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Department of the Treasury

# **Return of Private Foundation**

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

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

OMB No 1545-0052

	10, 116	Chiad Control	1 0000			
For	calen	dar year 2009, or tax year beginning SEI	2009	, and ending	AUG 31, 2010	)
G (	Check	all that apply Initial return		ormer public charity	Final return	n
		Amended return	Address chan	ge 🔛	Name change	
Use	the I	RS Name of foundation			A Employer identification	n number
	abel.					
Ott		<sub>e,</sub> The Roy Chesney Fund			23-7399932	<u></u>
_	print	Number and street (or P O box number if mail is not d	•	Room/suite	B Telephone number	
	r type Spec	07 0 111 C 1101111D/ 323 C	Mt Olive		(479)228-3	3330
	opec ructio	City or town, state, and ZIP code			C If exemption application is p	
		Siloam Springs, AR /	2761		D 1. Foreign organization	s, check here
H (	_	type of organization X Section 501(c)(3) e.			Foreign organizations me check here and attach co	omputation
<u></u>		ction 4947(a)(1) nonexempt charitable trust	Other taxable private founda	ation	E If private foundation sta	itus was terminated
		rket value of all assets at end of year   J   Account		Accrual	under section 507(b)(1	)(A), check here ►∟
			ther (specify)		F If the foundation is in a	
	•\$		ımn (d) must be on cash l	basis.)	under section 507(b)(1	4.44
Pa	art l	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(0) Disbursements for chantable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received	15,494.		N/A	(
	1	Check if the foundation is not required to attach Sch B	,			
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	47.	47.		Statement 1
	5a	Gross rents				n-ddw -
	Ь	Net rental income or (loss)				
đ)	6a	Net gain or (loss) from sale of assets not on line 10	<150.	>	' '	
Ž	b	Gross sales price for all assets on line 6a 1,656.				
Revenue	7	Capital gain net income (from Part IV, line 2)		0.		
α	8	Net short-term capital gain				
	9	Income modifications		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	10a	Gross sales less returns and allowances				
	b	Less Cost of goods sold				
	C	Gross profit or (loss)				
	11	Other income				
	12	Total. Add lines 1 through 11	15,391.	47.		
	13	Compensation of officers, directors, trustees, etc	0.	0.		0.
	l .	Other employee salaries and wages				
Ś		Pension plans, employee benefits	]			
nses		Legal fees				
9		Accounting fees Stmt 2	575.	0.		0.
E G	l .	Other professional fees		<u> </u>		
ţ		Interest Taxes Stmt 3	2.	0.		<del> </del>
Operating and Administrative Expen			2.	U •		0.
Ē	l .	Depreciation and depletion		<del></del>		
μþ		Occupancy Travel conferences and meetings				
þί		Travel, conferences, and meetings Printing and publications				
ā		Other expenses Stmt 4	66.	0.		0.
Ē		Total operating and administrative		<u></u>		0.
era	l	expenses. Add lines 13 through 23	643.	0.		0.
Ö		Contributions, gifts, grants paid	15,875.			15,875.
	26	Total expenses and distingements.		······································		10,013.
		Add lines 24 and 25	16,518.	0.		15,875.
	-	1 1071-				23,0,3.
	1		<1,127.	>		<u> </u>
	b	Excess of revenue over expenses and disbusements  Net investment-income (if negative, enter -0-)		47.		1 1111 12-11-11
	C	Adjus (ed no Income vir negative enter -0)			N/A	
9235 02-02	01	-LHA-For-Privacy Act and Paperwork Reduction	Act Notice, see the instruct	tions.		Form <b>990-PF</b> (2009)

