# Form **990**

332001 10-29-13

## **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter Social Security numbers on this form as it may be made public.

ocurity numbers on this form as it may be made public.

2013
Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Information about Form 990 and its instructions is at www.irs.gov/form990

and ending A For the 2013 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number X Address ARKANSAS FAITH AND FREEDOM COALITION Name change 27-3047310 Doing Business As Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 501-733-4346 Termin-1401 WEST CAPITOL AVE, SUITE 100 Gross receipts \$ 141,298. Amended return City or town, state or province, country, and ZIP or foreign postal code Applica-tion pending LITTLE ROCK, AR 72201 (a) Is this a group return F Name and address of principal officer: MARVIN PARKS for subordinates? ..... Yes X No SAME AS C ABOVE H(b) Are all subordinates included? \_\_\_\_ Yes Tax-exempt status: 501(c)(3) X 501(c) ( ) (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number K Form of organization: X Corporation Other > Trust Association L Year of formation: 2010 M State of legal domicile: AR Part I Summary Briefly describe the organization's mission or most significant activities: EDUCATING AND INFORMING Activities & Governance REGISTERED VOTERS OF THEIR SOCIAL RESPONSIBILITY TO EXERCISE THEIR if the organization discontinued its operations or disposed of more than 25% of its net assets. 5 3 Number of voting members of the governing body (Part VI, line 1a) 5 4 Number of independent voting members of the governing body (Part VI, line 1b) 0 Total number of individuals employed in calendar year 2013 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a b Net unrelated business taxable income from Form 990-T, line 34 **Prior Year Current Year** 256,000 141,298. Contributions and grants (Part VIII, line 1h) Revenue 0. Program service revenue (Part VIII, line 2g) 0 . 0. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 0. 0. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 256,000. 141,298. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 0. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 77,712. 1,576. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 288,790. 132,886. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 366,502. 134,462. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -110,502.6,836. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** 14,199. 7,363. 20 Total assets (Part X, line 16) 0. 0. 21 Total liabilities (Part X, line 26) 7,363. .199. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign MARVIN PARKS, PRESIDENT Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00916099 KAREN E. GARRETT Paid Firm's name | HUDSON, CISNE & CO. LLP 71-0650689 Firm's EIN Preparer Firm's address 11412 HURON LANE Use Only Phone no. (501)221-1000 LITTLE ROCK, AR 72211 X Yes No May the IRS discuss this return with the preparer shown above? (see instructions)

