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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

	A F	or the	e 2015 calend	dar year, or tax year begin	ning	07-01	, 2015, and er	nding	06-3	30 , 2016
	<b>B</b> c	heck if	applicable	C Name of organization Sout	h Arkansas Children	s Coalit	ion		D	Employer identification no
		ddress	change	Doing business as				7	1-0786329	
	X N	lame ch	ange	Number and street (or PO bo	x if mail is not delivered to street addres	 (SS)		Room/suite	E	Telephone number
	☐ tr	nitial ret	urri	1130 East Main	Street			304	L_	(870) 862-2272
_	□ F	inal retu	urn/terminated	City or town, state or province	, country, and ZIP or foreign postal code					156,270
03	□ A	mende	d return	El Dorado, AR	71730				G	Gross receipts\$
15		pplicati	on pending	F Name and address of principa						
••				Same as C above				H(a) Is this a subording	group returr lates?	∩ for Yes X No
	I T	ax-exen	npt status	501(c)(3) 501(c) (	) <b>4</b> (insert no ) 4947(a)(1)	or 52	7			
	J V	Vebsite	► N/A	<del></del>				H(c) Group e	No," attach a xemption nu	included? Yes No a list (see instructions) imber
	K F	orm of o	organization X	Corporation Trust Ass	ociation Other	L	Year of formation 1		ite of legal o	
	Pai	AT I	Summai	ry						
		1	Briefly descr	ribe the organization's missi	on or most significant activities	The c	organization	n and its	voluni	teers served as
	ą.	į	advocate	es for abused and	neglected children.	· · · · · · · · · · · · · · · · · · ·				helped more
	anc	1	than two	million children	ì.					
	Activities & Governance	}								
	Š	2	Check this b	oox 🕨 🔲 if the organization	discontinued its operations or	disposed of	more than 25% o	f its net assets		
	() 25	3	Number of v	oting members of the gover	rning body (Part VI, line 1a)		开()1つ		. 3	10
'	Sa	4	Number of II	ndependent voting member	s of the governing body (Part V	/I, line 1b)			- 4	10
	Ϋ́	5	Total numbe	er of individuals employed in	ı calendar year 2015 (Part V, lır	ne 2a)	N.19 2017		- 5	3
	Ć	6	Total numbe	er of volunteers (estimate if i	necessary) · · · · · · · ·		4 7017.		. 6	36
	٩	7a	Total unrelat	ted business revenue from f	Part VIII, column (C), line 12	Rec	نن نے اسلام		. 7a	0
		b	Net unrelate	ed business taxable income		1,60	v'd Entit	<b>y</b>	. 7b	0
ı				R	ECEIVEU			Prior Year		Current Year
ı	_	8	Contribution	ns and grants (Part VII <del>I, Ime</del>				14	8,426	156,270
	Revenue	9		rvice revenue (Partwill, line	<sup>2</sup> 28) 1 7·2017···					0
	Ş	10		ıncome (Part VIII, column (#	11 625 11			<del></del>		0
	8	11	Other reven	ue (Part VIII, column (A), III	nes-5, 6d, 8c, 9c, 10c, and 11e)					0
		12			mus equa Rart VIII, column (A	A), line 12)		14	8,426	156,270
		13		sımılar amounts pa <del>id (Part I</del>						0
		14	•	d to or for members (Part IX			· · · · · · ·			0
	S	15	·		e benefits (Part IX, column (A)			10	0,629	89,407
	Expenses	16a		- '	column (A), line 11e)				5 2 2 84	0
	Kpe	b		ising expenses (Part IX, col	· · · · · · · · · · · · · · · · · · ·		2,091	The state of the second state of		· · · · · · · · · · · · · · · · · · ·
-	Ш	17	•	nses (Part IX, column (A), lir	•				8,077	50,706
017		18	•	,	equal Part IX, column (A), line	,		14	8,706	140,113
2		19	Revenue les	ss expenses Subtract line	18 from line 12	• • • • •			(280	16,157
$\Leftrightarrow$	s or						t-	Beginning of Curr	ent Year	End of Year
e-e	t Assets of Balanc	20		(* 4,					4,747	88,018
JAN	ag A	21							1,802	3,077
•	Z Z			or fund balances Subtract I	line 21 from line 20	• • • • • •			2,945	84,941
				ire Block			and to the best of mult	unaviladas and halia	f 11	
	true, co	orrect, a	nd complete Dec	claration of preparer (other than offi	n, including accompanying schedules a cer) is based on all information of which	ind statements, a preparer has a	and to the best of my r ny knowledge	crowledge and belle	ii, it is	
Z				771	,					1/10/10
	Sign	า	Support	Te of officer		<del> </del>			Date	//6///
Ř	Here				<b>D</b>				Daid	/
125/ZCANNED		_		in Krneta, Executi	ive Director					
Š.			<del>''  </del>	<del></del>	[Daniel 1		Date	Longi	X if P	TIN
1.	Paic	ı		reparer's name	Preparer's Signature	COU	01-03-2017	Check self-emp		P01038404

