Internal Revenue Service

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

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

OMB No. 1545-0047

A F	or the	2012 calendar year, or tax year beginning and ending	9		
B	Check if	C Name of organization		D Empoyer identif	cation number
	pplicable	·	MA	V	7
X	Addres change	ARKANSAS FAITH AND FREEDOM COALITION	אויי	15 2010	1
	Name change	Doing Business As		Y 15 2013 27-3	047310
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) Room/	cuito	E Telephone numbe	017310
	Termin ated	904 GARLAND STREET	Suite		353-1364
	Amend return			G Gross receipts \$	256,000.
$\overline{}$	Applica	LITTLE ROCK, AR 72201			
	pendin	F Name and address of principal officer:DONNIE COPELAND		H(a) Is this a group r	Yes X No
		5813 PETIT JEAN RIVER, NORTH LITTLE ROCK,	λĐ	for affiliates?	
1 7	Fay ava	mpt status:	527	H(b) Are all affiliates in	
		e: \triangleright N/A	327		list. (see instructions)
			Vaar -	H(c) Group exemption	
		Summary	Year (information: ZUIU	M State of legal domicile: AR
		Briefly describe the organization's mission or most significant activities: EDUCATIN	īC.	AND THEODAY	NO
Activities & Governance	1 ' '	REGISTERED VOTERS OF THEIR SOCIAL RESPONSIB	TT T	WIND INLORM!	
na.					
ver		Check this box if the organization discontinued its operations or disposed of		1	
g		Number of voting members of the governing body (Part VI, line 1a)		3	5
∞	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	5
tie		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			1
ť		Total number of volunteers (estimate if necessary)		<u>6</u>	0
Ac	/a	Total unrelated business revenue from Part VIII, column (C), line 12		<u>7a</u>	0.
	D I	Net unrelated business taxable income from Form 990-T, line 34	<u>.</u>		0.
			<u> </u>	Prior Year	Current Year
ne	l	Contributions and grants (Part VIII, line 1h)		235,800.	256,000.
Revenue	l	Program service revenue (Part VIII, line 2g)	<u></u>	0.	0.
Re		nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<u></u>	0.	0.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	<u> </u>	235,800.	
ļ	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	<u> </u>	0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)	<u> </u>	0.	0.
Expenses	15 9	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		63,892.	77,712.
ë	16a F	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
х		otal fundraising expenses (Part IX, column (D), line 25) 100,841.			
_		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	<u> </u>	65,901.	
	1	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	<u> </u>	129,793.	
_ o		Revenue less expenses. Subtract line 18 from line 12	<u> </u>	106,007.	-110,502.
Net Assets or Fund Balances			Beg	inning of Current Year	End of Year
Base	20 7	otal assets (Part X, line 16)		117,865.	7,363.
	21 7	otal liabilities (Part X, line 26)		0.	0.
***********	22 N	Net assets or fund balances. Subtract line 21 from line 20 Signature Block	1.	117,865.	7,363.
		ties of perjury, I declare that I have examined this return, including accompanying schedules and st , and complete. Declaration of preparer (other than officer) is based on all information of which pre			y knowledge and belief, it is
uuc,	LUITELL	, and complete, beclaration of preparer (other than officer) is based on an information of which pre	parer	nas any knowledge.	
C:		Signature of officer		I Date	
Sign Here		DONNIE COPELAND, EXECUTIVE DIRECTOR		Dato	
nere	•	Type or print name and title			
		,	I D	ate Check	II PTIN
Paid		Print/Type preparer's name Preparer's signature COREY T. MOLINE		3/19/13 Check Lif self-employ	
	-	Firm's name HUDSON, CISNE & CO. LLP	ĮV.		71-0650689
		Firm's address 11412 HURON LANE		Firm's EIN	/I-0000003
	,	LITTLE ROCK, AR 72211		Dhana na /	501)221-1000
Mar.	tho ID		_	Phone no. (
viay	uie in	S discuss this return with the preparer shown above? (see instructions)			X Yes No

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
_	If "Yes," complete Schedule A	1	77	X
2 3	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
•	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I			X
4	public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3		
-	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI			37
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a		<u> </u>
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	ł	X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<u> </u>
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	\dashv	<u> </u>
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	401		v
13	to the expenience a school described in section 170/h/41/A/(i)2 If II/Ver II complete Cabadyla E	12b 13		$\frac{x}{x}$
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		$\frac{x}{x}$
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	170		
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization			
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
4-	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,		İ	37
10	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		<u>X</u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	<u>,</u>		х
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	18	\dashv	
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	_	X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
			000 /	