23-7399932

Part II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	Ena C	t year
column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1 Cash - non-interest-bearing		· · · · · · · · · · · · · · · · · · ·	
2 Savings and temporary cash investments	836.	1,491.	
3 Accounts receivable ►			
Less allowance for doubtful accounts			, , , , , , , , , , , , , , , , , , , ,
4 Pledges receivable ►			
Less allowance for doubtful accounts			
5 Grants receivable	· <del>- · · - · · · · · · · · · · · · · · · </del>		
6 Receivables due from officers, directors, trustees, and other			
disqualified persons		,	
7 Other notes and loans receivable	}		
Less allowance for doubtful accounts			
8 Inventories for sale or use			
9 Prepaid expenses and deferred charges			
10a Investments - U S and state government obligations			
b Investments - corporate stock	1 700	0.	
c Investments - corporate bonds Stmt 6	1,782.	<u> </u>	<del></del>
11 Investments - land, buildings, and equipment basis			
Less accumulated depreciation			
12 Investments - mortgage loans			
13 Investments - other			<del> </del>
14 Land, buildings, and equipment basis	}		
Less accumulated depreciation			
15 Other assets (describe ►)			
15. Total access /to be completed by all filers)	2 618	1,491.	1,491
16 Total assets (to be completed by all filers) 17 Accounts payable and accrued expenses	2,010.	1/471.	1/3/1
18 Grants payable			
19 Deferred revenue		· · · · · · · · · · · · · · · · · · ·	
20 Loans from officers, directors, trustees, and other disqualified persons			
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.			
24 Unrestricted			
25 Temporarily restricted			
26 Permanently restricted			
Foundations that do not follow SFAS 117, check here			
and complete lines 27 through 31.			
27 Capital stock, trust principal, or current funds	0.	0.	
28 Paid-in or capital surplus, or land, bldg , and equipment fund	0.	0.	
29 Retained earnings, accumulated income, endowment, or other funds	2,618.	1,491.	
30 Total net assets or fund balances	2,618.	1,491.	
31 Total liabilities and net assets/fund balances	2,618.	1,491.	
art III Analysis of Changes in Net Assets or Fund Ba	lances		
		· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·
Total net assets or fund balances at beginning of year - Part II, column (a), line 3	0		
(must agree with end-of-year figure reported on prior year's return)		1	2,618
Enter amount from Part I, line 27a		2	<1,127
Other increases not included in line 2 (itemize)		3	0
Add lines 1, 2, and 3		4	1,491
Decreases not included in line 2 (itemize)			0
Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, col	umn (b), line 30	6	1,491 Form <b>990-PF</b> (2009

