294<u>9</u>331302₀₀₁04₁₅₄₅₋₀27

Return of Organization Exempt From Income Tax

2016

artment	of the	• reas	uŋ
mal Rev	enue	Service	

Form ,990

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

	Co-Abo	2046 anland		ning	07-01 , 2016, and e		06 30 3017
			lar year, or tax year begin			enaing	06-30 ,2017
В	Check if	applicable		nsas United Community	Coalition		D Employer identification no
Ц	Address	change	Doing business as				27-5271968
Ц	Name ch	ange	Number and street (or P O bo	x if mail is not delivered to street address)		Room/suite	E Telephone number
Ш	Initial reti	um	PO Box 9296				(479)871-2168
	Final retu	urn/terminated	City or town, state or province.	country, and ZIP or foreign postal code			294,449
	Amended	d return	Fayetteville,	AR 72703			G Gross receipts\$
	Application	on pending	F Name and address of principa	officer Laura Ferner		H(a) Is this a group ret	lum for subordinates? 🔲 Yes 🔯 No
			Same as C above	e	~ ~ 7	H(b) Are all subordi	nates included? Yes No
1	- Tax-exer	mpt status	501(c)(3) 501(c)() ◀ (insert no) 4947(a)(1) or		If "No," att	ach a list (see instructions)
J	Website	► www	v.arkansascoalitio	on.org	1	H(c) Group exemp	otion number
ĸ	Form of o	organization X	Corporation Trust Ass	ociation Other ►	L Year of formation	2010 M State of	flegal domicile AR
Pa	rt I	Summar			Ī	•	
	1			ion or most significant activities	Provide techino	cal assistance	e and training
	'	-		igrants and their comm			
ခွင့		-	rticipation issue				
Ē	1	civic pu	TOTOTPOOTON TODGE			<u></u> -	
Ver	2	Check this h	ov b uf the organization	discontinued its operations or disp	posed of more than 25%	of its net assets	
Governance	3		-				3 4
			-			F	4 4
tes	4			s of the governing body (Part VI, II			<u> </u>
Activities &	5		• •	n calendar year 2016 (Part V, line 2	•	_	
Ą	6		er of volunteers (estimate if	**	• • • • • • • • • • •	_	
	7a			Part VIII, column (C), line 12		F	7a 0
	<u>d</u>	Net unrelate	d business taxable income	from Form 990-T, line 34			7b 0
				41.5		Prior Year	Current Year
	8			1h)	····REC	EIVED =	294,449
Revenue	9	•	•	e 2g)	1. 1	R	0
ě	10			A), lines 3, 4, and 7d)		2 8 2019	0
č	11			nes 5, 6d, 8c, 9c, 10c, and 11e) .	······	S	0
	12	Total revenu	e - add lines 8 through 11 (must equal Part VIII, column (A), li	ne 12)	TENT LIT	294,449
	13	Grants and s	similar amounts paid (Part	IX, column (A), lines 1-3)		DEN, UT] 0
	14	Benefits paid	d to or for members (Part I)	K, column (A), line 4)			0
'n	15	Salaries, oth	er compensation, employed	e benefits (Part IX, column (A), line	s 5-10)		235,571
Expenses	16a	Professional	I fundraising fees (Part IX,	column (A), line 11e)			0
Бĕ	b	Total fundra	ising expenses (Part IX, co	lumn (D), line 25) 🕨	7,278		
ŭ	17	Other expen	ses (Part IX, column (A), lir	nes 11a-11d, 11f-24e)			139,958
	18	Total expens	ses Add lines 13-17 (must	equal Part IX, column (A), line 25)			375,529
	19	Revenue les	s expenses Subtract line	18 from line 12			(81,080)
- i	3					Beginning of Current Y	ear End of Year
Net Assets or	20	Total assets	(Part X, line 16)			71,	638 4,471
Ass	21	Total liabilitie	es (Part X, line 26)			5,	502 13,889
Set	22	Net assets of	or fund balances Subtract	line 21 from line 20		66,	136 (9,418)
Pa	rt II		ire Block				
Und	er penalt	ies of perjury, I de	clare that I have examined this retu	m including accompanying schedules and st		knowledge and belief, it is	3
true	correct,			icer) is based on all information of which prep	parer has any knowledge		T
		Les!	ie M Reith	I Muly	Dut	4	5-12-2018
Sig	n	<u> </u>	re of officer	7	Jesse	•	Date
He		Lesl	ie M Reith, execu	tive Diretor			
			print name and title		 		
		17	eparer's name	Preparer's signature	Date	Check X	ıf PTIN
	d			Diane/M Hagery	05-12-2018	self-employed	
	u pare:			oots Taxes	p3-12-2010	Firm's EIN	F00/34261
	e Oni			er St 330		Phone no	
US		y Firm's addres					0.066.0077
<u></u>		<u> </u>		rille AR 72701		479	9-966-0077
				own above? (see instructions) .		<u> </u>	Yes No
For	rapen	work Reducti	on Act Notice, see the se	parate instructions.			Form 990 (2016)

	# III Statement of Program Service Accomplishments
Par	Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
)1	Briefly describe the organization's mission
	Provide techincal assistance and training across AR to educate immigrants and their
	communities about immigrant integration and civic participation issues.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 353,033 including grants of \$) (Revenue \$)
-	Launched coalition work specifically with Marshallese, Hmong and Indian/South Asian cultural
	associations in Northwest Arkansas to do unprecedented voter registration and
	Get-Out-the-Vote outreach in the Arkansas AAPI community. Registered 2,000 new voters,
	knocked 2,500 doors, made 60,000 calls targeting 45,000 Latino and Asian voters, trained 25
	minority candidates of which 2 ran for office (school board and state representative) Nov
	2016. Helped 10 AR Mayors declare Welcoming Week Proclamations. Developed app releasing in
	Aug 2017 which will disseminate education resources to immigrant families and collect formal
	reports/complaints about school-based hate crimes and bullying. Organized the Know Your
	Rights Forum discuss anti-immigrant bills on state level and national executive actions,
	informed 100 people in attendance about their rights if detained. Attended the Rally for
	Deportation for Aristondo couple who was not deported as a result.
,	Deportation for Aristondo Coupre who was not deported as a resure.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
	(C.) (Danning C.)
4c	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 353,033
EEA	Form 990 (2016)

6) Arkansas United Community Coalition Checklist of Required Schedules Form 990 (2016)
Part IV C

.1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
)	complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	X	
- 3	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	3	!	Х
4	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	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		X
3	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
,	Did the organization receive or hold a conservation easement, including easements to preserve open space,	<u> </u>		Ī
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
3	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			_
•	complete Schedule D, Part III	8		2
•	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	<u> </u>	-	-
•	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		3
	Did the organization, directly or through a related organization, hold assets in temporarily restricted	_ -		1
)	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		ړ
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			-
_	VII, VIII, IX, or X as applicable Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			-
a	complete Schedule D, Part VI	11a		2
L	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more	1 ra		-
D	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		2
_		-110		
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		۲
		110		-
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets	11d	х	
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX			2
	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	446		Ι,
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		2
a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			Ι,
	Schedule D, Parts XI and XII	12a		2
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			١,
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional			2
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	i .	-	3
la	Did the organization maintain an office, employees, or agents outside of the United States?	14a		2
þ	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			ļ
	fundraising, business, 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		2
i	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			١.
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		2
;	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	ļ	1
•	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17_		
;	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	18		2
)	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		2

Form 990 (2016) Arkansas United Community Coalition
Part IV Checklist of Required Schedules (continued)

