

## See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



## **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.

OMB No. 1545-0052

Fo	or cal	endar year 2012 or tax year beginning				, 2012,	and ending	3		, 20		
	Name	of foundation				•		Α	Employer identific			
	LEN	A BIRNBAUM IRREVOCABLE TRUS	T 71	Г 7111000044				73-6358682				
		er and street (or P.O. box number if mail is not delive					Room/suite	В	Telephone number	(see instructions)		
		IONS BANK, TRUST, PO BOX 28	886						251- 690-1024			
	City or	town, state, and ZIP code						_				
	MOBILE, AL 36652-2886								If exemption application pending, check here			
G	Che	ck all that apply: Initial return			Initial return	of a former p	ublic charity	/ D	1 Foreign organization	ns, check here		
		Final return			Amended ret	turn			2 Foreign organization	ns meeting the		
		Address change			Name change	е			85% test, check her computation			
	$\overline{}$		1(c)(3)	٦.	cempt private f		•	E	If private foundation s	tatus was terminated		
Ţ		ection 4947(a)(1) nonexempt charitable trust			ther taxable pr			$\dashv$	under section 507(b)(			
•					method: X C			F	If the foundation is in			
					ecify)			-	under section 507(b)(	1)(B), check here . D		
		3.31333	<del></del>	ımı	n (d) must be or	n casn basis.)	<u>'                                    </u>	Щ.,	· T	(d) Disbursements		
Li	art I	Analysis of Revenue and Expenses (To total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	ne (		Revenue and penses per books	(b) Net inve		(c)	Adjusted net income	for charitable purposes (cash basis only)		
	1 2	Contributions, gifts, grants, etc., received (attach schedule)  Check X if the foundation is not required to attach Sch B										
	3	Interest on savings and temporary cash investments										
	A	Dividends and interest from securities			10,229.	1	.0,345.					
	7 5 a	Gross rents										
		Net rental income or (loss)	·									
Revenue		Net gain or (loss) from sale of assets not on line 10	-		4,206.							
		Gross sales price for all assets on line 6a 96,672	. 🗀		=1200							
š	7	Capital gain net income (from Part IV, line 2)					4,206.					
æ	8	Net short-term capital gain	- 1									
	9	Income modifications · · · · · · · · ·										
	10 a	Gross sales less returns and allowances · · · ·										
	b	Less Cost of goods sold .										
	С	Gross profit or (loss) (attach schedule)	. L									
	11	Other income (attach schedule)			68.					STMT 1		
_	12	Total. Add lines 1 through 11			14,503.		4,551.					
	13	Compensation of officers, directors, trustees, etc			5,599.		5,599.					
	14	Other employee salaries and wages IVED	-	7			NONE		NONE			
nses	15	Other employee salaries and wages IVED Pension plans, employee benefits  Legal fees (attach schedule)  Accounting fees (attach schedule) 0 .201		_!			NONE		NONE			
Der	16a	Legal fees (attach schedule)	چ∐.	1								
Ä	ь	Accounting fees (attach schedule). 0 201	3   C	1	1,150.		500.		NONE	650		
and Administrative Expe	С	Other professional face (attach ashedula)		1								
rat	17	Interest	⋪⋷	1								
ist	18	Taxes (attach schedule) (see instructions) CPMP 2	-	<u>_</u>	3,352.		104.					
Ē	19	Depreciation (attach schedule) and depletion	• 🗀									
Ad	20	Occupancy	·				170777		37037			
5	21	Travel, conferences, and meetings					NONE		NONE	<del></del>		
40	22	Printing and publications					NONE		NONE			
Ę	23	Other expenses (attach schedule)			-	<del></del>						
Operating	24	Total operating and administrative expense			10 101		6 000		,,,,,	<b></b>		
Ö	1	Add lines 13 through 23			10,101		6,203.		NONE	650		
	25	Contributions, gifts, grants paid			12,989		6 202		370377	12,989		
_	26	Total expenses and disbursements Add lines 24 and 2	5		23,090.		6,203.		NONE	13,639		
	27	Subtract line 26 from line 12										
		Excess of revenue over expenses and disbursements .			-8,587		0.212					
		Net investment income (if negative, enter -0					8,348.					
	C	Adjusted net income (if negative, enter -0-).	· I			I				_		

**SCANNED MAY 1 4 2013** 

JSA For Paperwork Reduction Act Notice, see instructions.

