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Form **990**

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

The organization may have to use a copy of this return to satisfy state reporting requirements

2010

Open to Public Inspection

<u>A</u>	For the	2010 calendar year, or tax year beginning and ending	ng						
В	Check if	C Name of organization		D Employer ider	tification number				
F.	Addres change	GEORGE W. DONAGHEY FOUNDATION							
	Name Change	Doing Business As		71-	-0201619				
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room	√suite	E Telephone nun	nber				
	Termin	1	0	501-570-3528					
	Ameno	City or town, state or country, and ZIP + 4		G Gross receipts \$	11,971,094.				
	Application	LITTLE ROCK, AR 72201		H(a) Is this a grou	p return				
	pendir	F Name and address of principal officer PHILLIP S. ANDERSON		for affiliates?	Yes X No				
		111 CENTER STREET, SUITE 2200, LITTLE ROC	Κ,	H(b) Are all affiliates	s included? Yes No				
1	Tax _{-exe}	empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attac	h a list (see instructions)				
		e: N/A		H(c) Group exemp					
	Form of art I	organization: Corporation X Trust Association Other ▶ L Summary	_ Year c	of formation: 1929	9 M State of legal domicile: AR				
	1	Briefly describe the organization's mission or most significant activities Provide	fu	nds to Un:	iversity of				
Activities & Governance		Arkansas at Little Rock							
Ē	2	Check this box if the organization discontinued its operations or disposed of	f more	than 25% of its ne	t assets				
o e	3	Number of voting members of the governing body (Part VI, line 1a)			3 7				
<u>ن</u> مع	4	Number of independent voting members of the governing body (Part VI, line 1b)			4 7				
es	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)			50				
Ĭ	6	Total number of volunteers (estimate if necessary)		. [6 0				
Act	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			7a 0.				
_	b	Net unrelated business taxable income from Form 990-T, line 34	 -		<u>7ь </u>				
			<u> </u>	Prior Year	Current Year				
ලා ඉ	8	Contributions and grants (Part VIII, line 1h)	<u> </u>		0. 0.				
NADS Revenue	9	Program service revenue (Part VIII, line 2g)	-		0.				
2 &	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) Other revenue (Part VIII, column (A), lines 5, 6d, 4c, 9c, 10c, and 11e) 1	<u> </u>	<3,070,54					
SCANNED			-	<3,070,543	0.				
-		Total revenue · add lines 8 through 11 (must eatlal Part Vill, column (A), line 12)	 -	1,825,191					
	13	Grants and similar amounts paid (Part IX, column (A), lines 1.3)	\vdash		0. 1,654,057.				
\leq	14	Benefits paid to or for members (Part IX, column (A), (DEN, U) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	-		0. 0.				
© I S∩∀	162	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>		0. 0.				
@ E	h	Total fundraising expenses (Part IX, column (D), line 25)							
~ >□	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)		299,668	330,011.				
03		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)		2,124,85					
وي		Revenue less expenses Subtract line 18 from line 12		<5,195,40					
100	3			ginning of Current Ye					
Assets or	20	Total assets (Part X, line 16)		61,935,77	1. 68,219,803.				
T. C	21	Total liabilities (Part X, line 26)	L_	47,48					
킬		Net assets or fund balances Subtract line 21 from line 20		<u>61,888,28</u>	5. 68,165,347.				
	art II	Signature Block							
		ities of perjury, I declare that I have examined this return, including accompanying schedules and			of my knowledge and belief, it is				
true	e, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of which pr	reparer		11 760				
		Signature of officer		Date J	st 1, 1011				
Sig		'		Date 0					
He	re	PHILLIP S. ANDERSON, SECRETARY Type or print name and title							
		Print/Type preparer's name Preharer's signature		Date, Check	PTIN				
Pai	d	LINDSAY M. THOMAS Judia milan		7/21/11 seif-en	nptoyed				
_	parer	Firm's name L. COTTON THOMAS & CO.		Firm's EIN	>				
Use	Only	Firm's address 620 WEST THIRD ST., STE 400							
_		LITTLE ROCK, AR 72201		Phone no.	(501) 375-9187				
Ma	y the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
032	001 02-2	LHA For Paperwork Reduction Act Notice, see the separate instructions.			Form 990 (2010)				

Form 990 (2010)

Form 990 (2010) GEORGE W. DONAGHEY FOUNDATION

Part IV Checklist of Required Schedules

			T.,	T
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
•	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	1	х
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	<u> </u>		
J	public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	_		
•	during the tax year? If "Yes," complete Schedule C, Part II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	<u> </u>		<u> </u>
Ü	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to			
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	ļ	х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	Ė		
Ū	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		_X_
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII	12a		<u> </u>
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>X</u>
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	446		v
45	and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	14b		<u> </u>
15	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals	15		
10	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
''	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	'		_ _
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		<u>x</u> _
20a	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note . Some Form 990 filers that			
	operate one or more hospitals must attach audited financial statements (see instructions)	20b		
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Form 990 (2010) GEORGE W. DONAGHEY FOUNDATION