# IRS e-file Signature Authorization for an Exempt Organization

alendar year 2013, or fiscal year beginning	, 2013, and ending	,20	

Department of the Treasury	▶ Do not	send to the IRS. Keep for your rec	ords.		2010
Internal Revenue Service		879-EO and its instructions is at w	ww.irs.gov/form8		
Name of exempt organization	ON			Employer	identification number
ARKANSAS FAI	TH AND FREEDOM COA	LITION		27-3	047310
Name and title of officer					
MARVIN PARKS					
PRESIDENT Part I Type or	FReturn and Return Inform	ation (M/Lala Dallaus Oal A			
on line <b>1a, 2a, 3a, 4a,</b> or	5a, below, and the amount on that	rm 8879-EO and enter the applicable line for the return being filed with this intered -0- on the return, then enter -0	form was blank, t	then leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, i	any (Form 990, Part VIII, column (A),	line 12)	1b	141,298.
2a Form 990-EZ check		ue, if any (Form 990-EZ, line 9)			
3a Form 1120-POL che	ck here <b>L</b> b Total ta	(Form 1120-POL, line 22)	***************************************	3b	
4a Form 990-PF check I	nere <b>b</b> L b Tax based o	n investment income (Form 990-PF,	Part VI, line 5)	4b	
5a Form 8868 check he	re <b>b Balance Due</b> (Fo	orm 8868, Part I, line 3c or Part II, line	8c)	5b	
Part II Declara	ation and Signature Author	ization of Officer			
(a) an acknowledgement the date of any refund. It debit) entry to the financ return, and the financial 1-888-353-4537 no later processing of the electro payment. I have selected	of receipt or reason for rejection of applicable, I authorize the U.S. Tre ial institution account indicated in t institution to debit the entry to this than 2 business days prior to the pa anic payment of taxes to receive con	n originator (ERO) to send the organithe transmission, (b) the reason for a asury and its designated Financial Age tax preparation software for paymaccount. To revoke a payment, I mustyment (settlement) date. I also authorifidential information necessary to an PIN) as my signature for the organization.	any delay in proce gent to initiate an e ent of the organiza t contact the U.S. rize the financial is swer inquiries and	ssing the re electronic f ation's fede Treasury F nstitutions f resolve is	eturn or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the sues related to the
Officer's PIN: check on	e box only				:
X I authorize H	UDSON, CISNE & CO.	LLP		to enter m	y PIN 02744
		ERO firm name			Enter five numbers, bu do not enter all zeros
is being filed wenter my PIN of As an officer of indicated within	rith a state agency(ies) regulating ch on the return's disclosure consent s of the organization, I will enter my Pl.	Nas my signature on the organization	rogram, I also aut n's tax year 2013 e s) regulating chari	horize the a	aforementioned ERO to  lly filed return. If I have t of the IRS Fed/State
Part III Certific	ation and Authentication				
	our six-digit electronic filing identifi by your five-digit self-selected PIN.	71	037200168 not enter all zeros		
	ting this return in accordance with t	signature on the 2013 electronically ne requirements of <b>Pub. 4163,</b> Mode			
ERO's signature 🕨			Date		
		Retain This Form - See Instru Form To the IRS Unless Req		So	

LHA For Paperwork Reduction Act Notice, see instructions. 323051 10-01-13

Form **8879-EO** (2013)

Form 8868 (Rev. 1-2014)					Page 2	
If you are filing for an Additional (Not A					X	
Note. Only complete Part II if you have all  If you are filing for an Automatic 3-Mo			filed Form	8868.		
		on of Time. Only file the origin	nal (no c	opies need	ded).	
•		The same of the sa	Commence Com	TV TO THE TOTAL TO THE T	ee instructions	
Type or Name of exempt organization	or other filer, see instructions.		Employe	r identification	n number (EIN) or	
print						
File by the ARKANSAS FAITH AND FREEDOM COALITION 27-304731						
ling your	suite no. If a P.O. box, see instr DL AVE, SUITE 10		Social se	curity numbe	er (SSN)	
City, town or post office, state LITTLE ROCK, AR	e, and ZIP code. For a foreign a 72201	ddress, see instructions.				
Enter the Return code for the return that t	his application is for (file a sepa	rate application for each return)			0 1	
Application	Retur	n Application			Return	
s For	Code	ls For			Code	
Form 990 or Form 990-EZ	01					
Form 990-BL	02	Form 1041-A			08	
Form 4720 (individual)	Destroy S. W. Self. M.					
Form 990-PF	04	Form 5227			10	
Form 990-T (sec. 401(a) or 408(a) trust)	05	05 Form 6069				
Form 990-T (trust other than above)	06					
STOP! Do not complete Part II if you we		omatic 3-month extension on a pre	viously file	ed Form 8868	3,	
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The books are in the care of $\triangleright$ 140			TTLE	RUCK, I	AR /2201	
Telephone No. ► 501-353-13		Fax No.		-	<b>L</b>	
If the organization does not have an of						
If this is for a Group Return, enter the		ttach a list with the names and EINs o				
. If it is for part of the group	370770	MBER 15, 2014.	or all memic	ers the exter	ISION IS ION	
<ul><li>I request an additional 3-month extension</li><li>For calendar year 2013, or other</li></ul>			na			
·	-		Final	return		
6 If the tax year entered in line 5 is fo  Change in accounting period	less than 12 months, check re	ason midal return	- I III CI	etain		
7 State in detail why you need the ex	tension					
		ATHER INFORMATION N	EEDED	TO FI	LE A	
COMPLETE AND ACCU						
8a If this application is for Forms 990-l	3L. 990-PF. 990-T. 4720. or 606	9, enter the tentative tax, less any				
nonrefundable credits. See instruct			8a	\$	0 .	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
tax payments made. Include any pi		·				
previously with Form 8868.			8b	\$	0.	
c Balance due. Subtract line 8b from	line 8a. Include your payment	with this form, if required, by using				
EFTPS (Electronic Federal Tax Pay	ment System). See instructions		8c	\$	0.	
		ust be completed for Part II				
Under penalties of perjury, I declare that I have it is true, correct, and complete, and that I am a	examined this form, including acco authorized to prepare this form.	mpanying schedules and statements, and	to the best o	of my knowledg	je and belief,	
	THE CDA		Date			