2E1410 1 000 AXR792 9155 05/09/2013 09:42:23

7111000044

Form **990-PF** (2012) 6

Page 2

Cash - mon-interest-bearing   Cas			l n	Attached schedules and amounts in the	Beginning of year	End o	f year
2 Swrings and temporary cash investments	Ľ	art II	Balance Sheets	amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value
Second		1	Cash - non-interest-beari	ng			
Less allowance for doubtful accounts    A Pindags receivable    Carrier foundful accounts    Carrier fo		2	Savings and temporary of	cash investments	1,405.	11,23 <u>6</u> .	<u>11,236</u> .
Less allowance for doubtful accounts    A Pindags receivable    Carrier foundful accounts    Carrier fo		3	Accounts receivable				
Less allowance for doubtful accounts > 6 Grants receivable of from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)   7 Other notes and loans receivable (attach schedule)   8			Less. allowance for doub	otful accounts			
5 Grants receivable 6 Receivables due from officers, directors, trusties, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and idoms receivable (attach schedule) ▶ Less: allowater for doubtil accounts ▶ 10 a Inventions for sale or use 9 Prepaid expenses and deferred charges 10 a Inventions for sale or use 11 the second sequence of the second deferred charges 12 Investments - corporate bonds (attach schedule) STMT, 5 11 Investments - corporate bonds (attach schedule) STMT, 5 12 Investments - corporate bonds (attach schedule) STMT, 5 13 Investments - corporate bonds (attach schedule) STMT, 5 14 Leant, business; and Ludwigs ▶ 15 Investments - corporate bonds (attach schedule) STMT, 5 16 Total assets (or the completed by all filers - see the instructions. Also, see page 1, item 1) 16 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1) 17 Accounts payable and accrued expenses 18 Grants payable 19 Deferred revenue 10 Deferred revenue 10 Locas form officers, directors, sustess, and other dequalefedpersons 10 Investment filers and the follow SFAS 117, check here ▶ 10 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1) 19 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1) 10 Total assets (to be completed by all filers - see the instructions. Also, see page 1, item 1) 11 Grants payable 12 Locas from officers, directors, sustess, and other dequalefedpersons 12 Const from officers, directors, sustess, and other dequalefedpersons 13 Total instructions 14 Leant labilities (add times 17 through 21) 15 Total healthies (add sines 17 through 22) 16 Total net assets or fund balances (see instructions) 17 Total Instructions 18 Total Instructions 19 Total instructions 10 Total net assets or fund balances (see instructions) 10 Total net assets or fund balances (see instructions) 11 Total instructions 12 Less and the second of the second of the second of the second of the sec							
8 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) is centurational.  7 Other notes and loans receivable (attach schedule) ▶			Less: allowance for doub	otful accounts ►			
1		5	Grants receivable				
Total assets (to be completed by all filers - see the instructions. Also, see page 1, seen b.    Total assets (to be completed by all filers - see the instructions. Payable and accurde organisms.   Total flabilities (dad hines 17 through 22)   Total flabilities (add hines 17 through 22)   Total flabilities (add hines 17 through 22)   Total flabilities (add hines 17 through 22)   Total net assets or fund balances see instructions)   Total net assets or fund balances at beginning of year - Part III, column (a), line 30 (must agree with productions of the follow SFAS 117, check here and complete lines 27 through 31 total net assets or fund balances at beginning of year - Part III, column (a), line 30 (must agree with and-ord-organism to follow from the 27 total net assets or fund balances at beginning of year - Part III, column (b), line 30 (float plane)   1 371, 663   2 633, 074   371, 663   2 633, 074   371, 663   2 633, 074   371, 663   2 633, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   371, 663   3 63, 074   3 63,		6	Receivables due from	officers, directors, trustees, and other			
Less allowance for doubtful accounts NONE 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10 a livestments - Us, and state government obligations (atta-6 \$2550 ut) 10 a livestments - Corporate stock (latach schedule)   STMT 4   141,509			•				
Investments - U.S. and state government obligations (STMT, 4)   120,465   75,532   76,881							
Prepaid expenses and deferred charges   10 a Investments - U.S. and state operation to bigations (attace STMSun 8)   120,465   75,532   76,881							
b Investments - corporate stock (attach schedule). STMT 4. c Investments - corporate bonds (attach schedule). STMT 5. c Investments - corporate bonds (attach schedule). STMT 5. 11 lovestments - and, buildings. b   134,797. 139,580. 12 Investments - mortigage loans   134,797.   139,580. 13 Investments - mortigage loans   134,797.   139,580. 14 Land, buildings, and   144,509.   144,797.   139,324.   144,509.   144,797.   139,580.   144,797.   144,7	ţ	8	Inventories for sale or us	se			
b Investments - corporate stock (attach schedule). STMT 4. c Investments - corporate bonds (attach schedule). STMT 5. c Investments - corporate bonds (attach schedule). STMT 5. 11 lovestments - and, buildings. b   134,797. 139,580. 12 Investments - mortigage loans   134,797.   139,580. 13 Investments - mortigage loans   134,797.   139,580. 14 Land, buildings, and   144,509.   144,797.   139,324.   144,509.   144,797.   139,580.   144,797.   144,7	SSE	9	Prepaid expenses and de	eferred charges			
c Investments - corporate bonds (attach schedule). STMT 5 50, 469 134,797 139,580 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	٧				120,465.		
Investments - Ind. buildings, and equipment basis   Investments - other (attach schedule)   STMT 6   199,324					50.460		
and equipment basis less accumulated deprecation ▶    12		116	Investments - corporate	bonds (attach schedule). STMT 5	50,469.	134,797.	139,580.
12   Investments - mortgage loans		••	and equipment basis Less accumulated deprecia				
Land, buildings, and equipment basis (bas, accumulated depreciation)   Land, buildings, and equipment basis (bas, accumulated depreciation)		12	Investments - mortgage	loans			
Sequipment biases   Less accumulated depreciation   Less ac	i			ch schedule)	199,324.		
State schedules   State sche		14	equipment basis	<b>•</b>			
Total assets (to be completed by all filers - see the instructions. Also, see page 1, item II)			Less, accumulated deprecia (attach schedule)				
17   Accounts payable and accrued expenses							
17 Accounts payable and accrued expenses		16		· · · · · ·	251 662	262 054	372 400
18 Grants payable Deferred revenue 20 Loans from officers, directors, trustees, and other disqual/find persons 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶  23 Total liabilities (add lines 17 through 22)	$\dashv$				371,663.	363,074.	3/3,488.
19 Deferred revenue 20 Loans from officers, directors, trustees, and other disqualified persons. 21 Mortgages and other notes payable (attach schedule) 22 Other liabilities (describe ▶							
20 Loans from officers, directors, trustees, and other disqualified persons .  21 Mortgages and other notes payable (attach schedule)  22 Other liabilities (describe ► )  23 Total liabilities (add lines 17 through 22) NONB  Foundations that follow SFAS 117, check here ► and complete lines 24 through 26 and lines 30 and 31.  24 Unrestricted							
Total liabilities (add lines 17 through 22)	ies						
Total liabilities (add lines 17 through 22)	ij			•			
Total liabilities (add lines 17 through 22)	<u>.</u>			· ·			
Foundations that follow SFAS 117, check here  and complete lines 24 through 26 and lines 30 and 31.  24 Unrestricted		22	Other liabilities (describe	;			
Foundations that follow SFAS 117, check here  and complete lines 24 through 26 and lines 30 and 31.  24 Unrestricted		22	Total liabilities (add line	es 17 through 22)		NONE	
and complete lines 24 through 26 and lines 30 and 31.    24	_	23				110212	
24 Unrestricted							
26 Permanently restricted . Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ X  27 Capital stock, trust principal, or current funds	Ses	24	•	· ·			
26 Permanently restricted . Foundations that do not follow SFAS 117, check here and complete lines 27 through 31. ▶ X  27 Capital stock, trust principal, or current funds	ano			, ,			
Foundations that do not follow SFAS 117, check here and complete lines 27 through 31.   Z Capital stock, trust principal, or current funds	Ш		, ,				
28 Paid-in or capital surplus, or land, bldg, and equipment funds. 29 Retained earnings, accumulated income, endowment, or other funds. 30 Total net assets or fund balances (see instructions)	pu	**					
28 Paid-in or capital surplus, or land, bldg, and equipment funds. 29 Retained earnings, accumulated income, endowment, or other funds. 30 Total net assets or fund balances (see instructions)	F		check here and com	plete lines 27 through 31.   X			
28 Paid-in or capital surplus, or land, bldg, and equipment fund	0	27			371,663.	363,074	
Part III Analysis of Changes in Net Assets or Fund Balances  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)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶ ROUNDING  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6  363,074.	ets	1	•				
Part III Analysis of Changes in Net Assets or Fund Balances  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)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶ ROUNDING  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6  363,074.	Ass	l	Retained earnings, accumul	lated income, endowment, or other funds			
Part III Analysis of Changes in Net Assets or Fund Balances  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)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶ ROUNDING  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6  363,074.	<u>=</u>	30	Total net assets or fund	d balances (see instructions)	371,663.	<u>3</u> 63,074.	
Part III Analysis of Changes in Net Assets or Fund Balances  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)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ►  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ► ROUNDING  5 2.  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6  3 363,074.	Z	31	Total liabilities and	net assets/fund balances (see			
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)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ►  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ► ROUNDING  5 2.  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6  371, 663.  2 -8, 587.  3 363,076.						363,074	
end-of-year figure reported on prior year's return)  2 Enter amount from Part I, line 27a  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶ ROUNDING  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30  1 371, 663.  2 -8, 587.  3 363,076.  5 2.  6 363,074.							
2 -8,587.  3 Other increases not included in line 2 (itemize) ▶  4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ▶ ROUNDING  5 2.  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6  3 63,076.	1						284 662
3 Other increases not included in line 2 (itemize) ▶ 3  4 Add lines 1, 2, and 3							
4 Add lines 1, 2, and 3  5 Decreases not included in line 2 (itemize) ► ROUNDING  6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6  363,074.	2	Ente	r amount from Part I, I	ine 27a			-8,587.
5 Decreases not included in line 2 (itemize) ► ROUNDING 5 2. 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 363, 074.							363 006
6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30 6 363, 074.							
	<u>6</u>	Total	net assets or fund ba	lances at end of year (line 4 minus li	ne 5) - Part II, column (b	), iine 30   <b>6</b>	

