>		<b>9</b>	
<b>10</b>		<b>10</b>	
<b>11</b>		<b>11</b>	
<b>12</b>		<b>12</b>	
<b>13</b>		<b>13</b>	
<b>14</b>		<b>14</b>	
<b>15</b>		<b>15</b>	
<b>16</b>		<b>16</b>	
<b>17</b>		<b>17</b>	
<b>18</b>		<b>18</b>	
<b>19</b>		<b>19</b>	
<b>20</b>		<b>20</b>	

**Part II, Line 24 (990-EZ) - Other Assets**

		245,131	327,799
	Description	Beginning	End
1	COLUMBIA FDS SER TR MARISCO GRWTH FUND CLASS Z	38,067	75,912
2	COLUMBIA SER TR LG CAPCORE FUND CLASS Z	18,176	22,796
3	COLUMBIA FD ST CL Z	91,972	0
4	COLUMBIA FUNDS SER TR INTL VAL CLASS Z	28,623	47,016
5	COLUMBIA CONV SEC CLASS Z	20,134	19,514
6	COLUMBIA FDS SER TR SMCAP GRWTH CLASS Z	13,642	22,421
7	COLUMBIA TRUST MIDCAP VAL CLASS Z	6,699	8,737
8	COLUMBIA MID CAP GROWTH Z	17,683	27,859
9	CTZBK FLINT MI BOND	10,135	0
10	PUTNAM DIVIDEND INCOME CLASS A	0	52,926
11	PUTNAM HIGH YIELD TRUST A	0	50,618
12			
13			
14			
15			
16			
17			
18			
19			
20			

### Part III, Line 31 (990-EZ) - Other Program Services

		Program Service Expenses
City of Batesville EIN 71-6000466 Batesville, AR		
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		500
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
(Grants and allocations \$ _____ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>		0
Total _____ 0	Total	500

Form **1116**Department of the Treasury  
Internal Revenue Service (99)**Foreign Tax Credit**

(Individual, Estate, or Trust)

▶ Attach to Form 1040, 1040NR, 1041, or 990-T.

▶ See separate instructions.

OMB No 1545-0121

**2009**

Attachment

Sequence No. **19**Name **Janet & H.M Kennerly Testamentary Trust** Identifying number as shown on page 1 of your tax return **71-6086419**Use a separate Form 1116 for each category of income listed below. See **Categories of Income** beginning on page 3 of the instructions. Check only one box on each Form 1116. Report all amounts in U.S. dollars except where specified in Part II below.

- a ☒ Passive category income      c ☐ Section 901(j) income      e ☐ Lump-sum distributions  
 b ☐ General category income      d ☐ Certain income re-sourced by treaty

f Resident of (name of country) ▶ **United States****Note:** If you paid taxes to only one foreign country or U.S. possession, use column A in Part I and line A in Part II. If you paid taxes to more than one foreign country or U.S. possession, use a separate column and line for each country or possession.**Part I Taxable Income or Loss From Sources Outside the United States (for Category Checked Above)**

g Enter the name of the foreign country or U.S. possession . . . . . ▶		Foreign Country or U.S. Possession			Total (Add cols. A, B, and C.)
		A	B	C	
1 a Gross income from sources within country shown above and of the type checked above (see page 13 of the instructions): Thru LPL Financial		Various			
		8,663			1a 8,663
b Check if line 1a is compensation for personal services as an employee, your total compensation from all sources is \$250,000 or more, and you used an alternative basis to determine its source (see instructions) ▶ <input type="checkbox"/>					
<b>Deductions and losses (Caution: See pages 13 and 14 of the instructions).</b>					
2 Expenses definitely related to the income on line 1a (attach statement) . . . . .					
3 Pro rata share of other deductions not definitely related:					
a Certain itemized deductions or standard deduction (see instructions) . . . . .					
b Other deductions (attach statement) . . . . .					
c Add lines 3a and 3b . . . . .					
d Gross foreign source income (see instructions) . . . . .		8,663			
e Gross income from all sources (see instructions) . . . . .		3,003			
f Divide line 3d by line 3e (see instructions) . . . . .		1.000000			
g Multiply line 3c by line 3f . . . . .					
4 Pro rata share of interest expense (see instructions):					
a Home mortgage interest (use worksheet on page 14 of the instructions) . . . . .					
b Other interest expense . . . . .					
5 Losses from foreign sources . . . . .					
6 Add lines 2, 3g, 4a, 4b, and 5 . . . . .					6 0
7 Subtract line 6 from line 1a. Enter the result here and on line 14, page 2 . . . . . ▶					7 8,663

