As Filed Data efile GRAPHIC print - DO NOT PROCESS DLN: 93492141009250 Short Form OMB No 1545-1150 Form 990EZ Return of Organization Exempt From Income Tax 2019 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Department of the Open to ▶ Do not enter social security numbers on this form as it may be made public. Treasury Public Internal Revenue Service ► Go to www.irs.gov/Form990EZ for instructions and the latest information. Inspection A For the 2019 calendar year, or tax year beginning 01-01-2019, and ending 12-31-2019 B Check if applicable C Name of organization D Employer identification number Arkansas Community Organizations ☐ Address change 27-1423559 ☐ Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number ☐ Initial return 2101 S Main Street ☐ Final return/terminated City or town, state or province, country, and ZIP or foreign postal code ☐ Amended return Little Rock, AR 72206 F Group Exemption ☐ Application pending Number ☑ If the organization is **not** G Accounting Method ☑ Cash ☐ Accrual Other (specify) ► required to attach Schedule B (Form 990, 990-EZ, or 990-PF) I Website: > **J Tax-exempt status** (check only one) - ☐ 501(c)(3) ☑ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527 K Form of organization ☑ Corporation ☐ Trust ☐ Association ☐ Other L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I) Part I Check if the organization used Schedule O to respond to any question in this Part I 1 39,000 Contributions, gifts, grants, and similar amounts received 1 2 2 Program service revenue including government fees and contracts 3 3 20,815 4 4 5a Gross amount from sale of assets other than inventory h Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a) . . . 5c c 6 Gaming and fundraising events Revenue Gross income from gaming (attach Schedule G if greater than \$15,000) а of contributions from Gross income from fundraising events (not including \$ fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000) 1,338 Less direct expenses from gaming and fundraising events 6с Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c) 6d d 1,338 7a Gross sales of inventory, less returns and allowances . b Less cost of goods sold Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a) . c 7c 8 Other revenue (describe in Schedule O) . . 8 10,707 9 9 **Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 . 71,860 10 10 37,000 Grants and similar amounts paid (list in Schedule O) . 11 11 Benefits paid to or for members 12 12 Salaries, other compensation, and employee benefits . Expenses 13 13 5,150 Professional fees and other payments to independent contractors 14 14,883 14 Occupancy, rent, utilities, and maintenance 15 Printing, publications, postage, and shipping. 15 602 16 Other expenses (describe in Schedule O) 16 16,454 17 **Total expenses.** Add lines 10 through 16 17 74.089 18 Excess or (deficit) for the year (Subtract line 17 from line 9) 18 -2,229 Net Assets 19 Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return) 19 -15,036 20 Other changes in net assets or fund balances (explain in Schedule O) . 21 Net assets or fund balances at end of year Combine lines 18 through 20 21 -17,265 For Paperwork Reduction Act Notice, see the separate instructions. Form **990-EZ** (2019) Cat No 10642I

Part II	Balance Sheets (see the instructions Check if the organization used Schedule		westion in this	Part II			
	Shook if the organization about behicual	o to respond to diff q	a cotton in time		eginning of year		(B) End of year
22 Cash. sa	vings, and investments		1	(4)	8,119	22	3,022
	d buildings				0	-	0
	sets (describe in Schedule O)				2,445	24	1,713
25 Total as	·				10,564		4,735
	abilities (describe in Schedule O)				25,600	-	22,000
	ets or fund balances (line 27 of column				-15,036	-	-17,265
Part III	Statement of Program Service	· · ·	•	ons for Pa		T	Expenses
	Check if the organization used Schedule						equired for section 501(c)
	organization's primary exempt purpose?) and 501(c)(4) ganizations, optional for
Describe the measured b	eal & economic justice & welf e organization's program service accompli y expenses In a clear and concise manne and other relevant information for each pro	er, describe the service					ners)
	nal Data Table						
(Grante ¢)	If this amoun	it includes foreign gran	te chack hara		▶ □	30-	
(Grants \$) 29	ir this amoun	it includes foreign gran	its, check here	• •	. • 🗆	28a 29a	
29						294	
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(Grants \$)	If this amoun	it includes foreign gran	its, check here		. ▶ ⊔		
30						30a	
(Grants \$)	If this amoun	it includes foreign gran	its, check here		. ▶ □		
31 Other pr	ogram services (describe in Schedule 0)			· · ·		+	
(Grants \$)	· · · · · · · · · · · · · · · · · · ·	nt includes foreign gran	ts. check here		. ▶ □	31a	
	ogram service expenses (add lines 28a		· · · · · · · · · · · · · · · · · · ·			+	
Part IV	List of Officers, Directors, Trustees, Check if the organization used Schedule		(list each one ev	en if not co	ompensated — see the		ictions for Part IV)
		1	1		1		1
	(a) Name and title	(b) Average hours per week devoted to position	(c) Report compensa (Forms W-2, MISC) (if no enter -0	ition /1099- i t paid,	(d) Health bene contributions to en benefit plans, deferred compen	nploy and	(e) Estimated amount of other compensation
Donna Mass	ey	10 00	enter -	0			0 0
President							
Marsha Pool	e	10 00		0			0 0
Secretary							
Gloria Smith		10 00		0			0 0
Oloria Olilla				· ·			
Treasurer							
Robert Daug	pherty	6 00		0			0
Board Memb	per						
Ricky Jackso	on	6 00		0			0 0
Board Memb		F 00					2
Rosetta Mad	lison	5 00		0			0
Board Memb	per						
		I	I		l		F 000 F7 (2010)