323842 12-31-13

Form 8868 (Rev. 1-2014)

332002 10-29-13 Including grants of \$

120,000.

) (Revenue \$

Total program service expenses

Part IV Checklist of Required Schedules

#### Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A ..... 1 X Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 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 during the tax year? If "Yes," complete Schedule C, Part II 4 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to Х 6 provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 X Schedule D, Part III 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? Х If "Yes," complete Schedule D, Part IV 9 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent 10 Х endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 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. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 11a Part VI b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total Х 11b assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c 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 Х Part X, line 16? If "Yes," complete Schedule D, Part IX 11d X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Х the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Х Schedule D, Parts XI and XII 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X or more? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any 15 foreign organization? If "Yes," complete Schedule F, Parts II and IV Х 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to Х or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV 16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 18 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," X complete Schedule G, Part III 19 X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Form 990 (2013) Part IV Checklist of Required Schedules (continued) Yes No Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, Х 22 column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current 23 and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Х 23 Schedule J 24a 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 X 24a Schedule K. If "No", go to line 25a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a X 25a disqualified person during the year? If "Yes," complete Schedule L, Part I b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Х 25b Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or 26 former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, X 26 complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member X of any of these persons? If "Yes," complete Schedule L, Part III 27 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28 instructions for applicable filing thresholds, conditions, and exceptions): X 28a a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Х **b** A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, X 28c director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation 30 X contributions? If "Yes," complete Schedule M 30 Did the organization liquidate, terminate, or dissolve and cease operations? 31 X 31 If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 X Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations 33 X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х Part V, line 1 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? b | If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2 36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization 37 Х 37 and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI

> X Form **990** (2013)

38

Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?

Note. All Form 990 filers are required to complete Schedule O ......

