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Form 990-PF

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

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

2010

OMB No 1545-0052

| For cale | endar year 2010, or ta | x year beginning | | | , | 2010, and | i end | ing | , 20 |
|--|--|---|---------------|----------------|------------------------|---------------|--|--|--|
| G Che | eck all that apply | Initial return Amended retu | ırn | Initial Reti | urn of a form hange | er public (| | y F ne change | inal return |
| Name | e of foundation | 1 | | 1 / 100/000 0 | a.igo | | | A Employer identif | ication number |
| | | FAMILY FOU | NDATI | ON | | | | 71-616823 | |
| Numb | per and street (or P O b | | | | ddress) | Room/s | suite | B Telephone number | |
| | PO BOX | 8910 | | | | | | 501-888-2 | 2345 |
| City o | or town, state, and ZIP of LITTLE 1 | 219-89 | 910 | | | | C If exemption application check here D 1 Foreign organization | . • | |
| H Che | eck type of organization | | | pt private fou | ndation | | | Foreign organization | |
| | tion 4947(a)(1) nonexe | · | | r taxable priv | | on | | E If private foundation sta | tus was |
| | narket value of all asset | | Accounting | - | Cash X | | l | terminated under section 507(b)(1)(A) check her | |
| | from Part II, col (c), line | | Other (s | specify) | , | J | | F If the foundation is in a | |
| ▶\$ | 2,2 | 53,594. | (Part I, colu | ımn (d) must | be on cash I | pasis) | _ | termination under section 507(b)(1)(B) check her | |
| - | Analysis of Revenue | e and Expenses | | enue and | | | | | (d) Disbursemen |
| | I (The total of amounts (c), & (d) may not nec | | 1 | nses per | | vestment | | (c) Adjusted net | for charitable |
| | amounts in column (a) |) (see instr)) | | ooks | inci | ome | | income | purposes (cash basis only |
| 1 | Contributions, gifts, grants, (attach schedule) | etc , received | 4 | 1,500. | | | | | |
| 2 | ` — | foundation is not | | | | | | | |
| | required to attach Sc | h B | | | | | | | |
| 3 | Interest on savings and tem | p cash investments | | 356. | | 356. | | | 7 |
| 4 | Dividends and interes | st from securities | 4 (| 0,455. | 47 | <u>,</u> 623. | | | |
| 58 | | | | | | | | | _ |
| t | (Net rental income or (loss) |) | | | • | | | | |
| <u>م</u> 6ء | Net gain/(loss) from sale of | assets not on line 10 | (10 | 0,210.) | | | | | |
| Sevenue 7 | Gross sales price for all assets on line 6a | 214,594. | | | | | | | |
| 7 څ | Capital gain net income (fro | m Part IV, line 2) | | | | | | | |
| 8 | Net short-term capita | al gain | | | | | | | |
| 9 | Income modifications | 3 | | | | | L | | |
| 10a | Gross sales less rtns & allowances Less Cost of | | | | | | | | |
| t | goods sold | | | | | | _ | | 7 |
| | Gross profit or (loss) | (attach schedule) | | | 7 | 1.00 | | | _ |
| 11 | Other income (attach | schedüle) | | 5,493. | | ,168. | | · | |
| 12 | | rough(111) | 4. | L,594. | 55 | ,147. | - | | |
| 13 | directors, trustees, etc | (ij) | <u> </u> | | | | + | | <u> </u> |
| _Ω 14 | | | <u> </u> | | | | + | | - |
| ë 15 | Pension plans, emplo Legal fees (attach sc | | | | | | + | | |
| <u>5</u> 100 | a Legal fees (attach sc ο Accounting fees (atta | | | 1,500. | | | + | | - |
| ָּרְ וַנְיּ | Other professional fe | • | | 66. | | 66. | + | | |
| t 17 | | os (allaut suredule) | | | | | + | | |
| Operating and Administrative Expenses 115 166 17 17 18 19 20 21 22 23 24 24 25 25 25 25 25 25 25 25 25 25 25 25 25 | | (see instructions) | - | 1,984. | - | 912. | _ | | |
| = 18 = 19 | | | <u> </u> | -,,,,,,, | | <i>,</i> 12. | + | | |
| E 20 | • | ., and depiction | | | | | \dashv | | |
| 2 21 | • | and meetings | | | | | + | | |
| E 22 | | - | | | · | | \dashv | | |
| E 23 | | | | 611. | | 583. | | | |
| e 24 | | • | | | | | <u> </u> | | |
| 5 | expenses Add lines | | - | 7,161. | 1 | ,561. | . | | |
| 25 | Contributions, gifts, g | - | | 5,750. | _ | <u></u> | | | 166,750 |
| | Total exp & disbursements | | | 3,911. | 1 | ,561. | | | 166,750 |
| 27 | Subtract line 26 from | line 12 | | | | · | | | |
| * | Excess of revenue of and disbursements | over expenses | (132 | 2,317.) | | | | | |
| t | Net investment inco | ome (if neg , enter -0-) | | | 53 | ,586. | \perp | | - |
| | Adjusted net incom | e (if neg enter -0-) | | | | | | | 1 / 1 |

For Paperwork Reduction Act Notice, see the instructions.

