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Department of the Treasury Internal Revenue Service

Return of Private Foundation

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

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

2009

OMB No 1545-0052

		dar year 2009, or tax year beginning	_	, and ending		, 20
G (Check	· · · · · —	eturn of a former p		☐ Final return	
			dress change	Name change		
	e the II			A Employer	identification number	ī
	label.	Linda Cesarski & Mary Ann Evans Foundation for Ca			73-1554843	
- Oti	herwis	Number and street (or P O box number if mail is not delivered	to street address) Roo	m/suite B Telephone	number (see page 10 c	of the instructions)
o	or type	50 Industrial Dr			870-307-6211	
See	Spec	ific City or town, state, and ZIP code		C If exempt	tion application is pendir	ng, check here 🕨
Inst	tructio	ns. Batesville AR 72501		D 1. Foreig	n organizations, check	here ►[
H (Check	type of organization: Section 501(c)(3) exempt p	rivate foundation		n organizations meetin	
	Section	n 4947(a)(1) nonexempt charitable trust Other tax	kable private found	ation i	here and attach compu	
l F	Fair ma	arket value of all assets at J Accounting method	l: 🗹 Cash 🗌 Ac		foundation status was 607(b)(1)(A), check here	
6	end of	year (from Part II, col. (c),		1	ndation is in a 60-mont	•
	line 16)				ction 507(b)(1)(B), chec	
Pa	art I	Analysis of Revenue and Expenses (The total of	T			(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per	(b) Net investment income	(c) Adjusted net income	for chantable purposes
		the amounts in column (a) (see page 11 of the instructions))	books	modifie	income	(cash basis only)
Т	1	Contributions, gifts, grants, etc., received (attach schedule)	150			
		Check ► ☐ If the foundation is not required to attach Sch. B				
		Interest on savings and temporary cash investments	4,845	4,845		
		Dividends and interest from securities	- ,,546	.,540		
	_	Gross rents	-	·		
		Net rental income or (loss)				
a)		Net gain or (loss) from sale of assets not on line 10				
Revenue		Gross sales price for all assets on line 6a	· · · · · · · · · · · · · · · · · · ·			
ΨĮ				 -		
ě		Capital gain net income (from Part IV, line 2)				
_		Net short-term capital gain				
		Income modifications				
	-	Gross sales less returns and allowances				
1		Less: Cost of goods sold	-			
ļ		Gross profit or (loss) (attach schedule)				1
		Other income (attach schedule)	4.005	4 045	RECEIVED	}
\rightarrow		Total. Add lines 1 through 11	4,995	4,845		78
န္မ		Compensation of officers, directors, trustees, etc.		13	JUL 06 201	
Š		Other employee salaries and wages		- 5	JUL 0 0 201	8
xpenses	15	Pension plans, employee benefits				
М		Legal fees (attach schedule)	<u> </u>		OGDEN, L	T
اق		Accounting fees (attach schedule)				ļ
美		Other professional fees (attach schedule)				
12		Interest			ļ ————	
is		Taxes (attach schedule) (see page 14 of the instructions)	70			
Administrative E	19	Depreciation (attach schedule) and depletion			 	ļ
and Adr		Occupancy				
١		Travel, conferences, and meetings	ļ		 	
and		Printing and publications				ļ. <u> </u>
<u>B</u>		Other expenses (attach schedule)	12	12		
-=		Total operating and administrative expenses.				!
ᇸ		Add lines 13 through 23	82	12		<u> </u>
erat		Contributions, gifts, grants paid	12,000			12,00
Operating			12,082	12	1	12,00
Operat		Total expenses and disbursements. Add lines 24 and 25	12,002		 	
Operat	26	Total expenses and disbursements. Add lines 24 and 25 Subtract line 26 from line 12:	12,082			.2,0
Operat	26 27		-7,088			
Operat	26 27 a	Subtract line 26 from line 12:		4,833		

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.