	Part IV Capital Gains a	nd Lo	sses for Tax on In	vestmen	t Income							
(a) List and describe the kind(a) of property of the (b) of the control of the kind of the					low acq - Purcha - Donati	ise   '	( <b>c)</b> Date a (mo , da		(d) Date sold (mo , day, yr			
18	160.322 sh Fide	lity	/ Intermedia	te Bon	d Fund	ļ	P	, 7	Jari	ous	08/19/1	.0
_1	<u> </u>					<u> </u>						
_			·			-						
_(	-				<del></del>				-			
	(e) Gross sales price	(f) C	epreciation allowed (or allowable)		st or other basis expense of sale					nn or (loss (f) minus		-
- 6	1,656.				1,80	6.					<15	ō.
_												
_			. —									
					<del></del>							
_6	Complete only for assets showing	oain in d	column (h) and owned by t	he foundation	n on 12/31/69			m	Gains /C	ol (h) gain	minue	_
_	(i) F M V as of 12/31/69	(	j) Adjusted basis as of 12/31/69	(k) E>	cess of col (I)				(k), but n	ot less that (from col. (	n -0-) ar	
-	1										<15	0.
_t												
_												
_(	1								•			
_						_						
2	Capital gain net income or (net cap	ıtal loss)	If gain, also enter If (loss), enter -0-			}	2				<15	0.
3	Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c if (loss), enter -0- in Part I, line 8			d (6)		}	3			N/A		
	Part V Qualification Ur	ider S	ection 4940(e) for	Reduced	Tax on Net	Inv	estme	ent Inco	ome			
(F	or optional use by domestic private t	oundatio	ns subject to the section 4	1940(a) tax on	ı net investment ir	come	; )					
lf	section 4940(d)(2) applies, leave this	s part bla	ınk									
	as the foundation liable for the section			ount of any		-1040					Yes X	NI.
	"Yes," the foundation does not qualif Enter the appropriate amount in ea	y under s	section 4940(e). Do not co	mplete this pa	ı <u>rt</u>			<del>-</del>			Tes [A]	
÷	(a)	1011 001411	(b)	3000000	Thaking any ones	(c)		<del> </del>	T		(d)	
	Base periód years Calendar year (or tax year beginning	ın)	Adjusted qualifying dist	tributions	Net value of no	Net value of noncharita				Distribution ratio (col (b) divided by col (c))		
_	2008			7,048.	-			,694			2.5467	
_	2007			8,297.			6,025.				3.0368	
_	2006			6,897.				, 354			2.6592	
_	2005			6,400. 6,400.				,129			2.0174	
_	2004		<u></u>	0,400.				,403	<del>'                                     </del>	· · · · · · · · · · · · · · · · · · ·	1.9516	84
2	Total of line 1, column (d)								2		12.2120	26
	Average distribution ratio for the 5-	vear bas	e period - divide the total c	on line 2 by 5.	or by the number	of ve	ars				1212120	
	the foundation has been in existence	•		, .,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,			3	_	2.4424	05
4	Enter the net value of noncharitable	e-use ass	ets for 2009 from Part X, I	ine 5					4		5,74	7.
5	Multiply line 4 by line 3								5		14,03	7.
6	Enter 1% of net investment income	(1% of	Part I, line 27b)						6			0.
7	Add lines 5 and 6								7		14,03	7.
8	Enter qualifying distributions from	Part XII,	line 4						8		15,87	5.
	If line 8 is equal to or greater than I See the Part VI instructions	ine 7, ch	eck the box in Part VI, line	1b, and comp	olete that part usin	ig a 1	% tax rat	e				

_	101 The Roy Chesney Fund	V(L) 4040(-) - 4		1399		4! -	Page 4	
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940		948	· see II	nstru	CTIO	ns)	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on							
	Date of ruling or determination letter (attach copy of letter if necessary-see instructions)							
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and e	enter 1%	1				<u>0.</u>	
	of Part I, line 27b							
C	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of Part I, line	e 12, col (b) 丿					_	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0	<del>-</del> )	2				0.	
3	Add lines 1 and 2		3_				0.	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -	)-)	4				0.	
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0-		5				0.	
6	Credits/Payments							
а	2009 estimated tax payments and 2008 overpayment credited to 2009 6a							
b	Exempt foreign organizations - tax withheld at source 6b							
C	Tax paid with application for extension of time to file (Form 8868)							
đ	Backup withholding erroneously withheld 6d							
7	Total credits and payments Add lines 6a through 6d		7				0.	
	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached		8					
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<b>•</b>	9				0.	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<b>&gt;</b>	10					
11	Enter the amount of line 10 to be Credited to 2010 estimated tax	Refunded ▶	11					
_	rt VII-A Statements Regarding Activities							
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	t participate or intervene	ın			Yes	No	
	any political campaign?				1a		X	
b	b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?							
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of a		d or		,,			
	distributed by the foundation in connection with the activities.	,						
c	c Did the foundation file Form 1120-POL for this year?							
	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year							
_	(1) On the foundation ► \$ 0 • (2) On foundation managers ► \$	0.						
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax impo		•					
•	managers ►\$ 0.							
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?				2		x	
-	If "Yes," attach a detailed description of the activities.					-	<u> </u>	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, a	rticles of incorporation (	)r					
_	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	,, .	•		3		Х	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?				4a		X	
	If "Yes," has it filed a tax return on Form 990-T for this year?		N	/A	4b		_==	
	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			,	5	_	X	
•	If "Yes," attach the statement required by General Instruction T.				<del>- 7</del>		<del></del>	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either							
•	By language in the governing instrument, or							
	<ul> <li>By state legislation that effectively amends the governing instrument so that no mandatory directions t</li> </ul>	hat conflict with the state	law					
	remain in the governing instrument?	nat connect with the state	, 1411		6		х	
7	· ·						X	
•	7 Did the foundation have at least \$5,000 in assets at any time during the year?							
0-	If "Yes," complete Part II, col. (c), and Part XV.  Enter the states to which the foundation reports or with which it is registered (see instructions)							
Od	AR			<del></del>				
		rol /or documents\						
D	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney Gene	rai (or designate)	NT	/A	0L		1	
^	of each state as required by General Instruction G? If "No," attach explanation	/0\ o= 40.40/\\/E\ 4== \ \		<i>,</i>	8b			
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)		noar		9		v	
40	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV						X	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their n	ames and addresses			10		$\triangle$	

