

### See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



#### AUTOMATIC EXTENSION GRANTED UNTIL 8/15/10

#### **Return of Private Foundation**

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

Department of the Treasury Note The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service

Form 990-PF

OMB No 1545-0052

2009

Forc	alen	dar year 2009, or tax y	year beginning				, and e	nding		<del></del>	
G C	heck	all that apply:	Initial return			Initial return of a fo		· —	Final return		
Amended return				<u>l</u>	Address chang	ge		Name change			
Use	the I	RS Name of foundation	on						A Employer identification	number	
	ibel	TANDEDC	DANTIN OU	מא ד מ	ADI E	POINTO A M	TON		71-6184144		
	erwis Drint		FAMILY CHA				ION	Room/suite	B Telephone number		
-	type	1	ORY CREEK			sireer baciessy		, nooms some	501-868-75	22	
See		T 2 2 11 T C 11		CIK	CDE			l			
Instr	uctio	ns LITTLE R		7221	2				C If exemption application is p D 1 Foreign organizations		
H C	 heck	type of organization.	X Section 501			vate foundation			Foreign organizations me check here and attach co	eting the 85% test,	
<u> </u>		ction 4947(a)(1) nonex				xable private founda	ation				
I Fa		rket value of all assets			ng meth	<del></del>	Acci	ual	E If private foundation sta under section 507(b)(1)		
		Part II, col (c), line 16	· 1		her (spe				F If the foundation is in a	• •	
<b>•</b>						nust be on cash l	basis )		under section 507(b)(1)		
Pa	rt I	Analysis of Revenue	and Expenses		(a)	Revenue and	(b) Net in	vestment	(c) Adjusted net	(d) Disbursements	
		The total of amounts in onecessarily equal the am	columns (b), (c), and (d) m nounts in column (a) )	ay not		enses per books		ome	income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, gi	rants, etc., received						N/A		
1		Check X If the found	•	Sch B							
	3	Interest on savings and te cash investments	emporary								
	4	Dividends and interest	t from securities			3,775.	<u></u>	3,775.		STATEMENT 1	
	5a	Gross rents									
2 │	b	Net rental income or (loss)	)					<u></u>			
6 0.7	6a	Net gain or (loss) from sale				<110,372.	>				
evenue	b	Gross sales price for all assets on line 6a	241,6	<u>51.</u>	ļ					ļ	
Reve		Capital gain net income (fi			<u> </u>			0.			
	8	Net short-term capital	-								
ابرر	9	Income modifications Gross sales less returns	1		<u> </u>		<u> </u>				
ည္		and allowances									
SCANNED		Less Cost of goods sold Gross profit or (loss)									
Z		Other income				1,218.		0.		STATEMENT 2	
C/		Total. Add lines 1 thr	ough 11		<u> </u>	<105,379.	<u> </u>	3,775.		DAZII DII Z	
G		Compensation of officers.				0.	<u></u>	0.		0.	
	-	Other employee salari									
	15	Pension plans, emplo	yee benefits								
ses	16a	Legal fees									
en en	b	Accounting fees	STMT	3		1,275.		1,275	,	0.	
Expens	C	Other professional fee	es STMT	4		194.		194.	Bran	0.	
ĕ	17	Interest							RECE	VED	
and Administrative	18	Taxes	STMT	5		54.		0.	181	0.	
nis	19	Depreciation and dep	letion			<u> </u>		<del></del>	8  JUN 1.	2010 8	
Ë	20	Occupancy								2010   9	
Ă,	21	Travel, conferences, a					ļ		LOGDEN	8	
	22	Printing and publicati	ons		<u></u>	<del></del>	<u> </u>		- JOBEN	JUT	
ing	23	Other expenses			ļ	<u>-</u> -	ļ		-		
Operating	24	Total operating and				4 500		1 400			
ö		expenses Add lines	-			1,523.	<del> </del>	1,469	<del> </del>	45.061	
	1	Contributions, gifts, g				45,961.	<del> </del>			45,961.	
	26	Total expenses and o	aispursements			A7 A0A		1 460		AF 061	
	27	Add lines 24 and 25 Subtract line 26 from	line 12:		<del> </del>	47,484.	<u> </u>	1,469	•	45,961	
	1					<152,863.	_				
	1	Net investment incor				<u> </u>		2,306		<del>                                     </del>	
	1	Adjusted net income		,				2,500	N/A	<u> </u>	
9235 02-0	01 2 · 10		Act and Paperwork R	eduction	Act No	tice, see the instru	ctions.	<del></del>		Form <b>990-PF</b> (2009)	