Б.		Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)	Beginning of year		Ena of	year
ાલા	rt II	should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Valu	ie	(c) Fair Market Value
	1	Cash—non-interest-bearing	2,239		9,694	-9,695
	2	Savings and temporary cash investments	221,125	22	5,971	225,971
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶		_		
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other	-			
		disqualified persons (attach schedule) (see page 16 of the				
		ınstructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
S		Less: allowance for doubtful accounts ▶				
Assets	8	Inventories for sale or use				·
SSI	9	Prepaid expenses and deferred charges				·
~	10a	Investments—U.S. and state government obligations (attach schedule)		•		
	b	Investments—corporate stock (attach schedule)				
	C	Investments - corporate bonds (attach schedule)				
ı	11	Investments—land, buildings, and equipment basis ▶				
		Less accumulated depreciation (attach schedule) ▶				
	12	Investments – mortgage loans				
- 1	13	Investments—other (attach schedule)	<u> </u>			
1	14	Land, buildings, and equipment: basis ▶	,	- >-		
		Less: accumulated depreciation (attach schedule) ▶				
	15	Other assets (describe ▶)				
	16	Total assets (to be completed by all filers—see the			1	
		instructions. Also, see page 1, item l)	223,364	21	6,277	217,277
	17	Accounts payable and accrued expenses				
ທູ	18	Grants payable				,
寶	19	Deferred revenue				
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons				
<u>a</u>	21	Mortgages and other notes payable (attach schedule)				
-	22	Other liabilities (describe ►)				
_	23	Total liabilities (add lines 17 through 22)	0		0	
S		Foundations that follow SFAS 117, check here ▶ □ and complete lines 24 through 26 and lines 30 and 31.				
nces	24	Unrestricted				
₫	25	Temporarily restricted				
8	26	Permanently restricted				
Net Assets or Fund Bala		Foundations that do not follow SFAS 117, check here ▶ ☑ and complete lines 27 through 31.				
۲	27	Capital stock, trust principal, or current funds				
3	28	Paid-in or capital surplus, or land, bldg., and equipment fund				
šet	29	Retained earnings, accumulated income, endowment, or other funds	223,364	21	6,277	
Š	30	Total net assets or fund balances (see page 17 of the				
<u>*</u>		instructions)	223,364	21	6,277	
ž	31	Total liabilities and net assets/fund balances (see page 17			\Box	
		of the instructions)	223,364	21	6,277	
Pai	t III	Analysis of Changes in Net Assets or Fund Balances				
1	Tota	I net assets or fund balances at beginning of year-Part II, colu	mn (a), line 30 (mus	t agree with		
		-of-year figure reported on prior year's return)			1	223,364
2	Ente	er amount from Part I, line 27a			2	-7,087
3		er increases not included in line 2 (itemize)			3	
4		lines 1, 2, and 3			4	216,277
5		reases not included in line 2 (itemize) ▶			5	
6		Il net assets or fund balances at end of year (line 4 minus line 5) -	Part II, column (b), lii	ne 30 .	6	216,277

Part	V Capital Gains and	Losses for Tax on Investm	nent Income				
		e kind(s) of property sold (e.g., real estat se, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation		te acquired , day, yr)	(d) Date sold (mo , day, yr)
1a							
<u>b</u>			 .	<u> </u>			
c							
<u>d</u>							
<u>e</u> _				<u> </u>	ļ		<u></u>
	(e) Gross sales pnce	(f) Depreciation allowed (or allowable)		or other basis ense of sale			n or (loss) (f) minus (g)
a							
<u>b</u>					ļ		
c					_		
<u>d</u>					-		
<u>e</u>							
	Complete only for assets sho	wing gain in column (h) and owned	by the foundatio	n on 12/31/69	ļ		(h) gain minus
	(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i) ol (j), if any	,		t less than -0-) or rom col (h))
<u>a</u>							
<u>b</u>							
c							
d							
<u>e</u>							
2	Capital gain net income or		also enter in P , enter -0- in Pa		2		0
3		n or (loss) as defined in sections line 8, column (c) (see pages 1					
	If (loss), enter -0- in Part I,			`}	3		0
Part	V Qualification Und	er Section 4940(e) for Redu		Net Investment	Incor	ne	
Was t	s," the foundation does not	section 4942 tax on the distribu qualify under section 4940(e). D	o not complete	e this part.			☐ Yes ☑ No
1	Enter the appropriate amo	unt in each column for each ye	ar; see page 18	3 of the instruction	ns befo	re making a	any entries.
Cale	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distribution	s Net value	(c) of noncharitable-use a	ssets	Dis (col (b)	(d) tribution ratio divided by col (c))
	2008	1	4,931		0		100
	2007	1	4,878		0		100
	2006	1	4,920		0		100
	2005	1	4,957		0		100
	2004	1	4,972		0		100
2	Total of line 1, column (d)					2	500
3		for the 5-year base period—div lation has been in existence if le			the	3	100
4	Enter the net value of none	charitable-use assets for 2009 f	rom Part X, line	e5		4	0
5	Multiply line 4 by line 3 .					5	0
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)			6	48
7	Add lines 5 and 6					7	48
8		ns from Part XII, line 4 ter than line 7, check the box ii			. L	8 rt using a 1	11,952 % tax rate. See the