ı aı	t IV Checklist of Required Schedules (continued)			
	D. Lill	200	Yes	<u>N</u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b	_	Δ
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	200		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	24		v
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			٠.
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	_	Х
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 Schedule J	23		X
4a	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 25a	24a		-7
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
Ū	to defease any tax-exempt bonds?	24c		
a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
d 		244		
5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	250		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Ė
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 Schedule L, Part I	25b		L
;	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	1		
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	X	L
	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 of any of these persons? If "Yes," complete Schedule L, Part III	27		
3	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			<u> </u>
	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		
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			Г
	Schedule L, Part IV	28b		
	·			
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)	200		
	was an officer, director, trustee, or direct of mulicut	28c	v	L
)	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	┝
)	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		L
Ì	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		L
2	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		
3	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		
ļ	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			Γ
	or IV, and Part V, line 1	34		
ia	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			T
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
b		25h		
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	230		┝
•	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	<u> </u>	ļ.
	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,			
7	·	I		
,	Part VI	37		⊢
3	·	37	Х	_

Pa	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V	• • •	<u></u>	<u> </u>
12	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		Yes	No
71a b	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		•	İ
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			ŀ
·	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	70		
20	Statements, filed for the calendar year ending with or within the year covered by this return		•	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			<u> </u>
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		1
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)?	4a		Х
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts		,	ļ
	(FBAR)	_	, ,	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	_6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	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?	7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	_7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	_7c		X
d	If "Yes," indicate the number of Forms 8282 filed duning the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	_7e	-	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	_7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8		
9	sponsoring organization have excess business holdings at any time during the year?			
a	Did the sponsoring organization make any taxable distributions under section 4966?	9a		×
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	 9b		
10	Section 501(c)(7) organizations. Enter	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter	:		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		•	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand			
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 Schedule O	14b		

27-5271968

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

	to be 0. Ob as 40% below describe the commentance processes or sharpers in Schoolide O. Soo instruction	_		
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instruction.			ন্স
	Check if Schedule O contains a response or note to any line in this Part VI	· · · ·		. <u>X</u>
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	ll		i _ J
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		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct			
3		3		х
	54po. (1816), 6. 6. 1816-161, 6. 1816-161, 6. 1816-161, 6. 1816-161, 6. 1816-161, 6. 1816-161, 6. 1816-161, 6.	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		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	\longrightarrow	X
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.	
b	Each committee with authority to act on behalf of the governing body?	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		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)			
)			Yes	No
, 10a	Did the organization have local chapters, branches, or affiliates?	10a	X	
	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	X	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b		24		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b		12b	Х	
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	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by			
-	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b		15b		Х
_	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
h	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?	16b		
Sec	ction C. Disclosure	1		L
<u>360</u> 17	List the states with which a copy of this Form 990 is required to be filed			
17 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)			
10	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)			
10	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
19	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	Otato the name, aggress, and telephone named of the person who possesses the digalizations beand and records			

Leslie M Reith (479)871-2168, PO Box 9296, Fayetteville, AR 72703

	•		
Form	990	(2016)	١

Arkansas United Community Coalition

27-5271968

Page 7

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

Check	ıf Schedu	le O d	ontain	sare	espor	nse or	note to any	/ line ii	n this Pa	rt VII	•	 	 	 	 	 	 	 L
																		 _

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

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

Check this box if fleither the organization not any related	Jorganizatio	1 00114			C)	- Ouno			Ť		
					sition						
(A)	(B)	(do n	ot che			nan one		(D)		(E)	(F)
Name and Title	Average					s both ar		Reportable		Reportable	Estimated amount of
	hours per week (list any	office	er and	d a dır	ector	/trustee)		compensation from		compensation from related	amount of other
	hours for				_			the		organizations	compensation
	related	유리	nsti	Officer	Key	曹	ģ	organization	1	(W-2/1099-MISC)	from the
	organizations below dotted	rect dua	L O	e	Key employee	est o	g	(W-2/1099-MISC)			organization and related
	line)	~ 1	nar ti	- 1	loye	e xomp					organizations
		Individual trustee or director	nstitutional trustee		Ф	Highest compensated employee		1			
			ñ			ated					
							i				
									_		
(1) Maura Lozano Yancy											
board member		X							q	0	0
(2) Laura Ferner	2.00										
Interim Chair				_X					q	0	0
(3) Carsell Mathis	2.00_										
interim co-chair				_X					q	0	0
(4) Alan Leveritt	2.00										
treasurer	ļ			X					q	0	0
(5) Leslie M Reith	40.00								-		
Executive Director	ļ					X			0	0	0
<u>(6)</u>											
									4		
(7)				. '					-		
									+		
(8)			İ								
									4		
<u>(9)</u>						'					
									4		
(10)											
									+		
<u>(11)</u>											
									4		
(12)											
<u> </u>							<u> </u>	ļ	4		<u>-</u> .
(13)	L										
									\downarrow		
<u>(14)</u>	L										
									_1	_	

Form 9	90 (2016) Arkansas United Cor									27-52719	68	Р	age
Part	VII Section A. Officers, Directors, Trustees,	Key Emplo	yees,	and	Hig	hes	t Com	pen	sated Employees	s (continued)			
	(A) Name and title	(B) Average hours per week (list any	box, u	inless r and	a dire	tion ore thi on is l ector/t	an one both an trustee)	-	(D) Reportable compensation from	(E) Reportable compensation from related	1	(F) stimated nount of other	
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	fr org an	pensation the ganization in the ganization in the ganization anization	n d
<u>(15)</u>													
<u>(16)</u>													
<u>(17)</u>					-					_			
<u>(18)</u>											-		
<u>(19)</u>													
(20)													
(21)													
(22)													
23)													
(24)				·									
(25)													
1b c	Sub-total							•					
d	Total (add lines 1b and 1c)								than \$100,000 of	0	<u></u>		0
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule										3		Х
4	For any individual listed on line 1a, is the sum of rep organization and related organizations greater than	ortable comp	ensati	on a	nd o	ther	comp	ensa	tion from the				
_	Individual										4		X
5	Did any person listed on line 1a receive or accrue or for services rendered to the organization? If "Yes,"									<u> </u>	5		X
<u>Secti</u>	on B. Independent Contractors												
1	Complete this table for your five highest compensate compensation from the organization Report compensation.												
	year (A) Name and business address								(B) Description of			(C) pensation	
	Halille dire publicas aduless								2333 (2107)				<u>-</u>
2	Total number of independent contractors (including received more than \$100,000 of compensation from			iose •	liste	d ab	ove) v	vho					