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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Part VII-B Statements Regarding Activities for Which	Form 4720 May Be I	Required (contin	nued)			
5a During the year did the foundation pay or incur any amount to	·····			. [		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	on 4945(e))?		es X No			
(2) Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly,						
any voter registration drive?	es X No					
(3) Provide a grant to an individual for travel, study, or other similar purpose	s?		es X No			
(4) Provide a grant to an organization other than a charitable, etc., organization				ł		
509(a)(1), (2), or (3), or section 4940(d)(2)?	on addonibad in doction	v	es X No	į.		
(5) Provide for any purpose other than religious, charitable, scientific, literary	r or aducational nurnocae, or	•	65 (21) 140	-		
	, or educational purposes, or		es X No			
the prevention of cruelty to children or animals?	Idar tha ayaantana daaawhad		ES TY IND			
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	•	in Regulations	N/A	- I		
section 53 4945 or in a current notice regarding disaster assistance (see instr	•		N/A ▶□	5b		
Organizations relying on a current notice regarding disaster assistance check						
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption		- /				
expenditure responsibility for the grant?		I/A Y	es L No			
If "Yes," attach the statement required by Regulations section 53 494	• •					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on					
a personal benefit contract?		Y	es X No			
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a	personal benefit contract?		L	6b	X	
If "Yes" to 6b, file Form 8870						
7a At any time during the tax year, was the foundation a party to a prohibited tax	shelter transaction?	Y	es 🛛 No 📗			
b If yes, did the foundation receive any proceeds or have any net income attribu	table to the transaction?		N/A	7b		
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	tees, Foundation Ma	anagers, Highl	У			
1 List all officers, directors, trustees, foundation managers and their	compensation.					
	(b) Title, and average	(c) Compensation	(d) Contributions to	(e)	Ехрепѕе	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	acco	unt, other	
Art Morris	Chairman	Eliter -0-)	compensation	and	owances	
2301 MontClair Ave.						
Siloam Springs, AR 72761	1.00	0.	0.		^	
Lorraine Moss	Secretary		0.		0.	
PO Box 220	Pecierary					
	1 00				^	
Siloam Springs, AR 72761	1.00	0.	0.	ļ	0.	
Glen Jones	Director			l		
416 Spears					_	
Siloam Springs, AR 72761	1.00	0.	0.		0.	
Grady Nichols	Director					
1500 W Jefferson						
Siloam Springs, AR 72761	1.00	0.	0.	ļ. , <u> </u>	0.	
2 Compensation of five highest-paid employees (other than those in	· · · · · · · · · · · · · · · · · · ·	enter "NONE."	1 / n			
(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 deferred compensation	acco	Expense unt, other owances	
NONE			-	1		
	1					
	1					
	<del> </del>		_	<del> </del>		
	1					
	<del>-</del>		_			
	-					
	<u> </u>	1	<u> </u>			
Total number of other employees paid over \$50,000			▶		0	