P	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	<u> </u>	Cash - non-interest-bearing	(a) BOOK VAIGE	(B) BOOK Value	(c) i all ivializet value
		Savings and temporary cash investments	26,642.	23,843.	23,843.
		Accounts receivable	20,042.	23,043.	23,043.
	3	Less: allowance for doubtful accounts			
		Pledges receivable			<del></del>
	4	Less: allowance for doubtful accounts			
	_				
	1 -	Grants receivable			<del></del>
	Б	Receivables due from officers, directors, trustees, and other	·		
		disqualified persons			
	7	Other notes and loans receivable			
	ļ	Less: allowance for doubtful accounts			
ets		Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
•	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
	11	investments land, buildings, and equipment basis			
	1	Less accumulated depreciation			<del></del>
	12	Investments - mortgage loans			
	13	Investments - other STMT 6	349,482.	199,418.	224,840.
	14	Land, buildings, and equipment: basis		}	
		Less accumulated depreciation			<del></del>
	15	Other assets (describe )			
	16	Total assets (to be completed by all filers)	376,124.	223,261.	<u>248,683.</u>
	17	Accounts payable and accrued expenses			
	18	Grants payable			
S	19	Deferred revenue			
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
api	21	Mortgages and other notes payable			
	22	Other liabilities (describe )			
	23	Total liabilities (add lines 17 through 22)	0.	0.	
		Foundations that follow SFAS 117, check here			
	-	and complete lines 24 through 26 and lines 30 and 31.			
ces	24	Unrestricted			
lan	25	Temporarily restricted			l
Ва	26	Permanently restricted			}
pur		Foundations that do not follow SFAS 117, check here			i
Ę		and complete lines 27 through 31			
S	27	Capital stock, trust principal, or current funds	0.	0.	
set	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
Net Assets or Fund Balance	29	Retained earnings, accumulated income, endowment, or other funds	376,124.	223,261.	
det	30	Total net assets or fund balances	376,124.	223,261.	
_	ł				
	31	Total liabilities and net assets/fund balances	376,124.	223,261.	
			alances		
	art				
1	Tota	I net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mu	st agree with end-of-year figure reported on prior year's return)		1	376,124.
2		r amount from Part I, line 27a		2	<152,863.
3	Othe	r increases not included in line 2 (itemize)		3	0.
4	Add	lines 1, 2, and 3		4	223,261.
5	Deci	eases not included in line 2 (itemize)		5	0.
6	Tota	I net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	olumn (b), line 30	6	223,261.
			<del></del>	·	Form <b>990-PF</b> (2009)

LANDERS FAMILY CHARITABLE FOUNDATION

71-6184144

Page 2

Form 990-PF (2009)

7

8

11,556.

45,961.

7 Add lines 5 and 6

8 Enter qualifying distributions from Part XII, line 4

See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

	1990-PF (2009) LANDERS FAMILY CHARITABLE FOUL	UDA'I	<u> </u>	UN	40401	\ -:- 1		6184			age 4
	rt VI Excise Tax Based on Investment Income (Section 494		_			), or 4	948 -	see i	nstru	ction	<u>s)</u> _
1a	Exempt operating foundations described in section 4940(d)(2), check here  and e										
	Date of ruling or determination letter: (attach copy of letter if nee					ļ					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%											<u>23.</u>
	of Part I, line 27b					1					
£	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4%	of Par	rt I,	line 12, c	ol. (b)	J	'				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. O	thers er	nter	r -O-)			2				0.
3	Add lines 1 and 2						3_				23.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	)thers e	ente	ı -0-)			4				0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-						5				23.
6	Credits/Payments:							i			
a	2009 estimated tax payments and 2008 overpayment credited to 2009	6a	_					1			
þ	Exempt foreign organizations - tax withheld at source	6b					j				
C	Tax paid with application for extension of time to file (Form 8868)	6c					]	ĺ			
d	Backup withholding erroneously withheld	6d						!			
	Total credits and payments. Add lines 6a through 6d						7				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ched					8				
	Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed					•	9				23.
	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					•	10			-	
	Enter the amount of line 10 to be: Credited to 2010 estimated tax				Refun	ded 🕨	11	1			
	rt VII-A   Statements Regarding Activities				17.5.5		<del>1_, · · ·</del>	<u> </u>			
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legi-	slation of	or d	did it part	cipate or	ıntervene	: in			Yes	No
	any political campaign?								1a	-	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purpo	ses (se	e ir	nstruction	ns for defi	nition)?			1b		X
•	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities an						d or				
	distributed by the foundation in connection with the activities.			o. c.,							
c Did the foundation file Form 1120-POL for this year?								1c	. [	X	
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.											
٠	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation manager					0.			Ì		
	Enter the reimbursement (if any) paid by the foundation during the year for political expend				n founda		-				
٠	managers. ►\$  0.		·^ "	nposed c	,,, rounda				[		
2	Has the foundation engaged in any activities that have not previously been reported to the	RS?							2		Х
_	If "Yes," attach a detailed description of the activities	110							-		
2	Has the foundation made any changes, not previously reported to the IRS, in its governing	inetriin	nan	it articles	of incorr	oration	or				
J	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change		11011	it, ai tioloc	or meory	oration,	Oi		3		X
4-	Did the foundation have unrelated business gross income of \$1,000 or more during the ye								4a		X
	If "Yes," has it filed a tax return on Form 990-T for this year?	ui ·					N	I/A	41	·	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year	2					•	• ,	5	_	X
3	If "Yes," attach the statement required by General Instruction T										-22
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	uthor:							İ		
Ü	By language in the governing instrument, or	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								ĺ	
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandato</li> </ul>	ry diroc	ctio	ne that c	noflect wit	h the ctat	o laur		1	ŀ	}
	remain in the governing instrument?	i y uii eu	LIIU	iis iiiai c	DITITICE WIL	i ilie Siai	e law		6	v	
,									7	X	
′	Did the foundation have at least \$5,000 in assets at any time during the year?								<del></del>		<del> </del>
	If "Yes," complete Part II, col. (c), and Part XV	\								1	
ŭ	Enter the states to which the foundation reports or with which it is registered (see instruction).	ons) 🕨	-	-					1		]
	AR	A44 = -	^					<del></del>			
t	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Attorne	y G	enerai (0	r designa	ie)				۱,,	
_	of each state as required by General Instruction G? If "No," attach explanation		40	10/3/03	- 404043	C/ 4-			86	X	<del> </del>
9	is the foundation claiming status as a private operating foundation within the meaning of s					b) for cal	endar		1	l	,,
4.	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes,"								9	-	X
10	Did any persons become substantial contributors during the tay year? If the appearance of the same and the sa	hila hatia	~~ **						10	1	ı X

