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Return of Private Foundation

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

OMB No 1545-0052

| | | | be able to use a copy of this | | | |
|--|---|---------------------------|------------------------------------|---------------------------------------|--|---|
| For caler | ndar year 2010, or tax year beg | inning DEC | | , and ending | NOV 30, 2011 | |
| G Check | | al return | | rmer public charity | Final return | |
| | Ame | ended return | X Address chan | ge | Name change | |
| Name of | f foundation | | | | A Employer identification | number |
| | | NICE JONE | S CHARITABLE | | | |
| | TRUST #2 | | | | 71-6143264 | |
| Number a | and street (or P O box number if mail | | address) | Room/suite | B Telephone number | |
| | 922 E. EMMA | AVE. | | | (479) 756- | 8090 |
| City or t | own, state, and ZIP code | | | | C If exemption application is p | |
| | SPRINGDALE, | | | | D 1. Foreign organizations | s, check here |
| | | | empt private foundation | | Foreign organizations me check here and attach co | mputation |
| | ection 4947(a)(1) nonexempt ch | | Other taxable private founda | | E If private foundation stat | |
| | arket value of all assets at end o | · | ng method: X Cash | Accrual | under section 507(b)(1) | (A), check here $ ightharpoonup$ |
| • | Part II, col (c), line 16) | Ot Ot | her (specify) | | F If the foundation is in a | |
| ▶ \$ | | | mn (d) must be on cash i | | under section 507(b)(1) | , |
| Part i | (The total of amounts in columns (in necessarily equal the amounts in columns (in necessarily equal the amounts in columns) | b), (c), and (d) may not | (a) Revenue and expenses per books | (b) Net investment income | (c) Adjusted net income | (d) Disbursements for charitable purposes (cash basis only) |
| 1 | Contributions, gifts, grants, etc | • | | | | |
| . 2 | Check X If the foundation is not | required to attach Sch. B | | | · · · · · · · · · · · · · · · · · · · | |
| 3 | Interest on savings and temporary cash investments | | 10,969. | 10,969. | | STATEMENT 1 |
| ' 4 | Dividends and interest from se | ecurities | 21,381. | 21,381. | 21,381. | STATEMENT 2 |
| j 5a | Gross rents | | | | | , |
| ' b | Net rental income or (loss) | | | | | |
| <u> </u> | Net gain or (loss) from sale of assets Gross sales price for all | | -48. | | | |
| enue 7 | assets on line 6a | 74,784. | | | | |
| Bevenue 8 | Capital gain net income (from Part I | V, line 2) | | 0. | | - |
| 8 | Net short-term capital gain | | | <u> </u> | ~ | |
| 9 | Income modifications Gross sales less returns | | | | | |
| 100 | and allowances | | | | | |
| l l | Less Cost of goods sold | | | | | |
| į į | Gross profit or (loss) | | | | | , , |
| 1 | Other income | | 32,302. | 32,350. | 32,350. | |
| 12 | | A | 32,302. | 0. | | 0. |
| 13 | Compensation of officers, directors, Other employee salaries and w | | | | | 0. |
| 1 | Pension plans, employee bene | - | | | | |
| 0 160 | Legal fees | illo | | | | |
| <u>ده. اع</u> | Accounting fees | STMT_3 | 1,000. | 0. | 0. | 0. |
| Š | Other professional-lees [1] | | | | | <u> </u> |
| 9 17 | Interest RECEN | / <u>LU</u> | | | | |
| 18 gi | | STMTO4 | 403. | 0. | 0. | 0. |
| 19 | Taxes Depreciation and deptetion 4 | STMT 204 2012 92 | | | | |
| E 20 | Occupancy | 122 | | | | |
| P 21 | Travel, conferences, and meet | ings | | | | |
| 22 | Printing and publications | | | · · · · · · · · · · · · · · · · · · · | | |
| g 23 | Other expenses | STMT 5 | 10,789. | 0. | 0. | 0. |
| <u>- </u> | Total operating and administ | | | | | |
|) je | expenses. Add lines 13 through | | 12,192. | 0. | 0. | 0. |
| 0 25 | Contributions, gifts, grants pa | ıd | 0. | | | 0. |
| 26 | Total expenses and disburse | ments. | | | | |
| | Add lines 24 and 25 | | 12,192. | _0_ | 0. | 0 . |
| 27 | Subtract line 26 from line 12: | _ | | | | , |
| a | Excess of revenue over expenses a | nd disbursements | 20,110. | | | |
| b | Net investment income (if nega | ative, enter -0-) | | 32,350. | | |
| | Adjusted net income (if negative | | | | 32,350. | |
| 023501 12-07-10 | LHA For Paperwork Reduc | tion Act Notice, see | the instructions | | | Form 990-PF (2010) |

| | HARVEY & BERNICE JONES (390 PF (2010) TRUST #2 | | | 143264 Page 2 |
|-----------------------------|--|-------------------|----------------|-----------------------|
| Par | t II Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only | Beginning of year | End of y | |
| | · —- <u> </u> | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | Cash - non-interest-bearing | 106 005 | 20-21- | 000 612 |
| 2 | Savings and temporary cash investments | 126,937. | 207,847. | 208,613. |
| 3 | Accounts receivable ► | | | |
| | Less: allowance for doubtful accounts ▶ | | | |
| 4 | Pledges receivable ► | | , | |
| | Less: allowance for doubtful accounts | | | |
| ! | F | | | |
| 6 | ,, , | | | |
| | disqualified persons | | | |
| 7 | Other notes and loans receivable | | | |
| | Less: allowance for doubtful accounts | | | |
| ets | | | | |
| Assets | Prepaid expenses and deferred charges | 25 222 | 40.010 | 40.000 |
| 10 | a Investments - U.S. and state government obligations STMT 6 | 35,000. | 42,910. | |
| - } | b Investments - corporate stock STMT 7 | 809,852. | 830,506. | 831,099. |
| | c Investments - corporate bonds STMT 8 | 141,477. | 52,113. | 53,911. |
| 11 | Investments - land, buildings, and equipment, basis | } | | |
| | Less accumulated depreciation | | | |
| 12 | T T T T T T T T T T T T T T T T T T T | | | |
| 13 | | | | |
| 14 | , | | - | |
| | Less accumulated depreciation | | | |
| 18 | Other assets (describe) | | | |
| 16 | Total assets (to be completed by all filers) | 1,113,266. | 1,133,376. | 1,142,525. |
| 17 | Accounts payable and accrued expenses | | | |
| 18 | Grants payable | | | |
| ဖ္က 19 | Deferred revenue | | | |
| ≝ 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| Liabilities 5 | Mortgages and other notes payable | | | |
| <u>ا ا</u> 2 | 2 Other liabilities (describe ▶) | | | 4 |
| | Table 11-1-11-11-1-1-1-1-1-1-1-1-1-1-1-1-1-1 | 0. | 0. | |
| | Total liabilities (add lines 17 through 22) Foundations that follow SFAS 117, check here X X | <u>U.</u> | | |
| | and complete lines 24 through 26 and lines 30 and 31. | | | |
| 8 2 | | 1,113,266. | 1,133,376. | |
| auc 2 | | 1/113/2000 | 1/13/3/3/07 | |
| 18 20 | · | | | |
| 힏다 | Foundations that do not follow SFAS 117, check here | | | |
| <u> </u> | and complete lines 27 through 31. | | | • |
| Ö 2 | · | | | |
| Sets 2 | · · · · · · · · · · · · · · · · · · · | | | |
| S P | The state of the s | | | |
| Net Assets or Fund Balances | · · · · · · · · · · · · · · · · · · | 1,113,266. | 1,133,376. | |
| - | | | | |
| 3 | Total liabilities and net assets/fund balances | 1,113,266. | 1,133,376. | |
| Par | t III Analysis of Changes in Net Assets or Fund Ba | alances | | |
| 1 To | tal net assets or fund balances at beginning of year - Part II, column (a), line (| <u> </u> | | |
| , 10 | tar not appoint or raine balances at beginning or year - rait in, column (a), illie t | | | 1 112 266 |

