## 990-PF

### Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

OMB No 1545-0047 2019

Department of the Treasury ► Go to www.irs.gov/Form990PF for instructions and the latest information. 912 Internal Revenue Service Open to Public Inspection For calendar year 2019 or tax year beginning 2019, and ending 20 Name of foundation A Employer identification number MARY HARMON FLORAL GARDENS 63-0946387 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 870-856-2425 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ► **HARDY, AR 72542** G Check all that apply: Initial return Initial return of a former public charity D 1. Foreign organizations, check here ☐ Final return Amended return 2. Foreign organizations meeting the 85% test, ☐ Address change □ Name change check here and attach computation H Check type of organization: Section 501(c)(3) exempt private foundation A E If private foundation status was terminated under section 507(b)(1)(A), check here 🔲 Section 4947(a)(1) nonexempt charitable trust 🔃 Other taxable private foundation Fair market value of all assets at F If the foundation is in a 60-month termination end of year (from Part II, col. (c), Other (specify) under section 507(b)(1)(B), check here line 16) ▶ \$ (Part I, column (d), must be on cash basis.) 81,040 Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books income income purposes the amounts in column (a) (see instructions).) (cash basis only) Contributions, gifts, grants, etc., received (attach schedule) 1 30,789 2 Check ► ☐ if the foundation is not required to attach Sch. B 3 Interest on savings and temporary cash investments 4 Dividends and interest from securities . . . . 5a b Net rental income or (loss) ĥа Net gain or (loss) from sale of assets not on line 10 12,995 Gross sales price for all assets on line 6a. b Capital gain net income (from Part IV, line 2) 7 8 Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) . . . . 11 Other income (attach schedule) . . 12 Total. Add lines 1 through 11 . 43,784 13 Compensation of officers, directors, trustees, etc. 3,140 3,140 Operating and Administrative Expenses 14 Other employee salaries and wages . . . . . 15 Pension plans, employee benefits 253 Internal Rovehue Service 253 Received US Bank - USB 16a Legal fees (attach schedule) Accounting fees (attach schedule) Other professional fees (attach schedule) . . SFP.2 4 2020 17 Interest . . . . . . . . . 732 Taxes (attach schedule) (see instructions) . . . 19 Depreciation (attach schedule) and depletion . . . 10,148 Oaden, UI 20 6,638 6,638 21 Travel, conferences, and meetings 22 Printing and publications . . . 23 Other expenses (attach schedule) 4,019 4,019 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . . . . . . . . . 24,930 14,782 25 Contributions, gifts, grants paid . . . . 1.850 1,850 26 Total expenses and disbursements. Add lines 24 and 25 26,780 16,632 Subtract line 26 from line 12: Excess of revenue over expenses and disbursements 17,004

For Paperwork Reduction Act Notice, see instructions.

**Net investment income** (if negative, enter -0-) .

Adjusted net income (if negative, enter -0-) .

Cat. No 11289X

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Form 990-PF (2019)