BCA

US990P\$1

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Page 2

| Ð | art II | Ralance Sheets | Attached schedules and amounts in the description column should be for | Beginning of year | | End o | of year |
|-----------------------------|---------------------|--|--|------------------------------|---------------|-------|-----------------------|
| - n | | Datatice Streets | end-of-year amounts only (See inst) | (a) Book Value | (b) Book Valu | е | (c) Fair Market Value |
| | 1 | Cash - non-interest-bea | aring | | | | |
| | 2 | Savings and temporary | | 234,542. | 190,26 | 4. | 190,264. |
| | 3 | Accounts receivable ▶_ | 4,273. | | | | |
| | - | Less allowance for dou | ubtful accts ▶ | | 4,27 | 3. | 4,273. |
| | 4 | Pledges receivable ▶ | | | | | |
| | | Less allowance for dou | ubtful accts | | | | |
| | 5 Grants receivable | | | | _ | | |
| | | | | | | | |
| | 6 | Receivables due from o | officers, directors, trustees, and other | | | | |
| | _ | disqualified persons (at | tach schedule) (see the instructions) | | | | |
| | 7 | Other notes and loans receivable (attach schedule) | > | | | | |
| | | Less allowance for doubtful accounts | | | | | |
| ţ | 8 | Inventories for sale or u | use | | | - | |
| Assets | 9 | Prepaid expenses and | deferred charges | 2,911. | 1,83 | 9. | 1,836. |
| Ř | 10a | Investments - US and | state govt obligations (attach schedule) | | | | |
| | b | Investments - corporate | e stock (attach schedule) | 1,518,288. | 1,503,50 | | 1,503,506. |
| | C | Investments - corporate | e bonds (attach schedule) | 189,359. | 287,24 | 9. | 287,249. |
| | 11 | Investments - land, buildings, and equipment basis | • | | 1 | | <u> </u> |
| | | Less accumulated depreciatio (attach schedule) | n • | | | | |
| | 12 | Investments - mortgage | e loans | | | | |
| | 13 | investments - other (att | tach schedule) | 257,806. | 262,17 | 1. | 262,171. |
| | 14 | Land, buildings, and equipmen | at basis | | · | | · |
| | | Less accumulated depreciatio (attach schedule) | n | | | | |
| | 15 | Other assets (describe | ▶OTHER ASSETS) | 6,470. | 4,30 | 5. | 4,305. |
| | 16 | | mpleted by all filers - see the | | | | |
| | 1.0 | instructions Also, see | • | 2,209,376. | 2,253,60 | 7. | 2,253,604. |
| | 17 | Accounts payable and | accrued expenses | | 2,15 | 1. | |
| | 18 | Grants payable | | | | | |
| S | 19 | Deferred revenue | | | | | |
| ≝ | 20 | disqualified persons | ectors, trustees, and other | | | | |
| Liabilities | 21 | | otes payable (attach schedule) | | | | |
| | 22 | Other liabilities (describ | pe▶) | | | | |
| | 1 | | | | | | |
| | 23 | Total liabilities (add lin | nes 17 through 22) | | 2,15 | 1. | |
| | | Foundations that follow | ow SFAS 117, check here ► X | | | |] |
| | | and complete lines 24 | through 26 and lines 30 and 31. | | | | |
| S | 24 | Unrestricted | | 2,209,376. | 2,251,45 | 6. | |
| Š | 25 | Temporarily restricted | | | | | |
| 3ala | 26 | Permanently restricted | _ | | | | |
| Net Assets or Fund Balances | | Foundations that do r | not follow SFAS 117, ck. here ▶ 📗 | | | | |
| Ę | | and complete lines 27 | 7 through 31. | | | | |
| ō | 27 | Capital stock, trust prin | cipal, or current funds | | | | |
| ets | 28 | Paid-in or capital surplu | us, or land, bldg , and equipment fund | | | | <u> </u> |
| SS | 29 | Retained earnings, accumulate | ed income, endowment, or other funds | | | | |
| et / | | | | | | | |
| Z | 30 | Total net assets or fu | nd balances (see the instructions) | 2,209,376. | 2,251,45 | 6. | |
| | 31 | Total liabilities and ne | et assets/fund balances (see the | | | | |
| _ | | instructions) | | 2,209,376. | 2,253,60 | 7. | |
| | | T | nges in Net Assets or Fund Bal | | | | |
| 1 | | | nces at beginning of year - Part II, column | (a), line 30 (must agree | with | | 0 000 575 |
| | | of-year figure reported or | ' ' | | | 1 | 2,209,376. |
| | | amount from Part I, line | | | | 2 | (132,317.) |
| | | | ın line 2 (itemize) ► <u>INCREASE</u> I | N MARKET VAL | UE | 3 | 174,397. |
| 4 | | ines 1, 2, and 3 | | | | 4 | 2,251,456. |
| 5 | | eases not included in line | ·— | 5 10 1 2 2 2 | | 5 | 2 251 456 |
| 6 | ı otal | net assets or fund balar | nces at end of year (line 4 minus line 5) - F | ~art II, column (b), line 30 | u | 6 | 2,251,456. |

| Part IV Capital Gains | and Losses for Tax on Inv | estment Income | e | | |
|-------------------------------------|---|---|---------------------------------------|--|-----------------------|
| | he kind(s) of property sold (e g , re | al estate, | (b)How acquired | (c) Date acquired | (d) Date sold |
| | use, or common stock, 200 shs M | | P - Purchase D - Donation | (mo , day, yr) | (mo , day, yr) |
| 1a SEE SCHEDULE | | | P | VA/RI/OUS | 12/31/2010 |
| b | | | | 111, 111, 002 | |
| | | | + | | |
| <u>c</u> | | · · · · · · · · · · · · · · · · · · · | | | |
| | | · · | | | |
| | | | | | |
| (e) Gross sales price | (f) Depreciation allowed | (g) Cost or o | ther basis | (h) Gair | n or (loss) |
| (e) Gloss sales plice | (or allowable) | plus expen | se of sale | (e) plus (| f) minus (g) |
| a 214,594. | | | 224,804. | | (10,210.) |
| b | | | | † · · · · · · · · · · · · · · · · · · · | |
| | | | | | |
| <u>c</u> | | | | | |
| d | | | | | |
| <u>e</u> | | | | | |
| Complete only for assets sho | owing gain in column (h) and owner | d by the foundation o | n 12/31/69 | (I) Gains (Co | l (h) gain minus |
| (A) E MAN (42/24/60 | (j) Adjusted basis | (k) Excess | s of col (ı) | col (k), but not | less than -0-) or |
| (i) F M V as of 12/31/69 | as of 12/31/69 | over col | (ı). ıf anv | Losses (f | rom col (h)) |
| a | | | 921, | 1 | (10,210.) |
| | | | · · · · · · · · · · · · · · · · · · · | | (10/210./ |
| b | | | | | |
| С | | | | ļ | |
| <u>_d</u> | | | | | |
| е | | | | | |
| 2 Capital gain net income or (r | net capital loss) | also enter in Part I, I i, enter -0- in Part I, Ii | ine 7 | 2 | (10,210.) |
| 3 Net short-term capital gain o | | | | - | (10)110.7 |
| , , | r (loss) as defined in sections 1222 | | _ | | |
| | ne 8, column (c) (see the instructio | ns) | > | | |
| If (loss), enter -0- in Part I, lii | | . <u>.</u> | | 3 | |
| Part V Qualification | Under Section 4940(e) for | Reduced Tax or | <u>ı Net Investm</u> | ent Income | |
| (For optional use by domestic pri | vate foundations subject to the sec | ction 4940(a) tax on r | net investment ind | come) | |
| | | | | | |
| If section 4940(d)(2) applies, lear | ve this part blank | | | | |
| Mor the foundation liable for the | section 4942 tax on the distributat | ale amount of any vo | ar in the base no | und? | ☐ Yes ☐ No |
| | | | • | iou, | ☐ 162 ☐ 140 |
| | qualify under section 4940(e) Do | | | | |
| 1 Enter the appropriate amour | t in each column for each year, se | e the instructions bef | ore making any e | entries | |
| (a) Base period years | (b) | . | Vet value of | Dist | (d) ribution ratio |
| Calendar year (or tax year beg | g in) Adjusted qualifying distribu | | ritable-use asset | | ivided by col (c)) |
| 2009 | | | | | |
| 2008 | | | | | |
| 2007 | | | | | |
| | | | | | |
| 2006 | | | | | |
| 2005 | <u> </u> | | - | | |
| | | | | | |
| 2 Total of line 1, column (d) | | | | 2 | |
| 3 Average distribution ratio for | the 5-year base period - divide the | total on line 2 by 5, | or by the number | | |
| | peen in existence if less than 5 yea | | • | 3 | |
| o. youro and roundarion mad . | , | | | | |
| 4. Enterthe net color of seach | | 2-4 V . I E | | | |
| 4 Enter the net value of nonch | aritable-use assets for 2010 from F | aπ X, line 5 | | 4 | |
| | | | | | |
| 5 Multiply line 4 by line 3 | | | | 5 | ···· |
| | | | | | |
| 6 Enter 1% of net investment i | ncome (1% of Part I, line 27b) | | | 6 | |
| | · · · · · · · · · · · · · · · · · · · | | | | |
| 7 Add lines 5 and 6 | | | | 7 | |
| 7 Add lines 5 and 6 | | | | 7 | |
| | | | | | |
| 8 Enter qualifying distributions | from Part XII, line 4 | | | 8 | |
| If line 8 is equal to or greater | than line 7, check the box in Part | VI, line 1b, and comp | lete that part usi | ng a 1% tax rate See | the Part VI |
| instructions | | | | | |
| | | - | ·· | | |

