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Return of Private Foundation or Section 4947(a)(1) Nonexempt Charitable Trust

OMB No 1545-0052

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

For	calend	far year 2010, or tax year beginning	,	and ending				<u> </u>	
G	Check a	all that apply Initial return	Initial re	turn of a former public of	chant	ty		Final return	
		Amended return	Add	Iress change		Name	change		
N.	ame of fo	oundation						loyer identification numl -2048561	ber
			NDAT1				B Telep	ohone number (see page 100-830-0156	0 of the instructions)
		nd street (or P O box number if mail is not delivered to str BOX 446	eet address	s) Ro	oom/s	uite	· · · · ·		shook hom
		n, state, and ZIP code		. <u></u> L			1	emption application is pend	· -
	EWI'		042				İ	oreign organizations, check	
_		type of organization: X Section 501(c)(3) exem		foundation				oreign organizations meetir 5% test, check here and att	·
$\ddot{\Box}$				le private foundation			1	vate foundation status was	
I F		ket value of all assets at J Accounting		X Cash Acc	nıal			on 507(b)(1)(A), check here	. . [
		ear (from Part II, col (c), Other (s		000.1	·uui		F If the	foundation is in a 60-mont	h termination
	ne 16) l			be on cash basis.)				r section 507(b)(1)(B), che	⊾ 1
.,,,,,,	art i	Analysis of Revenue and Expenses (The total		(a) Revenue and				<u> </u>	(d) Disbursements
		amounts in columns (b), (c), and (d) may not necessari		expenses per	(b) Net inv		(c) Adjusted net	for charitable
		the amounts in column (a) (see page 11 of the instructi	ons))	books	ĺ	inco	me	Income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedu	ıle)	25,070					
	2	Check ▶ ☐ If the foundation is not required to attack	ch Sch. B						
	3	Interest on savings and temporary cash investme	ents	2,136			2,136		
	4	Dividends and interest from securities					•		
	5a	Gross rents .							
<u>o</u>	ь	Net rental income or (loss)							
Ĭ	6a	Net gain or (loss) from sale of assets not on line 10	assets on line 6a						
Revenue	b	Gross sales price for all assets on line 6a							
Ř	7	Capital gain net income (from Part IV, line 2)	ECEL	16.5 mm 5.31			0		
	8	Net short-term capital gain		**************************************				0	
9-	9	Income modifications	01	100 HIES 5					
2018	10a	Gross sales less returns & allowances	MAR 1	194					
F3	-	Less Cost of goods sold		N UT					
64	"	Gross profit or (loss) (attach schedule)	OGD	EIV					
	1 1 1	Other moome (attack concaute)					2 126		
SensesMIR	12	Total. Add lines 1 through 11 Compensation of officers, directors, trustees, etc.		27,206			2,136	0	
es	14	Other employee salaries and wages	٠.						
S	15	Pension plans, employee benefits	•						,
Ö	16a	Legal fees (attach schedule)						, ,	, ,
Operating and Administratiß E xi	Ь	Accounting fees (attach schedule) STMT	1	1,800			900		
(e)	c	Other professional fees (attach schedule)	_						
rati	17	Interest							
isti	18	Taxes (attach schedule) (see page 14 of the instructions)	Г 2	10,980			341		
Ë	19	Depreciation (attach schedule) and depletion							
퉏	20	Occupancy							
Ϋ́	21	Travel, conferences, and meetings							
anc	22	Printing and publications							
β	23	Other expenses (att sch)							
atir.	24	Total operating and administrative expenses.							
ē		Add lines 13 through 23		12,780			1,241		0
Q	25	Contributions, gifts, grants paid		25,000					25,000
	26	Total expenses and disbursements.Add lines 24 ani	d 25	37,780			1,241	0	25,000
	27	Subtract line 26 from line 12	ا ا						
	a	Excess of revenue over expenses and disburseme	ents	-10,574					······································
	b	Net investment income (if negative, enter -0-)					895		M
	C	Adjusted net income (if negative, enter -0-)	ŀ	I I			1	0	

2 Enter amount from Part I, line 27a

3 Other increases not included in line 2 (itemize)

4 Add lines 1, 2, and 3

5 Decreases not included in line 2 (itemize)

5 SEE STATEMENT 3

2 -10,574

3
4 134,128

6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Form 990-PF (2010)