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	f year
		should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash-non-interest-bearing	12,383	13,877	13,877
	2	Savings and temporary cash investments			
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
		Less: allowance for doubtful accounts ▶			
ţ	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges			
As	10a	Investments U.S. and state government obligations (attach schedule)			
	b	Investments - corporate stock (attach schedule)			
l	С	Investments – corporate bonds (attach schedule)			
	11	Investmentsland, buildings, and equipment. Lasis ▶			1
ì		Less: accumulated depreciation (attach schedule) ▶			<del></del>
- 1	12	Investments—mortgage loans	<del></del>		<del></del>
	13	Investments—other (attach schedule)			
ł	14	Land, buildings, and equipment basis ► 153,784			
	• •	Less: accumulated depreciation (attach schedule) ▶ 86,621	34,316	67,163	67,163
	15	Other assets (describe ▶ )	010,00	07,100	
	16	Total assets (to be completed by all filers—see the			
ļ		instructions. Also, see page 1, item I)	46,699	81,040	81,040
_	17	Accounts payable and accrued expenses	480	480	01,040
_	18	Grants payable	400	400	
<u>ë</u>	19	Deferred revenue	· · · · · · · · · · · · · · · · · · ·		<u></u>
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
용	21	Mortgages and other notes payable (attach schedule)	0	17,336	
ן בּ־	22		<u>_</u>	17,330	
- [	23	Other liabilities (describe ►)  Total liabilities (add lines 17 through 22)	480	17,816	
<u>_</u>		Foundations that follow FASB ASC 958, check here	400	17,010	
Balances		and complete lines 24, 25, 29, and 30.			
핆	24	Net assets without donor restrictions	46,219	63,224	
<u>a</u>	25	Net assets with donor restrictions	40,213	03,224	
0		Foundations that do not follow FASB ASC 958, check here ▶ □			
5		and complete lines 26 through 30.	1	1	ı
<u>.</u>	26	Capital stock, trust principal, or current funds			
2	27	Paid-in or capital surplus, or land, bldg., and equipment fund			i
<del>ë</del>	28	Retained earnings, accumulated income, endowment, or other funds			
SS	29	Total net assets or fund balances (see instructions)	46,219	63,224	
Net Assets or Fun	30	Total liabilities and net assets/fund balances (see	40,213	05,224	
활	•	instructions)	46,699	81,040	
	rt III	Analysis of Changes in Net Assets or Fund Balances	40,033	01,040	
		net assets or fund balances at beginning of year—Part II, colun	nn (a) line 29 (must	agree with	
•		of-year figure reported on prior year's return)			46,219
2		r amount from Part I, line 27a		<del></del>	17,004
3		r increases not included in line 2 (itemize) . DOUBIDING		17,004	
		lines 1, 2, and 3		·	63,224
		eases not included in line 2 (itemize)		5	03,224
		net assets or fund balances at end of year (line 4 minus line 5)—P	art II. column (b), line		63,224
<u>-</u>		The state of the s			53,224

		nd(s) of property sold (for example, real e se, or common stock, 200 shs MLC Co		(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo., day, yr)	
1a	NONE						
<u>b</u>							
<u>c</u>			<del> </del>				
<u>d</u>		<del></del>					
е		<del></del>		<u> </u>			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis nse of sale		n or (loss) f) minus (g))	
a					· · · · · · · · · · · · · · · · · · ·		
<u>b</u>							
_ <u> </u>							
<u>d</u>							
<u>e</u>	Complete only for accets she	wing gain in column (h) and owned	by the foundation	on 12/31/60		<del> </del>	
	Complete only for assets sho	<del></del>				l (h) gain minus t less than -0-) <b>or</b>	
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		s of col (i) (j), if any		rom col (h))	
<u>a</u>							
<u>b</u>							
_ <u>-</u>				····		<del></del>	
<u>d</u>							
е	<del>,</del>	( 16		wh 1 to 2 7 3			
2	Capital gain net income or		also enter in Pai , enter -0- in Par		2	<u></u>	
3		n or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss),		3		
Part		er Section 4940(e) for Redu		et Investment		·· <del>-</del>	
lf sect Was t	tion 4940(d)(2) applies, leave	vate foundations subject to the e this part blank. section 4942 tax on the distribu ualify under section 4940(e). Do	table amount of	any year in the t	·	☐ Yes ☐ No	
1		unt in each column for each yea			aking any entries.		
<u>·</u> -	(a)  Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions		(c)	(d) Distribution ratio		
	2018		NONE			divided by col (c))	
	2017		NOTE				
	2016				<del>-  </del>	<del></del>	
	2015						
	2014						
2	Total of line 1, column (d)				. 2		
3	Average distribution ratio	for the 5-year base period-div	ride the total on	line 2 by 5.0, or	by		
	·	undation has been in existence					
4	Enter the net value of none	charitable-use assets for 2019 fi	rom Part X, line s	5	. 4		
5	Multiply line 4 by line 3 .				. 5		
6	Enter 1% of net investmen	t income (1% of Part I, line 27b	)		. 6		
7	Add lines 5 and 6				. 7	····	
8		ns from Part XII, line 4			. 8	<u></u>	
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box ir	n Part VI, line 1b,	, and complete t	hat part using a 1	% tax rate. See the	