| | g b | | | | 4 | | |
|----|---|---------|-----|----------|-------|--|--|
| Fo | rm 99Q-PF (2010) HEFLIN FAMILY FOUNDATION 71- | -616 | 823 | () Pa | age 4 | | |
| | art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see th | | | | age 4 | | |
| | Exempt operating foundations described in section 4940(d)(2), check here ▶ 8 enter "N/A" on line 1 | | | | | | |
| | Date of ruling or determination letter (attach copy of letter if necessary - see instr.) | | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ ☐ | | 1 | ,07 | 2. | | |
| | and enter 1% of Part I, line 27b | | | | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter | | | | | | |
| | 4% of Part I, line 12, col (b) | | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0 | | | |
| 3 | Add lines 1 and 2 | | 1 | ,07 | 2. | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | | | 0 | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | 1 | ,07 | 2. | | |
| 6 | Credits/Payments | 1 | | <u>′</u> | | | |
| а | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 2, 911. | | | | | | |
| | Exempt foreign organizations - tax withheld at source 6b | | | | | | |
| | Tax paid with application for extension of time to file (Form 8868) 6c | | | | | | |
| d | Backup withholding erroneously withheld 6d | | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d 7 | | 2 | , 91 | 1. | | |
| 8 | Enter any penalty for underpayment of estimated tax Check here if Form 2220 is attached 8 | | | , , , _ | | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | + | | | | | |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | + | 1 | , 83 | 9 | | |
| | Enter the amount of line 10 to be Credited to 2011 estimated tax 1,839 Refunded 11 | | | , 00 | - • | | |
| | art VII-A Statements Regarding Activities | | _ | | | | |
| | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or | r | | Yes | No | | |
| | intervene in any political campaign? | ľ | 1a | | X | | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see the instructions for | ŀ | | | | | |
| | definition)? | | 1b | | Х | | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | ŀ | | | | | |
| | or distributed by the foundation in connection with the activities | | | | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1 | 1c | | Х | | |
| | 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 ▶ \$ | | | | | | |
| e | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | | | | |
| Ī | on foundation managers \$ | ļ | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | ŀ | 2 | | Х | | |
| | 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 | | Х | | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | ļ | 4a | | X | | |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | Ì | 4b | | | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | Ì | 5 | | Х | | |
| | If "Yes," attach the statement required by General Instruction T | Ì | | | | | |
| 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 conflict with the state law remain in the governing instrument? | | 6 | Х | | | |
| 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 Pa | art X// | 7 | X | | | |
| | Enter the states to which the foundation reports or with which it is registered (see the instructions) | | - | | | | |
| | ► AR | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or | | | | | | |
| _ | designate) of each state as required by General Instruction G? If "No," attach explanation | | 8b | Х | | | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or | } | | | | | |
| | | | 1 | | | | |

Form 990-PF (2010)

names and addresses

4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV in instructions)? If "Yes,"

10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their

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Χ

X

3b

b If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable

if the foundation had excess business holdings in 2010)