Part	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the	ie ins	tructi	ons)				
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1. Date of ruling or determination letter (attach copy of letter if necessary—see instructions)							
b								
	here \triangleright \lor and enter 1% of Part I, line 27b							
С	AN							
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)							
3	Add lines 1 and 2		48					
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)							
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		48					
6	Credits/Payments:							
a b	2009 estimated tax payments and 2008 overpayment credited to 2009 Exempt foreign organizations—tax withheld at source							
C	Tax paid with application for extension of time to file (Form 8868) . 6c							
d	Backup withholding erroneously withheld 6d							
7	Total credits and payments. Add lines 6a through 6d	-						
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8							
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		48					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid \Delta 10							
11	Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Refunded ▶ 11							
	VII-A Statements Regarding Activities		T					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	4-	Yes					
b	participate or intervene in any political campaign?	1a		✓				
b	of the instructions for definition)?	1b		1				
	If the answer is "Yes" to 1a or 1b , attach a detailed description of the activities and copies of any materials	10	-	- <u>-</u> -				
	published or distributed by the foundation in connection with the activities.							
С	Did the foundation file Form 1120-POL for this year?	1c		1				
d								
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$	ļ	l	ļ				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		✓				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3		1				
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		1				
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	 -					
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	 _	1				
^	If "Yes," attach the statement required by General Instruction T.		l					
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		j]				
	 By language in the governing instrument, or By state legislation that effectively amends the governing instrument so that no mandatory directions that 							
	conflict with the state law remain in the governing instrument?	6	1					
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	1					
8a	Enter the states to which the foundation reports or with which it is registered (see page 19 of the instructions) ► AR							
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	1					
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page 27)? If "Yes," complete Part XIV	9		1				
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		<u> </u>	<u> </u>				
	names and addresses	10		✓				

Part	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 page 20 of the instructions)	11		✓
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before] .		
	August 17, 2008?	12		✓
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	✓_	
	Website address ▶			
14	The books are in our of P	0-307-		
	Located at P 17 miles - 1, 2 mi	2501-8	977	
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here.		•	▶ ⊔
D - 1	and enter the amount of tax-exempt interest received or accrued during the year 15			
Pan	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	F 1	Yes	No.
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		res	No
1a	` ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes V No			}
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
	(c)			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? ☐ Yes ☐ No (5) Transfer any income or assets to a disqualified person (or make any of either available for			ļ
	the benefit or use of a disqualified person)?			
	(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.)			
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here ▶ □			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	<u> </u>		
	were not corrected before the first day of the tax year beginning in 2009?	1c		✓
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and			
	6e, Part XIII) for tax year(s) beginning before 2009?			
	If "Yes," list the years ▶ 20, 20, 20,			
þ	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see page 20 of the instructions.)	2b		<u> </u>
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20, 20, 20,			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			i
b	If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the	[
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			
	foundation had excess business holdings in 2009.)	3b	<u> </u>	<u> </u>
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		/
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4.		,
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2009?	4b		