		Check if Schedule O contains	s a response	or no	ote to any line in th	ıs Part VIII	<u></u>	<u> </u>	
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
, s	1a	Federated campaigns		1a				Charles de	
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	ħ	1b	3,420				
ي ق	c	Fundraising events	t	1c	6,480				
ifts, ar A	d	Related organizations	ľ	1d					
آ. آو	e	Government grants (contribution		1e					
S r	f	All other contributions, gifts, gra							
g the	•	and similar amounts not include		1f	284,549				
ž P	_ ا	Noncash contributions included			51,441				
S_{a}	h h	Total. Add lines 1a-1f				294,449			
		Total Total		• • •	Business Code			STEPPENS A	
92	2a					A CONTRACTOR STORY OF THE STORY	Sorpe Solventer & Sancting Conference on Section 2		
even	ь			 .					
ě.	c			_					
EZ.	d	^							
S E	е								
Program Service Revenue	f	All other program service réven	ue		- "	•			
ā.	g	Total. Add lines 2a-2f	·_ · · · ·			,	"这点。"	多的特殊的	MANUAL PROPERTY OF A STATE OF THE PROPERTY OF
+	4	Investment income (including did and other similar amounts) Income from investment of tax-e	xempt bond	proce					,
	5	Royalties				1. 1998.66. 建加速电路设置	TO SECTION OF THE PERSON OF TH	ACTIVE PROPERTY.	CAN ASSIVING MINERAL V
			(ı) Real		(ii) Personal				
	l	Gross rents							
	1	Less rental expenses							
	1	Rental income or (loss) [a	100 W 100 W		
		Net rental income or (loss)				Wilters Similar 1	UNADOPAGEMENTO	AND SUSSICIONES AND STREET	5 #48 #14 8 #19
	7a	Gross amount from sales of	(i) Securitie	S	(ii) Other				
		assets other than inventory	· · · · · · · · · · · · · · · · · · ·						
	b	Less cost or other basis	,						
•	١ ـ	and sales expenses			<u> </u>				
		Gain or (loss) [<u> </u>			AND THE PROPERTY OF THE PROPER	de that walked Colors
O)		Net gain or (loss)	• • • • •		<u></u>	A 14648 St 6400 6400	Yakini San	BREING BEIL	ECYPORQUIA
ue	O4	events (not including \$	6,48	. ^					
e ve		of contributions reported on line							
, E		See Part IV, line 18		•			NEW YORK		
Other Reve	h	Less direct expenses				"对外被收藏 ?"			
,		Net income or (loss) from fundra			· >	_ his his differ to the second and a		'A linkely italy describe as a man	. a Bacadin die Matha a 'A danider Chadada
		Gross income from gaming activ	-			2844.3542.5552.5	WORKS AND THE COST	KATTURED.	3434 THE 18 TO 18 THE
	Ja	See Part IV, line 19		2					
	, h	Less direct expenses							
	1	Net income or (loss) from gamir			•	Pleaded	Est Maintana Lucional so	es design designation of the contract of the c	majderellasilare. Tabilisila e
	1		ig dollvilloo	• •			FAX YEAR		
	Tua	Gross sales of inventory, less returns and allowances		. а					
-	h	Less cost of goods sold		-	·-				
	1	Net income or (loss) from sales				- season of section in the second could be obtained	A Security of the Security of	The second secon	and street the decoupling of the street of the
	<u> </u>	Miscellaneous Revenue			Business Code	#3.1813.2836			AGATORIA
	11a	3							
	b								
	С		_ , ,				-		
	d	All other revenue							
	е	Total. Add lines 11a-11d					出為為自然的	学院学会学	Magazineski
÷	12	Total revenue. See instructions				294,449		0	0

27-5271968

Form 990 (2016) Arkansas United Community Coalition Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

_	. Check if Schedule O contains a response or note to		(B)		
	ot include amounts reported on lines 6b, 7b,	(A) Total expenses	Program service	Management and	(D) Fundraising
	b, and 10b of Part VIII.		expenses	general expenses	expenses
1	Grants and other assistance to domestic organizations				
_	and domestic governments See Part IV, line 21	· •		· · · · · · · · · · · · · · · · · · ·	\$200 \$40 \$25 \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22			CONTRACTOR CONTRACTOR	Sale of the state of the state of the
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16			ACCEPTAGE 14	
4	Benefits paid to or for members			全国建筑的新疆	THE STATE OF THE S
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	213,215	213,215		
8	Pension plan accruals and contributions (include			,	
	section 401(k) and 403(b) employer contributions)	2,031	2,031		
9	Other employee benefits	3,493	3,493		•
10	Payroll taxes	16,832	16,832		
11	Fees for services (non-employees)				
а	Management				
b	Legal				
c	Accounting	3,325		3,325	
d	Lobbying		*		
e	Professional fundraising services See Part IV, line 17.		Marthaga was 20	Residential a	
f	Investment management fees		THE STATE OF THE S	ALCOHOLOGY SERVICES STATES	
	Other (If line 11g amount exceeds 10% of line 25, column				· -
g	(A) amount, list line 11g expenses on Schedule O)	58,646	58,646		
12	Advertising and promotion	1,923	1,895	•	28
13	Office expenses	4,977	699	4,278	20
14	Information technology	13,164	9,919	3,245	
15	Royaltes	13,104	. 3,313_	3,213	·
16	Occupancy	24,223	20,907	2,116	1,200
17	Travel	22,641	22,529	112	1,200
	Payments of travel or entertainment expenses	22,041	22,323		
18	·				
40	for any federal, state, or local public officials	7.061	1 011		6.050
19	Conferences, conventions, and meetings	7,861	1,811		6,050
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	N. W. GASS & Rep. Jr.	1 d. suggest dunited at	Sant 13 Thirthing of the Party of the Control	Real Action of the State of the
24	Other expenses Itemize expenses not covered			E COMPONE	
	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)	一般的信息的企業的		DE MANTELAG.	
а	Subscriptions and membership	1,250	_	1,250	
b	Bank fees	732		732	
С					
d					
е	All other expenses	1,216	1,056	160	
5	Total functional expenses. Add lines 1 through 24e .	375,529	353,033	15,218	7,278
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs				
	from a combined educational campaign and	l.		,	
	fundraising solicitation Check here L if following SOP 98-2 (ASC 958-720)	Ţ,			
	TOTO WITH COL SU-LEDI	L	<u> </u>	· · · · · · · · · · · · · · · · · · ·	Form 990 (2016

27-5271968

Part X

Check if Schedule O contains a response or note to any line in this Part X Beginning of year End of year 71,638 1 1 2 3 3 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 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 instructions) Complete Part II of Schedule L 7 8 9 376 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D | 10a 10c Less accumulated depreciation 10b 11 11 12 12 Investments - other secunties See Part IV, line 11 13 13 14 14 15 2,100 15 71,638 16 4,47116 5,502 17 10,889 17 18 18 19 19 20 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and 22 disqualified persons Complete Part II of Schedule L 3,000 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24) Complete Part X 25 5,502 13,889 Organizations that follow SFAS 117 (ASC 958), check here 🕨 💹 and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 66,136 27 (9,418)27 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here

I and complete lines 30 through 34. 30 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund Retained earnings, endowment, accumulated income, or other funds 32 32 33 66,136 (9,418)33 71,638 4,471

Form	990 (2016) Arkansas United Community Coalition 27-	<u>52719</u>	68	Pa	age 12
Pai	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u> .			. 🗆
1	Total revenue (must equal Part VIII, column (A), line 12)	1		294,	449
2	Total expenses (must equal Part IX, column (A), line 25)	2		375,	529
3	Revenue less expenses Subtract line 2 from line 1	3		(81,	080)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		66,	136
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		5,	526
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		(9,	418)
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				1
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			· _ • .	١.
	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		1 -		
	reviewed on a separate basis, consolidated basis, or both			١.	
	☐ Separate 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				١ '
	separate basis, consolidated basis, or both	•			
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				_
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			,	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		. 2c		Х
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				
	the Single 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
EEA			Form	990 (2016)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury nternal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2016