	990-PF (2009) LANDERS FAMILY CHARITABLE FOUNDATION 71-6184	144	F	Page 5
Pa	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11	]	X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ► SANDRA L. LANDERS  Telephone no. ► 501-86		<u>22</u>	
	Located at ► 153 HICKORY CREEK CIRCLE, LITTLE ROCK, AR ZIP+4 ►72	<u>212</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		, .▶	
D.	and enter the amount of tax-exempt interest received or accrued during the year	N/	<u> A</u>	
P 6	art VII-B   Statements Regarding Activities for Which Form 4720 May Be Required		<b>4</b>	N.a
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
18	During the year did the foundation (either directly or indirectly):		l	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?		Ì	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1	ľ	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	.		
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?		ŀ	
	(6) Agree to pay money or property to a government official? (Exception Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after		- [	
	termination of government service, if terminating within 90 days.)			
Į	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	}	ł	
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?  N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here		j	
•	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			l
	before the first day of the tax year beginning in 2009?	10		<u>X</u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation		Ì	
	defined in section 4942(j)(3) or 4942(j)(5)):			
	a At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2009? Yes X No			
	If "Yes," list the years $\blacktriangleright$ ,,,,,,			
- 1	b Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			}
	statement - see instructions.)  N/A	2b		
(	c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.	1 1		
	<b>)</b>			,
3	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	}		
	during the year?			
ı	b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after			1
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			}
	Form 4720, to determine if the foundation had excess business holdings in 2009.) $N/A$	3b		<u> </u>
4	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	]		
	had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		Х