Pag	е	6

Part	VII-B	Statements Regarding Activities	for W	hich Form	4720	May Be R	equire	d (continued	1)		
5a	(1) Carry (2) Influe	e year did the foundation pay or incur a on propaganda, or otherwise attempt to nce the outcome of any specific public by or indirectly, any voter registration dri	o influe election	nce legislatio	on 495	5); or to ca	arry on,	☐ Yes 🗸 I			
	(3) Provid (4) Provid	de a grant to an individual for travel, stude de a grant to an organization other than on 509(a)(1), (2), or (3), or section 4940(d	dy, or c	rıtable, etc.,	organız	ation desci	rıbed in				
		de for any purpose other than religious, oses, or for the prevention of cruelty to c							No		
b		swer is "Yes" to 5a(1)–(5), did any of the ns section 53.4945 or in a current notice									
С	If the ans	tions relying on a current notice regarding swer is "Yes" to question 5a(4), does the state of the same of the sam	he four for the	ndation claim grant?	exem _l	otion from	the tax	▶	No		:
6a	Did the fo	attach the statement required by Regula bundation, during the year, receive any sonal benefit contract?	funds, (directly or in	directly	, to pay pre			No		
b		oundation, during the year, pay premium o 6b, file Form 8870.	ns, dire	ctly or indire	ctly, on	a personal	benefit	contract? .	6b	+	✓
7a b	At any tim	ne during the tax year, was the foundation and the foundation receive any proceeds o						☐ Yes ☑ Insaction?			
	VIII	Information About Officers, Direct and Contractors									
1	List all o	fficers, directors, trustees, foundation	mana	gers and th	eir con	pensation	ı (see p	age 22 of the	instruc	tions).	
	_	(a) Name and address	hour	e, and average rs per week ed to position	(c) Cor (If not	npensation paid, enter -0-)	emplo	Contributions to yee benefit plans erred compensation	otho	ense ac r allowar	count,
See Li	st Attache	d									
				<u></u>							
	_										
2		sation of five highest-paid employee enter "NONE."	s (othe	er than thos	e inclu	ided on lir	ne 1—s	ee page 23 c	of the in	structi	ions).
	(a) Name and	d address of each employee paid more than \$50,00	0	(b) Title, and a hours per v devoted to p	veek	(c) Compe	nsation	(d) Contributions employee benef plans and deferre compensation	it (e) Exped	ense ac r allowar	count, nces
NONE											
otal	number of	other employees paid over \$50,000 .						· .			

Par	VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,				
3 Five highest-paid independent contractors for professional services (see page 23 of the instructions). If none, enter "NONE							
		(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation				
NON	E						
Tota	l numbe	r of others receiving over \$50,000 for professional services					
Par	t IX-A	Summary of Direct Charitable Activities					
							
		dation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of and other beneficiaries served, conferences convened, research papers produced, etc.	f Expenses				
1	NONE						
			•				
			-				
2	_						
			-				
3							
4			_				
			_				
_							
Par	t IX-B	Summary of Program-Related Investments (see page 24 of the instructions)					
De	scribe the	two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount				
1	NONE						
2			-				
		***************************************	-				
All	other pro	gram-related investments. See page 24 of the instructions					
3			-				
		······································	.				
							
Tota	. Add lii	nes 1 through 3	·				

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see page 24 of the instructions.)	ign foundat	ions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	219,821
С	Fair market value of all other assets (see page 24 of the instructions)	1c	0
d	Total (add lines 1a, b, and c)	1d	219,821
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	219,821
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of	1 1 -	
	the instructions)	4	3,297
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	216,524
6	Minimum investment return. Enter 5% of line 5	6	10,826
Part	Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private foundations and certain foreign organizations check here ► □ and do not complete this part.)	operating	
1	Minimum investment return from Part X, line 6	1	10,826
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009. (This does not include the tax from Part VI.)	1 1	
С	Add lines 2a and 2b	2c	48
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	10,778
4	Recoveries of amounts treated as qualifying distributions	4	0
5	Add lines 3 and 4	5	10,778
6	Deduction from distributable amount (see page 25 of the instructions)	6	0
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	10,778
Part	Qualifying Distributions (see page 25 of the instructions)		 _
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	T	
· a	Expenses, contributions, gifts, etc. — total from Part I, column (d), line 26	1a	12,000
b	Program-related investments—total from Part IX-B	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	15-	
-	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
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	12,000
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	 	
-	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	48
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	11,952
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculatin qualifies for the section 4940(e) reduction of tax in those years.		_ _