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Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, e	nter "NONE."	
(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		<b>&gt;</b> (
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant's number of organizations and other beneficiaries served, conferences convened, research papers.	tatistical information such as the produced, etc	Expenses
1 N/A		· · · ·
2		
3		
-		
4		
Part IX-B   Summary of Program-Related Investments		<del></del>
Describe the two largest program-related investments made by the foundation during the tax year	r on lines 1 and 2	Amount
1 N/A		
2		·

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All other program-related investments. See instructions

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	instructions.)
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	889. 4,946.
b	Average of monthly cash balances	1b_	4,946.
	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	5,835.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e 0.		
2	Acquisition indebtedness applicable to line 1 assets	2	<u> </u>
3	Subtract line 2 from line 1d	3	5,835.
4	Cash deemed held for charitable activities  Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	88.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4.	5	5,747.
6	Minimum investment return. Enter 5% of line 5	6	287.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part )	id certain	
1	Minimum investment return from Part X, line 6	1	287.
2a	Tax on investment income for 2009 from Part VI, line 5		
b	Income tax for 2009 (This does not include the tax from Part VI)  2b		
	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	287.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	287.
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	287.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes		15 075
	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1a	15,875. 0.
	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		
	Suitability test (prior IRS approval required)	3a	T-1, U== 1
þ	Cash distribution test (attach the required schedule)	3b	15.055
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	15,875.
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	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	15,875.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years	qualifies for the	section

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#### 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				287.
2 Undistributed income, if any, as of the end of 2009	,, ,,,			
a Enter amount for 2008 only			0.	
b Total for prior years				
		0.		
3 Excess distributions carryover, if any, to 2009				
a From 2004 15,984.				
b From 2005 16,000.				
c From 2006 16,585.				
d From 2007 18,002.				
e From 2008 16,717.				
f Total of lines 3a through e	83,288.			
4 Qualifying distributions for 2009 from				
Part XII, line 4 ►\$ 15,875.				
a Applied to 2008, but not more than line 2a			0.	1 11/11 1 11
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.	· · · · · · · · · · · · · · · · · · ·	a harry data and a con-
c Treated as distributions out of corpus	0			
(Election required - see instructions)	0.		· · · · · · · · · · · · · · · · · · ·	287.
d Applied to 2009 distributable amount	15,588.			287.
e Remaining amount distributed out of corpus	0.		7 H-H-1	0.
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	98,876.			
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				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			·····
8 Excess distributions carryover from 2004	15 004			
not applied on line 5 or line 7	15,984.			
9 Excess distributions carryover to 2010.	02 002			
Subtract lines 7 and 8 from line 6a	82,892.			
10 Analysis of line 9				
a Excess from 2005 16,000. b Excess from 2006 16,585.				
b Excess from 2006 16,585. c Excess from 2007 18,002.				
d Excess from 2008 16,717.				
e Excess from 2009 15,588.				
22,000 110111 2000	<u></u>			Form <b>990-PF</b> (2009)

	e Year or Approved for Future F	Payment		
Recipient  Name and address (home or business)	It recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount
Name and address (nome or business)	or substantial contributor	recipient		<del> </del>
a Paid during the year	or substantial contributor recipient			
See Statement 7				
Total			▶ 3a	15,87
b Approved for future payment				
None				
Total		· · · · · · · · · · · · · · · · · · ·	<b>▶</b> 3b	(