Page	. 4

Part		nstru	ıctioı	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			- [
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			NONE
	here ▶ ☐ and enter 1% of Part I, line 27b			- 1
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			
6	Credits/Payments:			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			
b	Exempt foreign organizations—tax withheld at source			İ
С	Tax paid with application for extension of time to file (Form 8868) 6c			ŀ
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here  if Form 2220 is attached 8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ Refunded ▶ 11			
	VII-A Statements Regarding Activities		Yes	No
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	165	140
	participate or intervene in any political campaign?	l'a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		<b>✓</b>
	If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.			
С	Did the foundation file Form 1120-POL for this year?	1c		<b>✓</b>
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			1
	(1) On the foundation. ▶ \$ 0 (2) On foundation managers. ▶ \$ 0			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. ► \$0			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities.	2		<del>-</del>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		<b>—</b>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<b>✓</b>
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<b>✓</b>
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		1	
	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	<b>✓</b>	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	✓	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	·		
	AR		-	]
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	1	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or		I	
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes,"			
	complete Part XIV	9	<b>✓</b>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			,
	names and addresses	10		<b>√</b>

Part	VII-A Statements Regarding Activities (continued)				
				Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions		11		1
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disquaperson had advisory privileges? If "Yes," attach statement. See instructions		12		1
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applications.		13	1	
	Website address ► NONE				
14	The books are in care of ► CHARLES WILSON Telephone no. ►	870	-856-	2425	
	Located at ► 137 RAINBOW DRIVE, HARDY, AR ZIP+4 ►		542-0	387	
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	<u> </u>		Yes	No
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other aut over a bank, securities, or other financial account in a foreign country?.		16	res	<b>√</b>
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the national statements for FinCEN Form 114. If "Yes," enter the national statements for FinCEN Form 114. If "Yes," enter the national statements for FinCEN Form 114. If "Yes," enter the national statements for FinCEN Form 114.	me of			
	the foreign country	1			!
Part	Statements Regarding Activities for Which Form 4720 May Be Required			Yes	No
40	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.  During the year, did the foundation (either directly or indirectly):	-		165	140
1a		√ No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a				
	disqualified person?	☑ No			
	(6) 1 4111611 300001 00111000, 01 14011100 10 (01 4000010 111111)	<b>☑</b> No			
	(i) they compensation to, or party or commence and order to the commence of th	☑ No │			
	(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)?	<b>√</b> No			
	(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.)	☑ No			
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions describ Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	ed in	1b		
	Organizations relying on a current notice regarding disaster assistance, check here				
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts				
	were not corrected before the first day of the tax year beginning in 2019?	<u></u>	1c		1
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a p operating foundation defined in section 4942(j)(3) or 4942(j)(5)):	rivate			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines				
	, , , , , , <u> </u>	☑ No			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20	26.362			1
ט	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942 (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)	1(2) to			
	all years listed, answer "No" and attach statement—see instructions.)		2b		$\overline{}$
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	_			
	▶ 20 20 .20 .20				
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise				
	at any time during the year?	<b></b> ✓ No			l
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation				
	disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by	y the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lap	se of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine foundation had excess business holdings in 2019.)		3b		
42	Did the foundation invest during the year any amount in a manner that would jeopardize its chantable purportions.		36 4a		
4a b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardic				<u> </u>
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2		4b		