| Form 990-PF (2010) HEFLIN FAMILY E | FOUNDATION | | 71-616 | 8230 | Page 6 |
|--|--|---|--|-----------|-------------------------|
| Part VII-B Statements Regarding Acti | vities for Which F | orm 4720 May Be R | equired (continue | d) | |
| 5a During the year did the foundation pay or incu | | | <u> </u> | <u> </u> | · - |
| (1) Carry on propaganda, or otherwise attemp | ot to influence legislatio | n (section 4945(e))? | Yes X N | lo | |
| (2) Influence the outcome of any specific pub | lic election (see section | 4955), or to carry | | | |
| on, directly or indirectly, any voter registra | tion drive? | | ☐ Yes 🏻 N | lo | |
| (3) Provide a grant to an individual for travel, | study, or other similar p | ourposes? | Yes X N | lo | |
| (4) Provide a grant to an organization other th | | | | | |
| in section 509(a)(1), (2), or (3), or section | lo | | | | |
| (5) Provide for any purpose other than religion | | | | | |
| educational purposes, or for the preventio | lo | | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of | Yes X N s described in | | | | |
| Regulations section 53 4945 or in a current no | | | | 5b | |
| Organizations relying on a current notice regal | _ | | • □ | | |
| c If the answer is "Yes" to question 5a(4), does | the foundation claim ex | emption from the | | | |
| tax because it maintained expenditure respons | | • | ☐ Yes ☐ N | lo | |
| If "Yes," attach the statement required by Reg | ulations section 53 494 | 5-5(d) | | | |
| 6a Did the foundation, during the year, receive ar | y funds, directly or indi | rectly, to pay | | | |
| premiums on a personal benefit contract? | | , , , | Yes X N | lo | |
| b Did the foundation, during the year, pay premi | ums, directly or indirect | ly, on a personal benefit c | | 6b | l x |
| If "Yes" to 6b, file Form 8870 | , | , , , | | L 32_1 | |
| 7a At any time during the tax year, was the found | ation a party to a prohit | oited tax shelter transactio | n? ∏ Yes ဩ N | lo | |
| b If "Yes," did the foundation receive any proces | | | | 7b | 1 |
| Part VIII Information About Officers | | | | d Emplo | vees. |
| and Contractors | • | • | | | , , |
| 1 List all officers, directors, trustees, foundation | n managers and their | compensation (see the | instructions). | | |
| (h) Title and average (1) a (d) Contributions to | | | | | |
| (a) Name and address | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) Expen | se account. |
| (a) Name and address | (b) Title, and average hours per week devoted to position | (c) Compensation (If not paid, enter -0-) | employee benefit plans | | se account, lowances |
| (a) Name and address BOO HEFLIN | hours per week | | | | |
| | hours per week devoted to position | | employee benefit plans | | |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN | hours per week devoted to position | (If not paid, enter -0-) | employee benefit plans | | |
| BOO HEFLIN 5 RIBERA PLACE | hours per week devoted to position CO TRUSTEE | (If not paid, enter -0-) | employee benefit plans | | |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN | hours per week devoted to position CO TRUSTEE 1 CO TRUSTEE | (If not paid, enter -0-) | employee benefit plans | | |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR | hours per week devoted to position CO TRUSTEE 1 CO TRUSTEE 1 | (If not paid, enter -0-) | employee benefit plans | | |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN | hours per week devoted to position CO TRUSTEE 1 CO TRUSTEE 1 CO TRUSTEE | (If not paid, enter -0-) 0 | employee benefit plans | | |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE | hours per week devoted to position CO TRUSTEE 1 CO TRUSTEE 1 CO TRUSTEE 1 | (If not paid, enter -0-) 0 | employee benefit plans | | |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES | hours per week devoted to position CO TRUSTEE 1 CO TRUSTEE 1 CO TRUSTEE 1 CO TRUSTEE 1 CO TRUSTEE | (If not paid, enter -0-) 0 0 0 | employee benefit plans and deferred comp | | |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES | hours per week devoted to position CO TRUSTEE 1 CO TRUSTEE 1 CO TRUSTEE 1 CO TRUSTEE 1 CO TRUSTEE | (If not paid, enter -0-) 0 0 0 | employee benefit plans and deferred comp | | |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." | hours per week devoted to position CO TRUSTEE 1 s (other than those in | (If not paid, enter -0-) 0 0 0 | e instructions). (d) Contributions to | | |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." | hours per week devoted to position CO TRUSTEE 1 CO TRUSTEE 1 CO TRUSTEE 1 CO TRUSTEE 1 CO TRUSTEE | (If not paid, enter -0-) 0 0 0 | e instructions). (d) Contributions to employee benefit | (e) Expen | illowances |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." | hours per week devoted to position CO TRUSTEE 1 s (other than those in | (If not paid, enter -0-) 0 0 0 cluded on line 1 - see the | e instructions). (d) Contributions to | (e) Expen | lowances |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." | hours per week devoted to position CO TRUSTEE 1 co TRUSTEE in the second of th | (If not paid, enter -0-) 0 0 0 cluded on line 1 - see the | e instructions). (d) Contributions to employee benefit plans and deferred | (e) Expen | illowances |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position CO TRUSTEE 1 co TRUSTEE in the second of th | (If not paid, enter -0-) 0 0 0 cluded on line 1 - see the | e instructions). (d) Contributions to employee benefit plans and deferred | (e) Expen | illowances |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position CO TRUSTEE 1 co TRUSTEE in the second of th | (If not paid, enter -0-) 0 0 0 cluded on line 1 - see the | e instructions). (d) Contributions to employee benefit plans and deferred | (e) Expen | ilowances |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position CO TRUSTEE 1 co TRUSTEE in the second of th | (If not paid, enter -0-) 0 0 0 cluded on line 1 - see the | e instructions). (d) Contributions to employee benefit plans and deferred | (e) Expen | ilowances |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position CO TRUSTEE 1 co TRUSTEE in the second of th | (If not paid, enter -0-) 0 0 0 cluded on line 1 - see the | e instructions). (d) Contributions to employee benefit plans and deferred | (e) Expen | illowances |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position CO TRUSTEE 1 co TRUSTEE in the second of th | (If not paid, enter -0-) 0 0 0 cluded on line 1 - see the | e instructions). (d) Contributions to employee benefit plans and deferred | (e) Expen | illowances |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position CO TRUSTEE 1 co TRUSTEE in the second of th | (If not paid, enter -0-) 0 0 0 cluded on line 1 - see the | e instructions). (d) Contributions to employee benefit plans and deferred | (e) Expen | illowances |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position CO TRUSTEE 1 co TRUSTEE in the second of th | (If not paid, enter -0-) 0 0 0 cluded on line 1 - see the | e instructions). (d) Contributions to employee benefit plans and deferred | (e) Expen | illowances |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position CO TRUSTEE 1 co TRUSTEE in the second of th | (If not paid, enter -0-) 0 0 0 cluded on line 1 - see the | e instructions). (d) Contributions to employee benefit plans and deferred | (e) Expen | illowances |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position CO TRUSTEE 1 co TRUSTEE in the second of th | (If not paid, enter -0-) 0 0 0 cluded on line 1 - see the | e instructions). (d) Contributions to employee benefit plans and deferred | (e) Expen | illowances |
| BOO HEFLIN 5 RIBERA PLACE SHARON K HEFLIN 1 TERMINIX DR JAY M HEFLIN 20 VALLEY CLUB CIRCLE MARC W HEFLIN 33 VALLEY ESTATES 2 Compensation of five highest-paid employee If none, enter "NONE." (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position CO TRUSTEE 1 CO TRUSTEE 1 CO TRUSTEE 1 CO TRUSTEE 1 s (other than those in (b) Title, and average hours per week devoted to position | (If not paid, enter -0-) 0 0 0 cluded on line 1 - see the | e instructions). (d) Contributions to employee benefit plans and deferred | (e) Expen | illowances |