art	Undistributed income (see page 26	of the instructions	·)		
1	Distributable amount for 2009 from Part XI,	(a) Corpus	(b) Years prior to 2008	(c) 2008	(d) 2009
	line 7				10,778
2	Undistributed income, if any, as of the end of 2009.				
а	Enter amount for 2008 only			0	
b	Total for prior years: 20,20,20		0		
3	Excess distributions carryover, if any, to 2009:				
а	From 2004)			
b	From 2005 3,030				
С	From 2006	'			
d	From 2007 3,258				
е	From 2008 3,999	0			
f	Total of lines 3a through e	13,534		·	
4	Qualifying distributions for 2009 from Part XII,				
	line 4: ▶ \$ 11,952				
а	Applied to 2008, but not more than line 2a .			0	
b	Applied to undistributed income of prior years				
	(Election required - see page 26 of the instructions)		0		
С	Treated as distributions out of corpus (Election				
	required—see page 26 of the instructions) .	0			
d	Applied to 2009 distributable amount				10,778
e	Remaining amount distributed out of corpus	0			
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).)	_			
6	Enter the net total of each column as			·	
	indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	0			
	Prior years' undistributed income. Subtract				
	line 4b from line 2b		0		
С	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 page 27 of the instructions .		0		
е	Undistributed income for 2008. Subtract line				
•	4a from line 2a. Taxable amount—see page				
	27 of the instructions			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 corpus				· · · · · · · · · · · · · · · · · · ·
•	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)	0			
8	Excess distributions carryover from 2004 not				
_	applied on line 5 or line 7 (see page 27 of the				
	instructions)				
9	Excess distributions carryover to 2010.				
-	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9:				
.o a	Excess from 2005 3,03	0			
b	Excess from 2006 3,03	-			
C	Excess from 2007				
d	Excess from 2008 3,99	_			
e	Excess from 2009	-			
_		*	I	L	

D	4	n
Page	- 1	u

Part	XIV Private Operating Founda	tions (see page	27 of the instruc	ctions and Part V	II-A, question 9)	
1a	If the foundation has received a ruling	or determination	letter that it is a	private operating		
	foundation, and the ruling is effective for	r 2009, enter the d	late of the ruling .	•		
b	Check box to indicate whether the four	ndation is a private	e operating foundate	tion described in se	ection 🔲 4942(j)((3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
	each year listed		<u> </u>			
b	85% of line 2a					
C	Qualifying distributions from Part XII,					
	line 4 for each year listed					
d	Amounts included in line 2c not used directly					
	for active conduct of exempt activities					
е	Qualifying distributions made directly					
Ŭ	for active conduct of exempt activities.					
	Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the					
•	alternative test relied upon:					
а	"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			,		
С	"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)		<u> </u>	 		
	(2) Support from general public and 5 or more exempt	•			ĺ	
	organizations as provided in]	
	section 4942(j)(3)(B)(III)		 			
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income		 			
Part		n (Complete t	his part only if t	he foundation h	ad \$5,000 or m	ore in assets at
ı aıı	any time during the year-				iau \$5,000 or in	ore iii assets at
			i tile ilistituction	15./		
1	Information Regarding Foundation List any managers of the foundation		utod more than 20	% of the total cont	ributions received	by the foundation
а	before the close of any tax year (but of					by the loundation
	before the close of any tax year (but e	my make c	ontributed more tr	ιαπ φο,σσο). (σσο σ	0001011 007 (4)(2).)	
b	List any managers of the foundation	who own 10% o	yr more of the stor	ck of a corporatio	n (or an equally la	rge portion of the
U	ownership of a partnership or other ei					inge portion of the
	ownership of a partitional per other of	intry) or willow the	, touridation rido a	1070 or grouter int	0.001.	
2	Information Regarding Contribution	Grant Gift La	an Scholarshin e	to Programs:		
2	Check here ► ✓ if the foundation				araanizationa and	door not cocont
	unsolicited requests for funds. If the					
	organizations under other conditions,			ic. (see page 20)	or the manuchons) to individuals of
				estions should be	ddronod:	
а	The name, address, and telephone nu	imber of the pers	on to whom applic	audio Siloulu de 8	aduressed:	
	The form in which and to the control of	اد د درستاری ما		matamala tisanah	udal baludar	
D	The form in which applications should	i de submitted an	id information and	materials they sho	oula include:	
	Annual control of the state of					
С	Any submission deadlines:					
	Any restrictions of the test of				alda kıadı -f ··	Aldridson on other
a	Any restrictions or limitations on av factors:	varos, such as t	by geographical a	reas, charitable fi	eius, kinas ot ins	additions, or other
	lactors.					