(a) List and	d describe the kind(s) of property sold (erick warehouse, or common stock, 200	e.g., real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a PUBLICLY TRADED		and mee oo ,	D - Donation		<del></del>
b					
С					
d		-			
е					Ļ
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a 96,672.		92,466.	ļ		4,206.
b					
C					
d					
e					
Complete only for assets s	showing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col. (h) g	ain minus
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (j), ıf any		(k), but not less Losses (from co	than -0-) <b>or</b>
a					4,206.
b					•
С					
d		-			
е					
<u> </u>	( If	gain, also enter in Part I, line 7	<u> </u>		
2 Capital gain net income or	(not capital loce)	(loss), enter -0- in Part I, line 7	2		4,206.
If gain, also enter in Pai	or (loss) as defined in sections 122 rt I, line 8, column (c) (see insti	ructions). If (loss), enter -0- in $\}$	3		
Part V Qualification L	Inder Section 4940(e) for Red	uced Tax on Net Investment I	ncome		
	the section 4942 tax on the distrib not qualify under section 4940(e). I		oase perio	od?	Yes X No
	ount in each column for each year;		any entr	ies.	
(a)	(b)	(c)	Juny ont	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ration (col. (b) divided by	
2011	31,020.	384,276.	<del>                                     </del>	(cor (b) divided by	0.080723
2010	22,077.	384,454.	<del> </del>		0.057424
2009	17,003.	363,851.	1		0.046731
2008	10,215.	475,635.			0.021477
2007	10,381.	539,954.		<del></del> -	0.019226
2007	10/301.	333,7331.			0.02322
2 Total of line 1, column (d	)		2		0.225581
2 Average distribution ratio	for the 5-year base period - divide	the total on line 2 by 5, or by the	-		0.223301
=	dation has been in existence if less		3		0.045116
number of years the roun	uation has been in existence in less	than 5 years			0.013110
4 Enter the net value of nor	ncharitable-use assets for 2012 from	m Part X, line 5	4		368,077
5 Multiply line 4 by line 3			5		16,606
6 Enter 1% of net investme	nt income (1% of Part I, line 27b)		6		83
7 Add lines 5 and 6			7		16,689
8 Enter qualifying distributi	ons from Part XII, line 4 reater than line 7, check the box i	in Don't VI line 4b, and annual in	<u>8</u>	uning = 40/ i	13,639
Part VI instructions.	realer than line /, check the box i	in rait vi, line ib, and complete	шас рап	using a 1% ta	x rate. See the