Part XVI-A	Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated	Unrelated	business income		d by section 512, 513, or 514	(e)
g	(a) Business	(b)	(C) Exclu- sion	(d)	Related or exempt
1 Program service revenue	code	Amount	code	Amount	function income
a					
b	_				
c	_	<del></del>			
d	_				
e	_		-		
f	_		-		
g Fees and contracts from government agencies		<del>-</del>			···-
2 Membership dues and assessments			-		
3 Interest on savings and temporary cash			14		
Investments		<u> </u>	14	47.	
4 Dividends and interest from securities			1.4	47.	
5 Net rental income or (loss) from real estate			<del>  -</del>		
a Debt-financed property		_ <del></del>			
<ul> <li>b Not debt-financed property</li> <li>6 Net rental income or (loss) from personal</li> </ul>			<del></del>		
property 7 Other investment income		<del>-</del>			
8 Gain or (loss) from sales of assets other					<del></del>
than inventory	İ		18	<150.	>
9 Net income or (loss) from special events				1130.	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue		<del></del>	<del></del>		
a					
b	l t				
c					
d					
e	-	· <del> · · · - · · · -</del>			<del></del>
12 Subtotal Add columns (b), (d), and (e)		0.		<103.	> 0.
13 Total. Add line 12, columns (b), (d), and (e)			· · · · · ·	13	1.0.0
(See worksheet in line 13 instructions to verify calculations	)				
Line No. Explain below how each activity for which in the foundation's exempt purposes (other the	•		contribut	ed importantly to the accom	plishment of
			-		· · · · · · · · · · · · · · · · · ·
923621 02-02-10	<del> </del>				Form <b>990-PF</b> (2009)

For	n 990-f	PF (2009) The F	Roy Chesney Fun	d	23-739	99932	Pa	ge 13
P	art X\	Information R Exempt Organ		and Transactions a	nd Relationships With Nonch	aritable	9	
1			irectly engage in any of the follow				Yes	No
			c)(3) organizations) or in section		izations?			
а	Trans	fers from the reporting found	lation to a noncharitable exempt	organization of				
	(1) (					1a(1)		X
		Other assets				1a(2)		X
b		transactions						v
		ales of assets to a noncharita				1b(1)		_ <u>X</u>
	٠,		oncharitable exempt organization			1b(2)	-	X
		lental of facilities, equipment,				1b(3)	_	X
		teimbursement arrangements	5			1b(4) 1b(5)		X
		oans or loan guarantees	embership or fundraising solicita	tions		1b(6)		X
C			ailing lists, other assets, or paid e			10		X
d		-			vays show the fair market value of the goods		ets.	
			•		e in any transaction or sharing arrangement			
		• • •	, other assets, or services receive					
(a)	Line no	(b) Amount involved	(c) Name of noncharita	ble exempt organization	(d) Description of transfers, transactions, an	nd sharing ar	rangeme	nts
			N/A	<u> </u>				
		112 7111	<del></del>					
_								
						<u>-</u>		
				1				
_			<del> </del>		+			
_								
_								
_								
	ın sec	tion 501(c) of the Code (others," complete the following sch			zations described	Yes	X	] No
		(a) Name of or	ganization	(b) Type of organization	(c) Description of relation	nship		
		N/A			· · · · · · · · · · · · · · · · · · ·			
_								
			have examined this return, including active than taxpayer or fiduciary) is based		ents, and to the best of my knowledge and belief, it has any knowledge	is true, corre	ct,	
		/ Let Mo	uris	3-3-11	Chairman			
ere	SI	gnature of officer or trustee	/	Date	Title			
Sign Here	Paid Preparer's Use Only	Preparer's signature	hall Thur	on CPN- 1	ate/ // Check if self- employed ► □	arer's identif	ying nun	nber
	Paid spare se On		ston & Company,		EIN ►			
	Pre Us		N. Broadway - oam Springs, AR		Phone no 479-	-524-	611	9

Form **990-PF** (2009)

#### Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

**Employer identification number** 

Name of the organization 23-7399932 The Roy Chesney Fund Organization type (check one): Section: Filers of: 501(c)( Form 990 or 990-EZ ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization X 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions. **General Rule** X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year. ▶ \$

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify

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

that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

	1		1	
Page		of		of Part I

Schedule B	(Form 990,	990-EZ,	or 990-PF)	(2009)