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Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	L	X
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,	l	İ	
00	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		,,	
04-	Schedule J	23	X	
244	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25		İ	37
h	Schedule K. If "No", go to line 25 Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a		X
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24b	-	
C				
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a	24d		
200	He was a second of the second	05-		X
h	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	25a	-	
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Cabadula I. Dart I	OEL		х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified	25b		
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a		35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		
27	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	07		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
	Note. All Form 990 filers are required to complete Schedule O	38	х	
	110-101 / St. 1 St		990	

Form **990** (2012)

Form 990 (2012) Part V Sta Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response to any question in this Part V

Service the number reported in Box 3 of Form 1086. Enter 0- if not applicable 1a 3 3 5 5 5 5 5 5 5 5							لبيا
be Enter the number of Forms W-2G included in line 1s. Enter- of. In dia applicable Old the organization comply with backup withholding fuels for reportable payments to vendors and reportable garning (garbling) winnings to prize winners? 2	12	Enter the number reported in Boy 3 of Form 1006. Enter 0, if not applicable	1	1	2	Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to pize winners? 2a Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 1 b If at least one is reported on line 2a, did the organization file all insquired federal employment tax returns? 2b If we calendar year ending with or within the year covered by this return Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3c Did the organization have unrelated business goes income of \$1,000 or more during the year? 3c Did the organization have unrelated business goes income of \$1,000 or more during the year? 3d A tan yttime during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, so other organization of the foreign country.) 3d A tan yttime the name of the foreign country. 3d If "Yes," has if filed a foreign country (such as a bank account, so other part and account, or other financial account)? 4d If "Yes," and present the name of the foreign country. 5d Was the organization and foreign country. 5d Was the organization and the organization file form 8886.17 5d If "Yes," in the Saor 5b, did the organization file form 8886.17 5d If "Yes," in the Saor 5b, did the organization file form 8886.17 5d If "Yes," in the organization have around gross receipts that are normally greater than \$100,000, and did the organization solution any contributions that may receive deductible as charitable contributions? 5d If "Yes," indicate the number of the value of the goods or services provided? 6d If "Yes," indicate the number of forms 8222 filed during the year 5d If "Yes," indicate the number of forms 8222 filed during the year 5d If the organization received a contribution of qualified trele	_	Enter the number of Forms W.2G included in line 1s. Enter 0 if not emplicable		· 			
Cambriling) winnings to pirks winners? Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, fleef or the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the calendar year ending with or within the year covered by this return Filed for the sum of lines 1 and 2 a is greater than 250, you may be required to e-fife (see instructions) Filed for organization have unrelated business gross income of \$1,000 or more during the year? Filed for organization have unrelated business gross income of \$1,000 or more during the year? Filed for organization have unrelated business gross income of \$1,000 or more during the year? Filed for organization are country (such as a bank account, see expendition of other financial account)? Filed for the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, seecuties account, or other financial accounts? Filed for the calendar year, did the organization flat it was or is a party to a prohibited tax wheter transaction? Filed for the calendar year, did the organization that it was or is a party to a prohibited tax wheter transaction? Filed for the calendar year, did the organization flat it was or is a party to a prohibited tax wheter transaction? Filed for the calendar year, did the organization flat it was or is a party to a prohibited tax wheter transaction? Filed for the calendar year, did the organization that it was or is a party to a prohibited tax wheter transaction? Filed for the calendar year, did the organization flat it was or is a party to a prohibited tax shelter transaction? Filed for the calendar year, did the organization included to the party to a prohibited tax shelter transaction? Filed for the calendar year, did the or				_ L	믝		
2a Inter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, fled of the Leadned's year ending with or within the year covered by this return	Ť		report	able gaming			
filed for the calendar year ending with or within the year covered by this return 2 1	2a		T	1	1c		
b If a least one is reported on line 2e, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to refile (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If Yes, 'has it filed a Form 900-T for this year? If 'No,' provide an explanation in Schedule O 3b A At any time during the calendar year, did the organization near en inferest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c If Yes, 'no line the the name of the foreign country: See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5c If Yes, 'to line Se or 5b, did the organization that it was or is a party to a prohibited any shelter transaction? 5c If Yes, 'to line Se or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line Se or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to line Se or 5b, did the organization that it was or is a party to a prohibited any contributions? 5c If Yes, 'to line Se or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction? 5c If Yes, 'to lide the organization include with every solicitation an express statement that such contributions or gitts were not tax deductible? 5c Organizations that may receive deductible contributions under section 170(c). 5d If Yes, 'did the organization include with every solicitation and party for goods and services provided to the payor? 7a Organizations that may receive deductible contributions under section 170(c). 5d If Yes, 'did the organization mitter section 490 (a) the organization file form 899 as required to file Form 899 as required to file Form 899 as required to file Form 899 as required? 7b If	24		١.		1		