orm 9	990-PF (2012)	73-6358682			age 4
Part	VI Excise Tax Based on Investment Income (Section	1 4940(a), 4940(b), 4940(e), or 4948 - see in	struc	tions	)
	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy				
ь	Domestic foundations that meet the section 4940(e) requirements	in Part V, check		1	<u>.67.</u>
	here ▶ and enter 1% of Part I, line 27b				
	All other domestic foundations enter 2% of line 27b. Exempt fo				
	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			
	Add lines 1 and 2				<u>.67.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable	foundations only. Others enter -0-) 4			<u>IONE</u>
	Tax based on investment income. Subtract line 4 from line 3. If zero or			1	<u>.67 .</u>
6	Credits/Payments				
а	2012 estimated tax payments and 2011 overpayment credited to 2012	6a			
	Exempt foreign organizations - tax withheld at source	l as l NIONIEL I			
C	Tax paid with application for extension of time to file (Form 8868)	6c NONE			
d	Backup withholding erroneously withheld	6d			
7	Total credits and payments. Add lines 6a through 6d	,		N	<u>IONE</u>
8	Enter any penalty for underpayment of estimated tax. Check here	ıf Form 2220 ıs attached			
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount of			1	<u> 167.</u>
0	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the	amount overpaid ▶ 10			
	Enter the amount of line 10 to be Credited to 2013 estimated tax	NONERefunded ► 11			
	VII-A Statements Regarding Activities				
	During the tax year, did the foundation attempt to influence any r		<u> </u>	Yes	No
	or intervene in any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or inc				Х
	definition)?		1b		^
	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		.		X
	Did the foundation file Form 1120-POL for this year?		1c		^
	Enter the amount (if any) of tax on political expenditures (section 4955				
	(1) On the foundation. > \$ (2) On foundation				
е	Enter the reimbursement (if any) paid by the foundation during	the year for political expenditure tax imposed on			
_	foundation managers. > \$	remarked to the IDC2	2		x
2	Has the foundation engaged in any activities that have not previously by	een reported to the INST			<u> </u>
_	If "Yes," attach a detailed description of the activities	IPS in its governing instrument, articles of incorporation			
3	Has the foundation made any changes, not previously reported to the		3		x
4 -	or bylaws, or other similar instruments? If "Yes," attach a conformed cop Did the foundation have unrelated business gross income of \$1,000 or		4a	<u> </u>	X
4a	If "Yes," has it filed a tax return on Form 990-T for this year?		4b		
, D	Was there a liquidation, termination, dissolution, or substantial contrac		5	<u> </u>	X
5	If "Yes," attach the statement required by General Instruction T	non during the feath,	Ĺ		
c	Are the requirements of section 508(e) (relating to sections 4941 thi	rough 4945) satisfied either			
6	By language in the governing instrument, or	and the sale of th			
	By state legislation that effectively amends the governing instru-	ument so that no mandatory directions that conflict			ĺ
	with the state law remain in the governing instrument?		6	X	
7	Did the foundation have at least \$5,000 in assets at any time during	the year? If "Yes." complete Part II. col (c), and Part XV	7	Х	
, 8a					
-					
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)	1		
-	of each state as required by General Instruction G? If "No," attach expla	nation	8b	X	
9	Is the foundation claiming status as a private operating found	lation within the meaning of section 4942(j)(3) or			
-	4942(j)(5) for calendar year 2012 or the taxable year beginning in	2012 (see instructions for Part XIV)? If "Yes," complete		1	
	Part XIV		9		<u> </u>
10	Did any persons become substantial contributors during the tax ve				

Form **990-PF** (2012)

all years listed, answer "No" and attach statement - see instructions.)

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? . . . . . . . b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2012? . .

Form **990-PF** (2012)