34 Were any significant changes made to the organization governing documents? If "Yes," statish a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. 35 Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 36 If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. Was the organization undergo 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 37 Emerication of policical expenditures, fleetor orientate, adescinated in the instructions. ▶ 38 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a proxy are and still outstanding at the end of the tax year covered by this return? 38 Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a proxy are and still outstanding at the end of the tax year covered by this return? 39 If "Yes," complete Schedule L, Part II and enter the total amount involved. 38b Section 501(c)(7) organizations. Enter amount of tax imposed on the organization during the year under section. 911 P. section 495 P. section 495 P. section 495 P. Section 501(c)(3), 301(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization mappers or degularized proximations. Enter amount of tax imposed on organization managers or degularized proximations. Enter amount of tax imposed on organization managers or degularized proximations. Per section 4912 P. Section 501(c)(3), 501(c)(4), and 501(c)(2) organizations. Enter amount of tax imposed on organization managers or degularized proximations. Per section 4	Par	Other Information (Note the Schedule A and personal benefit contract statement requirements	ın the	9	
detailed description of each activity in Schedule O Were any significant changes made to the organization or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions. 35a. Dut the organization have unrelated business gross income of \$1,000 or more during the year from business activities (exclus a timose reported on lines 2, 6a, and 7a, among others)? b. If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O. 2 of the organization audicine of the schedule C, 2 and 10 of the organization undergo a liquidation, dissolution, reministron, or significant disposition of net assets during the year? If "Tes," complete applicable pasts of Schedule (N. 2 and 11 of the organization undergo a liquidation, dissolution, reministron, or significant disposition of net assets during the year? If "Tes," complete dependence pasts of Schedule (N. 2 and 11 of the provided of the schedule) of the year? If "Tes," complete dependence, and schedule or Interview of the work of the schedule of the sc		instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V	<u></u>	<u></u> 🛚	
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37a Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 27a D D dt the organization file Form 1120-POL for this year? 3 3D D dt the organization file Form 1120-POL for this year? 3 3D D dt the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 3 3P D d TYes," complete Schedule L, Part II and enter the total amount involved 38b 3P Section 501(c)(7) organizations Enter 3P Section 501(c)(8) organizations Enter 3P Section 501(c)(8) organizations included on line 9 3P Section 501(c)(8) organizations included on line 9 3P Section 501(c)(8) organizations Enter amount of tax imposed on the organization during the year under section 4911 Section 4911 Section 4912 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations DI d the organization engage in any section 4958 excess Senefit transaction during the year; or did tengage in an excess benefit transaction any of its prior forms 990 or 990-E27 If Yes, "Complete Schedule L, Part I 4 Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization of section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization or singularity or the vear under sections4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization or singular or organization aparty to a prohibited tax shelter transaction? If Yes, "complete Form 8865-T 1 List the states with which a copy of this return is find 9 The organization set amy time during the tax year, was the organization aparty to a prohibited t	36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during			No
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b Gross receipts, included on line 9, for public use of club facilities					
40a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶					
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Signature of officer Date								
Sealy Director oe or print name and title								
Print/Type preparer's name Janis Brandon-Dougan	Preparer's signature			Check 🗹 ıf	PTIN P00468	625		
Firm's name Brandon Accounting					L 0-00047:	36		
Firm's address ► 507 N University Ave	9			Phone no (501) 664-31	.11		
Little Rock, AR 72205				\- 2 -				
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All section 501(c)(3) organizations must attach a description and the proparization	instable for the organization's five highest compensated independent contractors who each received more than \$100,000 or no from the organization. If there is none, enter "None" (a) Name and business address of each independent contractor (b) Type of service (c) Compensation (b) Type of service (c) Compensation (b) Type of service (c) Compensation (c) Compensation (d) Type of service (d) Type of service (e) Compensation (f) Type of service (g) Type of service (h) Type of s

Additional Data

(Grants \$ 37,000)

Software ID:

Software Version:

EIN: 27-1423559

Name: Arkansas Community Organizations

Form 990EZ, Part III - Statement of Program Service Accomplishments

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title.		Expenses quired for section 501)(3) and 501(c)(4) ganizations; optional for others.)
28 Gave subgrant to A Community Voice and to Grassroots Arkansas	28a	37,000

If this amount includes foreign grants, check here \dots

efile GRAPH	IC print - DO NOT PROCESS	As Filed Data -		DLN:	93492141009250
(Form 990 or 990- EZ) Complete to p Form 990		tal Information to Form 990 or 990-EZ ovide information for responses to specific questions on or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ. www.irs.qov/Form990 for the latest information.		ons on n.	2019 Open to Public Inspection
Namel Setherofg Arkansas Commun 990 Schedule		on		Employer identi 27-1423559	ification number
Return Reference			Explanation		
Description of other revenue Part I line 8	Description AmountConvention 1,8	32Rent 8,875			

Return Explanation

990 Schedule O, Supplemental Information

List of grants Grantee A Community Voice Street 1202 Main St City, State, Zip Little Rock, AR 72202Amount 35,000Grantee Grassroots Arkansas Street 1202 Main St City, State, Zip Little Rock, AR 72 202Amount 2,000 202Amount 2,000

Return Explanation

Description Description AmountDues 3,245Advertising 1,093Bank Service Charges 1,536Convention 6,606Dat abase 708Donations 140Office Supplies 171Insurance 335Mileage 351Permits 150Program Expens es 632Supplies 620Travel 867

990 Schedule O, Supplemental Information

Part I line 16

Return Explanation
Reference

990 Schedule O, Supplemental Information

line 24

Description of other assets Part II

Return Explanation
Reference

990 Schedule O, Supplemental Information

II line 26

Description of total liabilities Part