Bryant AR 72089

Paid Preparer Firm's name

Print/Type preparer's name Jay C Hoover II Hoover & Company Firm's address PO Box 479

Date 01-03-2017

X Check self-employed Firm's EIN

P01038404

Phone no

May the IRS discuss this return with the preparer shown above? (see instructions) For Paperwork Reduction Act Notice, see the separate instructions.

Form 990 (2015)

**Use Only** 

21 026

	1 990 (2015) South Arkansas Childrens Coalition	71-0786329	Page 2
[EAT	Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u> </u>	· · · · 🔲
1	Bnefly describe the organization's mission		
	The organization and its volunteers served as advocates for abused and negl	ected child	ren.
	The nationwide organization has helped more than two million children.		
2	Did the organization undertake any significant program services during the year which were not listed on the	□ v	El Na
	prior Form 990 or 990-EZ?	· · · · L Yes	x No
2	If "Yes," describe these new services on Schedule O		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	∏ vaa	. No
		· · · · <u> </u> tes	K) NO
4	If "Yes," describe these changes on Schedule O  Describe the organization's program service accomplishments for each of its three largest program services, as measure	d bu	
-	expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot		
	the total expenses, and revenue, if any, for each program service reported	ners,	
	the total expenses, and revenue, if any, for each program service reported		
4a	(Code ) (Expenses \$ 91,831 including grants of \$ ) (Revenue	<u>s</u>	<del></del>
	Provide advocates for abused and neglected children.		
	2207245 447004065 201 454564 AND NEGLECOCK CHILDREN.		
		·	
			<del>-</del>
4b	(Code) (Expenses \$ including grants of \$) (Revenue	\$	)
		<del></del>	
4c	(Code) (Expenses \$ including grants of \$ ) (Revenue	\$	)
		·	<del></del> - ′
			·
4d	Other program services (Describe in Schedule O )		
	(Expenses \$ including grants of \$ ) (Revenue \$	)	<del></del>
4e	Total program service expenses ▶ 91,831		

Part IV

**Checklist of Required Schedules** 

Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Χ 2 Χ 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to 3 Χ Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Χ 4 election in effect during the tax year? If "Yes," complete Schedule C, Part II ........... 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 98-197 If "Yes," complete Schedule C, 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 Χ 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Χ 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," Χ complete Schedule D, Part III 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted 10 endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V 11 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 a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI 11a Χ b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more Χ 11b of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more Χ of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 11c d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 169 If "Yes," complete Schedule D, Part IX 11d 11e Χ e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses Χ the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Χ 12a b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b 13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV 14b Χ 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Χ for any foreign organization? If "Yes," complete Schedule F, Parts II and IV 16 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 X 17 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 X 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 Χ 19 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

Page 4

Checklist of Required Schedules (continued) No 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20a Χ b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 21 Χ 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Χ 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 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a 24a 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Χ Is the organization aware that it engaged in an excess benefit transaction with a disgualified person in a prior year, and that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-EZ? 25b Χ If "Yes," complete Schedule L, Part I 26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or 26 Χ 27 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 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions) A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 Х 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 Χ 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 Х 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 34 Was the organization related to any tax-exempt or taxable entity? If "Yes." complete Schedule R, Part II, III, 34 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Χ 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable 36 Χ 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 