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Par	t VII-B	Statements Regarding Activitie	s for V	Vhich Form	4720	May Be F	Requir	ed (conti	nued)			
5a	During the	year, did the foundation pay or incur	any am	nount to:							Yes	No
	(1) Carry o	on propaganda, or otherwise attempt	to influ	ence legislati	on (sec	tion 4945(e	:))? .	Tes	✓ No	,		
	(2) Influence the outcome of any specific public election (see section 4955); or to carry on,											
	directly	or indirectly, any voter registration d	rive?					Yes	✓ No	.		
		e a grant to an individual for travel, stu							✓ No	, ]		
	(4) Provide	e a grant to an organization other tha	n a cha	ırıtable, etc.,	organiz	zation desc	ribed in	ו				
		4945(d)(4)(A)? See instructions							✓ No	,		
		e for any purpose other than religious								] '		
		es, or for the prevention of cruelty to						_	✓ No	1	1	
b		wer is "Yes" to 5a(1)-(5), did any of the							scribed			ļ
	=	ons section 53.4945 or in a current no		-						5b	<b>  </b>	ļ
_	_	ons relying on a current notice regard	_							1   1		
С		ver is "Yes" to question 5a(4), does maintained expenditure responsibility									i 1	
				=				∐ Yes	∐ No			
6a		tach the statement required by Regulundation, during the year, receive any					omuuma					
Va		nal benefit contract?							✓ No			
b	•	indation, during the year, pay premiur					 I henefi	_		6b		1
		6b, file Form 8870.	rio, un c	ony or mone	July, 011	a poisona		Contract		33		<del>                                     </del>
7a		during the tax year, was the foundation	n a parh	to a prohibit	ed tax s	shelter trans	action?	Yes	<b>₹</b> No			
b	-	d the foundation receive any proceed		•						7b		
8	Is the foun	dation subject to the section 4960 ta	x on pa	ayment(s) of	more t	han \$1,000	0,000 ir	)				
	remunerati	on or excess parachute payment(s) d	uring th	e yeàr? .			<u> </u>	☐ Yes	<b></b> ✓ No			İ
Part	VIII Ir	formation About Officers, Direct	tors,	Γrustees, F	ounda	tion Man	agers,	Highly F	Paid E	mploy	ees,	
		nd Contractors										
_1_	List all off	icers, directors, trustees, and found								<u>i.                                      </u>		
		(a) Name and address	hou	e, and average rs per week	(If i	mpensation not paid,	emple	Contribution byee benefit	plans	(e) Exper	nse acc	
			devot	ed to position	er	nter -0-)	and def	erred compe	nsation			
SEE A	TTACHMENT											
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			1				ł		1			
2		ation of five highest-paid employe	es (oth	er than tho	se incl	uded on li	ne 1-	see instr	uctions	s). If no	one, o	ente
	"NONE."											
				(b) Trtle, and a		}		(d) Contribu		(e) Exper	000 000	count
1	(a) Name and a	ddress of each employee paid more than \$50,00	00	hours per v		(c) Compe	nsation	plans and o	deferred		llowan	
				· · · · · · · · · · · · · · · · · · ·				compens	sation			
NONE				!						•		
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Total	number of o	ther employees paid over \$50,000 .						· · · · · · · · · · · · · · · · · · ·	. ▶			
i Viai i									. – .			

Part V	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 F	ive highest-paid independent contractors for professional services. See instructions. If none, enter "NOI	₹E."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		<del> </del>
		<del> </del>
		<del> </del>
Total nu	mber of others receiving over \$50,000 for professional services	
Part IX		
List the	foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of ations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 MA	INTENANCE OF FLOWER GARDENS, PURCHASES OF FLOWERS AND PLANTS FOR DISTRIBUTION TO	
	TIENTS AT LOCAL HOSPITALS AND NURSING HOMES	
		16,632
2		
3		
4 —		<u> </u>
·		
Part IX	-B Summary of Program-Related Investments (see instructions)	
Descrit	e the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NO	NE	
2		
All othe	r program-related investments. See instructions	1
3 NO		
- 1111.		
		<u> </u>
Total. A	dd lines 1 through 3	0
		Form <b>990-PF</b> (2019)

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Part	X Minimum Investment Return (All domestic foundations must complete this part. Fore	ign found	dations,
	see instructions.)		.,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	0
b	Average of monthly cash balances	1b	13,130
C	Fair market value of all other assets (see instructions)	1c	0
d	<b>Total</b> (add lines 1a, b, and c)	1d	13,130
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	0
3	Subtract line 2 from line 1d	3	13,130
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	197
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,933
6	Minimum investment return. Enter 5% of line 5	6	647
Part		oundatio	
7	Minimum investment return from Part X, line 6	1	N/A
2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This-does not include the tax from Part VI.)	1	
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	
Part	XII Qualifying 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	16,632
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 charitable, etc.,		
	purposes	2	0
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	0
b	Cash distribution test (attach the required schedule)	3b	0
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	16,632
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	0
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	16,632
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating		
	qualifies for the section 4940(e) reduction of tax in those years.	y ************************************	. The realitional contractions
		For	m <b>990-PF</b> (2019)