Form **990-PF** (2009

Form 990-PF (2009) LANDERS FAMILY CHARITABL			71-61841	44	Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	ued)		
5a During the year did the foundation pay or incur any amount to:	_	[ <u>-</u>	[===]		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			s X No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire		( <del>,,</del>	1	İ
any voter registration drive?	•		s X No	1	l
(3) Provide a grant to an individual for travel, study, or other similar purposes		Ye	s X No	ŀ	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in Section	<u></u>	. ডে		ł
509(a)(1), (2), or (3), or section 4940(d)(2)?			s X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or t		s X No		
the prevention of cruelty to children or animals?	de the susestions described .	=	s LALINO		ſ
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und		n Regulations	N7 / 7		
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b	<del></del>
Organizations relying on a current notice regarding disaster assistance check h				İ	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for			. —	-	
expenditure responsibility for the grant?		I/A L Ye	s L No		
If "Yes," attach the statement required by Regulations section 53 4945			l		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		s X No		1
a personal benefit contract?	personal hansis assissed	Ye	s LALINO	£	•
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	DELPOHAL DELIGIT COURTACT.		}	6b	<u>X</u> _
If "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax s	chalter transaction?		s X No		
		Te	N/A	7b	-+-
b If yes, did the foundation receive any proceeds or have any net income attribute.  [Dost VIII] Information About Officers, Directors, Trust		nagers Highly		70	
Part VIII Paid Employees, and Contractors	ees, i oundation wa	magers, riigini	,		
1 List all officers, directors, trustees, foundation managers and their	compensation.				
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e	) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	acc	ount, other
STEVEN J. LANDERS	TRUSTEE			<del>                                     </del>	
153 HICKORY CREEK CIRCLE				}	
LITTLE ROCK, AR 72212	0.00	0.	0.		0.
SANDRA L. LANDERS	TRUSTEE				
153 HICKORY CREEK CIRCLE		1			
LITTLE ROCK, AR 72212	0.00	0.	0.		0.
	1				
	1				
	]			1	
	<u> </u>	<u> </u>	<u> </u>		
2 Compensation of five highest-paid employees (other than those inc	· · · · · · · · · · · · · · · · · · ·	enter "NONE."	-		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deterred compensation	acc	e) Expense count, other llowances
NONE	devoted to position	<del> </del>	Compensation	+	
1101111	1	1			
		<del> </del>		†	· · · · · · · · · · · · · · · · · · ·
	†	]	]		
	<del>                                     </del>	<del> </del>	<del> </del>	<del>                                     </del>	
	1				
		<del> </del>	<del> </del>	<del>                                     </del>	
	1	1			
		1			
	1				
Total number of other employees paid over \$50,000			<b>•</b>	•	0

Form 990-PF (2009) LANDERS FAMILY CHARITABLE FOUNDAT:		184144 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "N	IONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
		]
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		<b>▶</b> 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistica number of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
<del></del>	cu, cu.	
1 <u>N/A</u>		
2		
2		
3		
4		
		- <del></del>
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2.	Amount
1 <u>N/A</u>		
2		
All other program-related investments. See instructions.		<del></del>
3		
·		
Total. Add lines 1 through 3	<b>&gt;</b>	0.

0 . Form **990-PF** (2009)

P	Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign	foundations, see	nstructions)
<u>-</u>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	l 1a	189,726.
	Average of monthly cash balances	1b	33,761.
	Fair market value of all other assets	1c	
d	1 Total (add lines 1a, b, and c)	1d	223,487.
	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	223,487.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,352.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	220,135.
6	Minimum investment return. Enter 5% of line 5	6	11,007.
P	Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundation foreign organizations check here and do not complete this part )	ons and certain	
1	Minimum investment return from Part X, line 6	1	11,007.
2a	Tax on investment income for 2009 from Part VI, line 5	23.	
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	23.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	10,984.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	10,984.
6	Deduction from distributable amount (see instructions)	6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	10,984.
P	Part XII Qualifying Distributions (see instructions)		<del>-</del>
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	45,961.
b	b Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:	1	
a	a Suitability test (prior IRS approval required)	3a	
þ	b Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	45,961.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income Enter 1% of Part I, line 27b	5	23.
6	Adjusted qualifying distributions Subtract line 5 from line 4	6	45,938.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the found	ation qualifies for th	ie section

Form **990-PF** (2009)

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
1 Distributable amount for 2009 from Part XI,				
line 7				10,984.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			10,017.	
<b>b</b> Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2009.				
a From 2004				
<b>b</b> From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2009 from				
Part XII, line 4: ► \$ 45,961.				
a Applied to 2008, but not more than line 2a			10,017.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				<del></del>
(Election required - see instructions)	0.			
d Applied to 2009 distributable amount			<del></del>	10,984.
e Remaining amount distributed out of corpus	24,960.			10,301.
5 Excess distributions carryover applied to 2009	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				<del>`</del>
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 31, 4c, and 4e Subtract line 5	24,960.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2008. Subtract line				
4a from line 2a Taxable amount - see instr.			0.	
f Undistributed income for 2009, Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2010				0.
7 Amounts treated as distributions out of		<del></del>		
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			Ì
8 Excess distributions carryover from 2004		<del>-</del>		<del> </del>
not applied on line 5 or line 7	0.		}	
9 Excess distributions carryover to 2010.				
Subtract lines 7 and 8 from line 6a	24,960.			1
IO Analysis of line 9:	27,000.	<del></del>	<del> </del>	<del> </del>
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008				
e Excess from 2009 24,960.				
22,7001	<del></del>	·	<del></del>	<del></del>