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3 bill the organization have unrelated business gross income of \$1,000 or more unling the year? 3 bill the organization country (such as a bank account, or orther fine) and a summary of the calendar year, did the organization have an inferest in, or a signature or other authority over, a financial accountry is ordered country (such as a bank account, experiments or form country (such as a bank accountry, or other financial accountry) 4 a X 5 bill "Yes," enter the name of the foreign country. ► 5 see instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. 5 bill as the organization aperty to a prohibited tax shelter transaction at any time during the tax year? 5 bill as the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductibles a charitable contributions? 5 country (such as a such as a such as a such as a contribution of the such contributions or gifts were not tax deductibles? 7 bill "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 constitutions that were not tax eductibles as charitables contributions and party for goods and services provided to the payor? 8 bill "Yes," did the organization notify the donor of the value of the goods or services provided? 9 constitution of the organization notify the donor of the value of the goods or services provided? 10 bill the organization notify the donor of the value of the goods or services provided? 11 bill the organization notify the donor of the value of the foliation and party for goods and services provided? 12 bill the organization organization organization organization and property for which it was required? 13 bill the organization received a contribution of cuslified intellectual property, did t	h			<u> </u>	7	v	
3a Difference provided and the organization have unrelated business gross income of \$1,000 or more during the year? 4b If "Yes," has it filled a Form 9900 Tor this year? If "No," provide an explanation in Schedule O 4c At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5c Be instructions for filing requirements for Form TD F 902.21, Report of Foreign Bank and Financial Accounts. 5c Was the organization party to a prohibited tax shelter transaction at any time during the tax year? 5d Was the organization party to a prohibited tax shelter transaction? 5d Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5d Did was the organization and party for a prohibited tax shelter transaction? 5d Did was propartization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions or 9th to 1 may contributions or 9th to 1 may contributions or 9th to 1 may contributions that were not tax deductible as charitable contributions? 6d Did the organization include with every solicitation an express statement that such contributions or 9ths were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 8d Did the organization neath amy receive deductible contributions under section 170(c). 9d Did the organization neath amy receive deductible contributions under section 170(c). 9d Did the organization neath amy receive deductible contributions of the spoods or services provided? 9d Did the organization neath and party for goods and services provided to the payor? 7a X To Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 1d If "Yes," include the number of Forms 8282 filed during the year 9d Did t					2b	Α.	
b If "Yes," has it filled a Form 990-T for this year? If "No." provide an explanation in Schedule O A At any time during the calendary year, clid the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account). B If "Yes," enter the name of the foreign country. See instructions for fling requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for fling requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for fling requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for fling requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for fling requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. See instructions for the requirement for Form 10 F90-22.1, Report of Foreign Bank and Financial Accounts. See instructions or part of a prohibited tax shelter transaction at the transaction and party time of the tax year? See instructions for the organization has a manual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductibles on this description of the party of the property of the organization include with every solicitation and experts for party for goods and services provided to the payor? Form of the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? For Did the organization receive a payment in excess of \$75 made party as a contribution of customation of the goods or services provided? For Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? For Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? For	За		S)				
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account; a foreign country): b if "Yes," enter the name of the foreign country: Sa was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5b Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 5b If "Yes," to line 5a or 5b, did the organization file Form 8886T? 5c Dos the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 1d bid the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7d Organizations that may receive deductible contributions under section 170(c). 1d bid the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payoff of the "Yes," indicate the number of Forms 8282 filed during the year 1d if "Yes," indicate the number of Forms 8282 filed during the year 2d if "Yes," indicate the number of Forms 8282 filed during the year 2d if "Yes," indicate the number of Forms 8282 filed during the year 2d if the organization received any tunds, directly or indirectly, on a personal benefit contract? 7e 7e 1d bid the organization received any tunds, directly or indirectly, on a personal benefit contract? 7e 1d the torganization received any tunds, directly or indirectly, on a personal benefit contract? 7f 1d the organization received any ta						-	
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Form 990 (2012) ARKANSAS FAITH AND FREEDOM COALITION 27-3047310 Page Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