Pai	Part XV Supplementary Information (continued)							
`_3								
	Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount			
	Name and address (home or business)	or substantial contributor	recipient	CONTIDUCTOR				
a	Paid during the year							
Arka	nsas Children's Hospital, Little Rock, AR			Assist the Study of Complimentary	12,000			
				and Alternative Medicine in the				
				Treatment of Cancer				
				;				
			!					
	Total	· · · · · · ·		<u> ▶ 3a</u>	12,000.			
t	Approved for future payment							
			N.					
		_						

Ente	r gro	ss amounts unless otherwise indicated.	Unrelated bu (a) Business code	(b) Amount	(c) Exclusion code	on 512, 513, or 51 (d) Amount	Related or exempt function income (See page 28 of
1	Pro	gram service revenue:	Business code	Amount	Exclusion code	Amount	the instructions)
	а						
	b						
	С						
	d						<u> </u>
	е			·			
	f						
	g	Fees and contracts from government agencies		<u></u>			
2	Me	mbership dues and assessments					<u> </u>
3	Inte	rest on savings and temporary cash investments		4,845			
4	Div	dends and interest from securities				 	
5	Net	rental income or (loss) from real estate:			<u>-</u>		<u> </u>
	а	Debt-financed property		- 			
	b	Not debt-financed property					
6	Net	rental income or (loss) from personal property					
7	Oth	er investment income					
8	Gai	n or (loss) from sales of assets other than inventory					
9	Net	income or (loss) from special events					
10		ss profit or (loss) from sales of inventory				*****	
11	Oth	er revenue: a					
	b						
	C						
	d						
	е						
		state Add selvens (b) (d) and (e)			l l		
12	Sub	ototal. Add columns (b), (d), and (e)		4,845			
13	Tot	al. Add line 12, columns (b), (d), and (e)				13	4,845
13 See	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions on page 28 to verify	y calculations.)			13	4,845
13 See Pa	Tot wor	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions on page 28 to verify II-B Relationship of Activities to the A	y calculations.) ccomplishm	ent of Exemp	t Purposes		
13 See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.) ccomplishm	ent of Exemp	t Purposes		
13 See Pa	Tot wor	al. Add line 12, columns (b), (d), and (e)	y calculations.) ccomplishm	ent of Exemp	t Purposes		
13 See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.) ccomplishm	ent of Exemp	t Purposes		
13 See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.) ccomplishm	ent of Exemp	t Purposes		
13 See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.) ccomplishm	ent of Exemp	t Purposes		
13 See Pa	Tot wor rt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.) ccomplishm	ent of Exemp	t Purposes		
13 See Pa	Tot wor nt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.) ccomplishm	ent of Exemp	t Purposes		
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13 See Pa	Tot wor nt X e No	al. Add line 12, columns (b), (d), and (e) ksheet in line 13 instructions on page 28 to verify I-B Relationship of Activities to the A Explain below how each activity for which accomplishment of the foundation's exempt	y calculations.) ccomplishm	ent of Exemp	t Purposes		