6

133,729

number of years the foundation has been in existence it less than 5 years	J-3-	
Enter the net value of noncharitable-use assets for 2010 from Part X, line 5	4	139,242
Multiply line 4 by line 3	5	·
Enter 1% of net investment income (1% of Part I, line 27b)	6	9
Add lines 5 and 6	7	9
Enter qualifying distributions from Part XII, line 4	8	25,000
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 See the	
Part VI instructions on page 18		

6 Er

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Form	1990-PF (2010) THE LESTER MCKINLEY FAM. FOUNDATION 41-2048561			P	age 4
P	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see page 18 of the instruc	ctions)			
1a	Exempt operating foundations described in section 4940(d)(2), check here				
	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				9
	here ▶ X and enter 1% of Part I, line 27b				
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of	1			
	Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-)				C
3	Add lines 1 and 2	<u> </u>			9
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				C
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		,		9
6	Credits/Payments ⁻				
а	2010 estimated tax payments and 2009 overpayment credited to 2010 6a				
b	Exempt foreign organizations—tax withheld at source 6b				
С	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d	1			
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				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				9
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be Credited to 2011 estimated tax ▶ Refunded ▶ 11	<u> </u>			
Pa	art VII-A Statements Regarding Activities				,
1a	Dunng the tax year, did the foundation attempt to influence any national, state, or local legislation or did it			Yes	No
	participate or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19				
	of the instructions for definition)?		1b		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities				
С	Did the foundation file Form 1120-POL for this year?		1c		X
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	ŀ			
	(1) On the foundation ▶ \$ (2) On foundation managers. ▶ \$				
θ	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_		X
	If "Yes," attach a detailed description of the activities.				
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? If "Yes," attach a conformed copy of the changes		3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	/-	4a		X
b	•	N/A	4b		<u> </u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	,	5		X
	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that	ŀ		.	ŀ
	conflict with the state law remain in the governing instrument?	}	6	X	
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		
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	ŀ	_	v	ŀ
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	ļ	8Ь	X	<u> </u>
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 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page	Ì	ا ہ		х
10	27)? If "Yes," complete Part XIV	ŀ	9		
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their		10		x
	names and addresses			n DE	

orn	990-PF (2010) THE LESTER MCKINLEY FAM. FOUNDA	TION 41-2	2048561			Page 6
Pi	art VII-B Statements Regarding Activities for Which Form 4	720 May Be Re	quired (conti	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 494)	15(e))?	□ ,	res 🔀 No		
	(2) Influence the outcome of any specific public election (see section 4955), or to	carry on,				
	directly or indirectly, any voter registration drive?			res X No		
	(3) Provide a grant to an individual for travel, study, or other similar purposes?		∪ ,	res 🗓 No		
	(4) Provide a grant to an organization other than a chantable, etc., organization de			<u></u>		
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (see page 22 of the instruc	•	□ ,	res 🗓 No	1 1	
	(5) Provide for any purpose other than religious, chantable, scientific, literary, or e	ducational				
	purposes, or for the prevention of cruelty to children or animals?		. —	res X No	1 1	
b	If any answer is "Yes" to 5a(1)—(5), did any of the transactions fail to qualify under			37 /3	f	1
	Regulations section 53.4945 or in a current notice regarding disaster assistance (s	· -	nstructions)?	N/A	5b	
	Organizations relying on a current notice regarding disaster assistance check here			▶ [_]		1
С	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from	the tax	37/3 D.			
	because it maintained expenditure responsibility for the grant?		N/A 📗 🕆	res No		
٥-	If "Yes," attach the statement required by Regulations section 53 4945-5(d)				i 1	1
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay	premiums	п,	res X No		
h	on a personal benefit contract?	nal hamafit annimat		res X No	6.	x
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a persol if "Yes" to 6b, file Form 8870	nai benetit contract			6b	
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelt	or transportion?	п,	res X No		
	If Yes, did the foundation receive any proceeds or have any net income attributable			res X No N/A	7b	İ
	Information About Officers, Directors, Trustees, Fou					
•	and Contractors	iluation manag	jers, rngmy r	aid Employee	٥,	
1 1	ist all officers, directors, trustees, foundation managers and their compensation	on (see page 22 o	f the instructions	.).		
				(d) Contributions to		
(a) Name and address burning serves the first said after the complex serves the complex s						
		devoted to position	-0-)	plans and deferred compensation	othera	allowances
SE	E ATTACHED SCHEDULE					
	·		0	o	<u> </u>	0
			!			
					<u> </u>	
					<u> </u>	
		}				
2	Compensation of five highest-paid employees (other than those included on	line 1 — see page	23 of the instruc	tions).		
	If none, enter "NONE."	1	ī			
		(b) Title, and average		(d) Contributions to employee benefit	(e) Expe	ense account,
	(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		allowances
				compensation	\vdash	
МО	NE ,					
				· · · · · -	 	
				· · · · · · · · · · · · · · · · · · ·	 	
	•					
						