Part IV Checklist of Required Schedules (continued)

_			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
_	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ļ
	Schedule J	23	1	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			
	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	4.7		
	instructions for applicable filing thresholds, conditions, and exceptions)			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		<u> X</u>
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		<u>X</u>
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			3.7
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	20		х
21	contributions? If "Yes," complete Schedule M	_30_		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		
O.E.	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
•	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		X
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		_X_
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?	l ,		
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 C	2010)

	Check if Schedule O contains a response to any question in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 0			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re-	eportable gaming			
	(gambling) winnings to prize winners?		1c_		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	s)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b_		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶	<u> </u>			
	See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial A	Accounts		`	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		<u>5a</u>	İ	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ction?	5b	i	X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne organization solicit			
	any contributions that were not tax deductible?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices provided to the payor?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
	to file Form 8282? .	! !	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract.		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h_		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations D		8		
_	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any unie during the year	-		
9	Sponsoring organizations maintaining donor advised funds.		9a		
a	Did the organization make any taxable distributions under section 4966? Did the organization make a distribution to a donor, donor advisor, or related person?		- C-	-	
	Section 501(c)(7) organizations. Enter		90		
10	Initiation fees and capital contributions included on Part VIII, line 12	10a			
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter		ĺ		
 а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against		1		
_	amounts due or received from them)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		<u></u>		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
ь	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b]		
С	Enter the amount of reserves on hand	13c		<u></u>	
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O	14b		
			Form	990	2010)

71-0201619 Form 990 (2010) GEORGE W. DONAGHEY FOUNDATION Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response to any question in this Part VI Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 1a b Enter the number of voting members included in line 1a, above, who are independent 1b 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors or trustees, or key employees to a management company or other person? X X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 Does the organization have members or stockholders? 6 7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body? 7a 7b b Are any decisions of the governing body subject to approval by members, stockholders, or other persons? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8b X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Х organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Х 10a Does the organization have local chapters, branches, or affiliates? b If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization? 10b Х 11a Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 Х 12a Does the organization have a written conflict of interest policy? If "No," go to line 13 12a b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done 12c Х Does the organization have a written whistleblower policy? 13 13 Х Does the organization have a written document retention and destruction policy? 14 14 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a 15b X b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed None Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply Own website Another's website **X** Upon request Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public State the name, physical address, and telephone number of the person who possesses the books and records of the organization

72203

Bart Roach - 501-551-4159 P.O. Box 3546, Little Rock,

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GEORGE W. DONAGHEY FOUNDATION

71-0201619

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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

List persons in the following order: individual trustees or directors; institutional trustees, officers, key employees, highest compensated employees, and former such persons

Check this box if neither the organization (A)	(B)	Jige	C			ابرا.	,out	(D)	(E)	(F)
Name and Title	Average	(C) Position						Reportable	Reportable	Estimated
	hours per	(cl	(check all that apply)				ly)	compensation	compensation	amount of
	week (describe hours for related organizations in Schedule	ustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
Bart Roach	O)	<u> </u>		_			-			
President		X	Ì	Х				0.	0.	0.
Philip S. Anderson									-	
Secretary		X		X				0.	0.	_0.
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Fai	t VII Section A. Officers, Directors, Tru	ustees, Key Er (B)	mple	oyee			Hig <u>h</u>	<u>est</u>			- 		(E)	
	(A) Name and title	Average	(C) Position						(D) Reportable	(E) Reportable	,	F	(F) stimate	ed
	realite and the	hours per week	H				арр	ly)	compensation from	compensation from related	on d	ar	nount other	of
		(describe hours for	individual trustee or director				B		the organization	organization (W-2/1099-MIS			ipensa rom th	
		related	ustee o	Institutional trustee			Highest compensated employee		(W-2/1099-MISC)	,	-	org	janızat	tion
		organizations in Schedule	dd waf tr	tuttona	<u>ت</u>	Key employee	est cor	盲					d relat anızatı	
		O)	Ē	屋	Officer	Key	至島	흅						
						-						_		
												<u></u>		
											_			
											_			
												·		
								_	-					
	Sub-total Sub-total		ļ		L			<u> </u>	0.		0.			0.
	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed al	bov	e) wl	no r	eceived more than \$100),000 ın reportabl	е			0
	compensation from the organization				···								Yes	No
3	Did the organization list any former officer			e, ke	y em	nplo	yee,	or h	highest compensated er	nployee on		3		х
4	line 1a? If "Yes," complete Schedule J for s For any individual listed on line 1a, is the si	um of reportab	le c							the organization		_3_		
5	and related organizations greater than \$15 Did any person listed on line 1a receive or									idual for services	. }	4		X
J	rendered to the organization? If "Yes," con							CIAL	· · · · · · · · · · · · · · · · · · ·			_5		x
Sec	tion B. Independent Contractors													
1	Complete this table for your five highest countries the organization NONE	ompensated in	dep	ende	ent c	ont	racto	ors t	that received more than	\$100,000 of con	npensa	ation f	rom	
	(A) Name and business	address				·			(B) Description of s	services	c	(C ompe	C) nsatioi	n
												_		
				•				7				_		
												_		
							_	_						
							<u>. </u>	_						
	Tatal a unibox of indian and an and a second	(malueline line)				41-				noro than				
2	Total number of independent contractors (\$100,000 in compensation from the organ	-	IOE II	mite	:u 10		ose II O	siec	above) who received if	iore triari				