Form 990 (2013) Part V Statements Regarding Other IRS Filings and Tax Compliance

Seties the number opported in Box 3 of Form 1096. Enter 0- if not applicable   1a   0   1b   0   0   1b   0   0   1c   0   0   1c   0   0   1c   0   0   0   1c   0   0   0   0   0   0   0   0   0		Check if Schedule O contains a response or note to any line in this Part V				· · · · · · · · · · · · · · · · · · ·		1
Enter the number of Forms W2G included in line 1a. Enter 0- if not applicable 15						Yes	No	-
Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming gambling) winnings to prize winners?  2e Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return  2 b If at least one is reported on line 28, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2 a is greater than 250, you may be required to e-file (see instructions)  3 b If at least one is reported on line 28, did the organization file all required federal employment tax returns?  Note: If the sum of lines 1a and 2 a is greater than 250, you may be required to e-file (see instructions)  3 b If the scanning than 2 a short than 250, you may be required to e-file (see instructions)  3 b If the scanning than 2 a short than 250, you may be required to e-file (see instructions)  3 b If the scanning than 2 a short than 250, you may be required to e-file (see instructions)  3 b If the scanning than 2 a short than 250, you may be required to e-file (see instructions)  3 b If the scanning than 2 a short than 250, you may be required to e-file (see instructions)  3 b If the scanning than 2 a short than 250, you may be required to e-file (see instructions)  4 b If view, 'not the number of the foreign country (such as a bank account, securities account, or other financial accountry and the scanning than 2 a short	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	0				No.
Gameblog) winnings to prize winners?  Elect the mumber of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fleet for the calendar year ending with or within the year covered by this return.  If all least one is reported on line 2s, did the organization file all required federal employment tax returns?  Note. If the sum of lines it and 2a is greater than 250, you may be required to e-file (see instructions)  If I'ves, has it filed a form 990-Tof this year I'w, ho, for file 3, ported an explanation in Schedulic O  If I'ves, has it filed a form 990-Tof this year I'w, ho, for file 3, ported an explanation in Schedulic O  If I'ves, and it filed a form 990-Tof this year II'w, ho for file 3, ported an explanation in Schedulic O  If I'ves, enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other suthicity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If I'ves, interest the amount of the organization have an interest in, or a signature or other suthicity over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  5c Was the organization a party to a prohibited tax shelter transaction?  5c Was the organization have armusid prose receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables a charable contributions?  5c Was the organization have armusid prose receipts that are normally greater than \$100,000, and did the organization solicit ary contribution and party for pods and services provided to the payor?  5c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a contribution of automatic and the supporting organization secretic aparent in e	b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0				
Gameblog) winnings to prize winners?  Elect the mumber of employees reported on Form W-3, Transmittal of Wage and Tax Statements, fleet for the calendar year ending with or within the year covered by this return.  If all least one is reported on line 2s, did the organization file all required federal employment tax returns?  Note. If the sum of lines it and 2a is greater than 250, you may be required to e-file (see instructions)  If I'ves, has it filed a form 990-Tof this year I'w, ho, for file 3, ported an explanation in Schedulic O  If I'ves, has it filed a form 990-Tof this year I'w, ho, for file 3, ported an explanation in Schedulic O  If I'ves, and it filed a form 990-Tof this year II'w, ho for file 3, ported an explanation in Schedulic O  If I'ves, enter the name of the foreign country (such as a bank account, securities account, or other financial account)?  4a At any time during the calendar year, did the organization have an interest in, or a signature or other suthicity over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  5b If I'ves, interest the amount of the organization have an interest in, or a signature or other suthicity over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts.  5c Was the organization a party to a prohibited tax shelter transaction?  5c Was the organization have armusid prose receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables a charable contributions?  5c Was the organization have armusid prose receipts that are normally greater than \$100,000, and did the organization solicit ary contribution and party for pods and services provided to the payor?  5c If 'Yes,' did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductables a contribution of automatic and the supporting organization secretic aparent in e	c	Did the organization comply with backup withholding rules for reportable payments to vendors and r	eporta	ıble gaming				
tilled for the calendary year ending with or within the year covered by this return  bit at least one is reported on line 2a, 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 e-file (see instructions)  bit 1' Yea, 'has till filed a Form 990-17 or this year? If 'No,' to line 3b, provide an explanation in Schedule C  bit 1' Yea,' enter 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.  bit 1' Yea,' enter 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.  bit 1' Yea,' enter 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.  bit 1' Yea,' enter the name of the foreign country; ▶  bit 1' Yea,' enter the name of the foreign country; ▶  cell 1' Yea,' bit line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?  bit 1' Yea,' enter the name of the organization file Form 888677.  cell 1' Yea,' bit is 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?  contributions that were not tax deductible?  contributions that were not tax deductible or the value of the good on services provided to the payor?  contributions that were not tax deductible?  contributions and the such acclustication or file was the other payor than the such contributions or gifts were not tax deductible?  contributions that were not tax deductible?  contribution and the such accounts that the such contribution or gifts were not tax deductible?  contributions that were not tax deductible?  contributions that were not tax deductible?  contributions that may receive deductible contributions include an express sta					1c			