					İ	
otai	number of other employees paid over \$50,000		L			
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Form 990-PF (2010) THE LESTER MCKINLEY FAM. FOUNDATION	41-2048561	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation and Contractors (continued)	Managers, Highly Paid Emplo	
3 Five highest-paid independent contractors for professional services (see page 23 of the	e instructions). If none, enter "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		>
Part IX-A Summary of Direct Charitable Activities		·
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical informations and other beneficianes served, conferences convened, research papers produced, etc.	ition such as the number of	Expenses
1 N/A		
2		
3	· ·	
4		
Part IX-B Summary of Program-Related Investments (see page 24 o	f the instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and		Amount
1 N/A		
2		
	·	
All other program-related investments See page 24 of the instructions 3		
	·	

Total. Add lines 1 through 3

qualifies for the section 4940(e) reduction of tax in those years

P	Part X Minimum Investment Return (All domestic foundations must complete this part see page 24 of the instructions.)	. Foreign founda	ations,
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
Ь	Average of monthly cash balances	1b	141,362
С		1c	0
d		1d	141,362
е			
	1c (attach detailed explanation)	0	
2	Acquisition indebtedness applicable to line 1 assets	2	0
3	Subtract line 2 from line 1d	3	141,362
4	Cash deemed held for charitable activities Enter 1½ % of line 3 (for greater amount, see page 25 of		
	the instructions)	4	2,120
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	139,242
6_	Minimum investment return. Enter 5% of line 5	6	6,962
P	Part XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) pr	ivate operating	
	foundations and certain foreign organizations check here	, ,	
1	Minimum investment return from Part X, line 6	1 1	6,962
2a	Tax on investment income for 2010 from Part VI, line 5	9	
b			
С	Add lines 2a and 2b	2c	9
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	6,953
4	Recoveries of amounts treated as qualifying distributions	4	•
5	Add lines 3 and 4	5	6,953
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	6,953
Pa	Part XII Qualifying Distributions (see page 25 of the instructions)		
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	25,000
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.,		
	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)	3ь	
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	4	25,000
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	9
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	24,991
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the fo	undation	

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P:	art XIII Undistributed Income (see page 26 o	of the instructions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2010 from Part XI,	Corpus	Years prior to 2009	2009	2010
	line 7				6,953
2	Undistributed income, if any, as of the end of 2010				<u> </u>
а	Enter amount for 2009 only		1	6,940	
b	Total for prior years 20 08 , 20 07 , 20 06	***************************************	17,968		
3	Excess distributions carryover, if any, to 2010				·
а	From 2005			İ	
- -	From 2006				
	From 2007			1	
ں ۔	From 2008				
d				1	
0	From 2009			1	
f	Total of lines 3a through e				
4	Qualifying distributions for 2010 from Part XII,			1	
	line 4 ▶ \$25,000			[
а	Applied to 2009, but not more than line 2a			6,940	
b	Applied to undistributed income of prior years			1	
	(Election required—see page 26 of the instructions)		17,968		
C	Treated as distributions out of corpus (Election			1	
	required—see page 26 of the instructions)				
d	Applied to 2010 distributable amount				92
0	Remaining amount distributed out of corpus				·
5	Excess distributions carryover applied to 2010				
	(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				
b	Pnor years' undistributed income. Subtract				
	line 4b from line 2b				
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				
d	Subtract line 6c from line 6b Taxable				
	amount—see page 27 of the instructions				
0	Undistributed income for 2009. Subtract line				
	4a from line 2a Taxable amount—see page				
	27 of the instructions				
f	Undistributed income for 2010 Subtract lines			-	
•	4d and 5 from line 1 This amount must be				
	distributed in 2011				6,861
7	Amounts treated as distributions out of corpus				
•	to satisfy requirements imposed by section			1	
	170(b)(1)(F) or 4942(g)(3) (see page 27 of the			1	
				1	
	Instructions)				
8	Excess distributions carryover from 2005 not				
	applied on line 5 or line 7 (see page 27 of the			1	
	instructions)		-		
9	Excess distributions carryover to 2011.			1	
	Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9			1	
a	Excess from 2006	_	1	1	
b	Excess from 2007	4		1	
С	Excess from 2008	_		1	
d	Excess from 2009	_		1	
θ	Excess from 2010	<u> </u>	11		