<u> </u>					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
इ इ	_ <u></u>	Federated campaigns	1a					
Contributions, gifts, grants and other similar amounts		Membership dues	1b					
g,		Fundraising events	1c					
ar a	d		1d					
S,E	е	Government grants (contribut	tions) 1e					
P.S.	f	All other contributions, gifts, gran	· —					
t pu		similar amounts not included abo	1 1					
들	a	Noncash contributions included in lines						
Se	_	Total. Add lines 1a-1f						
				Business Code				
g	2 a							
٦	b							
Sel	c							
e a	d					_		
Program Service Revenue	e					<u> </u>	-	
<u> </u>	f	All other program service reve	enue	_ 				
		Total. Add lines 2a-2f		—		-		
\neg		Investment income (including	dividends, intere	est, and				
1	•	other similar amounts)	,, ,		1.380.708.	1,380,708.		
	4	Income from investment of ta	x-exempt bond r		<u> </u>			
	5	Royalties		.00000				
	•	, toyanioo	(i) Real	(ii) Personal	····			
	6 a	Gross Rents	VIII	(1) (1)				
	b							
	c	5					,	
		Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other		 ''		· · · · · · · · · · · · · · · · · · ·
	, 4	assets other than inventory	10590386					
	ь		20330300					
		and sales expenses	8217208.					
	c		2373178.			i		
İ	d		2373170.		2 373 178	2,373,178.		
	8 a		on events (not		<u> </u>	2,373,170.		
an l	0 4	including \$	of					
Other Revenu		contributions reported on line						
æ		Part IV, line 18	a 10, 000					1
훒	ь	Less: direct expenses	b	 				
٥		: Net income or (loss) from fun	_				'	
1		Gross income from gaming a				 	· · · -	
	5 4	Part IV, line 19	а					
	h	Less direct expenses	b					
i		: Net income or (loss) from gar	_		1			
		Gross sales of inventory, less	=					
	.0 0	and allowances	а					
	ь	Less: cost of goods sold	b					
j		: Net income or (loss) from sale	• –		j			
İ		Miscellaneous Reveni		Business Code			-	
ļ					1			
	b							
						 		
l	-	All other revenue			-	 		=
		Total. Add lines 11a-11d						~
	12	Total revenue. See instructions.			3.753.886.	3.753.886.	0.	0.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).									
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses					
1	Grants and other assistance to governments and									
	organizations in the U.S. See Part IV, line 21	1,654,057.	1,654,057.							
2	Grants and other assistance to individuals in									
	the U.S. See Part IV, line 22									
3	Grants and other assistance to governments,									
	organizations, and individuals outside the U.S.									
	See Part IV, lines 15 and 16									
4	Benefits paid to or for members									
5	Compensation of current officers, directors,									
	trustees, and key employees									
6	Compensation not included above, to disqualified									
	persons (as defined under section 4958(f)(1)) and									
	persons described in section 4958(c)(3)(B)									
7	Other salaries and wages									
8	Pension plan contributions (include section 401(k)									
	and section 403(b) employer contributions)									
9	Other employee benefits				-					
10	Payroll taxes									
11	Fees for services (non-employees)	-								
	Management									
b	Legal									
	Accounting	3,900.		3,900.						
d	Lobbying									
е	Professional fundraising services. See Part IV, line 17									
f	Investment management fees									
g	Other									
12	Advertising and promotion				.					
13	Office expenses	25.		25.						
14	Information technology									
15	Royalties									
16	Occupancy									
17	Travel									
18	Payments of travel or entertainment expenses									
	for any federal, state, or local public officials									
19	Conferences, conventions, and meetings									
20	Interest									
21	Payments to affiliates .									
22	Depreciation, depletion, and amortization									
23	Insurance .									
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule 0.)									
а	Investment Management F	318,836.		318,836.						
b	Insurance Expense	7,250.		7,250.						
С			<u></u>							
d										
е										
f	All other expenses									
25	Total functional expenses. Add lines 1 through 24f	1,984,068.	1,654,057.	330,011.	0.					
26	Joint costs. Check here 🕨 🔲 ıf following SOP									
	98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising									