South Arkansas Childrens Coalition

Statements Regarding Other IRS Filings and Tax Compliance
Check if Schedule O contains a response or set to a

	Check if Schedule O contains a response or note to any line in this Part V			П
	Crique il Scriedule O contains a response di riole lo any ille il tris i art v		Yes	No.
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable		11.5	
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
	reportable gaming (gambling) winnings to prize winners?	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		£345	4
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3		6.3	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	STOCK STOCK
				7 m 2
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
þ	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
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			l
	account)?	4a		Χ
b	If "Yes," enter the name of the foreign country		7 (2)	
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
	(FBAR)		100	
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	*	Χ
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
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		X
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).			100
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	( ) 1-24 ( ) 1-24		
	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		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		X
đ	If "Yes," indicate the number of Forms 8282 filed during the year			51 E.S.
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		Χ
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Χ
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		X
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on Part VIII, line 12			
þ	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11	Section 501(c)(12) organizations. Enter			1
а	Gross income from members or shareholders			
p	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		
þ	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	_		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
a	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		10	. :
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	ſ		
C	Enter the amount of reserves on hand	L		<u> </u>
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	<b></b>	X
ь	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	<u> </u>	<u> </u>
EEA		Form	990 (	(2015)

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PE	Governance, Management, and Disclosure For each "Yes" response to lines 2 thr	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"										
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Sche	dule O See in:	structions									
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u></u>									
Sec	tion A. Governing Body and Management											
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	10									
	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	<b>!</b>										
			₹ <b>2</b> 5 25.									

10	Enter the number of value markers of the revenue had at the red of the towns.		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	(7 to 1) X	***	2.50
	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	1	,	
_	committee, explain in Schedule O		(a) a/4 (a) (a) (b)	
b	Enter the number of voting members included in line 1a, above, who are independent 1b 10		1	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct	1		
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		_X
6	Did the organization have members or stockholders?	6	!	Χ
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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		2 2 5 2 5 5	
	the year by the following		100	di.
а	The governing body?	8a	Χ	
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	'	Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code)	<u> </u>		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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		ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	$\vdash$
_	Trans amount, and transcere, and ney employees required to disclose annually interests that bound give rise to committee	<u> </u>	<del>- '                                   </del>	├

		[	162	NO
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	Χ	ļ
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)	3 1		(3.5)
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
þ	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		X

Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ► AR 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)

available for public inspection. Indicate how you made these available. Check all that apply Other (explain in Schedule O) Own website Another's website 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

Robin Krneta (870) 862-2272, 1130 East Main Street, El Dorado, AR 71730

ი 990	

South Arkansas Childrens Coalition

71-0786329

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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

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

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

				(	C)		İ			
(A)	(B)				sition			(D)	(E)	(F)
Name and Title	Average	(do not check more than one box, unless person is both an		Reportable	Reportable	Estimated				
	hours per					r/trustee		compensation	compensation from related	amount of other
	week (list any hours for		_					from the	organizations	compensation
	related	Individual trustee or director	Inst	Officer	Key	en en en	Forme	organization	(W-2/1099-MISC)	from the
•	organizations below dotted	/idua	tto	ĕ	emp	loye	ner	(W-2/1099-MISC)		organization and related
	line)	, 5	Institutional trustee		Key employee	Highest compensated employee			1	organizations
		stee	uste		•	Sugar				
			(3)			ated			ļ	
					İ					
(1) Markeith Cook	0.50									
Board Member	ļ	Χ	_			ļ	_	<u>_</u>	0	00_
(2) Don McGaugh	0.50				١ ,					
Board Member	<u> </u>	X	_			<b> </b>	-	c	0	0
(3) John Lusk	0.50	3.7							_	
Board Member	<del> </del>	X				ļ	-	c	0	0
(4) Joannie Phelps	0.50	17								
Board Member	<del> </del>	X		_		<del> </del>		c	0	0
(5) Carlos Buie	0.50	Χ						,		
Board Member	0.50			_		<del> </del>	⊢	<u> </u>	0	0
(6) Kensel Spivey Secretary / Treasurer	0.50	X				ļ			0	o
(7) Jennifer Baine	0.50						-		<u>'</u>	
President	- 9.30	X				ì	1	)	o	o
(9) 37 0-	0.50			$\vdash$	<u> </u>			· · · · · · · · · · · · · · · · · · ·	<u> </u>	
Vice President	- 2.50	Х		1	l	ļ	ļ	}	0	0
(9) Cristen Woods	0.50			$\vdash$			T	<del></del>		
Board Member		Х		l			]	1	o	0
(10)Keith Smith	0.50									
Board Member		Х		_	1	}			oo_	ОО
(11)Robin Krneta	40.00	-								
Executive Director		L		X		l		49,514	0	0
(12)										
(13)		-		-	-				<del> </del>	
(14)	<u> </u>		-	-		-	-			<del> </del>
				<u> </u>	<u>L</u>	<u> </u>			<u></u>	<u>L</u>