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Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  a Did the organization have unrelated business gross income of \$1,000 or more during the year?  b If "Yes," has it filed a Form 990-T for this year? If "No," to fine 36, provide an explanation in Schedule O  and A 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. If "Yes," explained in the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country. If "Yes," other the name of the foreign country. If "Yes," other the name of the foreign country. If "Yes," other the name of the foreign country. If yes, the organization apparty to a prohibited tax shelter transaction at any time during the tax year?  5a Wat the organization apparty to a prohibited tax shelter transaction at any time during the tax year?  5b Wat the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutible?  6b Dese the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutible?  6c Did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax educutible?  6c Did the organization secleve a payment in excess of \$75 made party as a contribution of \$100,000, and did the organization solicit any contributions under section \$100,000, and did the organization solicit than the organization receive a payment in excess of \$75 made party as a contribution of \$100,000, and did the organization solicit than the organization received accutible contributions under section \$100,000, and did the organization solicit than party than \$100,000, and the organization flower section \$		filed for the calendar year ending with or within the year covered by this return						
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b If "Yes," enter 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.   See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.   See I "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?   See I "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction?   See I "Yes," to line 5a or 5b, did 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?   See I "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?   Organizations that may receive deductible contributions under section 170(e).   Did the organization notify the donor of the value of the goods or services provided?   Organization shall may receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor?   To be organization shall be provided to the payor? To be if "Yes," did the organization notify the donor of the value of the goods or services provided?   Did the organization notify the donor of the value of the goods or services provided?   To be organization shall be provided to the sale of the payor of the sale of the organization shall be payor or the verification of the sale of the payor?   To be organization received and payor payor organization property for which it was required?   Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-07 organization received and maintaining donor advised funds.   Sponsoring organizations maintaining dono	4a	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a				
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5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If Yes,* to line 5a or 5b, did the organization file Form 88861?  6a Does 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?  6a If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6b If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  6c If Yes,* did the organization include with every solicitation and express statement that such contributions or gifts were not tax deductible?  6c If Yes,* did the organization notify the donor of the value of the goods or services provided?  6c If Yes,* did the organization notify the donor of the value of the goods or services provided?  7c If Yes,* did the organization notify the donor of the value of the goods or services provided?  7d If Yes,* did the organization notify the donor of the value of the goods or services provided?  7e Did the organization neceive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  7f Did the organization receive any number of porms 8282 filed during the year  7g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-c?  8 Sponsoring organizations maintaining denor advised funds and section 509(a)(a) supporting organization file a Form 1098-c?  9 Sponsoring o	b	If "Yes," enter the name of the foreign country:						
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a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?  b if "Yes," did the organization notify the donor of the value of the goods or services provided?  c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?  d if "Yes," indicate the number of Forms 8282 filed during the year  e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?  70  g if the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?  71  g if the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?  8 Sponsoring organizations maintaining donor advised funds and settion 509(a)(3) supporting organizations. Did the supporting organization, are donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?  9 Sponsoring organizations make any taxable distributions under section 4966?  9a  b Did the organization make any taxable distributions under section 4966?  9b  b did the organization make any taxable distributions under section 4966?  9c  9c  9c  9c  9d  10 Section 501(c)(7) organizations. Enter:  a Initiation fees and capital contributions included on Part VIII, line 12  9c  10c  10c  10c  11b  11c  12c  10d  11c  12c  10d  11d  12d  12d  13c  14d  15d  16d  17d  17d  17d  17d  17d  17d  17		were not tax deductible?			6b			
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organization is licensed to issue qualified health plans	b		46	40				
c Enter the amount of reserves on hand			13b					
	С		13c					
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X	
	b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	e O		14b			_