		ARITABLE FO			1-6184144	Page 1
Part XIV   Private Operating Fou			<del></del>	N/A		
1 a If the foundation has received a ruling or di						
foundation, and the ruling is effective for 2			▶ ∟			
b Check box to indicate whether the foundation		ting foundation described		4942(j)(3) or	4942(J)(5)	
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years			
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	6 (e) To	otar
investment return from Part X for						
each year listed			<u> </u>			
b 85% of line 2a						
c Qualitying distributions from Part XII,		1	İ	1	1	
line 4 for each year listed						
d Amounts included in line 2c not						
used directly for active conduct of		t.			ŀ	
exempt activities						
e Qualifying distributions made directly		į	1		ĺ	
for active conduct of exempt activities.						
Subtract line 2d from line 2c  Complete 3a, b, or c for the alternative test relied upon:  a "Assets" alternative test - enter:  (1) Value of all assets						
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)						
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed						
c "Support" alternative test - enter:						
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)						
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)						
(3) Largest amount of support from an exempt organization						
(4) Gross investment income						
Part XV Supplementary Inform	nation (Comp	lete this part only	y if the founda	tion had \$5,000	or more in as	sets
at any time during the				·		
1 Information Regarding Foundation	Managers:		· · · · · · · · · · · · · · · · · · ·			
a List any managers of the foundation who lyear (but only if they have contributed mo	have contributed mo		ntributions received l	by the foundation before	re the close of any tax	
SEE STATEMENT 7						
b List any managers of the foundation who other entity) of which the foundation has a			n (or an equally large	portion of the owners	hip of a partnership or	,
NONE				_		
2 Information Regarding Contribution Check here ► if the foundation only	y makes contribution	ns to preselected charitab	le organizations and			ds. If
the foundation makes gifts, grants, etc. (se	ee instructions) to in	dividuals or organizations	under other condition	ons, complete items 2a	, b, c, and d.	
a The name, address, and telephone numbe MR. OR MRS. STEVEN J.						
153 HICKORY CREEK CIR						
<b>b</b> The form in which applications should be						
NO FORMAL APPLICATION  c Any submission deadlines:		·		<del></del>	<del></del>	·
NONE.					<del></del>	
d Any restrictions or limitations on awards, LIMITED TO 5% OF THE				is, or other factors:		

Page 11

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or show any relationship to Foundation Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year NONE CHARITABLEEDUCATION 1,579. PULASKI ACADEMY 12701 HINSON ROAD LITTLE ORGANIZATI ROCK, AR 72212 AMERICAN HEART NONE CHARITABLEMEDICAL 24,999. ORGANIZATIRESEARCH ASSOCIATION 909 WEST 2ND STREET LITTLE ROCK, AR 72203 CHARITABLEMINISTRY TO AND 5,000. ARKANSAS BAPTIST NONE CHILDREN'S HOMES ORGANIZATICARE FOR P.O. BOX 552 LITTLE CHILDREN ROCK, AR 72203 CHARITABLECOMMUNITY CITY YEAR 5,000. NONE ORGANIZATISERVICE AND 610 PRESIDENT CLINTON AVENUE LITTLE ROCK, AR LEADERSHIP FOR 72201 YOUNG ADULTS CHARITABLEMEDICAL ARKANSAS PROSTATE CANCER NONE 9,383. FOUNDATION ORGANIZATIRESEARCH 1910 N. GRANT STREET, SUITE 1-A LITTLE ROCK, ▶ 3a 45,961. Total b Approved for future payment NONE Total 0.

923821 02-02-10

Form **990-PF** (2009)

Part XVI-A	Analysis of	Income-Producing	<b>Activities</b>
------------	-------------	------------------	-------------------

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(e)
•	(a) Business	(b) Amount	(c) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Aillouit	code	Alliouni	
a					
b					
c					
d					
e					
1	-				
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments	l				
4 Dividends and interest from securities			14	3,775.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property		<u>.                                    </u>			· · · · · · · · · · · · · · · · · · ·
6 Net rental income or (loss) from personal	·				
• • •					
property  7. Other processors process	<u> </u>		18	1,218.	
7 Other investment income	<b> </b>		10	1,210.	<u></u>
8 Gain or (loss) from sales of assets other	1		18	-110 272	
than inventory			1.0	<110,372.	
9 Net income or (loss) from special events			<del> </del>		
10 Gross profit or (loss) from sales of inventory	<u> </u>		<del>                                     </del>		
11 Other revenue:					
a	-		-		<u> </u>
b	<u> </u>			<u> </u>	
	<b></b>		<del> </del>		
d			ļ		
e			—		
12 Subtotal. Add columns (b), (d), and (e)		0.		<105,379.	
13 Total. Add line 12, columns (b), (d), and (e)				13	<105,379.
(See worksheet in line 13 instructions to verify calculations )		<del></del>			<del> </del>
Part XVI-B Relationship of Activities t	o the Acc	omplishment of E	xemp	t Purposes	
					<del></del>
Line No Explain below how each activity for which inco			A contri	buted importantly to the accor	nplishment of
▼ the foundation's exempt purposes (other than	by providing to	ands for such purposes).			
					·
				<del></del>	
				<u> </u>	<del></del>
	<del></del>				
					<del></del>
					<del></del>