Open to Public ...
Inspection

141110	or un	organization						
\r <u>k</u>	ans	as United Community Coal:	**				27-52719	
Pa	rt l	Reason for Public Charity	/ Status (All or	ganizations must c	omplete	this part) See instruction	ns
The	orgai	nization is not a private foundation beca	ause it is (For lines	s 1 through 12, check on	ly one box)		. 1
1		A church, convention of churches, or	association of chu	irches described in sect	ion 170(b)	(1)(A)(i).		NU
2		A school described in section 170(b))(1)(A)(ii). (Attach	Schedule E (Form 990 o	or 990-EZ))	ł	
3		A hospital or a cooperative hospital s	ervice organizatioi	n described in section 1	70(b)(1)(A	(iii).	`	
4		A medical research organization ope	rated in conjunctio	n with a hospital describ	ed in sect	ion 170(b)(1)(A)(iii). Enter the	
		hospital's name, city, and state						
5		An organization operated for the bene	efit of a college or u	iniversity owned or opera	ated by a g	jovernmen	tal unit described in	
		section 170(b)(1)(A)(iv). (Complete	Part II)					
6		A federal, state, or local government	or governmental u	ınıt described in section	170(b)(1)	(A)(v).		
7		An organization that normally receives	s a substantial part	of its support from a gov	vernmental	unit or fro	m the general public	
		described in section 170(b)(1)(A)(vi). (Complete Part I	I)				
8		A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II)				
9		An agricultural research organization	described in sect	ion 170(b)(1)(A)(ix) ope	erated in co	njunction	with a land-grant coll	ege
		or university or a non-land-grant colle	ge of agriculture (s	see instructions) Enter th	e name, ci	ty, and stat	te of the college or	
		university						
10	X	An organization that normally receives	s (1) more than 33	3 1/3% of its support fron	n contributi	ons, memb	ership fees, and gros	S
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ions, and (2	2) no more	than 33 1/3% of its	
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess sectior	n 511 tax) 1	from businesses	
	_	acquired by the organization after Ju	-		•	•		
11	Ц	An organization organized and opera	ited exclusively to	test for public safety. Se	e section	509(a)(4).		
12	Ш	An organization organized and operat	-	·				
		of one or more publicly supported org	•	, ,, ,			•	• • •
)		Check the box in lines 12a through 12				•		-
	а	☐ Type I. A supporting organization				-		ving
		the supported organization(s) the			rity of the c	directors of	trustees of the	
		supporting organization You mu	•					
	b	Type II. A supporting organization	•			_	•	-
		control or management of the sup			ersons that	control or i	manage the supporte	đ
		organization(s) You must comp						
	С	☐ Type III functionally integrated						with,
		its supported organization(s) (see	•	·				(a)
	d	_ ,. , ,	• • • •				• • •	
		that is not functionally integrated	-			•	nt and an attentivenes	S
	_	requirement (see instructions) Y	=				Type II. Type III	
	е	Check this box if the organization functionally integrated, or Type III				salypei,	Type II, Type III	
		Enter the number of supported organ						
	g	Provide the following information about		· · · · · · · · · · · · · · · · · · ·				
) Name of supported organization	(ii) EIN	(III) Type of organization	(IV) Is the c	organization	(v) Amount of monetary	(vi) Amount of
	(,) Name of Supported organization	(", = ",	(described on lines 1-10	1 ' '	r governing	support (see	other support (see
				above (see instructions))	docum	nent?	instructions)	instructions)
					Yes	No		
(A)								
	··							
(B)								
(C)								
			-					
(D)								
·-·					[
E)					<u> </u>			
			· ,					
Total	ı		, \$7% ,61	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	:	1		

Pai	Support Schedule for Org						
	Part III If the organization						under
c	tion A. Public Support	1		, ,			
	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 .	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")					/:	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	\					
3	The value of services or facilities furnished by a governmental unit to the organization without charge			٠.			
4	Total. Add lines 1 through 3	6 7 - 89 6-4 7 - 3	225 808 50 3087	190 AS 12 022 AD77	Zs s . N.261 - 2 / 2 / 2 / 3	1892 1922an A. 566.8	•
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly		100 mg 10				
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
_	shown on line 11, column (f)	22 38 28 50 50 50 50 50 50 50 50 50 50 50 50 50	12 m 45 m 15	1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	R WARE TENDE		
6	Public support. Subtract line 5 from line 4	[82] [48.6787 # W.C	ให้ ให้ <u>และสังห์นี้</u> กรณ์ 24 อก	X Davista in provincial	[3.53 854 % : @.022 : 5	[\$25 mojetes 4] 12 67 kg	
	tion B. Total Support	(=) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
Caler	ndar year (or fiscal year beginning in) Amounts from line 4	(a) 2012	(6) 2013	(0) 2014	(u) 2013	(e) 2010	(i) iotai
, 8	Gross income from interest, dividends, payments received on securities loans, rents, royalities and income from similar sources						
	Net income from unrelated business activities, whether or not the business is regularly carried on			. \		-	
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)			\			
11	Total support. Add lines 7 through 10 .	The State of the S	強調が必	《数据》的第二条	The second	THE STATE OF THE S	
12	Gross receipts from related activities, etc. (see instructions)				12	-
13	First five years. If the Form 990 is for the organization, check this box and stop here	<u>e /</u>	<u> </u>		r as a section 501	(c)(3)	▶ □
	tion C. Computation of Public Su					1 4 2 1	
14	Public support percentage for 2016 (line 6,				/	- 14	<u>%</u>
15	Public support percentage from 2015 Sche				3.4/20/	15	%
16a	33 1/3% support test - 2016. If the organi					neck this	. □
L	box and stop here. The organization guals 33 1/3% support test - 2015. If the organization					check	
b	this box and stop here. The organization of					ne, check	▶ □
17a	10%-facts-and-circumstances test - 201					14 15	
174	10% or more, and if the organization meet						
	Part VI how the organization meets the "fac					\	
	organization						▶ □
b	10%-facts-and-circumstances test - 201 15 is 10% or more, and if the organization Explain in Part VI/how the organization me	meets the "facts-a	nd-circumstances'	test, check this bo	ox and stop here.	\	
	· · · · / ·				ak this boy and so		▶ □

Support Schedule for Organizations Described in Section 509(a)(2) Part III

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

	ction A. Public Support		<u> </u>				
Cale	endar year (or fiscal year beginning in) >	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	80,715	127,321	184,040	360,139	294,449	1,046,664
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513 .						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf		-				
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	80,715	127,321	184,040	360,139	294,449	1,046,664
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)	٠.	,				1,046,664
	ction B. Total Support	·····					
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9	Amounts from line 6	80,715	127,321	184,040	360,139	294,449	1,046,664
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11, and 12)	80,715	127,321	184,040	360,139	294,449	1,046,664
14	First five years. If the Form 990 is for the organization, check this box and stop here	<u>, , , , , , , , , , , , , , , , , , , </u>					▶ □
Se	ction C. Computation of Public Su					· ·	
15	Public support percentage for 2016 (line 8, co					15	100.00 %
16	Public support percentage from 2015 Schedu			· · · · · · · · · · · · · · · · · · ·	<u> </u>	16	0.00 %
<u>Se</u>	ction D. Computation of Investme					Г <u>.</u>	
17	Investment income percentage for 2016 (lin					17	0.00 %
18	Investment income percentage from 2015 S	Schedule A, Part III,	line 17			18	0.00 %
-	33 1/3% support tests - 2016. If the organi 17 is not more than 33 1/3%, check this box	and stop here . Th	e organization qua	alifies as a publicly	supported organi	zation	▶ 🏻
b	33 1/3% support tests - 2015. If the organi line 18 is not more than 33 1/3%, check this	box and stop here	e. The organization	n qualifies as a pub	olicly supported org	ganization	
<u>20</u>	Private foundation. If the organization did	not check a box on	line 14, 19a, or 19	b, check this box	and see instruction	ns <u></u> .	<u></u>