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.

	Check if Schedule O contains a response or note to any line in this Part VI		*****	X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent	87		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6	1.1	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
þ	, , , , , , , , , , , , , , , , , , , ,	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		<u> X</u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			1000
	Ť		Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
þ	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	-
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			77
12a	A MINISTER CONTROL OF THE CONTROL OF	12a		X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	-	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		v
13	Did the organization have a written whistleblower policy?	13	-	X
14	Did the organization have a written document retention and destruction policy?	14		Λ
15	Did the process for determining compensation of the following persons include a review and approval by independent	2000		40
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45.		Х
	The organization's CEO, Executive Director, or top management official	15a 15b		X
D	Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	196		- 2
16.	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
iva	taxable entity during the year?	16a		Х
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	108		
U	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		800000
500	tion C. Disclosure	100		
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) a	vailah	le	
	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	d finar	cial	
	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 organizat	ion: 🕨		
•	SARAH PARKS - 501-353-1364			
	1401 WEST CAPITOL AVE, SUITE 100, LITTLE ROCK, AR 72201			
		-	000	(0040)

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

Check if Schedule O contains a response or note to any line in this Part VII

### Section A. 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 (D), (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.

X Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)  Name and Title	(B) Average hours per	(do box	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D)  Reportable compensation	(E)  Reportable compensation	<b>(F)</b> Estimated amount of			
	week (list any hours for related organizations below line)	director	Institutional frustee	Officer b		Highest compensated 14/20 employee	Ė	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) DONNIE COPELAND	0.00	х		Х				0.	0.	0
CHAIRMAN/CURRENT EXEC DIRE	0.00	Δ	-	^				0.	0.	0.
(2) CHRIS STEWART SECRETARY	0.00	х						0.	0.	0.
(3) DON THOMAS	0.00									•
TREASURER		х						0.	0.	0.
(4) BRUCE CAMPBELL	0.00									
BOARD MEMBER		X						0.	0	0.
(5) DENNY WARD	0.00									
BOARD MEMBER		Х			Ш		_	0.	0	0 .
<u> </u>										
4										
-		_	_	_			_			
			L.							

(A)  Name and title	(B) Average hours per week	(do box offi	not c	Pos heck ss pe	ition more		one h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	hours for related organizations below palson below palson below organization palson below palson below palson below palson below palson		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC	compensation from the organization and related organizations				
		-								
		-								
		_	-							
2										
1b Sub-total						<u> </u>	<b>•</b>	0.		0. 0.
c Total from continuation sheets to Part d Total (add lines 1b and 1c)	VII, Section A							0.		0. 0.
2 Total number of individuals (including but							no re			
Did the organization list any former office				-		-		·		Yes No
line 1a? If "Yes," complete Schedule J for For any individual listed on line 1a, is the	sum of reportab	le co	omp	ensa	ation	anc	otl	her compensation from	the organization	
and related organizations greater than \$1  5 Did any person listed on line 1a receive or	r accrue compe	nsat	ion f	rom	any	unr	elat	ed organization or indivi	dual for services	
rendered to the organization? If "Yes," co Section B. Independent Contractors	трете эспеаи	eJi	or st	JCN	pers	son .		***************************************		5 X
1 Complete this table for your five highest of										ensation from
the organization. Report compensation for (A)	r the calendar y	ear	endi	ng v	vith	or w	ithir	the organization's tax y (B)	/ear.	(C)
Name and busines								Description of s	ervices	Compensation
LAMOUREUX LAW, 103 W. PARUSSELLVILLE, AR 72801	ARKWAY,	SU	ΙΤΙ	E E	3,			CONSULTING S	ERVICES	120,000.
×										
·····			_			_				

Form **990** (2013)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

55.050		Check if Schedule O cont	ains a response o	or note to any lin	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	t c c e f	Membership dues Fundraising events Related organizations Government grants (contributi All other contributions, gifts, grant similar amounts not included abov	1c	141,298.	141 200			
<u>a</u> 0	ŀ	Total. Add lines 1a-1f		<b>&gt;</b>	141,298.			
Program Service Revenue	2 a			Business Code				
O.	f	All other program service reve	nue					
-	3	Investment income (including other similar amounts) Income from investment of tax	dividends, intere	st, and				
	5	Royalties	**********					
			(i) Real	(ii) Personal				
		a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss)			200 C	10 - 20 - 20 - 20 - 20 - 20 - 20 - 20 -		
	7 8	a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		18		
ər		Less: cost or other basis     and sales expenses     Gain or (loss)     Net gain or (loss)     Gross income from fundraising	***************************************	<b>&gt;</b>		4,	1	
Other Revent		including \$ contributions reported on line Part IV, line 18 Less: direct expenses Net income or (loss) from func	a	<b>&gt;</b>		0.6		
	9 a	Gross income from gaming ac Part IV, line 19 Less: direct expenses Net income or (loss) from gam	tivities. See a b			100 000 000 000 000 000 000 000 000 000		
	10 a	a Gross sales of inventory, less and allowances	returns a					
		Miscellaneous Revenu		Business Code				
	11 a							
33200 10-29	12	Total. Add lines 11a-11d Total revenue. See instructions.			141,298.	0.	0.	0 <b>.</b> Form <b>990</b> (2013)