Section A. Officers, Directors, Trustees,  (A)  Name and title	(B) Average hours per week (list any	ot che unless er and	(C) Position neck more than one ss person is both an d a director/trustee)				(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount 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)	compensation from the organization and related organizations
(15)			-							
(16)										
<u>(17)</u>			-							
(18)					!					
(19)										
(20)										
(21)										
(22)				-	-					
(23)							-			
(24)										
(25)										
1b Sub-total	ion A · ·					<i>.</i>	<b>&gt;</b>	49,514	4 0	0
Total number of individuals (including but not limite reportable compensation from the organization									0	<u></u>
3 Did the organization list any former officer, director employee on line 1a? If "Yes," complete Schedule.				e, o	r hig	jhest o	omp	pensated		Yes No
For any individual listed on line 1a, is the sum of re organization and related organizations greater than individual	portable com <sub>l</sub> \$150,000? If	pensat "Yes,"	ion a							4 X
5 Did any person listed on line 1a receive or accrue of for services rendered to the organization? If "Yes,"			-			-	nızat	ion or individual		5 X
Section B. Independent Contractors  1 Complete this table for your five highest compensa	4-4:-44							mass than \$100.00	00 of	
compensation from the organization. Report compensation from the organization.	•									<del></del>
(A) Name and business addres	s							(B Description o	l l	(C) Compensation
		<del>-</del> _								
Total number of independent contractors (including received more than \$100,000 of compensation from the contractors of the			ose	liste	d ab	ove) v	vho			

Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII (B) Related or exempt function Revenue excluded from tax under sections 512-514 Total revenue Unrelated business Federated campaigns . . . . . . . 1a 1b Fundraising events . . . . . 1c 7,239 1d Government grants (contributions) - -1e 149,031 All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f \$ Total. Add lines 1a-1f 156,270 **Business Code** Program Service Revenue f All other program service revenue . . . . . . g Total. Add lines 2a-2f Investment income (including dividends, interest, Income from investment of tax-exempt bond proceeds 6a Gross rents . . . . . . . . . **b** Less rental expenses · · · · c Rental income or (loss) . . . d Net rental income or (loss) . . . . . . . . . . . . . . **.** 7a Gross amount from sales of (i) Securities assets other than inventory b Less cost or other basis and sales expenses c Gain or (loss) . . . . . . d Net gain or (loss) . . . . . Other Revenue 8a Gross income from fundraising events (not including 7,239 of contributions reported on line 1c) **b** Less direct expenses . . . . . . . . . b c Net income or (loss) from fundraising events · · · · · · · ▶ 9a Gross income from gaming activities **b** Less direct expenses . . . . . . . . . b c Net income or (loss) from gaming activities · · · · · · · · ▶ 10a Gross sales of inventory, less returns and allowances . . . . . . . . a b Less cost of goods sold .... b C Net income or (loss) from sales of inventory · · · · · · · ▶ Miscellaneous Revenue **Business Code** 11a Total. Add lines 11a-11d 12 Total revenue. See instructions 156,270