**Part II Foreign Taxes Paid or Accrued (see page 14 of the instructions)**

Country	Credit is claimed for taxes (you must check one) (h) <input checked="" type="checkbox"/> Paid (i) <input type="checkbox"/> Accrued	Foreign taxes paid or accrued										
		In foreign currency				In U.S. dollars						
		Taxes withheld at source on:			(n) Other foreign taxes paid or accrued	Taxes withheld at source on:			(r) Other foreign taxes paid or accrued	(s) Total foreign taxes paid or accrued (add cols. (o) through (r))		
		(j) Date paid or accrued	(k) Dividends	(l) Rents and royalties		(m) Interest	(o) Dividends	(p) Rents and royalties			(q) Interest	
A		12/22/2009						131				131
B												
C												
8 Add lines A through C, column (s). Enter the total here and on line 9, page 2 . . . . . ▶											8	131

For Paperwork Reduction Act Notice, see page 19 of the instructions.

(HTA)

Form **1116** (2009)

**Part III Figuring the Credit**

9	Enter the amount from line 8. These are your total foreign taxes paid or accrued for the category of income checked above Part I . . . . .	9	131		
10	Carryback or carryover (attach detailed computation) . . . . .	10	151		
11	Add lines 9 and 10. . . . .	11	282		
12	Reduction in foreign taxes (see pages 15 and 16 of the instructions) . . . . .	12			
13	Subtract line 12 from line 11. This is the total amount of foreign taxes available for credit (see instructions) . . . . .	13		282	
14	Enter the amount from line 7. This is your taxable income or (loss) from sources outside the United States (before adjustments) for the category of income checked above Part I (see page 16 of the instructions) . . . . .	14	8,663		
15	Adjustments to line 14 (see pages 16 and 17 of the instructions) . . . . .	15	-8,663		
16	Combine the amounts on lines 14 and 15. This is your net foreign source taxable income. (If the result is zero or less, you have no foreign tax credit for the category of income you checked above Part I. Skip lines 17 through 21. However, if you are filing more than one Form 1116, you must complete line 19.) . . . . .	16	0		
17	<b>Individuals:</b> Enter the amount from Form 1040, line 41 (minus any amount on Form 8914, line 6). If you are a nonresident alien, enter the amount from Form 1040NR, line 38 (minus any amount on Form 8914, line 6). <b>Estates and trusts:</b> Enter your taxable income without the deduction for your exemption . . . . . <b>Caution:</b> If you figured your tax using the lower rates on qualified dividends or capital gains, see page 17 of the instructions.	17			
18	Divide line 16 by line 17. If line 16 is more than line 17, enter "1" . . . . .	18			
19	<b>Individuals:</b> Enter the amount from Form 1040, line 44. If you are a nonresident alien, enter the amount from Form 1040NR, line 41. <b>Estates and trusts:</b> Enter the amount from Form 1041, Schedule G, line 1a, or the total of Form 990-T, lines 36 and 37 . . . . . <b>Caution:</b> If you are completing line 19 for separate category e (lump-sum distributions), see page 19 of the instructions.	19			
20	Multiply line 19 by line 18 (maximum amount of credit) . . . . .	20			
21	Enter the <b>smaller</b> of line 13 or line 20. If this is the only Form 1116 you are filing, skip lines 22 through 26 and enter this amount on line 27. Otherwise, complete the appropriate line in Part IV (see page 19 of the instructions) . . . . . ▶	21		0	

**Part IV Summary of Credits From Separate Parts III (see page 19 of the instructions)**

22	Credit for taxes on passive category income . . . . .	22			
23	Credit for taxes on general category income . . . . .	23			
24	Credit for taxes on certain income re-sourced by treaty . . . . .	24			
25	Credit for taxes on lump-sum distributions . . . . .	25			
26	Add lines 22 through 25 . . . . .	26		0	
27	Enter the <b>smaller</b> of line 19 or line 26 . . . . .	27		0	
28	Reduction of credit for international boycott operations. See instructions for line 12 beginning on page 15 . . . . .	28			
29	Subtract line 28 from line 27. This is your <b>foreign tax credit</b> . Enter here and on Form 1040, line 47; Form 1040NR, line 44, Form 1041, Schedule G, line 2a; or Form 990-T, line 40a . . . . . ▶	29		0	