| 1 | Total net assets or fund balances at beginning of year - Part II, column (a), line 30 | | | |
|---|---|---|----|------------|
| • | (must agree with end-of-year figure reported on prior year's return) | 1 | | 1,113,266. |
| 2 | Enter amount from Part I, line 27a | 2 | | 20,110. |
| 3 | Other increases not included in line 2 (itemize) | 3 | | 0. |
| 4 | Add lines 1, 2, and 3 | 4 | | 1,133,376. |
| 5 | Decreases not included in line 2 (itemize) | 5 | Ľ. | 0. |
| 6 | Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 | 6 | | 1,133,376. |

| | | ST #2 | | | | | 71-61 | .43264 Page 3 |
|-----------------------|---|--|--|--------------------------------------|---------------------------------|--|---------------------------------------|---|
| E | Part IV Capital Gains | and Losses for Tax on li | nvestment | | | | . <u> </u> | |
| | (a) List and described 2-story brick was | ribe the kind(s) of property sold (e.{ irehouse; or common stock, 200 sh | g., real estate, s. MLC Co.) | | · P - | ow acquired (Purchase Donation (| c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
| 1a | 177.810 FNMA G | TD PASSTHRU REMI | C | | | 1 | 0/06/09 | 10/25/11 |
| b | 4605.65 FNMA G | TD PASSTHRU REMI | I.C | | | 1 | 0/06/09 | 11/25/11 |
| C | 20000 MIDFIRST | BK OKC CD | | | | C | 6/18/09 | 12/20/10 |
| d | 50000 PROTECTI | VE LIFE SECD TRS | INT | | | 0 | 1/24/08 | 01/18/11 |
| _e | 9 | | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | st or other basis expense of sale | | | (h) Gain or (lo (e) plus (f) minu | |
| 8 | 178. | | | 18 | 0. | | | -2. |
| ь | 4,606. | | | 4,65 | 2. | | | -46 |
| | 20,000. | | | 20,00 | 0. | | | 0. |
| d | 50,000. | | | 50,00 | 0. | | | 0. |
| е | . | | | | | | | |
| | Complete only for assets showing | ng gain in column (h) and owned by | the foundation | on 12/31/69 | | | Gains (Col. (h) ga | |
| | (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | | cess of col. (1) col. (1), if any | | | k), but not less t Losses (from co | |
| а | a | | | | | | | -2 |
| |) | | | | | | | -46 |
| | C | | | | | | | 0 . |
| _ | d | | | | | | | 0 |
| e | 9 | | | | | | | |
| 2 | Capital gain net income or (net ca | apital loss) { If gain, also ente | er in Part I, line 0- in Part I, line | 7 7 | } | 2 | | -48 |
| 3 | Net short-term capital gain or (los | ss) as defined in sections 1222(5) a | | | | | | |
| ٠ | If gain, also enter in Part I, line 8, | | (0). | | J | | | |
| | If (loss), enter -0- in Part I, line 8 | | | | Л. | 3 | - | 0. |
| LF | Part V Qualification U | Inder Section 4940(e) fo | r Reduced | I Tax on Net | Inve | stment Inco | me | |
| (F | or optional use by domestic private | e foundations subject to the section | 4940(a) tax on | net investment in | come. |) | | |
| 15 | section 4040(d)(0) applies legis t | hio nort blook | | | | | | |
| 11.3 | section 4940(d)(2) applies, leave t | his part blank. | | | | | | |
| W | as the foundation liable for the sec | tion 4942 tax on the distributable ar | mount of any y | ear in the base peri | iod? | | | Yes X No |
| <u>lf'</u> | "Yes," the foundation does not qua | lify under section 4940(e). Do not c | omplete this pa | art | | | | Yes _A_ No |
| 1 | Enter the appropriate amount in | each column for each year: see inst | | | | | | Yes A No |
| | (a) Base period years | cucii coluillii for cucii your, soc mot | ructions before | making any entrie | s. | | | Yes A NO |
| | | | ructions before | making any entrie | (c) | | Due | |
| | Base period years Calendar year (or tax year beginni | (b) | | | (c) | table-use assets | Dis (col. (b) | (d) atribution ratio divided by col. (c)) |
| _ | Base period years Calendar year (or tax year beginni 2009 | ng in) Adjusted qualifying di | | | (c) nchari | table-use assets | (col. (b) | (d) |
| _ | Calendar year (or tax year beginni | ng in) Adjusted qualifying di | stributions | | (c) nchari | | (col. (b) | (d) tribution ratio divided by col. (c)) |
| _ | Calendar year (or tax year beginni 2009 2008 | ng in) Adjusted qualifying di | stributions L1,943. | | (c) ncharr 1, | 044,790. 897,063. | (col. (b) | (d) stribution ratio divided by col. (c)) • 011433 |
| | 2009 2008 2007 | ng in) Adjusted qualifying di | stributions 11,943. 0. 17,000. | | (c) nchari 1, | 044,790. 897,063. 045,357. | (col. (b) | (d) stribution ratio divided by col. (c)) . 011433 . 000000 . 016263 |