Form 9	90-PF (2019)				Page 9
Part	XIII Undistributed Income (see instructi	ons)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	( <b>d</b> ) 2019
1	Distributable amount for 2019 from Part XI, line 7			/	N/A
2	Undistributed income, if any, as of the end of 2019:				
а	Enter amount for 2018 only				
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2019:				
а	From 2014	1	•		
b	From 2015	. ↓			
c	From 2016		]		
ď	From 2017	4		Y	
e f	From 2018		<b> </b>		
_	<b>Total</b> of lines 3a through e		<del> /-</del>		
4	line 4: ▶ \$				
a	Applied to 2018, but not more than line 2a				
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount		/		
е	Remaining amount distributed out of corpus	ļ,	/		
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5		· · · · · · · · · · · · · · · · · · ·		
b	Prior years' undistributed income. Subtract line 4b from line 2b				
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d	Subtract line 6c from line 6b. Taxable amount—see instructions				
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).				
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a				
10	Analysis of line 9.				i
а	Excess from 2015 / .				
b	Excess from 2016 / .		ļ		
С	Excess from 2017 /	ļ			
d	Excess from 2018 /	'			
е	Excess from 2019				
	1				Form <b>990-PF</b> (2019)

Part	XIV Private Operating Founda	<b>tions</b> (see instru	ctions and Part \	VII-A, question 9	)	
1a	If the foundation has received a ruling foundation, and the ruling is effective fo		· ·			-
b			-		ction  4942(j)(3	) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year	<u> </u>	Prior 3 years		
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for each year listed	1 × 0	0	0	0	1 / 0
b	85% of line 2a	0	0	0	0	. , , , ,
c	Qualifying distributions from Part XII,					
	line 4, for each year listed	16,632	15,404	16,461	15,681	64,178
d		10,032	10,404	10,401	13,001	04,170
_	for active conduct of exempt activities .	0	o	0	0	0
е	,g,	j	ļ		}	
	for active conduct of exempt activities.					
_	Subtract line 2d from line 2c	16,632	15,404	16,461	15,681	64,178
3	Complete 3a, b, or c for the alternative test relied upon:					
а	"Assets" alternative test-enter.				1	
	(1) Value of all assets	81,040	46,699	48,252	45,397	221,388
	(2) Value of assets qualifying under					
	section 4942(j)(3)(B)(i)	81,040	46,699	48,252	45,397	221,388
b	"Endowment" alternative test-enter 2/3					
	of minimum investment return shown in				ł	
	Part X, line 6, for each year listed					
C	"Support" alternative test-enter					
	(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
	(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					,
	(3) Largest amount of support from an exempt organization					
	(4) Gross investment income					
Part	\./	n (Complete thi	e part only if th	e foundation ha	ed \$5,000 or mo	ro in accote at
LEUC	any time during the year-		-	e ioundation ne	aα ψο,οοο οι πιο	e iii assets at
1	Information Regarding Foundation		·,			
a	List any managers of the foundation v		ed more than 2%	of the total contri	hutions received b	v the foundation
•	before the close of any tax year (but o					y and roundation
NONE	20.0.0 0.000 0, ,0 (0.0.0	,,		, 40,000,	(-/(-//	
P	List any managers of the foundation	who own 10% or	more of the stock	k of a corporation	(or an equally larg	ne portion of the
_	ownership of a partnership or other er					go portion or the
NONE		,		<b>3</b>		
NONE 2	Information Regarding Contribution	Grant Gift Loan	Scholarship et	c Programs:		<del></del>
_	Check here ▶ ☐ if the foundation	•		· -	rganizations and c	loes not accept
	unsolicited requests for funds. If the fo					
	complete items 2a, b, c, and d. See in		into, granto, oto., t	o marridadio or or	gumzations andor t	other conditions,
	The name, address, and telephone nu		ross of the nerson	to whom applicat	none should be add	lreseed:
a	The name, address, and telephone no	mber of email addi	ess of the person	to whom applicat	ions should be add	11 e55eu.
	. J. LITTLE, PO BOX 387, HARDY, AR 725					
b	The form in which applications should	be submitted and	information and n	naterials they shou	ıld ınclude:	
LETTE	R-NAME AND ADDRESS OF HEALTH CA	RE FACILITY				
	Any submission deadlines:					
	ONGOING					
d	Any restrictions or limitations on aw	ards, such as by	geographical are	eas, charitable fie	lds, kinds of instit	utions, or other
	factors.					