**SCHEDULE D  
(Form 1041)**Department of the Treasury  
Internal Revenue Service**Capital Gains and Losses**▶ Attach to Form 1041, Form 5227, or Form 990-T. See the Instructions for  
Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No. 1545-0092

**2009**

Name of estate or trust

Janet &amp; H.M Kennerly Testamentary Trust

Employer identification number

71-6086419

**Note:** Form 5227 filers need to complete *only* Parts I and II.**Part I Short-Term Capital Gains and Losses—Assets Held One Year or Less**

(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>1a</b>					0
					0
					0
					0
					0
					0
<b>b</b> Enter the short-term gain or (loss), if any, from Schedule D-1, line 1b . . . . .					<b>1b</b> 0
<b>2</b> Short-term capital gain or (loss) from Forms 4684, 6252, 6781, and 8824 . . . . .					<b>2</b>
<b>3</b> Net short-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .					<b>3</b>
<b>4</b> Short-term capital loss carryover. Enter the amount, if any, from line 9 of the 2008 Capital Loss Carryover Worksheet . . . . .					<b>4</b> ( )
<b>5</b> <b>Net short-term gain or (loss).</b> Combine lines 1a through 4 in column (f). Enter here and on line 13, column (3) on the back . . . . . ▶					<b>5</b> 0

**Part II Long-Term Capital Gains and Losses—Assets Held More Than One Year**

(a) Description of property (Example. 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo, day, yr)	(c) Date sold (mo, day, yr.)	(d) Sales price	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) for the entire year Subtract (e) from (d)
<b>6a</b>					
CITIZENS BANK BOND	4/15/2008	6/23/2009	10,000	10,000	0
802.224 sh COLUMBIA CA CONV SECS Z	8/28/2001	11/13/2009	10,055	12,536	-2,481
1054 852 sh COLUMBIA SHORT TERM BD Z	4/26/2007	1/26/2009	9,955	10,526	-571
9095 18 sh COLUMBIA SHORT TERM BD Z	4/26/2007	11/12/2009	90,088	87,085	3,003
					0
					0
<b>b</b> Enter the long-term gain or (loss), if any, from Schedule D-1, line 6b . . . . .					<b>6b</b> 0
<b>7</b> Long-term capital gain or (loss) from Forms 2439, 4684, 6252, 6781, and 8824 . . . . .					<b>7</b>
<b>8</b> Net long-term gain or (loss) from partnerships, S corporations, and other estates or trusts . . . . .					<b>8</b>
<b>9</b> Capital gain distributions . . . . .					<b>9</b>
<b>10</b> Gain from Form 4797, Part I . . . . .					<b>10</b>
<b>11</b> Long-term capital loss carryover. Enter the amount, if any, from line 14 of the 2008 Capital Loss Carryover Worksheet . . . . .					<b>11</b> ( )
<b>12</b> <b>Net long-term gain or (loss).</b> Combine lines 6a through 11 in column (f). Enter here and on line 14a, column (3) on the back . . . . . ▶					<b>12</b> -49

**Part III Summary of Parts I and II****Caution:** Read the instructions before completing this part.

	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
<b>13</b> Net short-term gain or (loss) . . . . .	<b>13</b>		0
<b>14</b> Net long-term gain or (loss):			
<b>a</b> Total for year . . . . .	<b>14a</b>	-49	-49
<b>b</b> Unrecaptured section 1250 gain (see line 18 of the wrksht.)	<b>14b</b>		0
<b>c</b> 28% rate gain . . . . .	<b>14c</b>		0
<b>15</b> Total net gain or (loss). Combine lines 13 and 14a . . . . .	<b>15</b>	0	-49

**Note:** If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a). If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV. If line 15, column (3), is a net loss, complete Part IV and the **Capital Loss Carryover Worksheet**, as necessary.

**Part IV Capital Loss Limitation**

<b>16</b> Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, line 4c, if a trust), the smaller of:	<b>16</b>	( 49 )
<b>a</b> The loss on line 15, column (3) or		
<b>b</b> \$3,000 . . . . .		

**Note:** If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the **Capital Loss Carryover Worksheet** on page 7 of the instructions to figure your capital loss carryover.