Form **990-PF** (2010

| Five highest-paid independent contractors for professional services (see the | he instructions). If none, enter "NON | E." |
|---|---------------------------------------|----------------|
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensati |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| otal number of others receiving over \$50,000 for professional services | | • |
| art IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Incl. | ude relevant statistical info such | Fyzzzzzz |
| as the number of organizations and other beneficiaries served, conferences conve | ned, research papers produced, etc | Expenses |
| | | |
| | | - |
| | | - |
| | | |
| | | _ |
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| | | |
| | | _ |
| | | |
| | | |
| | | _ |
| | | |
| | | |
| | e instructions) | |
| Describe the two largest program-related investments made by the foundation d | uring the tax year on lines 1 and 2 | Amount |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| All other program-related investments See instructions | | |
| , in sole, program, control in sole, and in | | |
| | | 1 |
| | | 1 |
| otal. Add lines 1 through 3 | | |
| | | |

| Rart X Minimum Investment Return (All domestic foundations must complete this part Foreign for | ındatıons | , see the instructions) |
|---|-----------|---------------------------------------|
| 1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes | | <u> </u> |
| a Average monthly fair market value of securities | 1a | 1,659,425. |
| b Average of monthly cash balances | 1b | 231,198. |
| c Fair market value of all other assets (see the instructions) | 1c | 42,568. |
| d Total (add lines 1a, b, and c) | 1d | 1,933,191. |
| e Reduction claimed for blockage or other factors reported on lines 1a and 1c | | |
| (attach detailed explanation) 1e | | |
| 2 Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 Subtract line 2 from line 1d | 3 | 1,933,191. |
| 4 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, | | , , , , , , , , , , , , , , , , , , , |
| see the instructions) | 4 | 28,998. |
| 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 1,904,193. |
| 6 Minimum investment return. Enter 5% of line 5 | 6 | 95,210. |
| Part XI Distributable Amount (see the instructions) (Section 4942(j)(3) and (j)(5) private operating four | ndations | |
| and certain foreign organizations check here ▶ □ and do not complete this part) | | |
| 1 Minimum investment return from Part X, line 6 | 1 | 95,210. |
| 2 a Tax on investment income for 2010 from Part VI, line 5 2a 1,072 | | |
| b Income tax for 2010 (This does not include the tax from Part VI) | | |
| c Add lines 2a and 2b | 2c | 1,072. 94,138. |
| 3 Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 94,138. |
| 4 Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 Add lines 3 and 4 | 5 | 94,138. |
| 6 Deduction from distributable amount (see the instructions) | 6 | |
| 7 Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII, line 1 | 7 | 94,138. |
| Part XII Qualifying Distributions (see the instructions) | | |
| 1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| a Expenses, contributions, gifts, etc -total from Part I, column (d), line 26 | 1a | 166,750. |
| 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 | | |
| a Suitability test (prior IRS approval required) | 3a | |
| b Cash distribution test (attach the required schedule) | 3b | |
| 4 Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 166,750. |
| 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 the instructions) | 5 | |
| 6 Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 166,750. |
| Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the | foundati | on |
| qualifies for the section 4940(e) reduction of tax in those years | | |

| Р | an All Undistributed income (see the | e instructions) | | | |
|---|---|-----------------|----------------------------|-------------|--------------------|
| 1 | Distributable amount for 2010 from Part XI, | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
| | line 7 | | | | 94,138. |
| 2 | Undistributed income, if any, as of the end of 2010 | | | | |
| а | Enter amount for 2009 only | | | | |
| b | Total for prior yrs 20 , 20 , 20 | | | | |
| | Excess distribs carryover, if any, to 2010 | | | | |
| | From 2005 55, 932. | | | | |
| | From 2006 32, 249. | | | | |
| | | | | | |
| | | | | | |
| | From 2008 35, 435. | | } | | |
| | From 2009 72,472. | 011 100 | | | |
| | Total of lines 3a through e | 211,190. | | | |
| 4 | Qualifying distributions for 2010 from Part XII, | | | | |
| | line $4 \triangleright \$ 166,750.$ | | | | |
| а | Applied to 2009, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior | | | | |
| | years (Election required - see the instr.) | | | | |
| С | Treated as distributions out of corpus | | | | |
| | (Election required - see the instructions) | | | | |
| d | Applied to 2010 distributable amount | | | | 94,138. |
| | Remaining amt distributed out of corpus | 72,612. | | | 31,130. |
| | Excess distribs carryover applied to 2010 | 72,012. | | | |
| J | • | | | | |
| | (If an amount appears in column (d), the | | | | |
| _ | same amount must be shown in col (a)) | | | | |
| 6 | Enter the net total of each column as | | | | |
| | indicated below: | | | | |
| | Corpus Add lines 3f, 4c, & 4e Subtract line 5 | 283,802. | | | |
| b | Prior 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 the instructions | | | | |
| е | Undistributed income for 2009 Subtract | | | | |
| - | line 4a from line 2a Taxable amount - | | | | |
| | see the instructions | | | | |
| f | Undistributed income for 2010 Subtract | ····· | · | | |
| • | lines 4d and 5 from line 1. This amount | | | | |
| | must be distributed in 2011 | | | | |
| - | | | | | |
| 7 | Amounts treated as distributions out of | | | | |
| | corpus to satisfy requirements imposed by | | | | |
| | section 170(b)(1)(F) or 4942(g)(3) (see the | | | | |
| | instructions) | | | | |
| 8 | Excess distributions carryover from 2005 | | | | |
| | not applied on line 5 or line 7 (see the | | | | |
| | instructions) | 55,932. | | | |
| 9 | Excess distributions carryover to 2011. | | | | |
| | Subtract lines 7 and 8 from line 6a | 227,870. | | | |
| 0 | Analysis of line 9 | | | | |
| а | Excess from 2006 32, 249. | | | | |
| | Excess from 2007 15,102. | | | | |
| | Excess from 2008 35, 435. | | | | |
| | Excess from 2009 72,472. | | | | |
| | Excess from 2010 72,612. | | | | |
| - | 12/012. | | <u> </u> | | |

| P | art XIV Private Operating Found | ations (see the | instructions and Part | VII-A, question 9) | | |
|--------|--|-----------------------|-------------------------|--|------------------------|--------------------|
| ٦а | If the foundation has received a ruling or de | etermination letter t | hat it is a private ope | erating | | |
| | foundation, and the ruling is effective for 20 | 010, enter the date | of the ruling | ▶ | | |
| b | Check box to indicate whether the foundati | on is a private oper | rating foundation des | cribed in section | 4942(j)(| (3) or 4942(j)(5) |
| | Enter the lesser of the adjusted net | Tax year | T | Prior 3 years | | |
| | income from Part I or the minimum investment return from Part X for each year listed | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| h | 85% of line 2a | _ | | | | |
| | Qualifying distributions from Part XII. | | | | | |
| · | line 4 for each year listed | | | | | |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | *3 | | | | |
| е | Qualifying distributions made directly | | | | | |
| | for active conduct of exempt activities | | | | | } |
| | Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the alternative | | | | | |
| | test relied upon | | | | | ļ |
| а | "Assets" alternative test - enter | | | | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying | · - | | | | |
| | under section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | |
| c | "Support" alternative test - enter | | <u> </u> | | | |
| · | (1) Total support other than gross investment income (interest, | | | | | |
| | dividends, rents, payments on securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public and 5 | | | | | |
| | or more exempt organizations as | | | | | |
| | provided in section 4942(j)(3)(B)(iii) | | | | | <u> </u> |
| | (3) Largest amount of support | | | | | |
| | from an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |
| P | art XV Supplementary Informat | | | | had \$5,000 or n | nore in |
| _ | assets at any time during | | e the instruction | <u>is.)</u> | | |
| | Information Regarding Foundation Man | _ | | | | |
| а | List any managers of the foundation who h | | | | red by the foundatio | n before the close |
| ~- | of any tax year (but only if they have contri | | | 507(d)(2)) | | |
| _ | HARON HEFLIN, JAY HEFL | | | | | |
| | List any managers of the foundation who o partnership or other entity) of which the foundation | | · | ration (or an equally la | arge portion of the o | wnership of a |
| | ONE | | | | | |
| 2 | Information Regarding Contribution, Gr | | • • • • | ₹ | | |
| | Check here ► X if the foundation only | | | • | | |
| | requests for funds. If the foundation makes | gifts, grants, etc (| see the instructions) | to individuals or orgai | nizations under othe | er conditions, |
| | complete items 2a, b, c, and d | | | | | |
| а | The name, address, and telephone numbe | r of the person to w | hom applications sho | ould be addressed | | |
| | | | | | | |
| b | The form in which applications should be s | ubmitted and inforr | nation and materials | they should include | | . |
| | | | | | | |
| C | Any submission deadlines | | - | | | |
| _ | | | | | | |
| d _ | Any restrictions or limitations on awards, si | ucn as by geograph | nical areas, charitable | rields, kinds of institu | utions, or other facto | ors |