Name of organization

Employer identification number

## The Roy Chesney Fund

23-7399932

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	S.R. Chesney Estate Testamentary Trust PO Box 158 Siloam Springs, AR 72761	\$15,419.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Page

of Part I

Name of organization

Employer identification number

### The Roy Chesney Fund

23-7399932

Part II	Noncash Property (see instructions)		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		     \$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Relationship of transferor to transferee

Transferee's name, address, and ZIP + 4

Form 990-PF Dividend	ds and	Inter	est from	Secui	rities	Statement	1
Source		Gross	Amount		ital Gains ividends	Column (A Amount	۷)
Arvest Asset Management	•		47.		0.		47.
Total to Fm 990-PF, Part I, 1	Ln 4		47.		0.		47.
Form 990-PF	Ac	counti	ng Fees			Statement	2
Description	Expe		(b) Net Invent Inc	est-	(c) Adjusted Net Incom		
Accounting		575.		0.			0.
To Form 990-PF, Pg 1, ln 16b		575.		0.			0.
Form 990-PF		Tax	e <b>s</b>			Statement	3
Description	Expe		(b) Net Inve ment In	est-	(c) Adjusted Net Incom		
Excise Tax		2.		0.			0.
To Form 990-PF, Pg 1, ln 18 =		2.		0.			0.
Form 990-PF	0	ther E	xpenses	<del></del>		Statement	4
Description	Expe	a) nses Books	(b) Net Inverse Inc		(c) Adjusted Net Incom		
Bank Charges		66.		0.			0.
To Form 990-PF, Pg 1, ln 23		66.		0.			0.

Footnotes

Statement

Grants from the Roy Chesney Fund, Inc. are made in accordance with the specifications as outlined in the Will of Roy Chesney which are:

To contribute to organizations relieving the effects of disease and disaster; to organizations which encourage the appreciation of art, music and literature; and to schools for educational purposes.

Grants will be made to non-profit organizations or government agencies, and will not be made to individuals. Grants may not be made to churches for religious purposes.

Grants will be for current expense of such organizations, and will not be made for expenses which are not incurred during the year funded.

Grants are based upon the financial need of the organization as well as the purpose for which the organization will use the funds.

The Fund does not discriminate against any class of persons protected by law.

Form 990-PF	Corporate Bonds		Statem	ent	6
Description		uation Method	Book	Valu	ıe
Fidelity Intermediate Bond Fd	Cost	<del></del>			0.
Total to Form 990-PF, Part II, li	ine 10c				0.
	and Contributions During the Year		Statem	ent	7
Recipient Name and Address	Recipient Relationshi and Purpose of Grant			Amoun	ıt
Sager Creek Arts Center, Siloam Springs, AR 72761	Theater & visual arts	Public charit		1,50	00.
Dogwood Literacy Council, Siloam Springs, AR 72761	Operating expenses	Public charit		2,00	0.
Ministerial Alliance, Siloam Springs, AR 72761	Assistance to needy families	Public charit		1,25	iO.
Community Clinic, Siloam Springs, AR 72761	Operating expenses	Public charity	У	1,00	0.
Siloam Springs Library, Siloam Springs, AR 72761	Operating expenses	Public library		1,00	0.
Siloam Springs Museum Society, Siloam Springs, AR 72761	Operating expenses	Public charity		50	00.

The Roy Chesney Fund			23-7399932
Siloam Springs Public Schools, Siloam Springs, AR 72761	Eye glasses and dental work for needy students	Public school	4,500.
Siloam Springs Writer's Guild, Siloam Springs, AR 72761	Poetry competition	Public charity	1,625.
The Genesis House, Siloam Springs, AR	Operating expenses	Public charity	1,250.
The Manna Center, Siloam Springs, AR 72761	Food assistance to needy families	Public charity	1,250.
Total to Form 990-PF, Part XV, li	ne 3a	_	15,875.

#### Form 8868

(Rev. January 2011)

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.