the Enter the number of voting members of the governing body at the end of the tax year If there are natural differences in voting rights among members of the governing body, or if the governing body delighter moral shrinky is an executive committee or similar committies, explain in Schedule O. b. Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee thave a family relationship or a business relationship with any other officer, director, sustee, or key employees to a management company or other person? 3 Did the organization related to the proposes to a management company or other person? 4 Did the organization sware aware during the year of a significant diversion of the organization related to the organization related to the organization related to the organization related to the organization have members or stockholders? 5 Did the organization have members or stockholders? 6 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 7 Did the organization have members or stockholders? 8 Did the organization have members or stockholders? 9 Did the organization have members or stockholders? 10 Did the organization have members or stockholders? 10 Did the organization have members or stockholders? 11 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 12 Did the organization notice properties, stockholders, or other persons other than the governing body? 13 Did the organization notice properties, stockholders, or other persons other than the governing body? 14 Did the organization that authority to act on behalf of the governing body? 15 Did the organization that authority to act on behalf of the governing body? 16 Did the organization that authority to act on behalf of the governing body? 17 Did the organization thave behalf of the governing body? 18 Did the organizatio	<u></u>	Check if Schedule O contains a response to any question in this Part VI				X
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persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If a lift "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHRIS STEWART - 501-353-1364 904 GARLAND STREET, LITTLE ROCK, AR 72201	15		by independent			
a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a X b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ▼ Upon request □ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ CHRIS STEWART − 501−353−1364 904 GARLAND STREET, LITTLE ROCK, AR 72201						
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If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHRIS STEWART - 501-353-1364 904 GARLAND STREET, LITTLE ROCK, AR 72201	b	Other officers and an american and the state of the state		1		
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taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHRIS STEWART - 501-353-1364 904 GARLAND STREET, LITTLE ROCK, AR 72201	16a		ent with a			
b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ▼ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ CHRIS STEWART - 501-353-1364 904 GARLAND STREET, LITTLE ROCK, AR 72201				16a		Х
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exempt status with respect to such arrangements? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990·T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website ▼ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ CHRIS STEWART - 501-353-1364 904 GARLAND STREET, LITTLE ROCK, AR 72201		in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	ization's			
Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ NONE 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990·T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. □ Own website □ Another's website □ Upon request □ Other (explain in Schedule O) 19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. 20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ▶ CHRIS STEWART - 501-353-1364 904 GARLAND STREET, LITTLE ROCK, AR 72201		everent statue with represent to evel among the C		16h		
 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.	Sect	ion C. Disclosure				
for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHRIS STEWART - 501-353-1364 904 GARLAND STREET, LITTLE ROCK, AR 72201	17	List the states with which a copy of this Form 990 is required to be filed NONE				
for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHRIS STEWART - 501-353-1364 904 GARLAND STREET, LITTLE ROCK, AR 72201	18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T	(Section 501(c)(3)s only)	availabl	e	
Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHRIS STEWART - 501-353-1364 904 GARLAND STREET, LITTLE ROCK, AR 72201		for public inspection. Indicate how you made these available. Check all that apply.	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		-	
 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► CHRIS STEWART - 501-353-1364 904 GARLAND STREET, LITTLE ROCK, AR 72201 			n Schedule O)			
statements available to the public during the tax year. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: CHRIS STEWART - 501-353-1364 904 GARLAND STREET, LITTLE ROCK, AR 72201	19			nd finan	cial	
State the name, physical address, and telephone number of the person who possesses the books and records of the organization: ► CHRIS STEWART - 501-353-1364 904 GARLAND STREET, LITTLE ROCK, AR 72201		statements available to the public during the tax year.	and the second position, as	miuii		
CHRIS STEWART - 501-353-1364 904 GARLAND STREET, LITTLE ROCK, AR 72201			d records of the organiza	ation:		
904 GARLAND STREET, LITTLE ROCK, AR 72201		CHRIS STEWART - 501-353-1364				
	72-71-0	904 GARLAND STREET, LITTLE ROCK, AR 72201				

Form 990 (2012)