Part XV Supplementary Information (continued)

| 3 Grants and Contributi | ons Paid Du | | | or Future Payment | |
|---|---|---|---|--|--|
| Recipient | - husanaa) | If recipient is an individual, show any relationship to any foundation manager or substantial contributor | Foundation status of recipient | Purpose of grant or contribution | Amount |
| Name and address (home of | r business) | Or Substantial Contributor | Teoplett | | |
| a Paid during the year AMERICAN SUITE 3 TWENTIET OUACHITA ARKANSAS BLDG A ARKANSAS 1 RIVER CARTI BAPTIST 7 ARKANSAS THREE V POSITIVE 6915 GE ARKANSAS 5600 W COMMUNIT UALR TRO 2801 S | 2 78759- 72221 71998 72209 F 72118 72215 72205 E 72114 GY 72209 1 72204 72034 | BD MEMBER | 501C3 501C3 501C3 501C3 501C3 501C3 501C3 501C3 501C3 501C3 501C3 | HEALTH & EDUCAT CAPITAL CAMPAIG EDUCATION PROGRAM SUPPORT EDUCAION HEALTH HEALTH & EDUCAT EDUCATION HEALTH PROGRAM SUPPORT EDUCATION & REC PROGRAM SUPPORT | 5,000. 14,000. 40,000. 10,000. 1,750. 10,000. 45,000. 10,000. 10,000. 5,000. 5,000. 1,000. |
| | | | | | |
| Total | | | | ▶ 3a | 166,750. |
| b Approved for future payment | | | | , Ja | 100,750. |
| | | | | | • |
| | | | | | |
| Total | | | | ▶ 3b | |