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				[X]
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D)</b> Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21				100
2	Grants and other assistance to individuals in				Total Section
	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,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	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				
10	Payroll taxes	1,576.		788.	788.
11	Fees for services (non-employees):				
а	Management				
b	Legal				
c	Accounting	840.		840.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	120,000.	120,000.		
12	Advertising and promotion				
13	Office expenses	379.		379.	
14	Information technology				
15	Royalties				
16	Occupancy	9,000.		9,000.	
17	Travel	397.			397.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	2,270.			2,270.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered 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 O.)				
a b c					
d					
	All other expenses	124 462	120,000.	11,007.	3,455.
25	Total functional expenses. Add lines 1 through 24e	134,462.	120,000.	11,007.	3,433
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

332010 10-29-13

Form 990 (2013)
Part X Balance Sheet

SS-555		Check if Schedule O contains a response or not	e to any line in this Part X			
		enest, i consesso e contains a poportos o inci-		(A) Beginning of year		(B) End of year
-	1	Cash - non-interest-bearing		7,363.	1	14,199.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net			4	
	5	Loans and other receivables from current and fo				
		trustees, key employees, and highest compensa	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect	100			
ts		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
ĕ	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other	1 1			
		basis. Complete Part VI of Schedule D	10a	100000 200000 2000000		
	ь	Less: accumulated depreciation	10b	100 1 100 100 100 100 100 100 100 100 1	10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line			12	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		7,363.	16	14,199.
	17	Accounts payable and accrued expenses		17		
	18	Grants payable		18		
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete			21	
S	22	Loans and other payables to current and former	r officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and disqualified persons.			
jap		Complete Part II of Schedule L			22	
_	23	Secured mortgages and notes payable to unrela	ated third parties		23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117 (ASC 958				
es		complete lines 27 through 29, and lines 33 ar				
anc	27	Unrestricted net assets		7,363.	27	14,199.
Bal	28	Temporarily restricted net assets			28	-
밀	29	•			29	
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (A	SC 958), check here			
, 0		and complete lines 30 through 34.				
sets	30	Capital stock or trust principal, or current funds			30	
As	31	Paid-in or capital surplus, or land, building, or ed			31	
ĕ	32	Retained earnings, endowment, accumulated in		7 363	32	14 100
_	33	Total net assets or fund balances		7,363.		14,199.
	34	Total liabilities and net assets/fund balances	*********************	7,363.	34	14,199.

Pa	rt XI Reconciliation of Net Assets							
	Check if Schedule O contains a response or note to any line in this Part XI	**********						
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,2				
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	4,4	62.			
3	3 Revenue less expenses. Subtract line 2 from line 1							
4								
5	Net unrealized gains (losses) on investments	5						
6	Donated services and use of facilities	6						
7	Investment expenses	7						
8	Prior period adjustments	8						
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))	10	1	4,1	99.			
Pa	rt XII Financial Statements and Reporting							
	Check if Schedule O contains a response or note to any line in this Part XII							
				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 Schedule	O.			*			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d 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		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,						
	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	e audit,						
	review, or compilation of its financial statements and selection of an independent accountant?		2c					
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit						
	Act and OMB Circular A-133?		3a		X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired audit						
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b					

## **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 on

Form 990 or 990-EZ or to provide any additional information. ► Attach to Form 990 or 990-EZ.

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

ARKANSAS FAITH AND FREEDOM COALITION

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990 Employer identification number 27-3047310

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSI	ON:
RIGHT TO VOTE.	
FORM 990, PART VI, SECTION B, LINE 11:  EXPLANATION: THE BOARD OF DIRECTORS REVIEWS FORM 990 BEFORE	IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS STATEMENTS AVAILABLE UPON REQUEST.	AND FINANCIAL
FORM 990, PART IX, LINE 11G, OTHER FEES:  CONSULTING:	
PROGRAM SERVICE EXPENSES	120,000.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	120,000.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	120,000.