Par	XVII	Information Exempt Or			sfers To	and Tra	nsactio	ns and	Relatio	nships Wi	th Noncha	ritabl		
1	ın se	ne organization d ction 501(c) of the nizations?											Yes	No
а	a Transfers from the reporting foundation to a noncharitable exempt organization of:							4 - (4)		,				
(1) Cash								1a(1)		✓				
L	(2) Other assets									1a(2)				
b		ales of assets to	a noncha	ritable eve	mnt organ	ızation						1b(1)		1
		urchases of asse										1b(2)		▼
												1b(3)		7
	(3) Rental of facilities, equipment, or other assets(4) Reimbursement arrangements					1b(4)		· /						
		oans or loan gua										1b(5)		1
		erformance of se										1b(6)		<u> </u>
С		ng of facilities, ed				_						1c		1
d	value value	answer to any of of the goods, of in any transaction (b) Amount involved	ther asse on or sha	ts, or servi	ces given l	by the repower in colu	oorting fo imn (d) th	undation e value	n. If the of	foundation roods, other	eceived less	than rvices	faır m recei	arket ved.
_(a) Lir	e no	b) Amount involved	(C) N	iame of nonci	naritable exem	npt organiza	tion	(a) Desc	cription of	transiers, trans	actions, and sna	ring arra	ingeme	ents
		-												
			_											
				. <u></u> .										
														_
		-							_					
				·										
								-			 -			
	-+													
2a	desc	e foundation dire ribed in section 5 es," complete the	601(c) of t	he Code (d	other than s] Yes		No
		(a) Name of organi		, sonedule		b) Type of o	rganization		Т	(c) Desc	nption of relation	nship		
		(-, or organi			· · · · · · · · · · · · · · · · · · ·	., ., , , , , , , , , , , , , , ,	J		_					
										_				
		 ,		-										
		-												
	-		-											
	Under penalties of perjury. Lectare that I have examined this return, including accompanying schedules and statements, and to the best belief, it is true, correct and complete. Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has													
a l	Signature of officer or trustee Date Date				RESI DONT									
er	y Spar	lature of officer or trus	100	\sim			Date		<u> </u>	Title	 			
Sign Here	Paid Preparer's Use Only	Preparer's			f. []	PAPI-	6/2	a /,	Check self-em	ıf ıployed ► □	Preparer's id number (see page 30 of the	Signa ne instr	ture o	
	Tet Use	signature Firm's name (or you	re if	SUL!	VI C			110	1	CINI S		-08-46	U4	
		self-employed), add and ZIP code		Eurark L PO Box 3	1749 Bates	ville AR 7	72503-374	9		Phone no	36-44:	4859		

Linda Cesarski and Mary Evans Foundation for Cancer Research Calender Year ended December 31, 2009 Attachment - PART VIII, Line 1

List of Officers and Directors Name and Address	<u>Tıtle</u>	Ave. Hours per Week	Compensation	Employee Benefit Plan & Deferred Comp	Expense Account & Other
William T Evans Batesville AR 72501	President	5	0	0	0
J Robert Lemon Batesville AR 72501	Vice Pres	2	0	0	0
Robert E Christian Batesville AR 72501	Vice Pres	2	0	0	0
William J Evans Batesville AR 72501	Vice Pres	2	0	0	0
Richard Cesarski Batesville AR 72501	Vice Pres	2	0	0	0
Timothy A Nolan Batesville AR 72501	Vice Pres	2	0	0	0
Michael Black Batesville AR 72501	Treasurer	2	0	0	0
Frank H Newton III Batesville AR 72501	Director	2	0	0	0

Contrib To

Form **8868**

(Rev April 2009)