FULTON & SHARP COUNTIES IN ARKANSAS - HEALTH CARE FACILITIES

Part 3	XV Supplementary Information (conti Grants and Contributions Paid During t	nued) he Year or Approve	ed for Fu	ture Payment		
<u> </u>		If recipient is an individual	1	ure rayment		
	Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant o contribution	r	Amount
	Name and address (home or business)	or substantial contributor	recipient			
а	Paid during the year					
	JS PATIENTS IN LOCAL HOSPITALS AND NG HOMES	NONE	N/A	FLOWERS TO PATIENTS		1,850
	,					
			!			
		-				
	•					
			}			
<del></del>	Total	<u> </u>	L	<u> </u>	<b>▶</b> 3a	1,850
	Approved for future payment	· · · · · · · · · · · · · · · · · · ·	, , ,	<u> </u>		,
						,
NONE						
			!			
			,			
	•					,
					•	
				ì		
	Total			<u> </u>	<b>▶</b> 3b	0

Ente	er gro	oss amounts unless otherwise indicated.	Unrelated bu	isiness income	Excluded by sect	on 512, 513, or 514	1 (e)
	σ		(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	(d) Amount	Related or exempt function income (See instructions)
•		ogram service revenue:					
	a						
	b				<del> </del>		
	q						
	ď				<del> </del>		
	4						
	-	East and contrasts from government agencies			-		
_	-	Fees and contracts from government agencies			<del> </del>		
_		mbership dues and assessments	<del></del>		<del> </del>	<del></del>	ļ
3		erest on savings and temporary cash investments	<del></del>		ļ.————		
4		idends and interest from securities	<u> </u>			<del> </del>	
5		t rental income or (loss) from real estate:		···	<del> </del>	<del></del>	<u> </u>
		Debt-financed property			<del> </del>		
_		Not debt-financed property			ļ		
		rental income or (loss) from personal property	ļi				
7		er investment income					
8		n or (loss) from sales of assets other than inventory	ļ				
9		income or (loss) from special events	ļ				<u> </u>
10		oss profit or (loss) from sales of inventory					<b></b>
11	Oth	er revenue: a			ļ		
	þ						
	C			,			
	d				ļ		
	0						
12	Sub	ototal. Add columns (b), (d), and (e)			<u></u>		
13	Tot	al. Add line 12, columns (b), (d), and (e)				13	0
	101					<del></del>	
(See	wor	ksheet in line 13 instructions to verify calculation	s.)				
See Par	wor	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
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See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		
See Par Lin	wor t X\ e No.	Ksheet in line 13 instructions to verify calculation  /I-B Relationship of Activities to the A  Explain below how each activity for which accomplishment of the foundation's exempt pur	s.) <b>ccomplishm</b>	ent of Exemp	t Purposes		