Part X\	Information Reg		and Transactions ar	nd Relationships With No	ncharitable	÷	
1 Did th			ung with any other organization	n described in section 501(c) of	<del></del>	Yes	No
•	ode (other than section 501(c)(3				<b> </b>		
	fers from the reporting foundati				,		
(1) C		on to a nonchamable exempt t	organization or.		1a(1)		Х
٠,	Other assets				1a(2)		X
• •	transactions:				14(2)		
	lales of assets to a noncharitable	a evernt orozoization			16(1)		Х
٠,,	Purchases of assets from a nonc	· •			1b(2)		X
	Rental of facilities, equipment, or				1b(3)		X
٠,	Reimbursement arrangements	Ottici assets			1b(4)		X
٠,	oans or loan guarantees				1b(5)		X
	Performance of services or mem	aberebio or fundraicino colicita:	lione		1b(6)		X
٠,	ng of facilities, equipment, maili	•			1c	<u> </u>	X
	<del>-</del>			rays show the fair market value of the (	<u> </u>	L	
		-		e in any transaction or sharing arrange		1013,	
	nn (d) the value of the goods, of			s in any transaction or snaring arrange	1110111, 311011 111		
a) Line no	(b) Amount involved	(c) Name of noncharitat	<del></del>	(d) Description of transfers, transaction	ons and sharing at		ents
	(0)/	N/A	order or garnzoner	(5) 5555, 5155, 5155, 5155, 5155, 5155			
				<del></del>			
	<del></del>			<del>                                     </del>			
	<del>                                     </del>			+			
	<del> </del>						
		<del></del>		<del></del>			
				+			
		<del></del>					
	<del></del>						
	<del></del>						
				<del></del>			
	<del>                                     </del>						
2a Is the	foundation directly or indirectly	v affiliated with or related to o	ne or more tax-exempt organiz	vations described	<del></del> -		
	ction 501(c) of the Code (other				Yes	ΓX	No
	s," complete the following sche	, , , , , ,					
	(a) Name of orga		(b) Type of organization	(c) Description of r	elationship		
	N/A	_ <del></del>					
•			<u> </u>		<del></del>		
	<del></del>		<del>- </del>				
	1						
		<del>/-)</del>					
				ents, and to the best of my knowledge and b	elief, it is true, con	ect,	
and cor	nplete Declaration of preparer (other	than takpayer or figurally) is based	1 1	has any knowledge			
	1 1/20 4	June	16/9/10	Vrusti.			
e S	ignature of officer or trustee	The	Date	Title	<del></del>		
ř	Prenarer's	72 1	<del></del>	Date Check if	Preparer's identi	ifying nu	mber
ig's ¥×	signature signature	JON -11/-	, n	5/24/10 self- employed ►	432-7	8	7224
Sign Paid Preparer's Use Only	Firm's name (or yours RASCO	O WINTER ABSTO	N MOORE LLP	EIN ►	<u> </u>		<del></del>
P P P	If self-employed), 400 V			,	<del></del>		
~	address, and ZIP code LITTI	LE ROCK, AR 72		Phone no.	501)375	5-85	500
	<u></u>		<del></del>		Form <b>99</b>		