Pai	rt X	Balance Sheet			
			(A) Beginning of year		(B) End of year
	1	Cash · non-interest-bearing		1	
	2	Savings and temporary cash investments	4,384,275.	2	2,057,129.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Receivables from current and former officers, directors, trustees, key			
		employees, and highest compensated employees Complete Part II			
	,	of Schedule L .		5	
	6	Receivables from other disqualified persons (as defined under section			
]	4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
		employees' beneficiary organizations (see instructions)		6	
Assets	7	Notes and loans receivable, net		7	
Ass	8	Inventories for sale or use		8	
•	9	Prepaid expenses and deferred charges	4,794.	9	4,794.
	10a	Land, buildings, and equipment cost or other			
		basis. Complete Part VI of Schedule D			
	b	Less: accumulated depreciation 10b		10c	
	11	Investments - publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	57,285,082.	12	<u>65,966,323.</u>
	13	Investments - program-related See Part IV, line 11		13	·—
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	261,620.	15	191,557.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	61,935,771.	16	68,219,803.
	17	Accounts payable and accrued expenses	47,486.	17	<u>54,456.</u>
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20_	
es	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,			
ä	ļ	highest compensated employees, and disqualified persons. Complete Part II			
_		of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities Complete Part X of Schedule D	4-4-6	25	
	26	Total liabilities. Add lines 17 through 25	47,486.	26	54,456.
		Organizations that follow SFAS 117, check here X and complete			
ès		lines 27 through 29, and lines 33 and 34.	64 000 005		60 465 045
auc	27	Unrestricted net assets	61,888,285.		68,165,347.
Bal	28	Temporarily restricted net assets		28	
2	29	Permanently restricted net assets		29_	
Ē		Organizations that do not follow SFAS 117, check here			
ğ	l	complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
et	32	Retained earnings, endowment, accumulated income, or other funds	61 000 000	32	60 165 015
~	33	Total net assets or fund balances	61,888,285.	33	68,165,347.
	34	Total liabilities and net assets/fund balances	61,935,771.	34	<u>68,219,803.</u>

7219,803. Form **990** (2010)

Form	990 (2010) GEORGE W. DONAGHEY FOUNDATION	<u> 71-</u>	0201619) F	Page 12	
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI				X	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,75	<u> 3, </u>	886.	
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>4,068.</u>	
3	Revenue less expenses Subtract line 2 from line 1	3			<u>818.</u>	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	61,88	<u> 88,</u>	<u> 285.</u>	
5	Other changes in net assets or fund balances (explain in Schedule O)	5	4,50)7 <u>,</u>	<u> 244.</u>	
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	<u>68,16</u>	55,	<u>347.</u>	
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII			,		
				Ye	s No	
1	Accounting method used to prepare the Form 990 Cash Accrual Other			ł		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	; O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a	<u> </u>	<u> </u>	
b	Were the organization's financial statements audited by an independent accountant?		_2b	<u> </u>	X	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	ļ		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue	d on a				
	separate basis, consolidated basis, or both				1	
	Separate basis Consolidated basis Both consolidated and separate basis					
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aud	dit			
	Act and OMB Circular A-133?		3a	_	X	
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ured aud	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b			