Х

2b

orm	990-PF (2012)			73-63	58682		Page 6
ar	VII-B Statemen	ts Regarding Activities for	Which Form 47				
5a	During the year did the	foundation pay or incur any amou	nt to				
	(1) Carry on propagand	a, or otherwise attempt to influence	e legislation (section	4945(e))7	. Yes X No	D	
	(2) Influence the outc	ome of any specific public elec	tion (see section	4955), or to carry or	η,		
	directly or indirectly	, any voter registration drive?			. Yes X No	o	
	(3) Provide a grant to a	n individual for travel, study, or oth	er similar purposes?		. Yes X No	o	
	(4) Provide a grant to	an organization other than a	charitable, etc., org	janization described i	n		
	section 509(a)(1), (2	2), or (3), or section 4940(d)(2)? (s	ee instructions) , ,		. Yes X No	o	
	(5) Provide for any p	urpose other than religious, ch	arıtable, scientific,	literary, or educationa	nl		
	purposes, or for the	prevention of cruelty to children of	r anımals <sup>7</sup>		. Yes X No	。	
b	If any answer is "Yes	" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	xceptions described in	n	
	Regulations section 53.	4945 or in a current notice regard	ing disaster assistand	e (see instructions)?		5b_	
	Organizations relying or	a a current notice regarding disaste	er assistance check h	ere		$\cdot \Box \Box$	
c	If the answer is "Yes"	to question 5a(4), does the	oundation claim ex	emption from the ta	x	_	
	because it maintained e	xpenditure responsibility for the gi	ant?		. Yes No	o	İ
	If "Yes," attach the state	ment required by Regulations secti	on 53 4945-5(d)				
6a	Did the foundation, di	uring the year, receive any fund	s, directly or indire	ctly, to pay premium	s		
	on a personal benefit co	ntract?			. Yes X No	o	
b	Did the foundation, duri	ng the year, pay premiums, directly	y or indirectly, on a p	ersonal benefit contrac	at <sup>7</sup>	бь	X
	If "Yes" to 6b, file Form	8870.					
7a	At any time during the t	ax year, was the foundation a part	y to a prohibited tax	shelter transaction?	. Yes X No	o	i
ь		ion receive any proceeds or have a				76	
ari	VIII Information	About Officers, Directors	Trustees, Foun	dation Managers,	Highly Paid Empl	oyees,	
	and Contra	CTOPS					
1	and Contra	ctors tors, trustees, foundation ma		compensation (see			
1	and Contra List all officers, direc		(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense	
1	and Contra List all officers, direc	tors, trustees, foundation ma	(b) Title, and average hours per week devoted to position	(c) Compensation (see (c) Compensation (if not paid, enter -0-)	(d) Contributions to	(e) Expension other allo	
1 EGI	and Contra  List all officers, direct (a) Name ONS BANK, TRUST DEPAR	tors, trustees, foundation ma e and address IMENT	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation !	other allo	wances
1 EGI	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI	etors, trustees, foundation ma e and address IMENT ELLVILLE, AR 72801	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans	other allo	
1 EGI	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI	tors, trustees, foundation ma e and address IMENT	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation !	other allo	wances
1 EGI	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI	etors, trustees, foundation ma e and address IMENT ELLVILLE, AR 72801	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation !	other allo	wances
1 EGI	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI	etors, trustees, foundation ma e and address IMENT ELLVILLE, AR 72801	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation !	other allo	wances
1 EGI	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI	etors, trustees, foundation ma e and address IMENT ELLVILLE, AR 72801	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation !	other allo	wances
1 EGI	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI	etors, trustees, foundation ma e and address IMENT ELLVILLE, AR 72801	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation !	other allo	wances
1 EGI	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI	etors, trustees, foundation ma e and address IMENT ELLVILLE, AR 72801	(b) Title, and average hours per week devoted to position TRUSTEE  1	(c) Compensation (If not paid, enter -0-) 5,599.	(d) Contributions to employee benefit plans and deferred compensation	other allo	- 0 -
1 EGI	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI	tors, trustees, foundation ma	(b) Title, and average hours per week devoted to position TRUSTEE  1	(c) Compensation (If not paid, enter -0-) 5,599.	(d) Contributions to employee benefit plans and deferred compensation  - 0 -	other allo	- 0 -
1 EGIO 01	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPART SOUTH DENVER ST, RUSSI Compensation of fi	e and address IMENT ELLVILLE, AR 72801  ive highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE  1  (other than those)	(c) Compensation (If not paid, enter -0-)  5,599.	(d) Contributions to employee benefit plans and deferred compensation :  - 0 -  1 - see instruction (d) Contributions to employee benefit	ons). If no	ne, enter
1 EGIO 01	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPART SOUTH DENVER ST, RUSSI Compensation of fi	tors, trustees, foundation ma	(b) Title, and average hours per week devoted to position TRUSTEE  1  (other than those	(c) Compensation (If not paid, enter -0-) 5,599.	(d) Contributions to employee benefit plans and deferred compensation  - 0 -	other allo	ne, enter
1 EGIO 01	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPART SOUTH DENVER ST, RUSSI Compensation of fi	e and address IMENT ELLVILLE, AR 72801  ive highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE  1  (other than those hours per week hours pe	(c) Compensation (If not paid, enter -0-)  5,599.	(d) Contributions to employee benefit plans and deferred compensation  - () -  (d) Contributions to employee benefit plans and deferred	ons). If no	ne, enter
1 EGI( 01	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI Compensation of fire "NONE."	e and address IMENT ELLVILLE, AR 72801  ive highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE  1  (other than those hours per week hours pe	(c) Compensation (If not paid, enter -0-)  5,599.	(d) Contributions to employee benefit plans and deferred compensation  - () -  (d) Contributions to employee benefit plans and deferred	ons). If no (e) Expense other allo	ne, enter
1 EGI( 01	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI Compensation of fire "NONE."	e and address IMENT ELLVILLE, AR 72801  ive highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE  1  (other than those hours per week hours pe	(c) Compensation (If not paid, enter -0-)  5,599.  se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	ne, enter
1 EGI( 01	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI Compensation of fire "NONE."	e and address IMENT ELLVILLE, AR 72801  ive highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE  1  (other than those hours per week hours pe	(c) Compensation (If not paid, enter -0-)  5,599.  se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	ne, enter
1 EGIO 01	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI Compensation of fire "NONE."	e and address IMENT ELLVILLE, AR 72801  ive highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE  1  (other than those hours per week hours pe	(c) Compensation (If not paid, enter -0-)  5,599.  se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	ne, enter
1 EGI( 01	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI Compensation of fire "NONE."	e and address IMENT ELLVILLE, AR 72801  ive highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE  1  (other than those hours per week hours pe	(c) Compensation (If not paid, enter -0-)  5,599.  se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	ne, enter
1 EGI( 01	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI Compensation of fire "NONE."	e and address IMENT ELLVILLE, AR 72801  ive highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE  1  (other than those hours per week hours pe	(c) Compensation (If not paid, enter -0-)  5,599.  se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	ne, enter
1 EGI( 01	and Contra List all officers, direct (a) Name ONS BANK, TRUST DEPAR. SOUTH DENVER ST, RUSSI Compensation of fire "NONE."	e and address IMENT ELLVILLE, AR 72801  ive highest-paid employees	(b) Title, and average hours per week devoted to position TRUSTEE  1  (other than those hours per week hours pe	(c) Compensation (If not paid, enter -0-)  5,599.  se included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation  - 0 -  1 - see instruction  (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expense other allo	ne, enter

NONE

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

Form 990-PF (2012)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employ and Contractors (continued)	ees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONE	T .
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	NONE
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1NONE	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	Amount
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1NONE	
2	
All other program-related investments. See instructions.	
3 <u>NONE</u>	
Total Add lines 1 through 3	1