| | 2009 2008 2007 2006 | ng in) Adjusted qualifying di | stributions L1,943. 0. L7,000. L1,000. | | (c) nchari 1, | 044,790. 897,063. 045,357. 204,440. | (col. (b) | (d) tribution ratio divided by col. (c)) |
| | 2009 2008 2007 | ng in) Adjusted qualifying di | stributions 11,943. 0. 17,000. | | (c) nchari 1, | 044,790. 897,063. 045,357. | (col. (b) | (d) stribution ratio divided by col. (c)) . 011433 . 000000 . 016263 |
| | 2009 2008 2007 2006 2005 | ng in) Adjusted qualifying di | stributions L1,943. 0. L7,000. L1,000. | | (c) nchari 1, | 044,790. 897,063. 045,357. 204,440. | (col. (b) | (d) stribution ratio divided by col. (c)) . 011432 . 000000 . 016262 . 009133 . 030423 |
| | 2009 2008 2007 2006 2005 Total of line 1, column (d) | ng in) Adjusted qualifying di | stributions 11,943. 0. 17,000. 11,000. 34,246. | Net value of nor | (c) nchari 1, 1, 1, | 044,790. 897,063. 045,357. 204,440. 125,720. | (col. (b) | (d) tribution ratio divided by col. (c)) |
| | 2009 2008 2007 2006 2005 Total of line 1, column (d) Average distribution ratio for the | ng in) Adjusted qualifying dr | stributions 11,943. 0. 17,000. 11,000. 34,246. | Net value of nor | (c) nchari 1, 1, 1, | 044,790. 897,063. 045,357. 204,440. 125,720. | (col. (b) | (d) stribution ratio divided by col. (c)) . 011433 . 000000 . 016263 . 009133 . 030423 |
| | 2009 2008 2007 2006 2005 Total of line 1, column (d) | ng in) Adjusted qualifying dr | stributions 11,943. 0. 17,000. 11,000. 34,246. | Net value of nor | (c) nchari 1, 1, 1, | 044,790. 897,063. 045,357. 204,440. 125,720. | (col. (b) | (d) stribution ratio divided by col. (c)) . 011432 . 000000 . 016262 . 009133 . 030423 |
| 3 | 2009 2008 2007 2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe | ng in) Adjusted qualifying dr | stributions L1,943. 0. L7,000. L1,000. 34,246. on line 2 by 5, | Net value of nor | (c) nchari 1, 1, 1, | 044,790. 897,063. 045,357. 204,440. 125,720. | (col. (b) | (d) stribution ratio divided by col. (c)) . 011433 . 000000 . 016263 . 009133 . 030423 |
| 3 | 2009 2008 2007 2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe | (b) Adjusted qualifying di 5-year base period - divide the total noce if less than 5 years | stributions L1,943. 0. L7,000. L1,000. 34,246. on line 2 by 5, | Net value of nor | (c) nchari 1, 1, 1, | 044,790. 897,063. 045,357. 204,440. 125,720. | (col. (b) | (d) ctribution ratio divided by col. (c)) . 011432 . 000000 . 016262 . 009132 . 030422 . 067247 |
| 3 4 5 | 2009 2008 2007 2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe | Adjusted qualifying drawning in) Adjusted qualifying drawning dra | stributions L1,943. 0. L7,000. L1,000. 34,246. on line 2 by 5, | Net value of nor | (c) nchari 1, 1, 1, | 044,790. 897,063. 045,357. 204,440. 125,720. | (col. (b) | .013449 |
| 3 4 5 | 2009 2008 2007 2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharitat Multiply line 4 by line 3 | Adjusted qualifying drawning in) Adjusted qualifying drawning dra | stributions L1,943. 0. L7,000. L1,000. 34,246. on line 2 by 5, | Net value of nor | (c) nchari 1, 1, 1, | 044,790. 897,063. 045,357. 204,440. 125,720. | (col. (b) | (d) stribution ratio divided by col. (c)) .011433 .0000000 .016263 .009133 .030423 .067244 .013449 1,102,016 |
| 3 4 5 | 2009 2008 2007 2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharitat Multiply line 4 by line 3 | Adjusted qualifying drawning in) Adjusted qualifying drawning dra | stributions L1,943. 0. L7,000. L1,000. 34,246. on line 2 by 5, | Net value of nor | (c) nchari 1, 1, 1, | 044,790. 897,063. 045,357. 204,440. 125,720. | (col. (b) | (d) stribution ratio divided by col. (c)) .011433 .0000000 .016263 .009133 .030423 .067244 .013449 1,102,016 |
| 3 4 5 6 7 | 2009 2008 2008 2007 2006 2005 Total of line 1, column (d) Average distribution ratio for the the foundation has been in existe Enter the net value of noncharitat Multiply line 4 by line 3 Enter 1% of net investment incor | (b) Adjusted qualifying dr 5-year base period - divide the total nce if less than 5 years ble-use assets for 2010 from Part X | stributions L1,943. 0. L7,000. L1,000. 34,246. on line 2 by 5, | Net value of nor | (c) nchari 1, 1, 1, | 044,790. 897,063. 045,357. 204,440. 125,720. | (col. (b) | (d) stribution ratio divided by col. (c)) .011433 .000000 .016263 .009133 .030423 .06724' .013449 1,102,016 14,821 324 |