Part IV   Capital Gains and Los	ses for Tax on Investment Income								
	describe the kind(s) of property solo ick warehouse; or common stock, 20	(b) How acquired P - Purchase D - Donation	(c) Date acquired (d) Date sold (mo., day, yr.)						
1a UNIT CLAYMORE I	BNY BRIC 4	P	VARIOUS 06/02/09						
b UNIT CLAYMORE I	BNY BRIC 4	P	VARIOUS 06/02/09						
c UNIT FT INFLAT	ION HEDGE 1	P	VARIOUS 09/25/09						
d UNIT VK BRIC OF	PPTY 2008-3	P	VARIOUS VARIOUS						
e UNIT VK BRIC OF		P	VARIOUS VARIOUS						
I UNIT VK BRIC OF		P	06/18/0912/28/09						
Q UNIT VK CORE AL	LLOCATION 2008-3	P	VARIOUS VARIOUS						
	DVY 2008-3	P	07/28/0807/01/09						
	DVY 2009-3	P	07/01/09VARIOUS						
UNIT VK EAFE SI	ELECT 20 2008-3	P	VARIOUS VARIOUS						
k UNIT VK EAFE SI			P	VARIOUS 12/25/09					
	ALT ENERGY 2009	- 3	P	06/18/0908/25/09					
	REAL ESTATE 073		P	VARIOUS VARIOUS					
n UNIT VK MASTER			P	03/25/0806/02/09					
0									
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		) Gain or (loss) plus (1) minus (g)					
a 11,603.		18,028.	<del></del> _	<6,425.>					
b 255.		213.		42.					
c 3,887.		3,887.		0.					
d 101,283.		152,325.		<51,042.>					
e 19,761.		11,990.		7,771.					
t 4,168.		4,168.		0.					
27 472		64,456.		<26,984.>					
$\frac{g}{h}$ 19,356.		32,521.	<13,165.						
376.		376.	0.						
1 42,940.		63,439.	<20,499.						
		119.	(20,499.)						
$\frac{k}{l}$ 83.		83.		0.					
014		214.	0.						
		204.	<70.>						
		204.		<u> </u>					
Complete only for assets showin	ng gain in column (h) and owned by			sses (from col. (h))					
(i) F M V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		of col. (h) gain over col. (k), not less than "-0-")					
<u>a</u>				<u>&lt;6,425.</u> >					
b				42.					
<u>c</u>				0.					
d				<u>&lt;51,042.</u> >					
e	<u> </u>			7,77 <u>1</u> .					
<u>f</u>				0.					
9				<u> &lt;26,984.</u> >					
<u>h</u>				<u>&lt;13,165.</u> >					
1				0.					
1				<20,499.>					
k				0.					
1				0.					
m				0.					
n				<70.>					
0									
2 Capital gain net income or (net ca	apital loss) { If gain, also enter *-If (loss), ent	r in Part I, line 7 )-" in Part I, line 7	2	<110,372.>					
If gain, also enter in Part I, line 8,	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):  If gain, also enter in Part I, line 8, column (c).  If (loss), enter *-0-* in Part I, line 8								

FORM 990-PF DIVIDEND	S AND	INTER	EST FROM	SECU	RITIES	STATEMENT	1	
•				CAF	ITAL GAINS	COLUMN (A	·	
SOURCE		GROSS	AMOUNT		OIVIDENDS	AMOUNT		
MORGAN STANLEY STEPHENS INC.			3,684. 91.		0.	3,68	34. 91.	
TOTAL TO FM 990-PF, PART I, L	N 4 =		3,775.		0.	3,7	75.	
FORM 990-PF	ľO	THER II	NCOME	<del></del>		STATEMENT	2	
DESCRIPTION		1	(A) REVENUE PER BOOK	S	(B) NET INVEST- MENT INCOME	(C) ADJUSTE NET INCO		
MORGAN STANLEY - NON DIVIDEND DISTRIBUTIONS			1,	218.	0.	•		
TOTAL TO FORM 990-PF, PART I,	LINE	11	1,	218.	0.	·		
FORM 990-PF	<del></del>	<del></del>	<del></del>					
	ACC	COUNTI	NG FEES			STATEMENT	3	
DESCRIPTION	( A	A )	NG FEES (B) NET INV MENT IN	EST-	(C) ADJUSTED NET INCOME	(D) CHARITA	BLE	
DESCRIPTION	( / EXPEN PER I	A) NSES	(B) NET INV MENT IN	EST-	ADJUSTED NET INCOME	(D) CHARITA	BLE	
DESCRIPTION  ACCOUNTING FEES	EXPER I	A) NSES BOOKS	(B) NET INV MENT IN	EST- COME	ADJUSTED NET INCOME	(D) CHARITA	BLE ES	
DESCRIPTION  ACCOUNTING FEES  TO FORM 990-PF, PG 1, LN 16B	EXPER I	A) NSES BOOKS 1,275.	(B) NET INV MENT IN	EST- COME ,275.	ADJUSTED NET INCOME	(D) CHARITA	BLE ES 0.	
DESCRIPTION  ACCOUNTING FEES  TO FORM 990-PF, PG 1, LN 16B	EXPENDED IN THER IN EXPENDED	A) NSES BOOKS 1,275.	(B) NET INV MENT IN  1  1  SIONAL F  (B) NET INV	EST-COME, 275.	ADJUSTED NET INCOME	(D) CHARITA E PURPOS  STATEMENT  (D) CHARITA	BLE 0. 0. 4	
DESCRIPTION  ACCOUNTING FEES  TO FORM 990-PF, PG 1, LN 16B  FORM 990-PF	EXPENDED IN THER IN EXPENDED	A) NSES BOOKS 1,275. 1,275. PROFES A) NSES	(B) NET INV MENT IN  1  1  SIONAL F  (B) NET INV	EST-COME, 275.	ADJUSTED NET INCOME  (C) ADJUSTED NET INCOME	(D) CHARITA E PURPOS  STATEMENT  (D) CHARITA	BLE 0. 0. 4	