Department of the Treasury Internal Revenue Service

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	e filing for an Automatic 3-Month Extension, complete only Part I and check this bo e filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II explete Part II unless you have already been granted an automatic 3-month extension on a	on page 2			
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies need	eded).			
A corporat Part I only	on required to file Form 990-T and requesting an automatic 6-month extension—check	k this box a	nd comple	ete ► 🗀	
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form income tax returns	7004 to req	uest an ex	ktension oi	
one of the electronical returns, or a	Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month au returns noted below (6 months for a corporation required to file Form 990-T). Howely if (1) you want the additional (not automatic) 3-month extension or (2) you file Form a composite or consolidated Form 990-T. Instead, you must submit the fully completed an ore details on the electronic filing of this form, visit www.irs gov/efile and click on e-file	ver. you ca s 990-BL, 6 nd signed pa	innot file f 6069, or 88 age 2 (Part	Form 8868 870, group II) of Form	
Type or	Name of Exempt Organization	Employer i	mployer identification number		
print	Linda Cesarski & Mary Ann Evans Foundation for Cancer Research	73	1554	843	
File by the due date for filing your	Number, street, and room or suite no. If a P.O box, see instructions 50 Industrial Dr				
return See instructions	City, town or post office, state, and ZIP code. For a foreign address, see instructions. Batesville AR 72501				
Check type	e of return to be filed (file a separate application for each return)				
☐ Form 99			Form 472	:0	
Form 99	· · · · · · · · · · · · · · · · · · ·		Form 522	7	
 Form 99			Form 606		
Form 99	<u> </u>		Form 887		
Telephone If the orga If this is for the who	s are in the care of ► N. E. Deskin, Jr CPA No ► (870) 307-6211 FAX No. ► (870) 698 anization does not have an office or place of business in the United States, check this or a Group Return, enter the organization's four digit Group Exemption Number (GEN) e group, check this box ► □ . If it is for part of the group, check this box	box	If th		
1 I requuntil for the	lest an automatic 3-month (6 months for a corporation required to file For August 15 , 20 09 , to file the exempt organization return for the organization organization's return for: calendar year 20 09 or tax year beginning , 20 , and ending		ve. The ex		
2 If this t	ax year is for less than 12 months, check reason: 🔲 Initial return 🗀 Final return 🖯] Change i	n account	ıng period	
	application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax y nonrefundable credits. See instructions.	. За	\$	0	
	application is for Form 990-PF or 990-T, enter any refundable credits and estimated tains made. Include any prior year overpayment allowed as a credit.	3b	\$	0	
c Baland deposi	te Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment). See instructions.		\$	0	
	ou are going to make an electronic fund withdrawal with this Form 8868, see Form 845				
	instructions.	os-EU and I	-orm 8879	-EU	

Form 88	68 (Rev 4-2009)	Page 2
• If yo	u are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II an	d check this box ► □
	Only complete Part II if you have already been granted an automatic 3-month extension on a previous	ously filed Form 8868.
	u are filing for an Automatic 3-Month Extension, complete only Part I (on page 1)	
Part	The state of the s	
Type o		Employer identification number
File by t extended due date	d	For IRS use only
filing the return S instruction	City, town or post office, state, and ZIP code. For a foreign address, see instructions.	
Check	type of return to be filed (File a separate application for each return):	
☐ Fo	m 990	☐ Form 6069
☐ For	m 990-BL	☐ Form 8870
	m 990-EZ	
STOP!	Do not complete Part II if you were not already granted an automatic 3-month extension on	a previously filed Form 8868.
● The I	pooks are in the care of ▶	
Telep	phone No ▶ () FAX No. ▶ ()	
	organization does not have an office or place of business in the United States, check this bo	
	s is for a Group Return, enter the organization's four digit Group Exemption Number (GEN)	
	whole group, check this box ▶ □ . If it is for part of the group, check this box	▶ ☐ and attach a
	the names and EINs of all members the extension is for.	
	request an additional 3-month extension of time until	
	or calendar year, or other tax year beginning, 20, and ending	
	this tax year is for less than 12 months, check reason: Initial return Final return	
1 3	tate in detail why you need the extension	
8a If	this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax,	
	ss any nonrefundable credits. See instructions.	8a \$
b If	this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and	
	timated tax payments made. Include any prior year overpayment allowed as a credit and any	
<u>ar</u>	nount paid previously with Form 8868.	8b \$
с Ва	lance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit	
W	th FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c \$
	Signature and Verification	
Under pe	nalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that I am authorized to prepare this form	he best of my knowledge and belief,
	106 1 1	
Clanatura	Y//X 21/ 1/2 THE COA	05/44/0040
Signature	Title ► CPA .	Date ► 05/11/2010
		Form 8868 (Rev 4-2009)

• .