Form **990** (2010)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Part I

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization

GEORGE W. DONAGHEY FOUNDATION

Employer identification number
71-0201619

he o <u>rga</u> r	iization is not a	a private foundation l	because it is (For lines 1	1 through 1	11, check o	only one b	ox)				
1 🔲	A church, co	nvention of churches	s, or association of chur	ches desc	nbed in se	ction 170	(b)(1)(A)(i)	•			
2 🔲	A school des	cribed in section 17	0(b)(1)(A)(ii). (Attach Sc	hedule E)							
з 🔲	A hospital or	a cooperative hospit	tal service organization o	described	n section	170(b)(1)(A)(iiı).				
4 🗔	A medical res	search organization o	perated in conjunction	with a hos	pıtal descr	nbed in se	ction 170	(b)(1)(A)(ii	i). Enter t	the hospital's nar	ne,
	city, and stat	.e									
5 🔲	An organizati	ion operated for the l	benefit of a college or ur	niversity ov	wned or op	erated by	a governr	nental uni	t describe	ed in	
	section 170	(b)(1)(A)(iv). (Comple	ete Part II)								
6 🖳	A federal, sta	ate, or local governme	ent or governmental uni	t described	d in sectio	n 170(b)(1)(A)(v).				
7	An organizati	on that normally rec	eives a substantial part	of its supp	ort from a	governme	ntal unit o	r from the	general į	public described	ın
	section 170((b)(1)(A)(vi). (Comple	te Part II)								
8 🔲	A community	trust described in s	ection 170(b)(1)(A)(vi).	(Complete	Part II)						
9 🗀	An organizati	on that normally rec	eives (1) more than 33 ⁻	1/3% of its	support fr	rom contri	butions, m	nembershi	p fees, ar	nd gross receipts	from
	activities rela	ited to its exempt fur	nctions - subject to certa	ain exception	ons, and (2	2) no more	than 33 1	/3% of its	support	from gross inves	tment
	income and i	unrelated business ta	axable income (less sect	tion 511 ta	x) from bu	sinesses a	cquired b	y the orga	nization a	after June 30, 19	75.
	See section	509(a)(2). (Complete	Part III)								
io 🔲	An organizati	ion organized and op	perated exclusively to te	st for publ	c safety. S	See sectio	n 509(a)(4	l).			
11 🗶	An organizati	ion organized and op	erated exclusively for th	ne benefit (of, to perfo	rm the fur	nctions of,	or to carr	y out the	purposes of one	or
	more publicly	y supported organiza	itions described in section	on 509(a)(⁻	1) or section	n 509(a)(2). See sec	tion 509(a)(3). Che	eck the box that	
	describes the	e type of supporting	organization and compl	ete lines 1	1e through	11h.				_	
	a 🔲 Type	l b	Type II d	с 🗶 Тур	e III - Func	tionally int	egrated		d	Type III · Other	
e X	By checking	this box, I certify tha	t the organization is not	controlled	directly or	r indirectly	by one or	more disc	qualified j	persons other tha	an
	foundation m	nanagers and other the	han one or more publicly	y supporte	d organiza	tions desc	cribed in s	ection 509	(a)(1) or	section 509(a)(2)	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III			
	supporting o	rganization, check th	ns box								لـــا
g	Since Augus	t 17, 2006, has the o	rganization accepted ar	ny gift or c	ontribution	from any	of the follo	owing pers	sons?		
	(i) A perso	n who directly or ind	rectly controls, either al	lone or tog	ether with	persons d	lescribed i	n (ii) and (iii) below,	Yes	No
	the gov	erning body of the si	upported organization?							11g(i)	X
	(ii) A family	member of a persor	n described in (i) above?	•						11g(ii)	X
	(iii) A 35%	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)	X
h	Provide the f	following information	about the supported or	ganızatıon	(s)						
			· · · · · · · · · · · · · · · · · · ·	T							
(i) Name	of supported	(ii) EIN	(iii) Type of organization		organization			(vi) Is organization	the	(vii) Amount o	of
org	anızatıon		(described on lines 1-9		sted in your			(i) organiz	ed in the (support	
			`above or IRC section		document?	-	Support,	U.S	.7		
			(see instructions))	Yes	No	Yes	No	Yes	No		
	rsity										
of Ar	kansas	71-0236904	170(C)(1)	X		X		X		<u>1,654,0</u>	157.
				ļ							
				-	 -			 			_
				 				 		 -	
								Ì			
		-		1	 	<u> </u>	 				
										1 (54 0	
otal			1		L	l	L	I		1,654,0	13/ <u>•</u>