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

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

hours per week (list any hours for related organizations below line) (1) DONNIE COPELAND CHAIRMAN/CURRENT EXEC DIRECTOR (2) CHRIS STEWART (3) DON THOMAS TREASURER (4) BRUCE CAMPBELL BOARD MEMBER (5) DENNY WARD BOARD MEMBER (6) GILBERT BAKER DON, Unless person is both an officer and a director/trustee) from from from from related organization (W-2/1093-MISC) (W-2/1093-MISC) from (W-2/1093-MISC) from (W-2/1093-MISC) O. O. O. O. O. O. O. O. O. O.	(F)		(E)	D)	(C	organization compensated (C)				(B)	(A)		
(1) DONNIE COPELAND CHAIRMAN/CURRENT EXEC DIRECTOR (2) CHRIS STEWART (3) DON THOMAS (3) DON THOMAS TREASURER (4) BRUCE CAMPBELL BOARD MEMBER (5) DENNY WARD BOARD MEMBER (6) GILBERT BAKER (1) O. 00 X X X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	stimated mount of other	tion	compensat	nsation	comper	th an	than is bot	more	heck ss pe	not c , unle	box offi	hours per	Name and Title
CHAIRMAN/CURRENT EXEC DIRECTOR	npensation from the ganization ad related anizations			ization	organi	Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	hours for related organizations below line)	(1) POWER GODINA
(2) CHRIS STEWART SECRETARY (3) DON THOMAS (4) BRUCE CAMPBELL BOARD MEMBER (5) DENNY WARD BOARD MEMBER (6) GILBERT BAKER (1) O. 00 X 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	,			0					y		·	0.00	
X 0. 0.				- 0.							<u> </u>	0.00	
(3) DON THOMAS	C	0.		0.1							X		SECRETARY
(4) BRUCE CAMPBELL 0.00 BOARD MEMBER X (5) DENNY WARD 0.00 BOARD MEMBER X (6) GILBERT BAKER 35.00											一	0.00	(3) DON THOMAS
BOARD MEMBER X 0. 0. (5) DENNY WARD 0.00 0. 0. BOARD MEMBER X 0. 0. (6) GILBERT BAKER 35.00 0. 0.	C	0.		0.				ŀ			X		TREASURER
(5) DENNY WARD BOARD MEMBER (6) GILBERT BAKER (7) DENNY WARD X 0. 0.												0.00	
BOARD MEMBER X 0. 0. 0. (6) GILBERT BAKER 35.00	C	0.		0.				L			X		
(6) GILBERT BAKER 35.00	_										١.,	0.00	
	C	0.		0.							X	35 00	
	C	0.		9,576.	59	x						33.00	
		and the same of th											
		THE REAL PROPERTY.											
		Page (Pharmacia), 10									П		
		-											
				-		\dashv			-	\dashv			

232007 12-10-12

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)										
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(da			ition			Reportable	Reportable	Estimated
	hours per	box	, unies	ss pe	rson i	than	n an	compensation	compensation	i
	week	⊢	cer an	dad	irecto	or/trus	tee)	from	from related	other
	(list any	ģ						the	organizations	compensation
	hours for	gige				ted		organization	(W-2/1099-MIS	C) from the
	related	ste	şş			en sa		(W-2/1099-MISC)		organization
	organizations	Individual trustee or director	Institutional trustee	Officer	oyee	Highest compensated employee				and related
	below line)	ividu	葦	180	E C	hest ploye	Former			organizations
	iii ie)	르	is S	₹	ş,	돌 를 문	Ğ			
					l					1
					<u> </u>					
		1								
		1								
										50 00 10 10 10 10
1b Sub-total	•					┢		59,576.		0. 0.
c Total from continuation sheets to Part V	II. Section A							0.		0. 0.
d Total (add lines 1b and 1c)								59,576.	1917	0. 0.
Total number of individuals (including but r							o re		000 of reportable	
compensation from the organization						-,	. • • •		,500 0. 100 3	0
			_					·····	STATE OF THE STATE	Yes No
3 Did the organization list any former officer	director or tri	iste	e ke	v er	nnic	wee	ori	highest compensated e	mnlovee on	
line 1a? If "Yes," complete Schedule J for s	· ·		-	•	•	•		•		зХ
4 For any individual listed on line 1a, is the si		• • • • •						har asmanastica from		
and related organizations greater than \$15	•							•	ine organization	4 X
5 Did any person listed on line 1a receive or									dual for cordinas	
rendered to the organization? If "Yes," con										5 X
Section B. Independent Contractors	ipiete Gulleuul	J J I	ن عد	-011	د اعر	.UII .	••••		The second second	5] 21
Complete this table for your five highest co	mnensated in	den	and a	nt c	ont	racto	re t	that received more than	\$100,000 of com	nensation from
the organization. Report compensation for	•									pensation nom
	trie Caleridar y	Cai	cilui	ng v	VILII	Ot W	<u> </u>	(B)	year.	(C)
(A) Name and business	address	N	ONE	2				Description of s	ervices	Compensation
			<u> </u>				\dashv			
			-				-			
									1	
							\dashv			
							\dashv			
							+		·	
2 Total number of independent contractors (including but -	ot li	mitc	d to	the	ee li-	l	t above) who received a	ora than	
•	-	iOL II	·······································	u 10		se II: 0	31 8 0	above, who received fr	IOIE WIAH	
\$100,000 of compensation from the organ	izauuri 📂									Form 990 (2012)