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 of Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

 	Yes	No
1		
- <u>-</u> -		
 3a		
3b		
4a		
4b	·3· - -	
4c	Num Made or	
5a 5b		
5c		
6	***************************************	
7		
 8		
9a		
9b		1
9c	****	1
- 50		
10a		
10b		

Pa	art IV Supporting Organizations (continued)			
	•		Yes	No
	Has the organization accepted a gift or contribution from any of the following persons?			
) 2	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
t	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part V	// 11c	<u> </u>	
Se	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		-	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
				·
2			.	
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Se	ction C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		,	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1	l	
Se	ction D. All Type III Supporting Organizations			·
			Yes	No
) 1				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior		-	İ
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	ļ	ļ
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI ho	w		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
_			1	
3				
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- -		
	supported organizations played in this regard	3_	<u> </u>	
	ction E. Type III Functionally-Integrated Supporting Organizations		4:	1.
1		see msuuc	uons,	,.
	The organization satisfied the Activities Test Complete line 2 below The organization is the parent of each of its supported organizations. Complete line 3 below			
		antity (soo u	netra ic	tions
2		mily (See ii	Yes	No
			163	140
•	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			'
	activities but for the organization's involvement	2b		
3		20		
	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
•	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
ı	 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of ea 		 - 	<u> </u>
•	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
	or no supported organizations in 100, describe in 1 die 11 the follo pidyed by the organization in this regald.			

Schedule A (Form 990 of 990-EZ) 2016 AFRAIISAS UNITED COMMUNITY CONTINUES		21-321	1300 raye (
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov 20, 1970 (expla	in in Part VI) See
instructions. All other Type III non-functionally integrated supporting organia	zation	s must complete Section	ns A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	· · · · · · · · · · · · · · · · · · ·	
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount	1.5.	(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			,
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other		4	
factors (explain in detail in Part VI)		, , , , , , , , , , , , , , , , , , ,	
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		- · · · · · · · · · · · · · · · · · · ·	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount, Subtract line 5 from line 4, unless subject to			

7 Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)

emergency temporary reduction (see instructions)

Par	tW\$ Type III Non-Functionally Integrated 509(a)(3)	Supporting Organia	zations (continued)			
Sec	tion D - Distributions	<u>. </u>		Current Year		
1	Amounts paid to supported organizations to accomplish exem		- <u>-</u>			
2	Amounts paid to perform activity that directly furthers exempt i	,				
	organizations, in excess of income from activity					
3	Administrative expenses paid to accomplish exempt purposes	of supported organizat	ions			
4	Amounts paid to acquire exempt-use assets					
5	Qualified set-aside amounts (prior IRS approval required)					
6	Other distributions (describe in Part VI). See instructions.					
7	Total annual distributions. Add lines 1 through 6			<u> </u>		
8	Distributions to attentive supported organizations to which the	organization is respons	sive	•		
	(provide details in Part VI) See instructions.	·	<u> </u>			
9	Distributable amount for 2016 from Section C, line 6	···	•			
10	Line 8 amount divided by Line 9 amount					
9	Section E - Distribution Allocations (see instructions) (i) (ii) Underdistributions Pre-2016					
1	Distributable amount for 2016 from Section C, line 6					
2	Underdistributions, if any, for years prior to 2016			The first control and confusion has payed by the first in the first control and the first in the first control and the first control		
	(reasonable cause required - explain in Part VI) See					
	ınstructions	约为《2253·普尔科学》		AFG [25] A SEC. [2]		
	Excess distributions carryover, if any, to 2016	网络作品的数据				
	思言的意义。在自然中华的思想的思想,但是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一	SALAN STREET, SALAN SALA				
b	的方式是是是一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个	现金与一个经验。 第二章				
С	From 2013					
d	From 2014		NAME OF STREET OF STREET			
е	From 2015					
f	Total of lines 3a through e					
g	Applied to underdistributions of prior years					
h	Applied to 2016 distributable amount			and the second s		
<u>i</u>	Carryover from 2011 not applied (see instructions)	· 多种类型的		A CONTRACTOR		
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f					
4	Distributions for 2016 from					
	Section D, line 7 \$					
	Applied to underdistributions of prior years		1 Service 28 n3 s 2 ns Tath Address at the			
	Applied to 2016 distributable amount	以外,从10.46年的数据。	AT CARREST TO PERSONS	12 (21 MATER 18) #44 (The WAY ON 1 TO		
<u>C</u>	Remainder. Subtract lines 4a and 4b from 4	الماري الماري الماري الماري الماري الماري الماري الماري الماري	TO FINE SECTION OF SHIPE	The state of the property of the first		
5	Remaining underdistributions, for years prior to 2016, if		•			
	any Subtract lines 3g and 4a from line 2 For result		1 *			
	greater than zero, explain in Part VI See instructions					
6	Remaining underdistributions for 2016 Subtract lines 3h					
	and 4b from line 1 For result greater than zero, explain in					
	Part VI See instructions.	372 MARTINE BOTTON		JOS MANGE ONG STATE ON STATE ON STATE OF STATE O		
7	Excess distributions carryover to 2017 Add lines 3j					
	and 4c	THE STATE OF THE PROPERTY OF THE STATE OF				
8	Breakdown of line 7					
<u>a</u>			THE PRINT OF THE PARTY OF THE			
	Excess from 2013	The Control of the Control	THE TELESCOPEN TO THE SERVER OF THE SERVER O	\$\$4.50\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
	Excess from 2014		THE THE STATE OF T			
d	Excess from 2015	也可以有其學園的學生學	《卷本,每几条》、日本公司自《卷篇》	Harden of this State Coff in th		

e Excess from 2016

rt VI	n 990 or 990-EZ) 2016 Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part II, line 17b, Part II, line 17b, Part II, line 17b, Part II, line 17b, Part II, line 17b, Part II, line 17b, Part II,
	III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section
` .	B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a,
	3a and 3b; Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section lines 2, 5, and 6. Also complete this part for any additional information (See instructions)
·	lines 2, 5, and 6. Also complete this part for any additional mornation (oee instructions)
 	
-	

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047 2016

epartment of the Treasury nternal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

► Complete if the organization is described below.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Section 501(c) (other than section 501(c)(3)) organizations Complete Parts I-A and C below Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-A

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

•	Section 501(c)(4), (5), or (6) organizations	Complete Part III			
	e of organization	· · · · · · · · · · · · · · · · · · ·		Employer i	identification number
Ar	kansas United Community Coa	lition		27-5273	1968
Pa	rt I-A Complete if the organ	ization is exempt under section	on 501(c) or is	a section 527 orga	nization.
1	Provide a description of the organization's definition of "political campaign activities")			
2	Political campaign activity expenditures (s			> \$	
3	Volunteer hours for political campaign act				
		ization is exempt under section			
1	Enter the amount of any excise tax incum	•			
2	Enter the amount of any excise tax incum				
3	If the organization incurred a section 495				
4a	Was a correction made?				fes No
	If "Yes," describe in Part IV	ization is exempt under section	n F01/a) ava	ant coation 501/a\/3	
				ept section 30 ((c)(3	<u>))•</u>
1	Enter the amount directly expended by the activities			▶ €	
	Enter the amount of the filing organization			· · · · · · · · · · · · · · · · · · ·	
2	527 exempt function activities	•		. ¢	
3	Total exempt function expenditures Add			· · · · · · · · • • <u> </u>	
3	line 17b			▶ €	
4	Did the filing organization file Form 1120				
5	Enter the names, addresses and employe				
,	organization made payments For each o				
	the amount of political contributions recei				
	as a separate segregated fund or a politi				
					