Part			-	g Transfers	s to and Trans	sactions	s and R	elationshi	ips W	ith Nonch	aritab		empl
	ın se	he organization of the communication (constraints)										Yes	No
	_	fers from the re	porting found	ation to a no	ncharitable exei	mpt orga	nızation	of:					
	(1) C		_			-					1a(1	)	1
	(2) 0	ther assets .									1a(2		1
b	Othe	r transactions:											
	(1) S	ales of assets to	a noncharital	ble exempt o	organization .						1b(1		<b>\</b>
	(2) P	urchases of asse	ets from a nor	ncharitable e	xempt organizat	tion					1b(2		✓
		ental of facilities									1b(3		✓
		eimbursement a									1b(4		<b>\</b>
		oans or loan gua									1b(5		1
		erformance of se		•	_						1b(6)	<u> </u>	1
		ng of facilities, e		•		-	-				1c	<u> </u>	✓
	value	answer to any of the goods, o	ther assets, c	r services gi	ven by the repo	orting fou	ndation.	If the found	dation	received le	ss than	fair m	arket
		in any transaction  b) Amount involved			exempt organization					assets, or sactions, and s			
(a) Line	) on	<u> </u>	<del></del>	OI HORCHaritable	exempt organization	)H	(a) Descri	plion of transie	ers, tran	sactions, and s	naring an	angeme	nts
			N/A		· · · · · · · · · · · · · · · · · · ·						····	·	
	+												
	-		<del></del>		<del> </del>								
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·				<del></del>			-			1	_		
				· · · · · · · · · · · · · · · · · · ·	**								
												-	
	descr	e foundation dire ibed in section 5 s," complete the	501(c) (other t	han section 5								es 🗆	No
		(a) Name of organ	ization		(b) Type of orga	nization			(c) Des	cription of relat	ionship		
<del></del>		···-								·			
										- <del></del>			
										~	<del></del>		
	Under	penalties of penury, I	declare that I have	examined this re-	tum including accom	nanvina sch	edules and	statements and	to the h	est of my know	edge and	helief it	is true
Sign Here	correc	ct, and complete. Decla	aration of preparer		yer) is based on all info   9-11-20	SECR	which prepa		wledge	May the	IRS disci preparer s	iss this i	return elow?
	əigna I	ature of officer or trus Print/Type preparer		Drone	Date	Title		Date	T		PTIN		
Paid	}	Tallo Type preparer	o name	Frepa	arer's signature			Jale	1	Check if self-employed	} = 1110		
repa		Firmle page									l		
Jse O	nly	Firm's name							Firm's				
	i	Firm's address ▶							Phone		Form <b>99</b>	Λ.DE	(0010)

#### Schedule B

(Form 990, 990-EZ. or 990-PF)

Department of the Treasury Internal Revenue Service Name of the organization

### **Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

Employer identification number

63-0946387 MARY HARMON FLORAL GARDENS INC Organization type (check one): Section: Filers of: Form 990 or 990-EZ 501(c)( ) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation ☐ 527 political organization ✓ 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation ☐ 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions 

Employer identification number

### MARY HARMON FLORAL GARDENS INC

63-0946387

Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.								
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
MARY HARMON FLOWERS OF LOVE TRUST  C/O REGIONS BANK, 2400 EAST HIGHLAND DRIVE  JONESBORO, AR 72401	\$ 30,789	Person Payroll Noncash  (Complete Part II for noncash contributions.)						
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
	\$	Person						
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
	<b>\$</b>	Person Payroll Noncash (Complete Part II for noncash contributions.)						
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
	<b>\$</b>	Person						
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
	\$	Person						
(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution						
	\$	Person						
	(b) Name, address, and ZIP + 4  MARY HARMON FLOWERS OF LOVE TRUST  C/O REGIONS BANK, 2400 EAST HIGHLAND DRIVE  JONESBORO, AR 72401  (b) Name, address, and ZIP + 4   Name, address, and ZIP + 4							

Name of organization

Employer identification number

### MARY HARMON FLORAL GARDENS INC

63-0946387

Noncash Property (see instructions). Use duplicate cop	bies of Fart if it additional spa	ce is needed.
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	**************************************	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	s	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
	\$	
(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	s	
(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	\$	
	Description of noncash property given  Description of noncash property given  Description of noncash property given  Description of noncash property given  Description of noncash property given  (b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)  \$  (c) FMV (or estimate) (See instructions.)  \$  (c) FMV (or estimate) (See instructions.)  \$  (d) FMV (or estimate) (See instructions.)  \$  (e) FMV (or estimate) (See instructions.)  \$  (f) Description of noncash property given  (h) Description of noncash property given  (c) FMV (or estimate) (See instructions.)  \$  (c) FMV (or estimate) (See instructions.)  (d) FMV (or estimate) (See instructions.)  \$  Description of noncash property given  (c) FMV (or estimate) (See instructions.)  \$  Description of noncash property given  (c) FMV (or estimate) (See instructions.)