HARVEY & BERNICE JONES CHARITABLE

| _ | rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 49 | 1-0 | 143 <u>20</u> |) <u>4</u> | otio | Paye 4 |
|---|---|--------|---------------|------------|----------|------------|
| | | 40 - 3 | see ms | uu | Clioi | 15) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here \(\bigcup \) and enter "N/A" on line 1. | 1 | | | | |
| | Date of ruling or determination letter: (attach copy of letter if necessary-see instructions) | | | | _ | 4.5 |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here L and enter 1% | 1 | | | 6 | <u>47.</u> |
| | of Part I, line 27b | | | | | k |
| | 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-) | 2 | | | | <u>0.</u> |
| | Add lines 1 and 2 | 3 | | | 6 | <u>47.</u> |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0- | 5 | | | 6 | <u>47.</u> |
| 6 | Credits/Payments: | | | | | , |
| а | 2010 estimated tax payments and 2009 overpayment credited to 2010 6a 6a | | | | | |
| b | Exempt foreign organizations - tax withheld at source 6b | | | | | |
| C | Tax paid with application for extension of time to file (Form 8868) 6c 500. | | | | | |
| d | Backup withholding erroneously withheld 6d 6d | | | | | |
| 7 | Total credits and payments. Add lines 6a through 6d | 7 | | | 5 | 00. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here X if Form 2220 is attached | 8 | | | | <u>11.</u> |
| 9 | Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed | 9 | | | 1 | <u>58.</u> |
| 10 | Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | 10 | | | | |
| 11 | Enter the amount of line 10 to be: Credited to 2011 estimated tax | 11 | | | • | |
| Pa | rt VII-A Statements Regarding Activities | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in | n | | | Yes | No |
| | any political campaign? | | 1 | a | | X_ |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? | | 1 | b | | Х |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published | or | | | | |
| | distributed by the foundation in connection with the activities. | | | | | |
| C | Did the foundation file Form 1120-POL for this year? | | 1 | c | • | Х |
| | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | | | |
| | (1) On the foundation. ▶ \$ 0. (2) On foundation managers. ▶ \$ 0. | | j | J | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation | | | | | |
| | managers. ▶ \$ 0. | | 1 | | • | , |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | | | 2 | | х |
| | If "Yes," attach a detailed description of the activities. | | | \exists | | |
| 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 | | 1 : | 3 | | X_ |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | | | a | | Х |
| | If "Yes," has it filed a tax return on Form 990-T for this year? | N/ | _ | b | | |
| | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | / | | 5 | | х |
| • | If "Yes," attach the statement required by General Instruction T | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: | | | | | |
| • | By language in the governing instrument, or | | | - 1 | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state legislation. | aw | | | | |
| | remain in the governing instrument? | ••• | | 3 | X | i |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? | | | 7 | X | |
| • | If "Yes," complete Part II, col. (c), and Part XV | | <u> </u> | + | | \vdash |
| Q٠ | Enter the states to which the foundation reports or with which it is registered (see instructions) | | - 1 | - | |] |
| Ud | 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) | | | | | | |
| 0 | of each state as required by General Instruction G? If "No," attach explanation | dar | ┝╸ | b | <u>X</u> | |
| 9 | Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calen | uai | | . | | v |
| 40 | year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV | | | 0 | | X |
| 10 | Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses | | | <u> </u> | | <u> </u> |

| orm | HARVEY & BERNICE JONES CHARITABLE 1990-PF (2010) TRUST #2 71-6143 | 264 | ı | Page 5 |
|-----|--|-------------|----------|---------------|
| _ | art VII-A Statements Regarding Activities (continued) | <u> 201</u> | | |
| | At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of | | | |
| • • | section 512(b)(13)? If "Yes," attach schedule (see instructions) | 11 | | X |
| 12 | Did the foundation acquire a direct or indirect interest in any applicable insurance contract before | | | |
| - | August 17, 2008? | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Х | |
| | Website address ► N/A | | | |
| 14 | The books are in care of ► FIRST SECURITY BANK Telephone no. ► 479 - 75 | 0-5 | 669 | |
| • • | Located at ≥ 2500 W. SUNSET AVE., SPRINGDALE, AR ZIP+4 ≥72 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here | | • | |
| | and enter the amount of tax-exempt interest received or accrued during the year | N | /A | |
| 16 | At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank, | | Yes | No |
| | securities, or other financial account in a foreign country? | 16 | | X |
| | See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of | | _ | |
| | the foreign country | | | |
| Pa | art VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | |
| | File Form 4720 if any item is checked in the "Yes" column, unless an exception applies. | T | Yes | No |
| 12 | During the year did the foundation (either directly or indirectly): | | | |
| 10 | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) | | | |
| | | | | |
| | | | | |
| | (-) | | | |
| | And the second of the second o | | | |
| | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? Yes X No | | · | |
| | | 1 | | |
| | (6) Agree to pay money or property to a government official? (Exception. Check "No" | | | |
| | if the foundation agreed to make a grant to or to employ the official for a period after | \ , | | |
| | termination of government service, if terminating within 90 days.) |] | i ' | |
| b | o If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations | | | |
| | section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)? | 1b | | |
| | Organizations relying on a current notice regarding disaster assistance check here | 1 | | |
| C | Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected | | | ` |
| | before the first day of the tax year beginning in 2010? | 1c | | <u>X</u> |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation | | 1.7 | |
| | defined in section 4942(j)(3) or 4942(j)(5)): | * | | |
| а | At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning | i | | |
| | before 2010? X Yes No | 1 | | |
| | If "Yes," list the years ▶ 2009 ,,,, | | | |
| b | If "Yes," list the years > 2009 , , , , , , , , , , , , , , , , , , | | | |
| | valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach | | | |
| | statement - see instructions.) | 2b | X_ | |
| C | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | > | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | ` | | |
| | during the year? | | | |
| b | o If "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after | 1 | | |
| | May 26, 1969: (2) the lance of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose | | 1 | |

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,

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

Form 4720, to determine if the foundation had excess business holdings in 2010)

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

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

Form **990-PF** (2010)

4a

N/A

HARVEY & BERNICE JONES CHARITABLE Form 990-PF (2010) TRUST #2 71-6143264 Page 6 Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued) 5a During the year did the foundation pay or incur any amount to: Yes X No (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, Yes X No any voter registration drive? Yes X No (3) Provide a grant to an individual for travel, study, or other similar purposes? (4) Provide a grant to an organization other than a charitable, etc., organization described in section Yes X No 509(a)(1), (2), or (3), or section 4940(d)(2)? (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for Yes X No the prevention of cruelty to children or animals? b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? N/A 5b Organizations relying on a current notice regarding disaster assistance check here c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained Yes No N/A expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945-5(d). 6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on Yes X No a personal benefit contract? b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 6b X If "Yes" to 6b, file Form 8870 Yes X No 7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? 7b b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction? Information About Officers, Directors, Trustees, Foundation Managers, Highly Part VIII Paid Employees, and Contractors 1 List all officers, directors, trustees, foundation managers and their compensation. (d) Contributions to employee benefit plans and deferred compensation (c) Compensation (b) Title, and average hours per week devoted to position (e) Expense account, other (If not paid, enter -0-) (a) Name and address allowances DR. JOEL CARVER DIRECTOR PO BOX 233 0. SPRINGDALE, 72765 0.00 0 0 AR DIRECTOR FIRST SECURITY BANK 100 W. EMMA 0.00 0 0 0. SPRINGDALE, AR 72764 DIRECTOR BETSY PHILLIPS PO BOX 233 72765 0.00 0 0. 0. SPRINGDALE, AR 2 Compensation of five highest-paid employees (other than those included on line 1). If none, enter "NONE." (d) Contributions to employee benefit plans and deferred compensation (b) Title, and average (e) Expense account, other (c) Compensation (a) Name and address of each employee paid more than \$50,000 hours per week devoted to position allowances NONE

Form **990-PF** (2010)

Total number of other employees paid over \$50,000

HARVEY & BERNICE JONES CHARITABLE TRUST #2 71-6143264 Form 990-PF (2010)

| Form 990-PF (2010) TRUST #2 | 71-6 | 143264 Page 7 |
|--|---------------------------|------------------|
| Part VIII Information About Officers, Directors, Trustees, Four Paid Employees, and Contractors (continued) | indation Managers, Highly | _ |
| 3 Five highest-paid independent contractors for professional services. If none, | enter "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant number of organizations and other beneficiaries served, conferences convened, research paper | | Expenses |
| 1 <u>N/A</u> | | |
| 2 | | |
| 3 | | |
| 4 | | |
| Part IX-B Summary of Program-Related Investments | | |
| Describe the two largest program-related investments made by the foundation during the tax ye | ar on lines 1 and 2. | Amount |
| 1 N/A | | |
| 2 | | · |
| | | |
| All other program-related investments. See instructions. 3 | | |
| Total. Add lines 1 through 3 | > | 0. |

4940(e) reduction of tax in those years.