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds If none, enter -0-	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

27 5271069

chedule C (Form 9	90 OF 990-EZ) 2016 ALKAIIS A	oniced communic	y coalition	21	-32/1300	
Rartill-A	Complete if the organ	ization is exempt u	nder section 501(c)(3	and filed Form 576	3 (election	under
	section 501(h)).					
	[7] (1) (1)	to an efficient of consum	/ d link in Dank IV/ a a ala affil			

	section 501(h)).			
Ā	Check , ▶ ☐ If the filing organization belongs to a	n affiliated group (and list in Part IV each affiliated group m	nember's	
	name, address, EIN, expenses, and	share of excess lobbying expenditures)		
В	Check ► ☐ If the filing organization checked box	A and "limited control" provisions apply		
	Limits on Lobby	ing Expenditures	(a) Filing	(b) Affiliated
	(The term "expenditures" me	ans amounts paid or incurred.)	organization's totals	group totals
1a	Total lobbying expenditures to influence public opin	nion (grass roots lobbying)	- 1,801	
b	Total lobbying expenditures to influence a legislative	ve body (direct lobbying)	4,921	- <u></u>
С	Total lobbying expenditures (add lines 1a and 1b)		6,722	
d	Other exempt purpose expenditures		324,189	
е	Total exempt purpose expenditures (add lines 1c a	nd 1d)	330,911	
f	Lobbying nontaxable amount. Enter the amount fro	m the following table in both		
	columns		66,182	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	Not over \$500,000	20% of the amount on line 1e		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
	Over \$17,000,000	\$1,000,000	为方、但維持的	

j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?

g Grassroots nontaxable amount (enter 25% of line 1f)
 h Subtract line 1g from line 1a If zero or less, enter -0-

٦	Yes	N

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

		Lobbying Expenditures I	Ouring 4-Year Aver	aging Period		
	Calendar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) Total
2a	Lobbying nontaxable amount		-	56,096	66,182	122,278
b	Lobbying ceiling amount (150% of line 2a, column (e))					183,417
С	Total lobbying expenditures			7,121	6,722	13,843
d	Grassroots nontaxable amount			14,024	16,546	30,570
е	Grassroots ceiling amount (150% of line 2d, column (e))					45,855
f	Grassroots lobbying expenditures			1,934	1,801	3,73

Schedule C (Form 990 or 990-EZ) 2016 Arkansas United Community Coalition		5271		Page 3
Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	T	. 1		
For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)	(b)	
description of the lobbying activity	Yes	No	Amou	ınt
Dunng the year, did the filing organization attempt to influence foreign, national, state or local	 		•	
legislation, including any attempt to influence public opinion on a legislative matter or				
referendum, through the use of				
a Volunteers?				
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
c Media advertisements?				
d Mailings to members, legislators, or the public?				
e Publications, or published or broadcast statements?				
f Grants to other organizations for lobbying purposes?				
g Direct contact with legislators, their staffs, government officials, or a legislative body?				
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i Other activities?				
j Total Add lines 1c through 1i				
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		<u> </u>		
b if "Yes," enter the amount of any tax incurred under section 4912				
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912		<u> </u>		
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)	:)(5), (or sec	tion	
501(c)(6).				
			Ye	s No
1 Were substantially all (90% or more) dues received nondeductible by members?			1	_
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?			2	
3 Did the organization agree to carry over lobbying and political campaign activity expenditures from the prior year?			3	
Part III-B. Complete if the organization is exempt under section 501(c)(4), section 501(c)				2:-
501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	יות (ט)	Part	III-A, IINE	; J, IS
Dues, assessments and similar amounts from members		1		
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of	• •			
political expenses for which the section 527(f) tax was paid).				
a Current year		2a		
b Carryover from last year		2b		
c Total		2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the	• •			-
excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying				
and political expenditure next year?		4		
5 Taxable amount of lobbying and political expenditures (see instructions)		5		
Part IV Supplemental Information	<u> </u>			
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A,	lines 1	and		
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group list), Part II-A, 2 (see instructions), and Part II-B, line 1. Also, complete this part for any additional information	co 1	anu		
2 (Coo most salaris), sind i sit mo, mo i i mo, complete tino part io salij salamenti momento.				

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047 **2016**

2010

epartment of the Treasury nternal Revenue Service

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

Open to Public Inspection

Name	of the organization	Employer identification number
Arl	kansas United Community Coalition	27-5271968
	rt I Organizations Maintaining Donor Advised Funds or Other Similar Fund	ds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 6	
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (dunng year) .	
3	Aggregate value of grants from (dunng year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in don	nor advised
•	funds are the organization's property, subject to the organization's exclusive legal control?	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds	
•	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other	
	conferring impermissible private benefit?	
Pai	rt II Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the organization (check all that apply)	
•		n of a historically important land area
	= 1,000,000,000,000,000,000,000,000,000,0	n of a certified historic structure
	Preservation of open space	Total certified materies subdate
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the	he form of a conservation
2	easement on the last day of the tax year	Held at the End of the Tax Year
а	Total number of conservation easements	
a b	Total acreage restricted by conservation easements	
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	20
u	historic structure listed in the National Register	2d
2	Number of conservation easements modified, transferred, released, extinguished, or terminate	
3		ed by the organization during the
4	tax year ► Number of states where property subject to conservation easement is located ►	
4 5	Does the organization have a written policy regarding the periodic monitoring, inspection, hand	
9		
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforce	
U	Can and volunteer flours devoted to mornioring, inspecting, handling or violations, and ornors.	ng solver valien sassine ne adming the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing c	onservation easements during the year
′	► \$	onservation casements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of sec	ction 170(h)(4)(B)(i)
0	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and	
3	balance sheet, and include, if applicable, the text of the footnote to the organization's financial	
	organization's accounting for conservation easements	Salestion and describes the
Pa	rt III Organizations Maintaining Collections of Art, Historical Treas	ures, or Other Similar Assets.
<u> </u>	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its reven	
ıa	works of art, historical treasures, or other similar assets held for public exhibition, education, o	_
	public service, provide, in Part XIII, the text of the footnote to its financial statements that described in the service of the footnote to its financial statements.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue s	
b	works of art, historical treasures, or other similar assets held for public exhibition, education, of	
		Toscaron in ratio of
	public service, provide the following amounts relating to these items	> \$
	(i) Revenue included on Form 990, Part VIII, line 1	
,	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets fo	
	following amounts required to be reported under SFAS 116 (ASC 958) relating to these item	
a	Revenue included on Form 990, Part VIII, line 1	
b	Assets included in Form 990, Part X	· · · · · · · · · · · · · · · · · · ·

С	l'emporarily restricted endowment		
	The percentages in lines 2a, 2b, and 2c should equal 100%		
3a	Are there endowment funds not in the possession of the organization that are held and administered for the		
	organization by	Yes	No
	(i) unrelated organizations		
	(ii) related organizations	<u> </u>	
b	If "Yes" on 3a(II), are the related organizations listed as required on Schedule R?		
4	Describe in Part XIII the intended uses of the organization's endowment funds		

Part VI Land, Buildings, and Equipment.

	Complete if the organization answer	ed "Yes" on Form	990, Part IV, line 11	a. See Form 990, I	Part X, line 10
	Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a	Land				
b	Buildings				
С	Leasehold improvements				
d	Equipment				
е	Other			 	<u> </u>
Tota	Add lines 1a through 1e (Column (d) must equal Fo	orm 990 Part X. column	(B) line 10c)		

Schedule®D (Form 990) 2016

С

Public exhibition Scholarly research

collection items (check all that apply)

c Preservation for future generations

990, Part X, line 21.