FORM 990-PF	TAX	ES	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS			(C) ADJUSTED NET INCOME		
FEDERAL EXCISE TAX ON INVESTMENT INCOME	54.		0.		·	0.
TO FORM 990-PF, PG 1, LN 18	54.		0.			0.
FORM 990-PF	OTHER INV				STATEMENT	6
DESCRIPTION		LUATION ETHOD	во	OK VALUE	FAIR MARKET VALUE	
UNIT INVESTMENT TRUSTS		COST		199,418.	224,840.	
TOTAL TO FORM 990-PF, PART I	I, LINE 13			199,418.	224,84	10.
FORM 990-PF	PART XV - L	TNE 1A			STATEMENT	 7

#### NAME OF MANAGER

STEVEN J. LANDERS SANDRA L. LANDERS

## Form **8868** (Rev April 2009)

Department of the Treasury

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

OMB No 1545-1709

	enue Service			File a se	parate appli	cation for each re	turn	n						
• If you	are filing for an Aut	omatic 3-N	onth Extens	sion, compl	ete only Par	t I and check this	bo)	х			<b>•</b>	X		
• If you	are filing for an Ado	ditional (No	t Automatic)	) 3-Month E	xtension, co	mplete only Par	t II (	(on page 2 of th	his form)					
Do not o	omplete Part II un	less you ha	ive already b	een granted	an automati	c 3-month extens	sion	on a previously	y filed Fori	m 8868				
Part I	Automatic	c 3-Mont	h Extensi	on of Tim	e. Only sub	mit original (no co	opie:	s needed)		-				
A corpor	ation required to file	e Form 990	T and reques	sting an auto	omatic 6-mor	ith extension - ch	eck	this box and c	omplete					
Part I on	ly										•	. 🗀		
	corporations (includ come tax returns	dıng 1120-C	C filers), partn	nerships, REI	MICs, and tr	usts must use Foi	m 7	004 to request	an extens	sion of t	ıme			
noted be (not auto you mus	nic Filing (e-file). Go elow (6 months for a ematic) 3-month ext t submit the fully co gov/efile and click of	a corporatio ension or (2 ompleted ar	n required to ) you file For id signed pag	file Form 99 ms 990-BL, ge 2 (Part II)	90-T) Howev 6069, or 887	er, you cannot file 0, group returns,	e For or a	rm 8868 electra composite or	onically if consolida	(1) you ted For	want the acm 990-T. In	dditional		
Type or	Name of Exemp	it Organizat	ion						Empl	Employer identification num				
print	LANDEDG	D3W771			EOME A	m T ON			7	71-6184144				
File by the	LANDERS Number, street,									<u> 1 - 0 T</u>	84144			
due date for filing your	153 HICK				see msmuch	Olis								
return See instructions		ost office, st	ate, and ZIP	code For a	foreign addr	ess, see instructi	ons							
Check ty	ype of return to be	filed(file a	separate app	olication for	each return)									
Fo	rm 990	Г	Form 990	)-T (corporati	ion)			Form	n 4720					
Fo	rm 990-BL		_		(a) or 408(a)	trust)			5227					
Fo	rm 990-EZ		Form 990	)-T (trust oth	er than abov	e)		Form	n 6069					
X Fo	rm 990 PF		Form 104	11 A				Form	1 8870					
Telep  If the	nooks are in the care hone No ▶ 501 organization does it is for a Group Retu  If it is for par	L – 868 – ' not have an urn, enter th	7522 office or pla e organization	ce of busine	ss in the Un	FAX No  ted States, chec mption Number (	k thi	s box 1) 11	f this is foi	the wh	ole group,			
IS 1	AUGUST 15 for the organization	5, 201	0 , to t	•	•	•				The ext	ension			
	calendar year tax year begii				and	t ending								
	tax year begin	""'''9			, am	ending				<del></del> ·				
2 lf t	this tax year is for le	ss than 12	months, che	eck reason	Initial	return L		Final return		Change	in accoun	ting period		
	this application is fo inrefundable credits			990-T, 4720	), or 6069, er	iter the tentative	tax,	less any	3a	\$		0.		
_	this application is fo			, enter any re	efundable cr	edits and estimat	ed	<del></del>	- Joan	 				
	x payments made								3b	\$		0.		
	c Balance Due. 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).													
	eposit with FTD cou se instructions	pon or, if re	quired, by us	sing EFTPS (	(Electronic F	ederal Tax Paymo	ent S	System).	3c	\$		0.		
	. If you are going to	) make an e	lectronic fun	d withdrawa	I with this Fo	orm 8868, see Fo	rm 8	453 <b>REGE</b>		EO for	payment in			
LHA	For Privacy Act an	d Paperwo	rk Reductio	n Act Notic	e, see Instru	ictions.	3090		4 2010	IRS-0	orm <b>8868</b>	(Rev. 4-2009)		
923831 05-26-09							_	OGDE	N, UT	-				