| inter gross | ster gross amounts unless otherwise indicated Unrelated business income Excluded by section 512, 513, or 514 | | | | | | |
|--|---|----------|---|-----------|------------------------------------|--|--|
| | | (a) | (b) | (c) | (d) | Related or exempt | |
| | | Business | Amount | Excl | Amount | function income | |
| 1 Progr | ram service revenue | code | | code | , and and | (See the instructions) | |
| a NA | | | | Couc | | mstructions) | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| d | | | | <u> </u> | | | |
| е | | | | | | | |
| f | | | | | | | |
| g Fees | and contracts from government agencies | | | | | | |
| 2 Mem | bership dues and assessments | | | | | | |
| 3 Interes | t on savings and temporary cash investments | | | | | 356. | |
| 4 Divid | ends and interest from securities | | | | | 40,455. | |
| 5 Net re | ental income or (loss) from real estate | | | | | | |
| | financed property | | | | | | |
| | lebt-financed property | | | | | | |
| | | | | | | | |
| | ental income or (loss) from personal propert | <u>y</u> | | | | | |
| | r investment income | | | 1.0 | | (7.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0 | |
| | r (loss) from sales of assets other than inventory | | | 18 | | (10,210.) | |
| | ncome or (loss) from special events | | | | | | |
| | s profit or (loss) from sales of inventory | | | | | | |
| | rrevenue a INCOME FROM OIL | | | | | | |
| b IN | TAN DRILL COST | 211110 | (2,313.) | | | | |
| c DE | EPLETION | 211110 | (934.) | | | | |
| | | | | | | | |
| е — | | | | | | | |
| · - | | | | | | | |
| 12 Subte | stal Add columns (b) (d) and (a) | | (675) | | | 30 601 | |
| | otal Add columns (b), (d), and (e) | | (675.) | | 4.0 | 30,601. | |
| 13 Total | . Add line 12, columns (b), (d), and (e) | | (675.) | | 13 | 30,601. | |
| 13 Total See works | . Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculati | | | | | 30,601. | |
| 13 Total See works Part XV | . Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculati B Relationship of Activities to | the Acco | omplishment of Ex | | Purposes | 29,926. | |
| 13 Total See works Part XVI Line No. | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculati B Relationship of Activities to Explain below how each activity for wh | the Acco | omplishment of Exs reported in column (e) | of Part X | Purposes (VI-A contributed importa | 29,926. | |
| 13 Total See works Part XVI Line No. ▼ | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculati B Relationship of Activities to Explain below how each activity for wh accomplishment of the foundation's exi | the Acco | omplishment of Exs reported in column (e) | of Part X | Purposes (VI-A contributed importa | 29,926. | |
| Total See works Part XVI Line No. ▼ | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to Explain below how each activity for whaccomplishment of the foundation's explain APPLICABLE | the Acco | omplishment of Exs reported in column (e) | of Part X | Purposes (VI-A contributed importa | 29,926. | |
| Total See works Part XV Line No. A | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculating. B Relationship of Activities to Explain below how each activity for whaccomplishment of the foundation's expectation. NOT APPLICABLE NOT APPLICABLE | the Acco | omplishment of Exs reported in column (e) | of Part X | Purposes (VI-A contributed importa | 29,926. | |
| Total See works Part XVi Line No. A | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculations. Relationship of Activities to Explain below how each activity for whaccomplishment of the foundation's explain APPLICABLE | the Acco | omplishment of Exs reported in column (e) | of Part X | Purposes (VI-A contributed importa | 29,926. | |
| Total See works Part XVi Line No. A | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculating. B Relationship of Activities to Explain below how each activity for whaccomplishment of the foundation's expectation. NOT APPLICABLE NOT APPLICABLE | the Acco | omplishment of Exs reported in column (e) | of Part X | Purposes (VI-A contributed importa | 29,926. | |
| 13 Total See works Part XVI Line No. ▼ A | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B Relationship of Activities to Explain below how each activity for wh accomplishment of the foundation's ex NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE | the Acco | omplishment of Exs reported in column (e) | of Part X | Purposes (VI-A contributed importa | 29,926. | |
| 13 Total See works Part XVI Line No. A | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B Relationship of Activities to Explain below how each activity for wh accomplishment of the foundation's ex NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE | the Acco | omplishment of Exs reported in column (e) | of Part X | Purposes (VI-A contributed importa | 29,926. | |
| 13 Total See works Part XVI Line No. ▼ A | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B Relationship of Activities to Explain below how each activity for wh accomplishment of the foundation's ex NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE | the Acco | omplishment of Exs reported in column (e) | of Part X | Purposes (VI-A contributed importa | 29,926. | |
| 13 Total See works Part XVI Line No. ▼ A | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B Relationship of Activities to Explain below how each activity for wh accomplishment of the foundation's ex NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE | the Acco | omplishment of Exs reported in column (e) | of Part X | Purposes (VI-A contributed importa | 29,926. | |
| Total See works Part XVi Line No. A | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B Relationship of Activities to Explain below how each activity for wh accomplishment of the foundation's ex NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE | the Acco | omplishment of Exs reported in column (e) | of Part X | Purposes (VI-A contributed importa | 29,926. | |
| I3 Total See works Part XVI Line No. ▼ | Add line 12, columns (b), (d), and (e) heet in line 13 instructions to verify calculate B Relationship of Activities to Explain below how each activity for wh accomplishment of the foundation's ex NOT APPLICABLE NOT APPLICABLE NOT APPLICABLE | the Acco | omplishment of Exs reported in column (e) | of Part X | Purposes (VI-A contributed importa | 29,926. | |
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| Pa | rt X\ | Information Exempt Org | | ransfers To and Tra | ansacti | ions an | d Relations | ships With | Noncharit | able | |
| 1 | Did th | | ·· | e in any of the following v | vith any o | other orga | anization descr | ibed in section | | Yes | No |
| | | | |) organizations) or in sect | - | _ | | | | | |
| | | | | ncharitable exempt organ | | - | | | | | |
| | (1) | Cash | | | | | | | 1a(1) | | Х |
| | (2) | Other assets | | | | | | | 1a(2) | | Х |
| ь | Other | transactions | | | | | | | | | |
| | (1) | Sales of assets to a non | charitable exemp | t organization | | | | | 1b(1) | | Х |
| | (2) | Purchases of assets from | m a noncharitable | e exempt organization | | | | | 1b(2) | | X |
| | (3) | Rental of facilities, equip | oment, or other as | ssets | | | | | 1b(3) | | X |
| | (4) | Reimbursement arrange | ements | | | | | | 1b(4) | | X |
| | (5) | Loans or loan guarantee | es | | | | | | 1b(5) | | X |
| | (6) | Performance of services | or membership o | or fundraising solicitations | \$ | | | | 1b(6) | | X |
| c : | Sharın | ig of facilities, equipmen | it, mailing lists, ot | her assets, or paid emplo | yees | | | | 1c | | X |
| d l | f the a | answer to any of the abo | ove is "Yes," comp | olete the following schedu | ıle Colu | mn (b) sh | ould always sh | ow the fair mai | ket value of | the | - |
| (a) Li | | (b) Amount involved | T': : | e value of the goods, othe | <u>-</u> - | | es received of transfers, tra | neactions and | sharing arra | ngom | |
| (a) L | He HO | (b) Amount involved | (c) Name of non | criantable exempt organi | zation (| u)Desc | oi transiers, tra | insactions, and | Snanng arra | ingem | ents |
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| 2a b | sect | • | other than section | d with, or related to, one on 501(c)(3)) or in section s | | ax-exemp | ot organizations | s described in | | es 🏻 | No |
| | | (a) Name of organiza | tion | (b) Type of orga | nization | | (c) | Description of | relationship | | |
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| | | SAGNO | K. Wall | |]1 | .0/ Q9 | /2011 | CO-TRUS | TEE | | |
| | | Signature of officer | | • | | Date | | Title | | | |
| Pai | d naro | Print/Type prep. ROBERT L | | (Preparer's signature | ul. | , I - | ate /19/2011 | Check X 1 | FPTIN P0101 | 404 | |

Use Only Firm's address ▶21 AVIGNON CT LITTLE ROCK AR 72223-

▶ROBERT

Firm's name

Form **990-PF** (2010)

Firm's EIN ▶ 71 - 0639136

Phone no 501-821-6222

self-employed

Preparer

L' TRAMMEL CPA

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, and 990-PF.

OMB No 1545-0047

2010

Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

Name of the organization Employer identification number HEFLIN FAMILY FOUNDATION 71-6168230 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II Special Rules For a section 501(c)(3) organization filing Form 990 or Form 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or Form 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or Form 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

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

HEFLIN FAMILY FOUNDATION 2010 CONTRIBUTIONS MADE

| DONEE | DATE | AMOUNT |
|-------------------------------|------------|---------|
| | | |
| BAPTIST HEALTH FOUNDATION | 7/9/2010 | 35,000 |
| BAPTIST HEALTH FOUNDATION | 9/21/2010 | 10,000 |
| AMERICAN HEART ASSOCIATION | 1/20/2010 | 5,000 |
| TWENTIETH CENTURY CLUB | 4/7/2010 | 7,000 |
| TWENTIETH CENTURY CLUB | 4/21/2010 | 7,000 |
| TROJAN ATHLETIC FOUNDATION | 7/9/2010 | 5,000 |
| ARKANSAS FOOD BANK | 5/27/2010 | 10,000 |
| OUACHITA BAPTIST UNIVERSITY | 5/25/2010 | 40,000 |
| ARKANSAS INDEPENDENT COLLEGES | 5/27/2010 | 1,750 |
| PARK | 7/9/2010 | 10,000 |
| BETHANY CHRISTIAN | 7/9/2010 | 1,000 |
| COMMUNITY CONNECTION | 9/15/2009 | 5,000 |
| ARK SPORTS HALL OF FAME | 7/9/2010 | 10,000 |
| ARKANSAS HOSPICE | 7/9/2010 | 10,000 |
| CARTI | 12/28/2010 | 10,000 |
| | | 166,750 |