, 0			Check if Schedule O cont		to any question	in this Part VIII			
*			er er er er er er er er er er er er er e			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrela ted business reven u e	Revenue excluded from tax under sections 512, 513, or 514
iifts, Grants ar Amounts		b	Federated campaigns Membership dues Fundraising events Related organizations	1c					
Contributions, Gifts, Grants and Other Similar Amounts		e f	Government grants (contribut All other contributions, gifts, gran similar amounts not included about	ions) 1e ts, and ve 1f	256,000.				The second secon
Cont			Noncash contributions included in lines Total. Add lines 1a-1f	-	>	256,000.			
	2				Business Code				The second secon
Program Service Revenue		c d e							
_	i		All other program service reve Total. Add lines 2a-2f						<u> </u>
	3 4 5		Investment income (including other similar amounts)	dividends, intere	est, and roceeds				
			noyanios	(i) Real	(ii) Personal	and the second s			
		C	Gross rents Less: rental expenses Rental income or (loss)			apter displaces success			
	7	а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis	(i) Securities	(ii) Other	A control of the state of the s			
		_	and sales expenses Gain or (loss) Net gain or (loss)		>	The state of the s	Company pages 10 mm (1 mm) Company (
Other Revenue	8	а	Gross income from fundraisin including \$ contributions reported on line Part IV, line 18	of 1c). See					
O th			Less: direct expenses		·	a. a.			The second second
		а	Net income or (loss) from fund Gross income from gaming ac Part IV, line 19 Less: direct expenses	ctivities. See		The state of the s			
			Net income or (loss) from gam		<u> </u>				
	10		Gross sales of inventory, less and allowances	а					
			Net income or (loss) from sale				a a	Section 10 Section 1	
	11	_	Miscellaneous Revenu	ie	Business Code				
	' '	a b)
		C							
		d e	All other revenue Total. Add lines 11a-11d				Date of the state		
23200 12-10	12 9	_	Total revenue. See instructions.			256,000.		0.	0 • Form 990 (2012)

Form 990 (2012) ARKANSAS FAIT:
Part IX Statement of Functional Expenses

Sectio	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All oth	er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon		is Part IX		
	ot include amounts reported on lines 6b, lb, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				1
	trustees, and key employees	59,576.		29, 788.	29,788.
6	Compensation not included above, to disqualified				OF TO VALLEY
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include) : :
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				2.000
10	Payroll taxes	18,136.		9,06৪.	9,068.
11	Fees for services (non-employees):				
а	Management			5. 2. 10	1
b	Legal	727.	I	727.	· · · · · · · · · · · · · · · · · · ·
C	Accounting	800.		800.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	25 140	7 000		20 240
	column (A) amount, list line 11g expenses on Sch 0.)	37,149.	7,900.		29,2 49. 17, 463.
12	Advertising and promotion	204,319.		11,328.	
13	Office expenses	11,328.		11,320.	
14	Information technology	<u>-</u>			
15	Royalties				
16	Occupancy	20,382.	7,294.		13,088.
17	Travel	20,362.	1,234.		13,000.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	2,185.			2,185.
19	Conferences, conventions, and meetings	2,103.			
20	Interest Payments to offiliates		 		
21	Payments to affiliates				
22					
23 24	Other expenses. Itemize expenses not covered				
24	above. (List miscellaneous expenses in line 24e. If line				
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)	10.00			
а	RESEARCH	11,900.	11,900.		
b					
c					
d					
e	All other expenses			1	
25	Total functional expenses. Add lines 1 through 24e	366,502.	213,950.	51,711.	100,841.
26	Joint costs. Complete this line only if the organization				
-	reported in column (B) joint costs from a combined			į	
	educational campaign and fundraising solicitation.			i.	
	Check here if following SOP 98-2 (ASC 958-720)]			5 000 (2012)

orm	990	(2012)	