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

Schedule A (Form 990 or 990-EZ) 2010

	A (Form 990 or 990-EZ) 2010		Danadia dia	Oti 470	(h)(d)(A)(i,) am	d 470/E)/4)/A)/	Page 2
Part II	Support Schedule for C	_					-
	(Complete only if you checked fails to qualify under the tests			-	n falled to quality	under Part III If the	organization
Section	A. Public Support						
	ear (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	grants, contributions, and				3-2		
	bership fees received (Do not						
	de any "unusual grants ")						
2 Tax re	evenues levied for the organ-			_			
ızatıo	n's benefit and either paid to						
or ex	pended on its behalf						
3 The v	alue of services or facilities						
furnis	hed by a governmental unit to						
the o	rganization without charge						
4 Total	. Add lines 1 through 3						
5 The p	portion of total contributions						
by ea	ch person (other than a						
gove	nmental unit or publicly		1	,		1	
	orted organization) included		i				
	e 1 that exceeds 2% of the						
	int shown on line 11,						
colun	nn (f) .						
	C SUPPORT. Subtract line 5 from line 4		<u></u>		<u> </u>	<u> </u>	
	B. Total Support	(-) 2006	(h) 2007	(a) 2008	(4) 2000	(a) 2010	(5) Total
	ear (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
	s income from interest,			~			
	ends, payments received on				ļ		
	nties loans, rents, royalties				1]	
	ncome from similar sources						
	ncome from unrelated business						
	ties, whether or not the						
	less is regularly carried on						
	r income Do not include gain					1"	
	s from the sale of capital						
	s (Explain in Part IV)				<u> </u>		
	support. Add lines 7 through 10						
12 Gross	s receipts from related activities,	etc. (see instructi	ons)		 ,	12	
13 First	five years. If the Form 990 is for	the organization'	s first, second, thii	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3)	
orgar	nization, check this box and stop	here					▶□
Section	C. Computation of Publi	c Support Pe	rcentage			· · · · · · · · · · · · · · · · · · ·	
	c support percentage for 2010 (li			column (f))		14	%
15 Publi	c support percentage from 2009	Schedule A, Part	II, line 14			15	%
	3% support test - 2010. If the or	-			14 is 33 1/3% or n	nore, check this bo	x and
-	here. The organization qualifies a		•				▶□
	3% support test - 2009. If the or	=			line 15 is 33 1/3%	or more, check th	s box
and s	stop here. The organization qualit	fies as a publicly	supported organiz	ation			▶∟

17a 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

b 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

Schedule A (Form 990 or 990-EZ) 2010 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II If the organization fails to

quality under the tests listed bel	ow, piease comp	nete Part II)				
Section A. Public Support				1		
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ- ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5					 	
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received				<u> </u>	1	
from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year	ļ					
c Add lines 7a and 7b	-				-	
8 Public support (Subtract line 7c from line 6)			-	*		
Section B. Total Support			<u> </u>			
Calendar year (or fiscal year beginning in)	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6	(a) 2000	(6) 2007	10/2000	(4) 2000	(6)2010	10.00
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses acquired after June 30, 1975						_
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
13 Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	1		L
14 First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth t	ax year as a secti	on 501(c)(3) organia	ation,
check this box and stop here						▶∟_
Section C. Computation of Public						
15 Public support percentage for 2010 (lii	ne 8, column (f) d	ivided by line 13,	column (f))		15	9
16 Public support percentage from 2009					16	9
Section D. Computation of Inves	tment Incom	e Percentage	<u> </u>	<u> </u>		
17 Investment income percentage for 20	10 (line 10c, colur	mn (f) divided by li	ne 13, column (f))		17	9
18 Investment income percentage from 2	.009 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2010. If the	organization did i	not check the box	on line 14, and lin	e 15 is more than	33 1/3%, and line	17 is not
more than 33 1/3%, check this box an						▶□
b 33 1/3% support tests - 2009. If the	organization did r	not check a box o	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	
20 Private foundation. If the organization		-				
Zo rato rodinadaon. n ano organization	u		,			

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes," to Form 990,

Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Open to Public Inspection

OMB No 1545-0047

➤ Attach to Form 990. ➤ See separate instructions.

Name of the organization

Employer identification number

-	GEORGE W. DONAGHEY		/1-0201619
Par			ACCOUNTS. Complete if the
	organization answered "Yes" to Form 990, Part IV, line		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's		Yes No
6	Did the organization inform all grantees, donors, and donor as	_	only
	for charitable purposes and not for the benefit of the donor o		
	impermissible private benefit?		Yes No
Par		anization answered "Yes" to Form 990. Part IV	
1	Purpose(s) of conservation easements held by the organization		<u> </u>
•	Preservation of land for public use (e.g., recreation or e.g.		lly important land area
	Protection of natural habitat	Preservation of a certified h	- •
	Preservation of open space	Treservation of a contined in	istorie structure
0	•	ind accounting contribution in the form of a co	onconviction agreement on the last
2	Complete lines 2a through 2d if the organization held a qualification of the Assurance	led conservation contribution in the form of a co	onservation easement on the last
	day of the tax year		Hold at the End of the Tay Year
	Tabel a such as of access when access and		Held at the End of the Tax Year
a	Total number of conservation easements		2a
p	Total acreage restricted by conservation easements		2b
C	Number of conservation easements on a certified historic stru	• •	2c
q	Number of conservation easements included in (c) acquired a	after 8/17/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel	eased, extinguished, or terminated by the orgai	nization during the tax
	year		
4	Number of states where property subject to conservation eas	· · · · · · · · · · · · · · · · · · ·	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		└ Yes └ No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
7	Amount of expenses incurred in monitoring, inspecting, and e		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(l	
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIV, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the or	ganization's accounting for
	conservation easements		<u> </u>
Pai	t III Organizations Maintaining Collections of	•	Similar Assets.
	Complete if the organization answered "Yes" to Form		
1a	if the organization elected, as permitted under SFAS 116 (AS		
	historical treasures, or other similar assets held for public exh	hibition, education, or research in furtherance of	public service, provide, in Part XIV,
	the text of the footnote to its financial statements that descri	bes these items	
b	If the organization elected, as permitted under SFAS 116 (AS	SC 958), to report in its revenue statement and t	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:		
	(i) Revenues included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treatment	asures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 1		
а	Revenues included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X	•	► \$ ► \$
_	· · · · · · · · · · · · · · · · · · ·		· · · ————