Pa	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:		
а		1a	<u>373,682</u> .
b	Average of monthly cash balances	1b	NONE
C		1c	NONE
d			373,682.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	_	
2	Acquisition indebtedness applicable to line 1 assets	2	NONE NONE
3			373,682.
4	Subtract line 2 from line 1d		
	Instructions)  Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	4	5,605.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	368,077.
6	Minimum investment return. Enter 5% of line 5	6	18,404.
Pa	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ and do not complete this		
1	Minimum investment return from Part X, line 6	1 - 1	18,404.
' 2а	1 1		10,101.
b		1	
c		- 2c	167.
3	Add lines 2a and 2b	3	18,237.
4	Recoveries of amounts treated as qualifying distributions		NONE
5		<del>-   -</del>	18,237.
6	Add lines 3 and 4  Deduction from distributable amount (see instructions)		NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	-	
•		7	18,237.
	<u>line 1 </u>	<del>'</del>	10,237.
Pa	Cualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	13,639.
þ		1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	purposes	2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а			NONE
b	Cash distribution test (attach the required schedule)	3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4		13,639.
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 instructions)	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	13,639.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when ca qualifies for the section 4940(e) reduction of tax in those years.	alculating w	hether the foundation

Form **990-PF** (2012)

Form	990-PF (2012)	<u>-</u>			Page <b>9</b>
Pai	t XIII Undistributed Income (see instru	ictions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2012 from Part XI,	Corpus	Years prior to 2011	2011	2012
	line 7				18,237.
2	Undistributed income, if any, as of the end of 2012			6 000	
	Enter amount for 2011 only		77077	6,897.	
þ	Total for prior years 20_10_, 20, 20		NONE_	<del></del>	
3	Excess distributions carryover, if any, to 2012				
a	From 2007 NONE				
þ	From 2008 NONE   NONE				
C					
đ					
е,		NONE			
f	Total of lines 3a through e	NONE			
4	Qualifying distributions for 2012 from Part XII, line 4: > \$ 13,639.				
_	Applied to 2011, but not more than line 2a			6,897.	
	,,			<u> </u>	<del> </del>
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
	·				
С	Treated as distributions out of corpus (Election required - see instructions)	NONE			
А	Applied to 2012 distributable amount	1,0112			6,742.
	Remaining amount distributed out of corpus	NONE			
5	Excess distributions carryover applied to 2012	NONE			NONE
_	(If an amount appears in column (d), the same				
6	amount must be shown in column (a) ) Enter the net total of each column as				
٠	indicated below:			į	
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
	Prior years' undistributed income. Subtract				
_	line 4b from line 2b		NONE		
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		NONE	·	
d	Subtract line 6c from line 6b. Taxable				
	amount - see instructions		NONE		
е	Undistributed income for 2011. Subtract line 4a from line 2a. Taxable amount - see				
	instructions			<del></del>	
f	Undistributed income for 2012. Subtract lines				
	4d and 5 from line 1. This amount must be				11,495.
	distributed in 2013				11,175.
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE			
_	·	110112			
8	Excess distributions carryover from 2007 not applied on line 5 or line 7 (see instructions)	NONE		,	
	Excess distributions carryover to 2013.				
9	Subtract lines 7 and 8 from line 6a	NONE			
10	Analysis of line 9.				
	Excess from 2008 NONE				
b	Excess from 2009 NONE				
c	Excess from 2010 NONE				
d	Excess from 2011 NONE				
e	Excess from 2012 NONE				
					Form 990-PF (2012)

Pai	rt XIV Private Oper	ating Foundations	(see instructions an	d Part VII-A, questio	n 9)	NOT APPLICABL
1a	If the foundation has	received a ruling or d	letermination letter the	et it is a private oper	ating	
	foundation, and the ruling	=		•	<b>&gt;</b>	
ь	Check box to indicate wh				49420	1)(3) or 4942(j)(5)
b	Clieck Dox to ilidicate wit		private operating tourid		10121	T 10.12(),(0)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years	1.0.000	(e) Total
	justed net income from Part	(a) 2012	(b) 2011	(c) 2010	(d) 2009	
	I or the minimum investment return from Part X for each					
	year listed					
<b>.</b>	85% of line 2a					
U						
C	Qualifying distributions from Part		1			
	XII, line 4 for each year listed .					
d	Amounts included in line 2c not used directly for active conduct					
	of exempt activities					
е	Qualifying distributions made					
	directly for active conduct of					
	exempt activities Subtract line					
3	2d from line 2c			<del></del>	<del></del>	<del> </del>
•	alternative test relied upon					
а	"Assets" alternative test - enter					
	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section					
ь	4942(j)(3)(B)(i) "Endowment" alternative test-		<del>-</del>			
-	enter 2/3 of minimum invest-				İ	
	ment return shown in Part X,					
	line 6 for each year listed					
C	"Support" alternative test - enter					
	(1) Total support other than				1	
	gross investment income (interest, dividends, rents,					
	payments on securities					
	loans (section 512(a)(5)),					İ
	or royalties)			<del>-</del>	-	<del> </del>
	(2) Support from general public and 5 or more					
	exempt organizations as		1			
	provided in section 4942 (j)(3)(B)(iii)				<u> </u>	
	(3) Largest amount of sup-					
	port from an exempt					
	organization					
D-		one Information IC	amplete this part	only if the found	ation had \$5 000	or more in assets
Fa	t XV Supplement	during the year - se	ompiete tins part	only if the lound	ation nad \$5,000	Of more in assets
					<del></del>	
1	Information Regarding					
а	List any managers of	the foundation who i	nave contributed mo	re than 2% of the tota	al contributions received	rea by the foundation
	before the close of any	y tax year (but only if the	ney have continuated	more than \$5,000). (c	see section 507(d)(2)./	
	N/A					
b	List any managers of	the foundation who	own 10% or more of	of the stock of a corp	oration (or an equally	y large portion of the
	ownership of a partner	rship or other entity) o	f which the foundation	n has a 10% or greate	r interest.	
	NT / 2					
2	N/A Information Regarding	Contribution Grant	Gift Loan Scholars	hin etc Programs	<del> </del>	·
2						
	Check here ► X if 1	the foundation only	makes contributions	to preselected char	itable organizations	and does not accept
	unsolicited requests f			ants, etc. (see instruc	tions) to individuals o	ir organizations under
	other conditions, comp	plete items 2a, b, c, an	ıd d.			
а	The name, address, ar	d telephone number o	or e-mail of the persor	n to whom applications	s should be addressed	:
		·				
	The form in which app	olications should be su	bmitted and informat	ion and materials they	should include:	
-	эрр				-	
_	Any submission deadl	ines:				
C	Any submission uedal	mos.				
_	<u> </u>			and the land of the land	-Ela Kalda IV I V	Impalanta 4
d	Any restrictions or I	imitations on awards	, such as by geogi	rapnicai areas, chariti	able fields, kinds of	institutions, or other
	factors:					