Feli	Λ	Balance Sneet		
		Check if Schedule O contains a response to any question in this Part X		
			(A) Beginning of year	(B) End of year
$\neg \tau$	1	Cash - non-interest-bearing	117,865.	7,363.
- 1	2	Savings and temporary cash investments	2	
	3	Pledges and grants receivable, net	1	
1	4	Accounts receivable, net	4	
	5	Loans and other receivables from current and former officers, directors,		
	•	trustees, key employees, and highest compensated employees. Complete		
		Part II of Schedule L		
- 1	6	Loans and other receivables from other disqualified persons (as defined under		
	•	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
		employers and sponsoring organizations of section 501(c)(9) voluntary		
		employees' beneficiary organizations (see instr). Complete Part II of Sch L	ŧ	
şţ	7	Notes and loans receivable, net	7	
Assets	8	Inventories for sale or use	8	
•	9	Prepaid expenses and deferred charges	9	
		Land, buildings, and equipment: cost or other		
	104	basis. Complete Part VI of Schedule D 10a		
	b	405	10	o :
	11	Investments - publicly traded securities	1	
	12	Investments - other securities. See Part IV, line 11		
	13	Investments - program-related. See Part IV, line 11	1	,
	14	Intangible assets		k
	15	Other assets. See Part IV, line 11		7
	16	Total assets. Add lines 1 through 15 (must equal line 34)		7,363.
_	17	Accounts payable and accrued expenses		
	18	Grants payable	- I	3 1
	19	Deferred revenue		** /
	20	Tax-exempt bond liabilities		
to.	21	Escrow or custodial account liability. Complete Part IV of Schedule D		1
Liabilities	22	Loans and other payables to current and former officers, directors, trustees,		
ig		key employees, highest compensated employees, and disqualified persons.		
Lia		Complete Part II of Schedule L	2	
	23	Secured mortgages and notes payable to unrelated third parties		
	24	Unsecured notes and loans payable to unrelated third parties		4
	25	Other liabilities (including federal income tax, payables to related third		1
		parties, and other liabilities not included on lines 17-24). Complete Part X of		
	ļ	Schedule D	. 2	3 .
	26	Total liabilities. Add lines 17 through 25	0. 2	0.
		Organizations that follow SFAS 117 (ASC 958), check here		
Ø		complete lines 27 through 29, and lines 33 and 34.		- 262
JCe	27	Unrestricted net assets	117,265. 2	7,363.
ala	28	Temporarily restricted net assets		44
g p	29	Permanently restricted net assets	2	
5		Organizations that do not follow SFAS 117 (ASC 958), check here ▶		
Net Assets or Fund Balances		and complete lines 30 through 34.		
jts (30	Capital stock or trust principal, or current funds	£.	· · · · · · · · · · · · · · · · · · ·
SSE	31	Paid-in or capital surplus, or land, building, or equipment fund		
ž A	32	Retained earnings, endowment, accumulated income, or other funds	5	
Se	33	Total net assets or fund balances	117,865. 8	
	34	Total liabilities and net assets/fund balances		
				Form 990 (2012)

Form	990 (2012) ARKANSAS FAITH AND FREEDOM COALITION	da	3047310	Page	<u>: 12</u>
Par	t XI Reconciliation of Net Assets			_	
	Check if Schedule O contains a response to any question in this Part XI		<u></u>	L	
			0.5	- 00	
1	Total revenue (must equal Part VIII, column (A), line 12)	_1		5,00	
2	Total expenses (must equal Part IX, column (A), line 25)	2		5,50	
3	Revenue less expenses. Subtract line 2 from line 1	<u></u> \$ 1.		7,50	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<u> </u>		7,86	<u> </u>
5	Net unrealized gains (losses) on investments				
6	Donated services and use of facilities	<u>t;</u>			
7	Investment expenses	_7			
8	Prior period adjustments	<u> </u>			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,		_		
	column (B))	<u> 10</u> _		7,36	3.
Pal	TXII Financial Statements and Reporting			-	
	Check if Schedule O contains a response to any question in this Part XII			<u>L</u>	
				Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schadule	C.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	3 185 8	,		
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?				
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	1 9 [13,6]			w
	Act and OMB Circular A-133?		3a		<u> </u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired E.			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	ini a tana b	3b		
			Form	990 (2	2012)

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highe Compensated Employees

➤ Complete if the organization answared "Yes" to Form 990, Part IV, line ≾3.

➤ Attach to Form 990. ➤ See separate instructions.

5111**9**

Open to Public

Error er identification number

Name of the organization

Department of the Treasury

nternal Revenue Service

ARKANSAS FAITH AND FREEDOM COALITION

Questions Regarding Compensation 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in First 990. Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for prosponal asset Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (e.g., maid, chauf is an ohe b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment of reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all of costs of rectors trustees, and the CEO/Executive Director, regarding the items checked in line 1a? 3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization is CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related director. establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Approval by the board or compensation common de Form 990 of other organizations During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the faing organization or a related organization: a Receive a severance payment or change-of-control payment? X b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Fart III. Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III. 6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" to line 6a or 6b, describe in Part III. For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed gravements not described in lines 5 and 6? If "Yes," describe in Part III Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subjected the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part fa If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described at Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2012