**Part V Tax Computation Using Maximum Capital Gains Rates**

**Form 1041 filers.** Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero.

**Caution:** Skip this part and complete the worksheet on page 8 of the instructions if:

- Either line 14b, col. (2) or line 14c, col. (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

**Form 990-T trusts.** Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

<b>17</b> Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34) . . . . .	<b>17</b>		
<b>18</b> Enter the smaller of line 14a or 15 in column (2) but not less than zero . . . . .	<b>18</b>		
<b>19</b> Enter the estate's or trust's qualified dividends from Form 1041, line 2b(2) (or enter the qualified dividends included in income in Part I of Form 990-T) . . . . .	<b>19</b>		
<b>20</b> Add lines 18 and 19 . . . . .	<b>20</b>	0	
<b>21</b> If the estate or trust is filing Form 4952, enter the amount from line 4g; otherwise, enter -0- . . . . .	<b>21</b>	0	
<b>22</b> Subtract line 21 from line 20. If zero or less, enter -0- . . . . .	<b>22</b>	0	
<b>23</b> Subtract line 22 from line 17. If zero or less, enter -0- . . . . .	<b>23</b>	0	
<b>24</b> Enter the smaller of the amount on line 17 or \$2,300 . . . . .	<b>24</b>		
<b>25</b> Is the amount on line 23 equal to or more than the amount on line 24? <input type="checkbox"/> <b>Yes.</b> Skip lines 25 and 26; go to line 27 and check the "No" box. <input type="checkbox"/> <b>No.</b> Enter the amount from line 23 . . . . .	<b>25</b>	0	
<b>26</b> Subtract line 25 from line 24 . . . . .	<b>26</b>	0	
<b>27</b> Are the amounts on lines 22 and 26 the same? <input checked="" type="checkbox"/> <b>Yes.</b> Skip lines 27 thru 30; go to line 31. <input type="checkbox"/> <b>No.</b> Enter the smaller of line 17 or line 22 . . . . .	<b>27</b>		
<b>28</b> Enter the amount from line 26 (If line 26 is blank, enter -0-) . . . . .	<b>28</b>	0	
<b>29</b> Subtract line 28 from line 27 . . . . .	<b>29</b>	0	
<b>30</b> Multiply line 29 by 15% (.15) . . . . .	<b>30</b>		0
<b>31</b> Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>31</b>		
<b>32</b> Add lines 30 and 31 . . . . .	<b>32</b>		0
<b>33</b> Figure the tax on the amount on line 17. Use the 2009 Tax Rate Schedule for Estates and Trusts (see the Schedule G instructions in the instructions for Form 1041) . . . . .	<b>33</b>		
<b>34</b> Tax on all taxable income. Enter the smaller of line 32 or line 33 here and on Form 1041, Schedule G, line 1a (or Form 990-T, line 36) . . . . .	<b>34</b>		0

# Application for Extension of Time To File an Exempt Organization Return

► **File a separate application for each return.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒ **X**  
 • If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form)

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Part I** **Automatic 3-Month Extension of Time.** Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only . . . . .

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on *e-file for Charities & Nonprofits*.

<b>Type or print</b>  File by the due date for filing your return. See instructions	Name of Exempt Organization <b>H M &amp; Janet Kennerly TUW</b>		Employer identification number <b>71-6086419</b>	
	Number, street, and room or suite no. If a P O box, see instructions <b>Citizens Bank, P.O. Box 2156</b>			
	City, town or post office, state, and ZIP code For a foreign address, see instructions <b>Batesville AR 72503</b>			
	State and ZIP code For a foreign address, see instructions <b>AR 72503</b>			

**Check type of return to be filed (file a separate application for each return)**

- |   |   |                                    |
|---|---|------------------------------------|
| <input type="checkbox"/> Form 990               | <input type="checkbox"/> Form 990-T (corporation)                 | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL            | <input type="checkbox"/> Form 990-T (sec. 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input checked="" type="checkbox"/> Form 990-EZ | <input type="checkbox"/> Form 990-T (trust other than above)      | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF            | <input type="checkbox"/> Form 1041-A                              | <input type="checkbox"/> Form 8870 |

- The books are in the care of ► Citizens Bank Of Batesville P O Box 2156 Batesville AR 72503

**Telephone No** ▶ (870) 793-4441

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension will cover.

- 1** I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 8/15/2010, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
- ▶ ☒ calendar year 2009 or
- ▶ ☐ tax year beginning \_\_\_\_\_, and ending \_\_\_\_\_.

- 2** If this tax year is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period

<b>3 a</b>	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	<b>3a</b>	\$
<b>b</b>	If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	<b>3b</b>	\$
<b>c</b>	<b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	<b>3c</b>	\$

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

**For Privacy Act and Paperwork Reduction Act Notice, see Instructions.**  
(HTA)

Form **8868** (Rev. 4-2009)