Name of org	anization		ù	7	Employer identification number			
	MON FLORAL GARDENS INC	· · · · · · · · · · · · · · · · · · ·			63-0946387			
Part III	Exclusively religious, charitable,	etc., contributions t	o organizations d	escribed i	n section 501(c)(7), (8), or			
	(10) that total more than \$1,000 fo							
	the following line entry. For organiz contributions of \$1,000 or less for							
	Use duplicate copies of Part III if a			ee manaoi				
(a) No. from				1				
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	scription of how gift is held			
	-							
-								
		<u> </u>		<u> </u>				
		(e) Trans	fer of gift					
	Transferee's name, address,	and ZIP + 4	Relation	ship of tra	nsferor to transferee			
<del> </del>								
-		•••••••						
(a) No. from	(b) Purpose of gift	of gift	(d) Des	scription of how gift is held				
Part I								
-								
-					·			
	(a) Transfer of sift							
	(e) Transfer of gift							
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee					
-								
-								
(a) No. from	(h) Dunnag of sift	(c) Use	of sift	(d) Doc	posintion of how gift is held			
Part I	(b) Purpose of gift	(c) 050		(u) Des	scription of how gift is held			
-								
	(e) Transfer of gift							
	Transferee's name, address, a	Relationship of transferor to transferee						
(a) No.			L		<del></del>			
from Part I	(b) Purpose of gift	(c) Use	of gift	(d) Des	cription of how gift is held			
Fai()	· · · · · · · · · · · · · · · · · · ·							
	(e) Transfer of gift							
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ļ	Transferee's name, address, a	ing ZIP + 4	Relation	snip of traf	nsferor to transferee			

# Attachment 1 to 2019 Form 990-PF, Return of Private Foundation Mary Harmon Floral Gardens, Inc. EIN 63-0946387

Part I, line 1 – Contributions, gifts, grants, etc.

Estate of Frank Harmon through Mary Harmon	
Flowers of Love Trust	<u>\$30,789</u>

## Part I, line 23 – Other expenses

Contract labor			80
Insurance	1		2,511
Repairs & maintenance			1,428
			<u>\$4,019</u>

## Part II, line 21 – Mortgages and other notes payable

Note Payable-Bank of America (Truck Loan)	<u>\$17,336</u>
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Attachment 2 to 2019 Form 990-PF, Return of Private Foundation Mary Harmon Floral Gardens, Inc. EIN 63-0946387

Part I, line 19 & Part II, line 14 – Depreciation

<u>Description</u>	<u>Date</u>	Cost	Method	<u>19 Depr</u>	Acc Depr
Pre-94 Egpt	1/93	2,740		0	0
Bush Hog	4/94	1,850	SL-7yr	0	1,850
Drive	5/94	6,450	SL-15yr	0	6,450
Eqpt Shed	12/94	7,451	SL-10yr	0	7,451
Bldg Imprs	1/96	12,639	SL-30yr	421	10,104
Bldg Roof	8/97	5,485	SL-10yr	0	5,485
Road Impr	9/97	20,000	SL-30yr	667	15,118
A/C	6/99	2,285	SL-7yr	0	2,285
Front-end Loader	11/99	3,250	SL-7yr	0	3,250
Road Impr	6/99	4,753	SL-30yr	158	3,186
Bldg Imprs	8/00	2,798	SL-30yr	93	1,806
Bldg Imprs	4/01	6,954	SL-30yr	231	4,288
Conf Rm Impr	11/02	23,963	SL-30yr	799	13,716
Heat/Air	7/12	1,685	SL-7yr	119	1,685
Welder	1/14	578	SL-7yr	83	494
Heat Pump	4/14	1,944	SL-7yr	277	1,582
Bad Boy Mower	3/18	5,014	SL-7yr	716	1,253
Lawnmower	10/18	950	SL-7yr	135	169
2018 Ford Truck	03/19	42,995	SL-5yr	6,449	6,449
		<u>\$153,7</u>	<u>84</u>	\$10,148	<u>\$86,621</u>

## Attachment 3 to 2019 Form 990-PF, Return of Private Foundation Mary Harmon Floral Gardens, Inc. EIN 63-0946387

### Part VIII, List of Officers and Directors:

Hazel J. Little President No Compensation

164 E. Lakeshore Dr.

Cherokee Village, AR 72429

Homer E. Wiles Vice Pres No Compensation

PO Box 384

Hardy, AR 72542

Charles E. Wilson Sec-Treas \$3,140

**PO Box 387** 

Hardy, AR 72542

Joyce Kingsland Board Member No Compensation

33 Yosemite Dr

Cherokee Village, AR 72529