Part | Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (ii) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in prior Form 990
(1) GILBERT BAKER	Θ	59,576.	0	0	0	0.	59,576.	0
I EXECUTIVE DIRECTOR	(ii)	0	0.			0.	0	0
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SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

001E to 1545-0047

Open to Pu**blic** Inspection

Name of the organization Employer ider tilication number ARKANSAS FAITH AND FREEDOM COALITION 3 (4.7.3 FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MASSION: RIGHT TO VOTE. FORM 990, PART VI, SECTION B, LINE 11: THE BOARD OF DIRE CTOB 990 BEFORE IT IS FILED. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS AVAILABLE UPON FORM 990, PART IX, LINE 11G, OTHER FEES: CONSULTING: PROGRAM SERVICE EXPENSES 7,900. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 29,249. TOTAL EXPENSES 7,149. TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A.

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Department of the Treasury Internal Revenue Service	▶ Do not send to the IRS. Keep for your records.	Three that & Manne
Name of exempt organization	APPENDING A SECOND ASSESSMENT OF A SECOND ASSESSMENT AS	Em s s ida ilification sember
ARKANSAS FAIT	H AND FREEDOM COALITION	27 3 047 310
Name and title of officer		The second section of the second section of the second section of the second section of the second section sec
DONNIE COPELA		
Part Type of S		ANY MARKET LOCAL COLUMN TO MANAGE OF THE PROPERTY MARKET
	Return and Return Information (Whole Dollars Only)	
on line 1a. 2a. 3a. 4a. or 5a	in for which you are using this Form 8879-EC and enter the applicable amount, if any a, below, and the amount on that line for the return being filed with this form was bloom.	from the return. If you check the box
whichever is applicable, bla	ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the ap of	operation of the fact of the post of the contract of the fact of t
than 1 line in Part I.	, , , , , , , , , , , , , , , , , , , ,	The same of the sa
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line (12)	25600
2a Form 990-EZ check he	re Duran b Total revenue, if any (Form 990-EZ, line 9)	29.3
3a Form 1120-POL check	nere b Total tax (Form 1120-POL, line 22)	
4a Form 990-PF check he	re Du Dax based on investment income (Form 990-PF, Part Vi. line by	
5a Form 8868 check here	b Balance Due (Form 8868, Fart I, line 3c or Part II, line 8c)	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
Part II Declarat	on and Signature Authorization of Officer	COMMONBUST CO. CO. COMMONSTRATION OF BUILDING COMMONSTRATION
Under penalties of perjury,	I declare that I am an officer of the above organization and that I have examined a con-	y of the coganization's 0.10
electronic return and accor	npanying schedules and statements and to the best of my knowledge and belief the	Lake against the state of a taken
intermediate service provid	ount in Part I above is the amount shown on the copy of the organization is electronic er, transmitter, or electronic return originator (ERO) to send the organization is return	a the IEC and in reactive Countries IDC
(a) an acknowledgement of	receipt or reason for rejection of the transmission. (b) the reason for any detay in bar	respired to a rational convention of and (a)
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return, and the financial ins	titution to debit the entry to this account. To revoke a payment I must contact the in	S. Trace Simensia, Asserted
1-888-353-4537 no later tha	an 2 business days prior to the payment (settlement) date. I also authorize the finance payment of taxes to receive confidential information necessary to answer inquires	discit it as levelyast to the
payment. I have selected a	personal identification number (PIN) as my signature for the organization's concurse	FIC FOUR CONSISS AND SECURITY OF BE
organization's consent to e	lectronic funds withdrawal.	
Officer's PIN: check one t	pox only	
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	ne organization, I will enter my PIN as my signature on the organization's tax year 20	Taleston (Control of the Control of
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Part III Certificat	ion and Authentication	ATTEMPT TO A CONTROL WAS PROTOCOLOUR OF THE LANGUAGE CONTROL.
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, ,,	your five-digit self-selected PIN. 7103720 . 1 do not enter at zer	Samuel
I certify that the above num	eric entry is my PIN, which is my signature on the 2012 electronically filed return for	The order that adding an approve 1
confirm that I am submitting] this return in accordance with the requirements of Pub. 4163, Modernized e-Fire (M	F; Information for Audichlese IRS
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ERO's signature		1. /11.6 1./1.5
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	ERO Must Retain This Form - See Instructions Do Not Submit This Form To the IRS Unless Requested to	
LHA For Paperwork Redu 223051 11-05-12	ction Act Notice, see instructions.	Form 8879-EQ (2012