Page 11

Grants and Contributions Paid Dur	ing the Year or Appr	oved for F	uture Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	show any relationship to any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
			DROUTER EMPIRE FOR ANIMAL	
EDY PAWS ANIMAL SHELTER			PROVIDE FUNDS FOR ANIMAL	
O. BOX 523 CLARKSVILLE AR 72830	N/A	PUBLIC CHA	PROTECTION	1,76
. PAUL'S LUTHERAN CEMETERY				
15 HWY. 315 LAMAR AR 72846	N/A	DIBLIC CHA	CHURCH CEMETARY	77
15 NW1. 515 HAMAK AK /2010	N/A	FUBBIC CIE	Choich chimiant	.,
MANE SOCIETY OF SEBASTIAN COUNTY			PROVIDE FUNDS FOR ANIMAL	
O. BOX 10953 FORT SMITH AR 72917	N/A	PUBLIC CHA	PROTECTION	3,50
MANE SOCIETY OF PULASKI COUNTY			PROVIDE FUNDS FOR ANIMAL	3 50
BOX 21260 LITTLE ROCK AR 72221	N/A	PUBLIC CHA	PROTECTION	3,50
TY OF RUSSELLVILLE ANIMAL SHELTER			PROVIDE FUNDS FOR ANIMAL	
15 SOUTH MOBILE RUSSELLVILLE AR 72802	N/A	PUBLIC CHA	PROTECTION	3,42
	-7			
			1	
			<u> </u>	
			1	
			1	
			[	
			1	
			1	
Total			▶ 3a	12,98
b Approved for future payment	1			
			1	
		1		
			1	

73-6358682

Form 990-PF (2012) Page **12** 

Part XVI-A Analysis of Income-Produ	cing Activ	/ities	-		
Enter gross amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
a					(Occ manachone)
b					
c					
d					
e					
f					
g Fees and contracts from government agencies					<u> </u>
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	10,229.	
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 than inventory			18	4,206.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a					
ь <u>FEDERAL TAX REFUND</u>			14	68.	
c			<u> </u>		
d					
e					
12 Subtotal. Add columns (b), (d), and (e)				14,503.	14 503
13 Total. Add line 12, columns (b), (d), and (e)				13	14,503.
Part XVI-B Relationship of Activities			amand Disse		
Line No. Explain below how each activit accomplishment of the foundation	y for which	n income is reported i	n column (e	e) of Part XVI-A contribu	
				<del> </del>	<del></del>
		<del></del>		· <del></del>	<del></del>
		<del></del>		<del></del> -	<u></u>
		<del>_</del>			
	***				
		NOT APPLICABL	E	<del></del>	
	<u> </u>				
				· <del></del> -	
				-	

Pari	XVII	Information R Exempt Organ	_	sfers To and Transa	ctions and	Relations	ships With None	charit	table	}
1	Did th	e organization directl	y or indirectly en	gage in any of the follow	ing with any	other orgai	nization described		Yes	No
		•	•	ction 501(c)(3) organizat	_					
		izations?			·					ì
а	•		foundation to a	noncharitable exempt org	anization of:					1
_								1a(1)		_X_
								1a(2)		X
								10(2)		
b		transactions:						45.443		v
				organization				1b(1)	-	X
				exempt organization				1b(2)		
	(3) Re	ental of facilities, equip	oment, or other as	ssets				1b(3)		X
	(4) Re	eimbursement arrange	ements			<b>.</b>		1b(4)		Х
	(5) Lo	ans or loan guarantee	s					1b(5)		X
	(6) Pe	rformance of services	or membership	or fundraising solicitations				1b(6)		X_
С	Sharir	ng of facilities, equipm	ent, mailing lists,	other assets, or paid emp	loyees			1c		X
d	If the	answer to any of th	e above is "Yes,"	complete the following	schedule. Co	olumn (b) s	hould always show	the f	fair m	ıarket
				s given by the reporting						
				ment, show in column (d						
(a) 1	ine no.	(b) Amount involved		charitable exempt organization			ers, transactions, and shar			
(4) 2		(b) / (iii) diff iii) diff iii	(6) (10)		(0,000					
				<u> </u>			<u> </u>			
		<del>-</del>		<del></del>						
				<del></del>						
			<u>.                                    </u>	· · · · · · · · · · · · · · · · · · ·						
			-							
		·	l							
		<del></del>		<del></del>						
2a				ated with, or related to,				$\neg \cdot$		J
				er than section 501(c)(3))	or in section	527?	<i></i>	Y	es 🔼	д ио
<u>b</u>	If "Yes	s," complete the follow				-				
		(a) Name of organizatio	n	(b) Type of organization	<u> </u>		c) Description of relation	ship		
	Und	er penalties of periury. A decia	are_that I have exemined	I this return, including accompanying	ig schedules and s	statements, and t	o the best of my knowled	ge and t	pelief, it	ıs true,
Sig	n 💖	ec. and complete. Declaration o	forebally (other than taxp	f this return, including accompanyir layer) is based on all information of wi	nich preparer has an	y knowledge.				
_			( hm R	<b>2</b>  05/09/2013	трист	OFFICE	May the IR			
Her		7 Will 20	<u> </u>	<del> </del>	Title	OFFICE		reparer	7 6	
		gneture of officer or trustee	DIIOMPP	Date	ins		(see instructio	nsir	Yes	No
	R		RUSTEE	Preparer's signature		Date	<u> </u>	PTIN		
Paid	1	Print/Type preparer's	Hallie	richarer a signature		Date	Cueck			
	- parer					l	self-employed			
		Firm's name ▶					Firm's EIN ▶			
Use	Only	Firm's address								
							Phone no.			
							F	orm 99	0-PF	(2012)

FORM 990PF, PART I - OTHER INCOME

REVENUE AND EXPENSES PER BOOKS

DESCRIPTION

FEDERAL TAX REFUND

68.