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| P | art X Minimum Investment Return (All domestic foundations | must complete this pa | rt. Foreign four | idations, s | see instructions) |
|----|---|--------------------------|------------------|---------------|----------------------|
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charita | ble, etc., purposes: | | | |
| а | Average monthly fair market value of securities | | | 1a | 951,406. |
| Ь | Average of monthly cash balances | | | 1b | 951,406. 167,392. |
| C | Fair market value of all other assets | | | 1c | |
| d | Total (add lines 1a, b, and c) | | | 1d | 1,118,798. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | | | |
| | 1c (attach detailed explanation) | 1e | 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | | | 2 | 0. |
| 3 | Subtract line 2 from line 1d | | | 3 | 1,118,798. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount | nt, see instructions) | | 4 | 16,782. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and | on Part V, line 4 | | 5 | 1,102,016. |
| 6 | Minimum investment return. Enter 5% of line 5 | | | 6 | 55,101. |
| P | Distributable Amount (see instructions) (Section 4942(j)(3) foreign organizations check here and do not complete this par | | g foundations an | d certain | |
| 1 | Minimum investment return from Part X, line 6 | | | 1 | 55,101. |
| 2a | Tax on investment income for 2010 from Part VI, line 5 | 2a | 647. | | |
| b | Income tax for 2010. (This does not include the tax from Part VI.) | 2b | | | |
| C | Add lines 2a and 2b | | | 2c | 647. |
| 3 | Distributable amount before adjustments. Subtract line 2c from line 1 | | · | 3 | 54,454. |
| 4 | Recoveries of amounts treated as qualifying distributions | | | 4 | 0. |
| 5 | Add lines 3 and 4 | | | 5 | 54,454. |
| 6 | Deduction from distributable amount (see instructions) | | | 6 | 0. |
| 7 | Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Pa | rt XIII, line 1 | | 7 | 54,454. |
| P | art XII Qualifying Distributions (see instructions) | | | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., pu | irposes: | | | |
| a | Expenses, contributions, gifts, etc total from Part I, column (d), line 26 | | | 1a | 0. |
| b | Program-related investments - total from Part IX-B | | | 1b | _0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charit | able, etc., purposes | | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | | | |
| a | Suitability test (prior IRS approval required) | | | 3a | <u> </u> |
| 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, | | | 4 | 0 |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv | vestment | | | _ |
| | income. Enter 1% of Part I, line 27b | | | 5 | 0, |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | | | 6 | 0. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years | when calculating whether | the foundation (| qualifies for | the section |

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Part XIII Undistributed Income (see instructions)

| | (a) Corpus | (b) Years prior to 2009 | (c) 2009 | (d) 2010 |
|--|---------------|----------------------------|-------------|----------------------|
| 1 Distributable amount for 2010 from Part XI, | | | | 54,454. |
| line 7 | | | | |
| 2 Undistributed income, if any, as of the end of 2010 | | | 51,781. | į. |
| a Enter amount for 2009 only b Total for prior years: | | | <u> </u> | |
| b rotal for prior years. | | 0. | | |
| 3 Excess distributions carryover, if any, to 2010: | | | 11.7.4 | 11111 |
| a From 2005 | | | | |
| b From 2006 | | | | |
| c From 2007 | | | | |
| d From 2008 | | | | |
| e From 2009 | | | | |
| f Total of lines 3a through e | 0. | | | |
| 4 Qualifying distributions for 2010 from | | | | |
| Part XII, line 4: ► \$ 0 . | | | | |
| a Applied to 2009, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | * | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | _ | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2010 distributable amount | | | | 0. |
| e Remaining amount distributed out of corpus | 0. | | | |
| 5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as indicated below: | | | | |
| & Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 0. | | | |
| b Prior years' undistributed income. Subtract | | | | |
| line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | | | | ŀ |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2009. Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 51,781. | |
| f Undistributed income for 2010. Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2011 | | | | 54,454. |
| 7 Amounts treated as distributions out of | | ţ | | |
| corpus to satisfy requirements imposed by | | | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | |
| 8 Excess distributions carryover from 2005 | | | | |
| not applied on line 5 or line 7 | 0. | | | <u> </u> |
| 9 Excess distributions carryover to 2011. | | | | |
| Subtract lines 7 and 8 from line 6a | 0. | | | |
| 10 Analysis of line 9: | | | | |
| a Excess from 2006 | | | | |
| b Excess from 2007 | | | | |
| c Excess from 2008 | | | | |
| d Excess from 2009 | | | | |
| e Excess from 2010 | | | | 7 5 000 DE (0040) |