Endowment Funds.

Net investment earnings, gains, and

Other expenditures for facilities and

included on Form 990, Part X?

d Additions during the year Distributions during the year

Beginning of year balance

Grants or scholarships

f Administrative expenses g End of year balance

Permanent endowment ▶___

27-5271968

Schedule D (Form 990) 2016

Part VII	Complete if the organization answered	"Yes" on Form 990, F	Part IV, line 11b See Form 990	, Part X, line 12
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1) Financial	derivatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)			•	
(C)				
(D)				
(E)		•		-
(F)		*		
_(G)				
(H)				Constant of E. T
	must equal Form 990, Part X, col (B) line 12)		全国的特殊的 医克里特氏	HOSE CALLSAIN
Part VIII	Investments - Program Related.			
	Complete if the organization answered	"Yes" on Form 990, F	Part IV, line 11c See Form 990	, Part X, line 13
	(a) Description of investment	(b) Book value	(c) Method of valuati Cost or end-of-year marke	
(1)			,	
(2)	'	1		
(3)				
(4)				
(5)				
(6)	`			
(7)				
(8)				
(9)		-		
Total (Column (b)	must equal Form 990, Part X, col. (B) line 13.)			
PartilX	Other Assets.	IIX II F 000 F	New 11/4 1/2 2 44 4 0 Ferrar 000	D-4 V 5 45
	Complete if the organization answered		Part IV, line 11d. See Form 990	, Paπ X, line 15 (b) Book value
(1)	(a) Des	Cription		(b) Book value
(2)				
(3)				
(4)		June VIIII	·	
(5)				
(6)	,			· · · · · · · · · · · · · · · · · · ·
(7)			······································	
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 15)	· · · · · · · · · · · · · · · · · · ·		
Part X	Other Liabilities.			1
	Complete if the organization answered line 25	"Yes" on Form 990, F	Part IV, line 11e or 11f See Fo	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
	income taxes	(0, 000		
(2)				
(3)				
(4)				
(5)				
(6)				
(7)		1		
(8)				
(9)				
	I must equal Form 990, Part X, col. (B) line 25.)			
TOTAL (COLUMN (D)) must equal Form 990, Part X, col. (B) line 25.)		「とうないことに、これには、これには、これには、大学には変から後に必	1/24 X 12 Pr. 1. 12 July 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1

	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
	Total, revenue, gains, and other support per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
a	Net unrealized gains (losses) on investments	
b	Donated services and use of facilities	1
c	Recoveries of prior year grants	d **-
d	Other (Describe in Part XIII)	†•.
e	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
b	Other (Describe in Part XIII)	† .
c	Add lines 4a and 4b	4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
	rt XII Reconciliation of Expenses per Audited Financial Statements With Expenses p	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
a	Donated services and use of facilities	
b	Prior year adjustments	
С	Other losses]. ,
d	Other (Describe in Part XIII)	1
е	Add lines 2a through 2d	2e
3	Subtract line 2e from line 1	3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	
b	Other (Describe in Part XIII)	
С	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Pa	rt XIII Supplemental Information.	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information.	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	
Pa Prov	rt XIII Supplemental Information. Ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, line 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part V, lines 4, Part IV, lines 1b and 2b, Part IV, lines 1b and 2b, Part IV, lines 4, Part IV, lines 1b and 2b, Part IV, l	

. SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ.

OMB No 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

► Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990.

Name of the organization					'	:mployer iden	itification number
Arkansas United Community Co	alition					27-527	
Part I Fundraising Activities Form 990-EZ filers are no	. Complete if			swered "Yes" on I	Form 990,	Part IV,	line 17
				tion Charle all that on			
1 Indicate whether the organization rais	æa tunas tnrougn						
a Mail solicitations				of non-government gra	ants		
b Internet and email solicitations				of government grants			
c Phone solicitations		g ⊔	Special fund	Iraising events			
d In-person solicitations							
2a Did the organization have a written or							
or key employees listed in Form 990,						∐ Ye	_
b If "Yes," list the 10 highest paid individ		undraisers) p	oursuant to a	greements under which	ch the fundra	iser is to be	•
compensated at least \$5,000 by the o	organization						
		<u></u>		·····			
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	draiser have r control of outlons?	(iv) Gross receipts from activity	(v) Amour (or retair fundraiser col	ned by) listed in	(vi) Amount paid to (or retained by) organization
		Yes	No			`	
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total		<u> </u>	▶				
3 List all states in which the organization registration or licensing	n is registered or l	censed to so	olicit contribu	tions or has been noti	fied it is exer	npt from	
					<u> </u>		
·							-
	-	*		· <u>- · · · · · · · · · · · · · · · · · ·</u>	 .		
-				- 			
<u> </u>							
							