Sche		W. DONAGHE			or Oth				Page 2
3	Using the organization's acquisition, accessi								
Ū	(check all that apply)	on, and other record	o, oncorrany c	, the leading	triat aro a c	ngrimourit c	200 0, 110	00110011	
а	Public exhibition	d	Loan o	or exchange pro	arams				
b	Scholarly research	e			3				
c	Preservation for future generations	_					<u> </u>		
4	Provide a description of the organization's co	ollections and explain	n how they fur	ther the organiz	ation's exe	earua tame	se in Parl	XIV	
5	During the year, did the organization solicit o		-	_					
_	to be sold to raise funds rather than to be ma							Yes	□ No
Par	t IV Escrow and Custodial Arran				ed "Yes" to	Form 990,	Part IV, i		
	reported an amount on Form 990, Par		Ū				,		
1a	Is the organization an agent, trustee, custod	an or other intermed	lary for contrib	outions or other	assets not	ncluded			
	on Form 990, Part X?		-					Yes	☐ No
b	If "Yes," explain the arrangement in Part XIV	and complete the fo	llowing table.						_
								Amount	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			
2a	Did the organization include an amount on F	orm 990, Part X, line	21?					Yes	L_ No
<u> </u>	If "Yes," explain the arrangement in Part XIV.								
Par	t V Endowment Funds. Complete	f the organization ar	swered "Yes"	to Form 990, P	art IV, line	_			
		(a) Current year	(b) Pnor ye	ar (c) Two	ears back	(d) Three y	ears back	(e) Four y	ears back
1a	Beginning of year balance								
b	Contributions								
C	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities		ı	Ì	ļ				
	and programs	· · · · · · · · · · · · · · · · · · ·							
	Administrative expenses								
g	End of year balance		_						
2	Provide the estimated percentage of the year	r end balance held a							
a	Board designated or quasi-endowment		_%						
b	Permanent endowment	%							
C		%							
3a	Are there endowment funds not in the posse	ession of the organiz	ation that are i	neid and admini	istered for t	ine organiz	ation		/ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \
	by								es No
	(i) unrelated organizations							3a(i)	
.	(ii) related organizations b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? 3b								
b 4	Describe in Part XIV the intended uses of the	•		•				3b	
	t VI Land, Buildings, and Equipm			<u>n</u>	. –				
	Description of investment	(a) Cost or c		Cost or other	(c) A	ccumulate	d	(d) Book	value
	Bossipilor of invocation	basis (investr		basis (other)	,	preciation		(a) 200	
1a	Land	(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	- 	· · · /					
b	Buildings								
c	Leasehold improvements								
d	Equipment		<u> </u>	-					
	Other								
	Add lines 1a through 1e (Column (d) must e	equal Form 990 Part	Y column (R)	line 10(c))		_			0.

Sche	dule D (Form 990) 2010 GEORGE W. DONAGHEY FOUNDAT			71-0201619	Page 4
Par	t XI Reconciliation of Change in Net Assets from Form 990 to	Audited Final	ncial State	ements	
1	Total revenue (Form 990, Part VIII, column (A), line 12)		1		
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		
3	Excess or (deficit) for the year Subtract line 2 from line 1		3		
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities		5		
6	Investment expenses		6		
7	Prior period adjustments		7	<u></u>	
8	Other (Describe in Part XIV)		8		
9	Total adjustments (net) Add lines 4 through 8		9		
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		
Par	t XII Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	enue per R	Return	
1	Total revenue, gains, and other support per audited financial statements			1	_
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1			
а	Net unrealized gains on investments	2a	-	1 1	
b	Donated services and use of facilities	2b		1 1	
С	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIV)	2d		<u> </u>	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		1	
þ	Other (Describe in Part XIV)	4b		<u> </u>	
C	Add lines 4a and 4b			4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	
Par	t XIII Reconciliation of Expenses per Audited Financial Statem	ents With Exp	enses per	Return	
1	Total expenses and losses per audited financial statements			1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.	1 1			
а	Donated services and use of facilities	2a		4 1	
b	Prior year adjustments	2b		4	
С	Other losses .	2c		4	
d	Other (Describe in Part XIV.)	2d		┥ _	
е	Add lines 2a through 2d			2e	
3	Subtract line 2e from line 1			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		-	
b	Other (Describe in Part XIV)	4b		- I	
C	Add lines 4a and 4b			4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	_
	rt XIV Supplemental Information			Ib and Ob. Dad 17 has	1 Do=
	plete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part I				3 4, Fart
X, lin	e 2; Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also com	piete triis part to p	TOVICE ally ac	Iditional information	
		<u> </u>		-	