HARVEY & BERNICE JONES CHARITABLE

| Port VIV Drivete Operation 5 | | | I A | | 143264 Page II |
|--|----------------------------|-----------------------------|---|----------------------------|---------------------|
| Part XIV Private Operating F | | | II-A, question 9) | N/A | |
| 1 a If the foundation has received a ruling o | | | | | |
| foundation, and the ruling is effective for | · · | • | ▶ └— | | |
| b Check box to indicate whether the found | | ng foundation described | | 4942(j)(3) or4 | 1942(j)(5) |
| 2 a Enter the lesser of the adjusted net | Tax year | (1.) 0000 | Prior 3 years | 1 (4) 0007 | /-> - |
| income from Part I or the minimum | (a) 2010 | (b) 2009 | (c) 2008 | (d) 2007 | (e) Total |
| investment return from Part X for | | | | | |
| each year listed | | | | | |
| b 85% of line 2a | | | | | - |
| c Qualifying distributions from Part XII, | | | | | |
| line 4 for each year listed | | | <u> </u> | | |
| d Amounts included in line 2c not | | | | | |
| used directly for active conduct of | | | | | |
| exempt activities | | | ļ | | |
| e Qualifying distributions made directly | |] | | | |
| for active conduct of exempt activities. | | 1 | | | |
| Subtract line 2d from line 2c | | | ļ. <u></u> | | |
| 3 Complete 3a, b, or c for the alternative test relied upon: | | | | | |
| a "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 | | | 1 | 1 | |
| investment income (interest, | | | | | |
| dividends, rents, payments on | | | | | |
| securities loans (section 512(a)(5)), or royalties) | | } | 1 | | |
| (2) Support from general public | | | | | |
| and 5 or more exempt | | | | | |
| organizations as provided in section 4942(j)(3)(B)(iii) | | | | | |
| (3) Largest amount of support from | | | | | |
| an exempt organization | | | | | |
| (4) Gross investment income | | | 1 | | |
| Part XV Supplementary Info | | | if the foundatio | n had \$5,000 or m | nore in assets |
| at any time during t | he year-see the | instructions.) | | | |
| 1 Information Regarding Foundation | n Managers: | | | | |
| a List any managers of the foundation wh | | | tributions received by th | e foundation before the cl | ose of any tax |
| year (but only if they have contributed n | nore than \$5,000). (See s | section 507(d)(2).) | | | |
| NONE | | | | | |
| b List any managers of the foundation wh other entity) of which the foundation ha | | | (or an equally large por | tion of the ownership of a | partnership or |
| NONE | Ja 1070 Or Greater Hitere | J., | | | |
| 2 Information Regarding Contributi | ion Grant Gift Loan | Scholarship etc. D | rograms: | | |
| Check here X if the foundation of | | | | not accept unsolicited rec | uests for funds. If |
| the foundation makes gifts, grants, etc. | | | | | |
| a The name, address, and telephone num | ber of the person to who | m applications should be | addressed: | | |
| | · | | | | |
| b The form in which applications should b | e submitted and informa | tion and materials they s | hould include: | | |
| c Any submission deadlines: | | | | | |
| | | | | | |
| d Any restrictions or limitations on awards | s, such as by geographic | al areas, charitable fields | , kınds of ınstitutions, or | other factors: | |
| | | | | | |

HARVEY & BERNICE JONES CHARITABLE

Form 990-PF (2010) TRUST #2

Part XV Supplementary Information (continued) 71-6143264 Page 11

| 3 Grants and Contributions Paid During the Y | If recipient is an individual | I | | |
|--|--|--------------------------------------|----------------------------------|----------|
| Name and address (home or business) | 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 |
| | or substantial contributor | recipient | | |
| a Paid during the year NONE | or substantial contributor | recipient | | |
| T -A-1 | | | <u> </u> | |
| h Approved for future payment | <u> </u> | | <u>▶ 3a</u> | 0. |
| NONE Total | | | ▶ 3b | 0. |
| Total | | | | <u> </u> |

TRUST #2

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| Part XVI-A | Analysis of Income-Producing Activities | |
|------------|---|--|
| | | |

| - | | Dusiness income | 7.3 | | (e) |
|--|--|-----------------|-------------------------------|--------------------|-----------------------------------|
| 1 Program service revenue: | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| a | | | | | |
| b | | | +++ | | |
| C | | | | | |
| d | 1 | | | | |
| e | | | | | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | | | |
| investments | | | 14 | 10,969. | |
| 4 Dividends and interest from securities | | | 14 | 10,969. 21,381. | |
| 5 Net rental income or (loss) from real estate: | | | | | |
| a Debt-financed property | | | _ _ | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other | | | 18 | -48. | |
| than inventory | | | 19- | -40. | |
| 9 Net income or (loss) from special events 10 Gross profit or (loss) from sales of inventory | | | | | |
| 1 Other revenue: | | | | | |
| a | | | | | |
| b | | | | | |
| c | | | | | |
| d | | | | | |
| | | | | | |
| e | | |). | 32,302. | 0. |
| e | | (| J • [| | |
| e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) | | | J • I | | 32,302. |
| e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) | ons.) | | 7 • 1 | | 32,302 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations) | | | | 13 | |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302. |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation.) Part XVI-B Relationship of Activity | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302. |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302. |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302. |
| e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302 |
| e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302 |
| e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302 |
| e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302 |
| e 2 Subtotal. Add columns (b), (d), and (e) 3 Total. Add line 12, columns (b), (d), and (e) See worksheet in line 13 instructions to verify calculation Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302 |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302. |
| e 12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculation. Part XVI-B Relationship of Activit Line No Explain below how each activity for which | ies to the Accor | mplishment of | Exempt Po | urposes | 32,302. |

HARVEY & BERNICE JONES CHARITABLE Form 990-PF (2010) TRUST #2 71-6143264 Page 13 Part XVII · Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) (2) Other assets 1a(2) **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) X (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (\mathbf{d}) Description of transfers, transactions, and sharing arrangements N/A

| | | | | | <u></u> | | |
|----------|--|-------------------------------|-----------------------------|------------------|-----------------------------|----------------------|------------------|
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| | | | | | | | |
| | | | | | | | |
| | <u> </u> | | . | <u> </u> | | | |
| | e foundation directly or indirectly affiliated wit | • | | izations descr | ribed | | |
| ın sec | ction 501(c) of the Code (other than section t | 501(c)(3)) or in sectio | n 527? | | | Y | es 🗶 No |
| b If "Ye | s," complete the following schedule. | | | | | | |
| | (a) Name of organization | | (b) Type of organization | | (c) Description of | relationship | |
| | N/A | | | <u> </u> | | | |
| | | | | | | | |
| | | | | | | | |
| | | 7 | | | | | |
| | | F:AIREC | urity Bank | | | | |
| | Under penalties of perjury, I declare that I have ean and complete occlaration of preparer (other than ta- | uped this following including | ISOARVINT PUSTOE | nd statements, a | nd to the best of my knowle | dge and belief, it i | s true, correct, |
| ' Sign │ | | (bayer or ball and Melvas | on air information of which | preparer nas an | y knowleage | | |
| Here | Valla / | lan 15 | 10/23 | 1/2 | TRUSTEE | | |
| | Signature of officer or trustee / | | Date | | Title | | |
| | Print/Type preparer's name | Preparer's sigi | nature | Date | Check ıf | PTIN | |
| | | 11 | _ 11 | | self- employed | | |
| Paid | TONY UTH | Huter | ~ [att] | 8/14/2 | 0/2 | | |
| Prepar | | | | J | Firm's EIN ▶ | | |
| Use Or | | J11 | | | 1,1,1,1,0 | | |
| | Firm's address ▶ 2200 S. 1 | ITTCA PI | SUITE 400 | _ | | | · |
| | I | K 74114-70 | | | Phone no | (918) 7 | 45-233 |