• If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box

OMB No. 1545-1709

 $\triangleright$  X

Form 8868 (Rev. 1-2011)

	re filing for an Additional (Not Automatic) 3-Month Ex					
Do not co	omplete Part II unless you have already been granted a	ın automa	tic 3-month extension on a previously fi	ied Fo	rm 8868.	
Electroni	c filing (e-file). You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of time t	o file (6	3 months for a corpo	ration
required t	o file Form 990-T), or an additional (not automatic) 3-moi	nth extens	sion of time. You can electronically file F	orm 88	368 to request an ex	tension
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for Trans	sfers /	Associated With Cer	taın
Personal I	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions). For more details on ti	he elec	tronic filing of this fo	orm,
	irs.gov/efile and click on e-file for Charities & Nonprofits					
Part I	Automatic 3-Month Extension of Time	Only su	bmit original (no copies needed).			
	tion required to file Form 990-T and requesting an auton			plete		
Part I only	,				<b>&gt;</b>	
•	corporations (including 1120-C filers), partnerships, REM	ICs, and ti	rusts must use Form 7004 to request ar	exten	sion of time	
	ome tax returns.	·	<i>,</i>			
Type or	Name of exempt organization			Emp	loyer identification	number
print				'	•	
<b>P</b> ······	The Roy Chesney Fund			2	3-7399932	
File by the	Number, street, and room or suite no. If a P.O. box, so	ee instruct	tions			
due date for filing your	c/o Art Morris, 925 S Mt Ol					
return See instructions	City, town or post office, state, and ZIP code. For a fo		ress see instructions			
	Siloam Springs, AR 72761	neigh add	ress, see instructions.			
	D1100m		<del>10</del>			
Enter the	Return code for the return that this application is for (file	a conara	te application for each return)			0 4
Enter the	Neturn code for the return that this application is for the	a separa	te application for each return)			
Annlinati	· · · · · · · · · · · · · · · · · · ·	Return	Application			Return
Application	OII		Is For			
Is For		Code				Code
Form 990		01	Form 990-T (corporation)			07
Form 990		02	Form 1041-A		· · · · · · · · · · · · · · · · · · ·	08
Form 990		03	Form 4720		· · · · · · · · · · · · · · · · · · ·	09
Form 990		04	Form 5227			10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990	-T (trust other than above)	06	Form 8870			12
	Art Morris	C+	Cilear Craires AD	727	(1 0400	
	poks are in the care of $\triangleright$ 925 S Mt Olive	St -		121	61-0400	
	one No. ► (479) 524-5307		FAX No ▶			
	organization does not have an office or place of business				•	
• If this i	s for a Group Return, enter the organization's four digit		<u> </u>		- ,	
box ▶ _	. If it is for part of the group, check this box		ch a list with the names and EINs of all		ers the extension is	for.
1 I red	quest an automatic 3-month (6 months for a corporation	-				
	April 15, 2011 , to file the exemp	t organiza	tion return for the organization named a	bove.	The extension	
ıs fo	or the organization's return for:					
▶Ĺ	calendar year or					
►L	X tax year beginning SEP 1, 2009	, an	d ending AUG 31, 2010		<u>.</u> •	
2 If th	e tax year entered in line 1 is for less than 12 months, c	heck reas	on: 🔲 Initial return 📖 Fina	al retur	n	
	☐ Change in accounting period					
3a If th	is application is for Form 990-BL, 990-PF, 990-T, 4720, o	or 6069, e	nter the tentative tax, less any			
non	refundable credits. See instructions.			3a	\$	0.
b if th	us application is for Form 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			
	mated tax payments made. Include any prior year overp			3b	\$	0.
· · · · · · · · · · · · · · · · · · ·	ance due. Subtract line 3b from line 3a Include your pa					
	using EFTPS (Electronic Federal Tax Payment System).			3с	s	0.
	If you are going to make an electronic fund withdrawal v					

LHA

For Paperwork Reduction Act Notice, see Instructions.