TOTALS

68.

- TAXES FORM 990PF, PART I

		, , , , , , , , , , , , , , , , , , ,		
 	1 1 1 1 1 1 1 1 1 1		!!	1 1 1 1 1 1 1
INCOME	PER BOOKS		NO	DESCRIPTION
INVESTME	EXPENSES			
NET	AND			
	REVENUE			

INVESTMENT INCOME	 	
EXPENSES PER BOOKS	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1,676.

	73. 31.	104.
1,676.		3,352.
FEDERAL TAX PAYMNT - 1041 PRIO FEDERAL FSTIMATE - 1041	FOREIGN TAXES ON QUALIFIED FRO FOREIGN TAXES ON NONOUALIFIED	TOTALS

7

SINA BIKNBAUM IKKEVOCABLE IKOSI /IIIOOOG44

FORM 990PF, PART II - U.S. AND STATE OBLIGATIONS

ENDING FMV	25,753. 25,412. 25,716. 76,881.
ENDING BOOK VALUE	24,973. 25,123. 25,436. 75,532.
BEGINNING BOOK VALUE	24,973. 25,123. 19,926. 25,007. 25,436. 
	TOTALS
DESCRIPTION	3137EACB3 - FED HM LN MTG 2.5% 912828JT8 - US TREASURY 2% 912828KB5 - US TREASRY 1.125 % 912828KK5 - US TREASRY 1.375% 31398AVD1 - FANNIE MAE 2.75%

7111000044

ᠬ

CORPORATE STOCK	
1	ii
PART II	
FORM 990PF,	

DESCRIPTION	ENDING BOOK VALUE	END ING FMV
		. ,
AMERICAN CEN GR FD	21,177.	20,820.
ARTISAN FDS MID CP	10,847.	11,528.
FED MAX CAP	38,028.	
MFS VALUE FD CL	20,980.	22,354.
PIONEER SELECT MID CP	7,655.	11,162.
VANGUARD SM CAP	9,224.	11,035.
INVESCO INTL SM CO	6,383.	6,730.
AMERICAN EUROPACIFIC	14,284.	12,530.
THORNBURG INTL #209	12,931.	12,550.
		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
TOTALS	141,509.	145,791.

4

BONDS	11 11 11 11 11
CORPORATE	
1	II
ΙΙ	
PART	
990PF,	
FORM	11 11 11 11 11

DING FMV	52,723. 31,602. 23,188. 32,067. 139,580.
ENDING FMV	
ENDING BOOK VALUE	50,469. 30,364. 22,756. 31,208. 134,797.
BO :	1 11 1 11 1 11 1 11
BEGINNING BOOK VALUE	50,469.
BEG: BOOJ	i ii i II i II i II i II
	TOTALS
NOI:	36962G4G6 - GEN ELEC A 3.75% LOOMIS SAYLES BD FD INSITUTION PIMCO REAL RETURN #122 TEMPLETON GLOBAL BD
DESCRIPTION	36962G4C LOOMIS E PIMCO RE TEMPLETC

വ

LENA BIRNBAUM IRREVOCABLE TRUST 7111000044

BEGINNING BOOK VALUE	16,317. 11,617. 10,832. 10,628. 11,157. 11,151. 15,599. 17,236. 17,497. 15,413. 6,990.	199,324.
COST/ FMV C OR F	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	TOTALS
FORM 990PF, PART II - OTHER INVESTMENTS ====================================	298706409 - AMER FDS EUROPACFI 04314H709 - ARTISAN FDS MD CAP 922908702 - VANGUARD SM CP #48 72387T827 - PIONEER SEL MD CP 543495840 - LOOMIS SAYLES INST 693391104 - PIMCO REAL #122 880208103 - TEMPLTON GLO #406 025083205 - AMER CENT GR INSTL 277905642 - EATON VANCE LG CP 31420E106 - FED MAX CP #39 399874403 - AMER GRW FD F 552983694 - MFS VALUE FD CL I 008879561 - INVESCO INTL SM 885215566 - THORNBURG INTL #20	I

9

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF \_\_\_\_\_\_

REGIONS BANK NAME:

TRUST DEPARTMENT

ADDRESS: 11 N. WATER STREET, 25TH FLOOR

MOBILE, AL 36602

TELEPHONE NUMBER: (251)690-1024

## AVERAGE MONTHLY FMV - 990PF, PART X, LINES 1a-1c \_\_\_\_\_

MONTH	LINE 1a-FMV SECURITIES	LINE 1b-FMV CASH BALANCES	LINE 1c-FMV OTHER ASSETS
JANUARY FEBRUARY MARCH APRIL MAY JUNE JULY AUGUST SEPTEMBER OCTOBER NOVEMBER	373,114. 381,081. 383,233. 379,220. 365,677. 370,314. 366,490. 370,155. 373,950. 372,188. 375,272.		
DECEMBER	373,488.		
	4 404 100		
TOTAL	4,484,182. ===========	=======================================	=======================================
AVERAGE FMV	373,682.		
	==========	=========	==========