| FORM 990-PF INTEREST ON SAVI | NGS AND | TEM: | PORARY CA | ASH IN | VESTMENTS | STA | TEMENT | 1 |
|-------------------------------|---------------------------|-------------|-----------------------------|-------------|------------------------------|-----|----------------------------|-----|
| SOURCE | | | | | | | AMOUNT | |
| INTEREST INCOME | | | | | • | | 10,96 | 59. |
| TOTAL TO FORM 990-PF, PART I, | LINE 3, | CO | LUMN A | | | | 10,96 | 59. |
| FORM 990-PF DIVIDEND | S AND IN | NTER) | EST FROM | SECUR | ITIES | STA | TEMENT | 2 |
| SOURCE | GF | ROSS | AMOUNT | | TAL GAINS | | LUMN (A) AMOUNT |) |
| DIVIDEND INCOME | | | 21,381. | | 0. | | 21,38 | 31. |
| TOTAL TO FM 990-PF, PART I, L | .N 4 | | 21,381. | | 0. | | 21,38 | 31. |
| FORM 990-PF | ACCOU | JNTI | NG FEES | | | STA | TEMENT | 3 |
| DESCRIPTION | (A) EXPENSI PER BOO | - | (B) NET INVI MENT INC | | (C) ADJUSTED NET INCOM | | (D) CHARITAI PURPOSI | |
| PROFESSIONAL FEES | 1,0 | 000. | | 0. | | 0. | - | 0. |
| TO FORM 990-PF, PG 1, LN 16B | 1,(| 000. | | 0. | | 0. | | 0. |
| FORM 990-PF | | TAX | ES | | | STA | TEMENT | 4 |
| DESCRIPTION | (A) EXPENSI PER BOO | | (B) NET INV MENT IN | EST- | | | (D) CHARITAI PURPOSI | |
| EXCISE TAX FOREIGN TAXES PAID | | 339. 64. | | 0. | | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 4 | 403. | | 0. | | 0. | | 0. |

| FORM 990-PF | OTHER E | XPENSES | | | STATEMENT | 5 | |
|-------------------------------|------------------------------|-----------------------------|---------------|------------------------------|---------------------------------------|-----|--|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVE MENT INC | | (C) ADJUSTEI NET INCOM | | | |
| ADMINISTRATIVE EXPENSE | 10,789. | | 0. | | 0. | 0. | |
| TO FORM 990-PF, PG 1, LN 23 | 10,789. | | 0. | | 0. | 0. | |
| FORM 990-PF U.S. AND S | STATE/CITY G | OVERNMENT | OBLI | GATIONS | STATEMENT | 6 | |
| DESCRIPTION | U.S GOV'' | | вос | K VALUE | FAIR MARKE VALUE | T | |
| U.S. GOVERNMENT OBLIGATIONS | X | | | 42,910. | 48,9 | 02. | |
| TOTAL U.S. GOVERNMENT OBLIGAT | TIONS | - | | 42,910. | 48,9 | 02. | |
| TOTAL STATE AND MUNICIPAL GOV | ERNMENT OBL | IGATIONS | | | · · · · · · · · · · · · · · · · · · · | | |
| TOTAL TO FORM 990-PF, PART I | , LINE 10A | - | | 42,910. | 48,9 | 02. | |
| FORM 990-PF | CORPORAT | E STOCK | | | STATEMENT | 7 | |
| DESCRIPTION | ٠ | | вос | K VALUE | FAIR MARKE VALUE | T | |
| CORPORATE STOCK | | • | | 830,506. | 831,0 | 99. | |
| TOTAL TO FORM 990-PF, PART I | I, LINE 10B | : | | 830,506. | 831,0 | 99. | |
| FORM 990-PF | CORPORAT | E BONDS | | | STATEMENT | 8 | |
| DESCRIPTION | | | вос | K VALUE | FAIR MARKE VALUE | T | |
| CORPORATE BONDS | | • | - | 52,113. | 53,9 | 11. | |
| COMPORATE BONDS | | | | 02,1101 | | | |

Form **8868**(Rev January 2011)
Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

Maxim

OMB No 1545-1709

Form 8868 (Rev 1 2011)

► File a separate application for each return.

| If you | are filing for an Automatic 3-Month Extension, comple | te only Pa | irt I and check this box | | • | | |
|---------------------------|--|--------------|---|--|-------------------------|-------------|--|
| If you | are filing for an Additional (Not Automatic) 3-Month Ex | tension, c | complete only Part II (on page 2 of this | form) | | | |
| Do not (| complete Part II unless you have already been granted a | an automa | tic 3-month extension on a previously fi | ed For | m 8868 | | |
| Electro | nic filing (e-file). You can electronically file Form 8868 if y | you need a | a 3-month automatic extension of time to | o file (6 | months for a corp | oration | |
| equired | to file Form 990-T), or an additional (not automatic) 3-mo | nth extens | sion of time. You can electronically file F | orm 88 | 168 to request an e | xtension | |
| of time t | o file any of the forms listed in Part I or Part II with the ex | ception of | Form 8870, Information Return for Trans | sfers A | Associated With Ce | rtain | |
| ^D ersona | Benefit Contracts, which must be sent to the IRS in pap | er format | (see instructions) For more details on the | ne elec | tronic filing of this f | iorm, | |
| isit ww | w irs gov/efile and click on e-file for Chanties & Nonprofits | · | | | | | |
| Part I | Automatic 3-Month Extension of Time | . Only su | bmit original (no copies needed) | | | | |
| A corpo | ration required to file Form 990-T and requesting an autor | matic 6 mc | onth extension - check this box and com | plete | | | |
| art I on | ly | | | | • | | |
| | corporations (including 1120-C filers), partnerships, REM come tax returns. | IICs, and ti | rusts must use Form 7004 to request an | exten. | sion of time | | |
| Type or | Name of exempt organization | | | Empl | oyer identification | number | |
| orint | HARVEY & BERNICE JONES CHAI | RITABI | LE | 1 | | | |
| | TRUST #2 | | | 7 | 1-6143264 | | |
| le by the ue date fo | No section of the sec | ee instruc | tions | | | | |
| iling your | 610 "A" EAST EMMA SUITE K | | | | | | |
| eturn See histruction: | | oreign add | ress, see instructions | | | | |
| | SPRINGDALE, AR 72764 | ŭ | | | | | |
| | | | | | | | |
| Enter the | e Return code for the return that this application is for (file | e a separa | te application for each return) | | | 0 4 | |
| | | , | | | | | |
| Applica | tion | Return | Application | | | Return | |
| s For | | Code | Is For | | | Code | |
| orm 99 | 0 | 01 | Form 990-T (corporation) | | | 07 | |
| orm 99 | 0-BL | 02 | Form 1041 A | | | 08 | |
| orm 99 | 0-EZ | 01 | Form 4720 | | | 09 | |
| orm 99 | 0 PF | 04 | Form 5227 | | | 10 | |
| orm 99 | 0-T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | ···· | 11 | |
| orm 99 | 0-T (trust other than above) | 06 | Form 8870 | | | 12 | |
| | FIRST SECURITY | | | | | | |
| The b | books are in the care of 100 W. EMMA - | SPRING | GDALE, AR 72764 | | | | |
| Telep | hone No. ► <u>479-750-5660</u> | | FAX No | | | | |
| If the | organization does not have an office or place of busines | s in the Ur | nited States, check this box | | > | · [] | |
| If this | is for a Group Return, enter the organization's four digit | Group Exe | emption Number (GEN) If th | is is foi | the whole group, o | check this | |
| оох 🕨 | If it is for part of the group, check this box | and atta | ich a list with the names and EINs of all | memb | ers the extension is | for | |
| 1 In | equest an automatic 3-month (6 months for a corporation | required | to file Form 990-T) extension of time unt | al | | | |
| | JULY 15, 2012 , to file the exemp | t organiza | tion return for the organization named a | bove | The extension | | |
| IS | for the organization's return for | | | | | | |
| > | calendar year or | | | | | | |
| > | X tax year beginning <u>DEC 1, 2010</u> | , an | d ending NOV 30, 2011 | | _ | | |
| | | | | | | | |
| 2 If | the tax year entered in line 1 is for less than 12 months, o | check reas | onInitial return Fina | al retur | n | | |
| Ĺ | Change in accounting period | | | | | | |
| | | | | , | | | |
| | this application is for Form 990-BL, 990-PF, 990-T, 4720, | or 6069, e | nter the tentative tax, less any | | _ | E 0 0 | |
| _ | nrefundable credits. See instructions | | | 3a_ | \$ | 500. | |
| | this application is for Form 990 PF, 990-T, 4720, or 6069, | | | | | ^ | |
| _ | timated tax payments made Include any prior year over | | | 3b | \$ | 0. | |
| | alance due. Subtract line 3b from line 3a Include your pa | | | 1 _ 1 | | E00 | |
| p) | using EFTPS (Electronic Federal Tax Payment System) | | | 3c | 5 | 500. | |
| A | . If you are going to make an electronic fined withdrawal i | with thic 🗀 | orm 8868, see Form 8453-FO and Form | XX 70. | EU tor navment ins | TRUCTIONS | |