SCHEDULE I (Form 990)

Department of the Treasury

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

2010 2010

Open to Public Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

Internal Revenue Service			▶ Attach to Form 990.	n 990.			Inspection
Name of the organization CEORGE W DONAGHEV	DONAGHEV	FOTTINDATION					Employer identification number 71-0201619
Part General Information on Grants and Assistance	nd Assistance						
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?	o substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or ass	sistance, and the selec	tion Yes X No
2 Describe in Part IV the organization's procedures for from the use or grant forms or the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	omplete if the orga	anization answered "\	res" to Form 990, Part	IV, line 21, for any
recipient that received more than \$5,000. Check this box if no one recipient received more than \$5,000. Part II can be duplicated if additional space is needed	55,000 Check this	box if no one recipier	nt received more th	an \$5,000. Part II	can be duplicated if	additional space is nee	▲ pep
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
Univ, of AR at Little Rock 2801 SOUTH UNIVERSITY AVENUE						_	PROVIDE FUNDS TO UNIVERSITY OF ARKANSAS AT
LITTLE ROCK, AR 72204	71-0236904		1,654,057.	0			LITTLE ROCK
	ind government or	ganizations					
3 Enter total number of other organizations LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	see the Instruct	ions for Form 990.		:			Schedule I (Form 990) (2010

Page 2 Schedule I (Form 990) (2010) (f) Description of non-cash assistance 71-0201619 (book, FMV, appraisal, other) (Form 990) (2010) GEORGE W. DONAGHEY FOUNDATION
Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22
Part III can be duplicated if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance Schedule I (Form 990) (2010) 032102 01-13-11 Part III

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 71-0201619

GEORGE W. DONAGHEY FOUNDATION	71-0201619
Form 990, Part VI, Section B, line 11: FORM 990 IS REVIEW	WED ANNUALLY PRIOR
TO FILING BY THE PRESIDENT AND SECRETARY	
Form 990, Part VI, Section C, Line 19: THE ORGANIZATION F	HAS NEVER BEEN
REQUESTED TO MAKE IT'S GOVERNING DOCUMENTS OR CONFLICT OF	F INTEREST POLICY
AVAILABLE TO THE PUBLIC. FINANCIAL STATEMENTS FOR THE OF	RGANIZATION CONSIST
OF FORM 990 WHICH IS AVAILABLE TO THE PUBLIC THROUGH THE	INTERNAL REVENUE
SERVICE.	
Form 990, Part XI, line 5, Changes in Net Assets:	
INCREASE IN UNREALIZED GAIN	4,507,244.

8868 Form

(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.

OMB No 1545-1709

. If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form) Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870. Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension—check this box and complete Part I only All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns Employer identification number Name of exempt organization Type or 71-0201619 print George W Donaghey Foundation File by the Number, street, and room or suite no. If a P.O. box, see instructions due date for 111 Center Street, Suite 2200 filing your City, town or post office, state, and ZIP code. For a foreign address, see instructions return See Little Rock AR 72201 instructions Enter the Return code for the return that this application is for (file a separate application for each return) 01 Return **Application** Return **Application** Is For Code Is For Code Form 990 01 Form 990-T (corporation) 07 Form 1041-A 08 Form 990-BL 02 Form 990-EZ 03 Form 4720 09 Form 990-PF Form 5227 10 04 Form 6069 Form 990-T (sec 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) Form 8870 12 The books are in the care of ► Bart Roach Telephone No ► (501) 551-4159 FAX No ▶ If the organization does not have an office or place of business in the United States, check this box . If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If it is for part of the group, check this box . . and attach a for the whole group, check this box . . list with the names and EINs of all members the extension is for. I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time , to file the exempt organization return for the organization named above. The extension is for the organization's return for ► X calendar year 2010 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Final return Change in accounting period If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions 3a If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit 3b \$ Balance due. Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO

for payment instructions