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Pa	irt XIV Private Operating Fou	indations (see pa	age 27 of the instr	uctions and Part	VII-A, question 9)	
1a	If the foundation has received a ruling or o	determination letter that	t it is a private operating	1		
	foundation, and the ruling is effective for 2		-	_	L	
b	Check box to indicate whether the founda		ng foundation described		4942(j)(3) or 494	42(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years	-r	(e) Total
	income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	
	investment return from Part X for				İ	
	each year listed					
b	85% of line 2a					ļ
С	Qualifying distributions from Part XII,					
	line 4 for each year listed	_				
d	Amounts included in line 2c not used directly				i	
	for active conduct of exempt activities					
0	Qualifying distributions made directly					
	for active conduct of exempt activities					
	Subtract line 2d from line 2c		<u> </u>		· 	
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)					
ь	"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					
	secunties 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)		l ,			<u> </u>
	(3) Largest amount of support from					
	an exempt organization .			·		
	(4) Gross investment income				1	
Pa	rt XV Supplementary Inform				d \$5,000 or more i	n assets at
	any time during the ye		of the instruction	s.)		
1	Information Regarding Foundation Man	_				
а	List any managers of the foundation who h					
	before the close of any tax year (but only i $\mathbf{N/A}$	r they have contributed	more than \$5,000) (Se	ee section 507(a)(2))		
	List any managers of the foundation who o	own 10% or more of the	stock of a cornoration	/or an equally large n	ortion of the	
-	ownership of a partnership or other entity)				orabil of the	
	N/A					
2	Information Regarding Contribution, Gr	ant, Gift, Loan, Schol	arship, etc., Programs			
	<u> </u>		preselected charitable		es not accept	
	unsolicited requests for funds If the foundation					
	organizations under other conditions, comp	plete items 2a, b, c, and	b t			
а	The name, address, and telephone number	r of the person to whor	n applications should be	e addressed		
	LESTER MCKINLEY 870-					
	P.O. BOX 446 DEWITT	AR 72042				
b	The form in which applications should be s SEE STATEMENT 4	ubmitted and information	on and materials they s	hould include		
	Any submission deadlines [.] N/A					
	Any restrictions or limitations on awards, si	uch as by geographical	areas, chantable fields	, kinds of institutions.	or other	
	factors		•	·		
	N/A					_
DAA						Form 990-PF (2010)

Form 990-PF (2010) THE LESTER MCKINLEY FAM. FOUNDATION 41-2048561 Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Recipient show any relationship to Purpose of grant or status of Amount any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year ACCESS SCHOOLS 10618 BRECKENRIDGE DRIVE GENERAL OPERATIONS 2,500 LITTLE ROCK AR 72211 ARKANSAS BAR FOUNDATION 2224 COTTONDALE LANE SCHOLARSHIPS FOR STUDENTS 5,000 LITTLE ROCK AR 72202 DEWITT HOSPITAL FOUNDATIO P.O. BOX 32 FUND FOR THE ELDERLY CARE 5,000 DEWITT AR 72042 DEWITT LIBRARY 205 WEST MAXWELL GENERAL OPERATIONS 500 DEWITT AR 72042 FIRST TEE 111 CENTER STREET GENERAL OPERATIONS 5,000 LITTLE ROCK AR 72201 FIRST UNITED METHODIST CH 608 SOUTH GRANDVIEW BUILDING FUND 2,000 DEWITT AR 72042 PARK FOUNDATION, INC. 6915 GEYER SPRINGS ROAD GENERAL OPERATIONS 5,000 LITTLE ROCK AR 72209 ▶ 3a 25,000 Approved for future payment N/A