For Paperwork Reduction Act Notice, see Instructions.

Marted 7/5/

| Form 8868 (Rev. 1-2011) | | | | | Page 2 |
|---|---------------------------------------|---|-------------|--|-------------------|
| If you are filing for an Additional (Not Automatic) 3-Mont | h Extension, o | complete only Part II and check this | pox | | ▶ X |
| Note. Only complete Part II if you have already been granted | | | | 3868 | |
| If you are filing for an Automatic 3-Month Extension, cor | mplete only Pa | art I (on page 1) | | | _ |
| Part II Additional (Not Automatic) 3-Mont | h Extensio | n of Time. Only file the original (no | copies r | eeded) | |
| Name of exempt organization | | | Empl | over identif | ication number |
| HARVEY & BERNICE JONES CH | ARITABL | E | | ., | |
| TRUST #2 | | | 7 | 1-6143 | 264 |
| Number, street, and room or suite no if a P O be | ox. see instruc | tions | | <u> </u> | |
| Due date for 922 E EMMA AVE | | | | | |
| eturn See City, town or post office, state, and ZIP code Fo | r a foreign add | iress, see instructions | | | |
| SPRINGDALE, AR 72764 | | , | | | |
| | | | | | |
| Enter the Return code for the return that this application is fo | or (file a separa | te application for each return) | | | 0 4 |
| | (| , | | • | رفرغ |
| Application | Return | Application | | ······································ | Return |
| s For | Code | Is For | | | Code |
| Form 990 | 01 | | | | - 5500 |
| Form 990-BL | 02 | Form 1041-A | | | 08 |
| Form 990 EZ | 01 | Form 4720 | | | 09 |
| Form 990-PF | 04 | Form 5227 | | | 10 |
| Form 990-T (sec. 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990-T (trust other than above) | 06 | Form 8870 | | | 12 |
| STOP! Do not complete Part II if you were not already gra | | * | ously file | d Form 886 | |
| FIRST SECURI | | | | | |
| • The books are in the care of ▶ 100 W. EMMA | | GDALE. AR 72764 | | | |
| Telephone No ► 479-750-5660 | | FAX No ▶ | | | |
| If the organization does not have an office or place of bus | siness in the Ui | | | | > |
| If this is for a Group Return, enter the organization's four | | | this is fo | r the whole c | roup, check this |
| oox ► If it is for part of the group, check this box ► | _ | | | _ | • |
| 4 I request an additional 3-month extension of time until | | BER 15, 2012 | | | |
| 5 For calendar year, or other tax year beginning | | | NOV | 30, 2 | 011 |
| 6 If the tax year entered in line 5 is for less than 12 mont | | | Final | | |
| Change in accounting period | , | | _ | | |
| 7 State in detail why you need the extension | | | | | |
| ADDITIONAL TIME IS REQUIRED | TO GAT | HER DOCUMENTATION N | IECES | SARY T | 0 |
| COMPLETE THE RETURN. | | | | | |
| | | | | | |
| 8a If this application is for Form 990-BL, 990-PF, 990-T, 4 | 720. or 6069. e | nter the tentative tax, less any | | | |
| nonrefundable credits. See instructions | ,, | , | 8a | s | 500. |
| b If this application is for Form 990-PF, 990-T, 4720, or 6 | 069, enter any | refundable credits and estimated | | | |
| tax payments made include any prior year overpayme | | | - | | |
| previously with Form 8868 | | , and an array and a second parts | 8b | s | 500. |
| c Balance due. Subtract line 8b from line 8a Include yo | ur payment wi | th this form, if required, by using | 1 | | |
| EFTPS (Electronic Federal Tax Payment System) See | | | 8c | s | 0. |
| | | nd Verification | _ :_ ==. | | |
| Jnder penalties of perjury, I declare that I have examined this form, i | • | | the best o | f my knowled | ge and belief. |
| t is true, correct, and complete, and that I am authorized to prepare | this form. | pany may be measured and businessines, and to | 200. 0 | | |
| | ► CPA | | Date | > 7/. | 3/20/2 |
| | · · · · · · · · · · · · · · · · · · · | | | | 3868 (Rev 1 2011) |
| • | | | | . 5 0 | |