					_		
		-			· · · · · ·		
<u> </u>				-9-			

			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col (a) through
			(event type)	(event type)	(total number)	col (c))
2000	1	Gross receipts				
	1	Gross receipts				
	2	Less Contributions				
	3	Gross income (line 1 minus				
	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
-	7	Food and beverages				
	8	Entertainment				
	0					
	9	Other direct expenses [
١		Durant numbers supposed Add lines	4 through 0 in column (d)		_	
1	10					
	11	Net income summary Subtract line	10 from line 3, column (d)		<u></u> .	more
a		Net income summary Subtract line	10 from line 3, column (d) rganization answered "		<u></u> .	more
_	11	Net income summary Subtract line Gaming. Complete if the o	10 from line 3, column (d) rganization answered "		<u></u> .	(d) Total gaming (a
_	11	Net income summary Subtract line Gaming. Complete if the o than \$15,000 on Form 990	10 from line 3, column (d) rganization answered " -EZ, line 6a.	Yes" on Form 990, Part I	V, line 19, or reported r	(d) Total gaming (a
_	11 rt II	Net income summary Subtract line Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue	10 from line 3, column (d) rganization answered " -EZ, line 6a.	Yes" on Form 990, Part I	V, line 19, or reported r	(d) Total gaming (a
	11 rt II	Net income summary Subtract line Gaming. Complete if the o than \$15,000 on Form 990	10 from line 3, column (d) rganization answered " -EZ, line 6a.	Yes" on Form 990, Part I	V, line 19, or reported r	(d) Total gaming (a
	11 rt II	Net income summary Subtract line Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue	10 from line 3, column (d) rganization answered " -EZ, line 6a.	Yes" on Form 990, Part I	V, line 19, or reported r	(d) Total gaming (ad
	11 rt II	Net income summary Subtract line Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue	10 from line 3, column (d) rganization answered " -EZ, line 6a.	Yes" on Form 990, Part I	V, line 19, or reported r	(d) Total gaming (ad
	11 rt III 2 3	Net income summary Subtract line Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue	10 from line 3, column (d) rganization answered " -EZ, line 6a.	Yes" on Form 990, Part I	V, line 19, or reported r	(d) Total gaming (accol (a) through col (
	11 rt II 2 3 4	Net income summary Subtract line Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue Cash prizes Noncash prizes Rent/facility costs	10 from line 3, column (d) rganization answered " -EZ, line 6a.	Yes" on Form 990, Part I	V, line 19, or reported r	(d) Total gaming (a
	11 rt II 2 3 4 5	Net income summary Subtract line Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue	10 from line 3, column (d) rganization answered " -EZ, line 6a. (a) Bingo	Yes" on Form 990, Part I (b) Pull tabs/instant bingo/progressive bingo	V, line 19, or reported r	(d) Total gaming (a
	11	Net income summary Subtract line Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue	10 from line 3, column (d) rganization answered " -EZ, line 6a. (a) Bingo Yes% No 2 through 5 in column (d)	Yes" on Form 990, Part I (b) Pull tabs/instant bingo/progressive bingo	V, line 19, or reported r (c) Other gaming Yes% No	(d) Total gaming (a
	11 1 2 3 4 5 6 7 8	Net income summary Subtract line Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue	10 from line 3, column (d) rganization answered " -EZ, line 6a. (a) Bingo Yes % No 2 through 5 in column (d) ract line 7 from line 1, column	Yes" on Form 990, Part I (b) Pull tabs/instant bingo/progressive bingo Yes % No	V, line 19, or reported r (c) Other gaming Yes% No	(d) Total gaming (a
a	11 1 2 3 4 5 6 7 8 En	Set income summary Subtract line Gaming. Complete if the o than \$15,000 on Form 990	10 from line 3, column (d) rganization answered " -EZ, line 6a. (a) Bingo Yes % No 2 through 5 in column (d) ract line 7 from line 1, column (d)	Yes" on Form 990, Part I (b) Pull tabs/instant bingo/progressive bingo Yes % No % mn (d) titles	V, line 19, or reported r (c) Other gaming Yes% No	(d) Total gaming (ad
a	11	Net income summary Subtract line Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Subtract the state(s) in which the organization licensed to conduct of	10 from line 3, column (d) rganization answered " -EZ, line 6a. (a) Bingo Yes % No 2 through 5 in column (d) ract line 7 from line 1, column (d)	Yes" on Form 990, Part I (b) Pull tabs/instant bingo/progressive bingo Yes % No No % tites f these states?	V, line 19, or reported r (c) Other gaming Yes% No	(d) Total gaming (a col (a) through col (
a b	11 1 2 3 4 5 6 7 8 En Ist	Net income summary Subtract line Gaming. Complete if the o than \$15,000 on Form 990 Gross revenue Cash prizes Noncash prizes Noncash prizes Other direct expenses Volunteer labor Direct expense summary Add lines Net gaming income summary Subtract the state(s) in which the organization licensed to conduct of	10 from line 3, column (d) rganization answered " -EZ, line 6a. (a) Bingo Yes% No 2 through 5 in column (d) ract line 7 from line 1, column ion conducts gaming activities in each of	Yes" on Form 990, Part I (b) Pull tabs/instant bingo/progressive bingo Yes % No % tites f these states?	V, line 19, or reported r (c) Other gaming Yes% No	(d) Total gaming (a col (a) through col (

SCHEDULE L

(Form 990 or 990-EZ)

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

OMB No 1545-0047 2016

partment of the Treasury nternal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization

Open To Public Inspection

Arkansas United Com						27196			—		
	fit Transactions (section										
Complete if the	e organization answered				or 25b, or Form	990-E2	<u> </u>	aπ v,	iine 4	l	
1 (a) Name of disqualified pe		(b) Relationship between disqualified person and organization			(c) Description of transacti			ection		(d) Con	
										Yes	No
(4)											
(2)					.						
(3)										ļ	
2 Enter the amount of tax i	ncurred by the organization	managers or d	squalified	persons during the	e year						
							▶ \$				
3 Enter the amount of tax,	if any, on line 2, above, reimb	bursed by the o	organizati	on		'	> \$				
B-411	1 5 l. 4 4- d Doo										
	/or From Interested Per e organization answered		rm 990-1	=7 Part V line 3	8a or Form 990	Part IV	/ lın	e 26	or if t	he	
	eported an amount on Fo				.04 01 1 01111 000,		, , ,,,,	·,	O		
(a) Name of interested person	(b) Relationship (c) Purpo		(d) Loan to or (e) Original from the principal amou		I (f) Balance due		(g) in default?		(h) Approved		ntten
(a) Name of interested person	with organization loar	n fro			- I ''	by board o				agreement?	
		orgar	nization?	j				committee?			
		То	From			Yes	No	Yes	No	Yes	.No
•	executive										
(1) Mireya Reith	director cash f	low X		3,000	3,000	 	.X	<u>X</u>			_ <u>X</u>
(0)											
(2)				<u> </u>							
(3)											
.\\											
(4)						ļļ.			ļ	<u></u>	
(5)			ــــــــــــــــــــــــــــــــــــــ			ļl		_	<u></u>	 	<u></u>
	ssistance Benefiting Int			<u></u> ▶ \$	3,000						
	he organization answere			Part IV. line 27							
(a) Name of interested person		ationship between interested (c) Amount of assistance around the organization						(e) Purpose of assistance			
(a) Name of interested person	1 '''			assistance (.,			
	1			ı							

(3)

(4)

(5)

Schedule L (Fo	om 990 or 990-EZ) 2016 Arkansas Un	ited Community Coali	tion	<u>27-5271968</u>	F	age 2
Part IV						-
, ,	Complete if the organization			28b, or 28c		
	(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
					Yes	No
(1)						
(2)						
(3)			-		<u> </u>	
<u>(4)</u>					_	
(5)	Supplemental Information					
Part V	Supplemental Information Provide additional information	n for responses to questions	on Schedule L (see	instructions)		
	——————————————————————————————————————	·-				
				•		
			-			
			<u> </u>			
<u> </u>						
						
 _						
						_
						

SCHEDULE M (Form 990)

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

OMB No 1545-0047 2016

Department of the Treasury Internal Revenue Service

► Attach to Form 990.

Open to Public Inspection

▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

Employer identification number

Arkansas United Community Coalition 27-5271968 Part I **Types of Property** (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed Form 990, Part VIII, line 1g noncash contribution amounts 1 Art - Works of art 2 Art - Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded. . . . 10 Secunties - Closely held stock . . 11 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous . . . Qualified conservation contribution - Historic structures Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies . . . 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ▶(occupancy 20,282 x sq ft_rent/utility 26 Other ►(info technology) 1 9,919 % internet&software Х 27 Other ▶(contract servid) Х 1 21,240 %use of staff person 28 Other ►(29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required Х 30a to be used for exempt purposes for the entire holding period? b If "Yes," describe the arrangement in Part II 31 Does the organization have a gift acceptance policy that requires the review of any non-standard Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Х If "Yes," describe in Part II If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

√ SCÆDULE O (Fon 990 or 990-EZ)

Deartment of the Treasury Inimal Revenue Service

Nime of the organization

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.

► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www irs.gov/form990

OMB No 1545-0047

2016

Open to Public Inspection

Employer identification number

Arkansas United Community Coalition	27-5271968
01. Form 990 governing body review (Part VI, line 11)	
Tax return was not provided to board before filing. It was reviewed by the	staff
bookkeeper for numeric accuracy and the Executive Director for program acc	uracy. It will
be approved at the next regually scheduled meeting.	
02. Conflict of interest policy compliance (Part VI, line 12c)	
Board asks at regular meetings if any conflicts need to be reviewed.	
03. CEO, executive director, top management comp (Part VI, line 15a)	
Executive Director salary is compared to other Executive Director salaries	in the area
<u>on</u>	
an annual basis.	
04. Governing documents, etc, available to public (Part VI, line 19)	
Documents are made available to the public upon request.	
05. List of other fees for services expenses (Part IX, line 11g)	
21,240.00 - in-kind staff employee provided by Catholic Charities	
37,406.47 - contract workers (1099) providing educational, training service	es