Total

▶ 3b

	Part XVI-A	Analysis of Income-Producing Activates unless otherwise indicated		ed business income	Exclude	d by section 512, 513, or 514	(e)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See page 28 of
1	_	rvice revenue	<u> </u>				the instructions)
	a`		-	<u></u>	 		
	· —		-		 		
	ď		-		+		
	e ——		-	-			
	f		-		 	-	
		d contracts from government agencies	_		 		
2		dues and assessments	-		†		
		savings and temporary cash investments			14	2,136	
4		nd interest from securities			 		
5	Net rental in	come or (loss) from real estate					·····
	a Debt-fin	anced property			1		
	b Not deb	t-financed property					
6	Net rental in	come or (loss) from personal property					
7	Other invest	ment income					
8	Gain or (loss	s) from sales of assets other than inventory					
		or (loss) from special events					
		or (loss) from sales of inventory					
11	Other reven	ue: a	_				
	b		-		ļ		_
	¢	· · · · · · · · · · · · · · · · · · ·	-	ļ -	<u> </u>		
			-		 		
40	Cubhadal Ad	d a large at the control of the cont	-			0.106	
		d columns (b), (d), and (e)		(الــــــــــــــــــــــــــــــــــــ	2,136	2.12
		ne 12, columns (b), (d), and (e) in line 13 instructions on page 29 to venfy calculation				13	2,13
	art XVI-B	Relationship of Activities to the Ac		nt of Example Du	rnosos		
	Line No. ▼	Explain below how each activity for which income accomplishment of the foundation's exempt purpo	is reported in col	umn (e) of Part XVI-A	contribute		ne
	N/A	instructions)					···
	J., J.	·					
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Part X	(All	Informat Exempt	_	_	nsfers To and	Transactions	s and Relation	onships With	Noncharitab	e		
1 Did	the orga				ın any of the follow	ving with any other	er organization of	described		$\overline{}$	Yes	No
					501(c)(3) organiza							
	anızatıon		oodo (otilici		001(0)(0) 019411121			io pomioui				ĺ
•			dina founda	tion to a non-	chantable exempt	organization of						ĺ
	Cash	on the repo	ing lourida	Morrito a riors	chantable exempt	organization of				1a(1)		х
	Other as	ceate				•				1a(2)		X
	er transa			•			•			14(2)		<u> </u>
			nonebooto	bla avamnt a	raanization					16(1)]]	x
				ble exempt of	•					1b(2)		X
					kempt organization							X
• •		•	• •	or other asse	ıs	•				1b(3) 1b(4)		X
		rsement arra	•		•			•		1b(5)		X
		r loan guara		 								X
					undraising solicitat		•			1b(6) 1c		X
	-			_	er assets, or paid o		(h) abould abus	us show the fair	markat	10	لـــــــل	
		•		•	lete the following s		• •	•				
		-		_	en by the reporting							
				ľ	, show in column (ansactions, and share	una arrana	ments	
(a) Lir	ie no	(a) Amou	nt involved	(c) Name	of noncharitable exen	npt organization	(u) Descri	ption of transfers, ti	ansactions, and sna	ing arrange	anienta	
1/A									 			
												
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		-		•	ith, or related to, or			ons		П.,	1	1
				•	an section 501(c)(3)) or in section 5	527?		•	☐ Y	es X	No
b If"		nplete the fo		edule								
/-		Name of org	anization		(b) Type of c	organization		(c) Descri	ption of relationship			
N/2	3											
					-							
					•							
	Under pe	nalties of perj	ury, I declare	that I have exa	imined this return, inc of preparer (other tha	duding accompanying	ig schedules and s	tatements, and to the	ne best of my knowle	dge and		
ign	beller, it i		, and comple		or preparer (other tha	in taxpayer or nouce	f	I III Offination of white	//	nomicago		
lere		leste	100	Kul		13/	7/11	Lug	tee			
	Sign	ature of office	r or trustee		_	Date		Title			r	
	Print/T	ype preparer's	s name	,		Preparer's signat	ure		Da	le	Check	П _п
aid								0.45		-28-11	self-em	ployed
reparer	BILL	NORRIS		···		صفذفح	Nomio	CPA			<u> </u>	
se Only	Firm's	name ▶ _	HOWLA			A'S				00572		
	Firm's	address 🕨	401 W		•	E 501				1-059		
	<u>l</u>		LITTI	E ROCK	, AR 722	201			Phone no 5	<u>01-37</u>		
										Form 99	0-PF	(2010