HEFLIN FAMILY FOUNDATION 2010 INVESTMENTS SOLD - BOOK BASIS

| | How Acquired | | | | IVIVIO | |
|------------------------------------|--------------------------|------------------|--------------|----------------|---------------|----------------|
| QUANTITY DESCRIPTION | P=Purchased D=Donated | DATE ACQUIRED | DATE SOLD | SALES PRICE | COST BASIS | GAIN (LOSS) |
| | | | | | | |
| 29,000 MORGAN STANLEY 4 3/4% | a | 3/16/2009 | 3/3/2010 | 29,487 75 | 23,567 75 | 5,920 00 |
| 5,000 MS/STRS (MBJ) | _ | 3/23/2005 | 3/30/2010 | 30,056 00 | 50,000 00 | (19,944.00) |
| 6,300 PUTNAM MASTER INT INC TR SBI | a | 6/30/2008 | 4/7/2010 | 37,951 28 | 39,232 16 | (1,28088) |
| 7,200 PUTNAM PREMIER INCOME TR SBI | <u>م</u> | 6/30/2008 | 5/6/2010 | 44,332 74 | 44,653.83 | (321 09) |
| 694 SATURN GLDMN SACH 6% | _ | 3/24/2003 | 11/3/2010 | 17,350 00 | 17,350 00 | ı |
| 2,000 WELLS FARGO 8% | a | 12/18/2007 | 8/18/2010 | 55,416 09 | 50,000 00 | 5,416 09 |
| | | | | | | |

| 214,594 2; | 224,804 | (10,210) |
|------------|---------|----------|
|------------|---------|----------|

71-6168230

| JS 990 | Other | Income | | 20 |
|-------------------------|-------|----------------------|----------------------|------------------------|
| Description | | Revenue and expenses | Investment income | Adjusted net income |
| OSS FROM PARTNERSHIP K- | 1 | per books (675.) | mome | income |
| OM 20-3929653 | _ | 7,168. | 7,168. | |
| | | 6,493. | 7,168. | |
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| Taxes Expenses per books 912. | Net investment income | Adjusted net | 201 Charitable |
|---------------------------------|-----------------------|--------------|-------------------|
| per books | | | |
| 917 | ,,,,,,,,,,, | ıncome | purposes |
| 1 714. | 912. | | |
| 1,072. | | | |
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Name: HEFLIN FAMILY FOUNDATION

ID: 71-6168230

| Туре | Amount |
|---|--------|
| THER EXPENSE | 583 |
| ON DEDUCTIBLE EXPENSE | 28 |
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| Total | 61 |

| HEFLIN FAMILY FOUNDATION INVESTMENT BALANCES AT YEAR END 12/31/2010 INVESTMENTS PREFERRED STOCK: | 2010 BOOK & MARKET VALUE | 2009 BOOK & MARKET VALUE |
|--|--------------------------------------|--------------------------------------|
| WELLS FARGO 8% | | 51,400 |
| COMMON STOCKS: | • | 51,400 |
| BLACK ROCK LTD DURATION | 32,600 | 29,320 |
| DUKE ENERGY CORP | 17,810 | 17,210 |
| MERCK & CO | 36,040 | 36,540 |
| MS/STRS (MBJ) 8% | - | 30,627 |
| PUTNAM MASTER INT INC TR | - | 37,989 |
| PUTNAM PREMIER INCOME TR | - | 44,136 |
| WALMART STORES, INC | 118,646 | 117,590 |
| | 205,096 | 313,412 |
| TOTAL CORPORATE STOCK | 205,096 | 364,812 |
| CORPORATE BONDS: MORGAN STANLEY VERIZON COMMUNICATIONS ALTRIA GROUP INC CATERPILLAR INC | 29,571 27,473 32,980 29,602 | 29,167 26,089 30,904 28,059 |
| BAC CAPITAL TR 5 63% | 49,714 | 48,300 |
| 10NC3Y STEP UP, BY MS | 49,785 | 40,300 |
| GENERAL MOTORS, DUE 05/15/48 | 7.950 | 5,100 |
| SATURNS 6 000%, DUE 02/15/33 | 7,424 | 21,740 |
| WELLS FARGO & CO 7 98% 3/15/18 | 52,750 | 2., |
| | 287,249 | 189,359 |
| | | |
| MUTUAL FUNDS: | | |
| AMERICAN EUROPACIFIC GRW A | 38,060 | 34,788 |
| AMERICAN FUNDAMENTAL INV A | 123,815 | 108,561 |
| AMERICAN GR FD OF AMERICA A AMERICAN NEW PERSPECTIVE A | 578,673 | 515,389 |
| AMERICAN NEW PERSPECTIVE A | <u>557,862</u> 1,298,410 | 494,738 1,153,476 |
| | 1,298,410 | 1,133,470 |
| OTHER INVESTMENTS: | | |
| AIP ABSRT | 223,632 | 215,238 |
| TOTAL AT MORGAN STANLEY | 2,014,387 | 1,922,885 |
| RIDGEWOOD ENERGY - P FUND | 38,539 | 42,568 |
| GRAND TOTAL | 2,052,926 | 1,965,453 |

. US 990 Investments - Other 990-PF: Page 2, Line 13

2010

| 03 990 | 33U-FF. | rage 2, Line 13 | | 2010 |
|--------------------------|---------|--------------------|------------|----------|
| Description | | Basis of valuation | Book value | FMV |
| RIDGEWOOD ENERGY P FUND, | LLC | TAX BASIS | 38,539. | 38,539. |
| AIP ABSRT INVESTMENT | | TAX | 223,632. | 223,632. |
| <u>-</u> | | | 262,171. | 262,171. |
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| Name: HEFLIN FAMILY FOUNDATION | ID: 71-6168230 |
|---|---------------------|
| Description: OTHER ASSETS 2009 | |
| Type INTANGIBLE DRILLING EXPENSE | Amount 11 409 |
| AMORTIZATION OF INTANGIVLE DRILLING EXPENSE | 11,409. (4,939.) |
| | (2,7332.) |
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| Total | 6,470. |

| Name: HEFLIN FAMILY FOUNDATION | ID: 71-6168230 | |
|---|----------------|--|
| Description: OTHER ASSETS - 2010 | | |
| Туре | Amount | |
| INTANGIBLE DRILLING EXPENSE | 11,558. | |
| AMORTIZATION OF INTANGIBLE DRILLING EXPENSE | (7,253.) | |
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| | 4 305 | |
| Total | 4,305. | |

| Name: HEFLIN FAMILY FOUNDATION | סו 71-6168230 | |
|---|---------------|--|
| Description: OTHER PAYABLES | | |
| Type DEPOSIT MADE TO BROKERAGE ACCOUNT IN ERROR | Amount | |
| DEPOSIT MADE TO BROKERAGE ACCOUNT IN ERROR | 2,151. | |
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| Total | 2 151 | |

| US 990 | Other Increases | 2010 |
|---------|--------------------------------|--------------------|
| | Description | Amount |
| NCREASE | IN MARKET VALUE OF INVESTMENTS | 174,384 174,384 |
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