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

2010

Name of the organization

Employer identification number

THE LESTER MCH	KINLEY FAM. FOUNDATION	41-2048561			
Organization type (check one	· · · · · · · · · · · · · · · · · · ·				
Filers of:	Section:				
Form 990 or 990-EZ	501(c)() (enter number) organization				
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	n			
	527 political organization				
Form 990-PF	X 501(c)(3) exempt private foundation				
	4947(a)(1) nonexempt chantable trust treated as a private foundation				
	501(c)(3) taxable private foundation				
· •	covered by the General Rule or a Special Rule.), (8), or (10) organization can check boxes for both the General Rule and a Spec	cial Rule See			
	ling Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more e contributor. Complete Parts I and II	(In money or			
Special Rules					
sections 509(a)(1) and	B) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the d 170(b)(1)(A)(vi), and received from any one contributor, during the year, a cont or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line	tribution of the			
the year, aggregate co	7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one ontributions of more than \$1,000 for use exclusively for religious, charitable, science, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.				
the year, contributions aggregate to more that year for an exclusively	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one is for use exclusively for religious, chantable, etc., purposes, but these contribution \$1,000 If this box is checked, enter here the total contributions that were receive religious, chantable, etc., purpose. Do not complete any of the parts unless the ation because it received nonexclusively religious, chantable, etc., contributions	ons did not eived during the e General Rule			
aution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 90-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 nee 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).					

Name of organization

THE LESTER MCKINLEY FAM. FOUNDATION

Employer identification number 41-2048561

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	LESTER MCKINLEY P.O. BOX 446 DEWITT AR 72042	s 25,000	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
NG.	Name, address, and 211 1 4	\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions	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
	Nume, address, and En 14	\$	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)

	٠	Charitable Purpose	v.	۰ 0		Charitable Purpose	w.	w O
	Sees	Adjusted Net		0		Adjusted Net		0
	ting F		w.	₩ ∥	 			ا ۱۳۰
Federal Statements	Part I, Line 16b - Accoun	Statement 1 - Form 990-PF, Part I, Line 16b - Accounting Fees Net Total Investment	006	006	2 - Form 990-PF, Part I, Line 18 - Taxes	Net Investment	341	341
			₩	w.	0-PF, Part I	<u> </u>	ۍ ا	w
	Form 990-PF,		1,800	1,800	ent 2 - Form 99	Total	341	10,980
; ;	ment 1 -		₩	₩.	Statement		ۍ س	ω
41-2048561	State	Description		TOTAL		Description	TAX ON INVESTMENT INCOME EXCISE TAX ON UNDISTRIBUTED INCO	TOTAL

41	 -2	0	4	8	5	6	1

Federal Statements

Statement 3 - Form 990-PF, Part III, Line 5 - Other Decreases

Description	Amount
PENALTIES	\$\$
TOTAL	\$399

Statement 4 - Form 990-PF, Part XV, Line 2b - Application Format and Required Contents

Description

TYPED APPLICATIONS DESCRIBING THE ORGANIZATION'S ACTIVITIES, BUDGETED NEEDS, AND ANY OTHER PERTINENT INFORMATION.

THE LESTER MCKINLEY FAMILY FOUNDATION 41-2048561 LIST OF TRUSTEES/OFFICERS December 31, 2010

FORM 990-PF, PART VIII

NAMES & ADDRESSES(A)	TITLE & AVG HRS WORKED (B)	COMPENSATION (C)	CONTRIBUTION TO EMPLOYEE BENEFIT PLAN (D)	EXPENSES & OTHER ALLOWANCES (E)
LESTER A MCKINLEY P.O. BOX 446 DEWITT, AR 72042	CHAIRMAN OF TRUSTEES 1	0	0	0
JEFFREY MCKINLEY P.O. BOX 446 DEWITT, AR 72042	TRUSTEE 0	0	0	0
MARY KATHERINE MCKINLEY P.O. BOX 446 DEWITT, AR 72042	, TRUSTEE 0	0	0	0
ED MCKINLEY P.O. BOX 446 DEWITT, AR 72042	TRUSTEE 0	0	0	0

Year Ended: December 31, 2010

THE LESTER MCKINLEY FAM. FOUNDATION P.O. Box 446 DEWITT, AR 72042

Treatment of Qualifying Distributions Election

Under IRC Section 4942(h)(2) and Reg. 53.4942(a)-3(d)(2), the nonoperating private foundation elects to treat current year qualifying distributions in excess of the immediately preceding tax year's undistributed income as being made out of:

[X] Undistributed income from the tax years ending:

Tax Year	Amount			
2008_	\$	6,240		
2007_	<u>\$</u>	5,958		
2006	\$	5.770		

[] Corpus

Name LEST

LESTER MCKINLEY

Title CHAIRMAN OF TRUSTEES