# Form 990 (2015) South Arkansas Childrens Coalition Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all co	lumns All other organiz	zations must complete o	column (A)	
Check if Schedule O contains a response or note to ar	ny line in this Part IX		<u>.</u>	
Do not include amounts reported on lines 6h. 7h	(A)	(B)	(C)	(D)

Do n	ot include amounts reported on lines 6b, 7b,	(A)	(B)	(C)	(D)
8b, 9	b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations		·		
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B) · · · · ·		_		
7	Other salaries and wages	87,607	52,564	35,043	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	1,800	1,440	360	
10	Payroll taxes				
11	Fees for services (non-employees)				
а	Management	<del></del>			
þ	Legal · · · · · · · · · · · · · · · · · · ·				<del></del>
С	Accounting	6,059	4,847	1,212	
d	Lobbying				
е	Professional fundraising services See Part IV, line 17 •				
f	Investment management fees · · · · · · · · · · · · · · · · · ·				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)				
12	Advertising and promotion	6,104	4,883	1,221	
13	Office expenses	11,348	8,882	2,466	
14	Information technology			ļ	
15	Royalties				
16	Occupancy · · · · · · · · · · · · · · · · · · ·	7,130	4,991	2,139	
17	Travel	1,414	1,131	283	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials		4 000	054	
19 20	Conferences, conventions, and meetings	5,934	4,980	954	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1 010	814	204	
23	Insurance	1,018 4,506	3,605	901	<del></del>
24	Other expenses Itemize expenses not covered	4,506	3,605	901	Committee of the second
	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				٠. دو
	(A) amount, list line 24e expenses on Schedule O)				
а	Postage and delivery	337	270	67	V
b	Telephone	3,876	2,713	1,163	
С	Dues and subscriptions	889	711	178	
d	Special events	2,091			2,091
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	140,113	91,831	46,191	2,091
26	Joint costs. Complete this line only if the	]			
	organization reported in column (B) joint costs	1			
	from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)	<u></u>			
EEA					Form <b>990</b> (2015)

**Balance Sheet** 

PERIX

Check if Schedule O contains a response or note to any line in this Part X (A) End of year Beginning of year 1 Cash - non-interest-bearing 1 61,571 66,137 2 2 3 3 20,279 20,002 Accounts receivable, net 4 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 7 Notes and loans receivable, net ...... Assets 8 8 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D . . . . 10a h Less accumulated depreciation . . . . . . . . . 10b 10c 2,897 11 11 12 12 13 13 14 14 15 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 84,747 88,018 17 17 1,802 3,077 18 18 19 19 Deferred revenue 20 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Liabilities 22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X. of Schedule D 25 26 Total liabilities. Add lines 17 through 25 ......... 1,802 26 3,077 Organizations that follow SFAS 117 (ASC 958), check here > X and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 68,784 27 84,941 28 Temporarily restricted net assets .......... 28 14,161 29 29 Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 82,945 84,941 34 Total liabilities and net assets/fund balances ....... 84,747 88,018

-om	South Arkansas Childrens Coalition	71-0786329	Page	3 12
1	Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>	<u> [</u>	X
1	Total revenue (must equal Part VIII, column (A), line 12)	. 1	156,27	0
2	Total expenses (must equal Part IX, column (A), line 25)	. 2	140,11	3
3	Revenue less expenses Subtract line 2 from line 1	. 3	16,15	7
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	. 4	82,94	5
5	Net unrealized gains (losses) on investments	. 5		
6	Donated services and use of facilities	. 6		
7	Investment expenses	. 7		
8	Prior period adjustments	. 8		
9	Other changes in net assets or fund balances (explain in Schedule O)	. 9	(14,16	1)
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line			
	33, column (B))	. 10	84,94	1
	Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII		<u>.</u> . <u>.</u> . [	
			Yes	No
1	Accounting method used to prepare the Form 990 🔲 Cash 🔯 Accrual 🔲 Other			
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			
	Schedule O	<b>b</b> .		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	[	2a	Χ
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or			
	reviewed on a separate basis, consolidated basis, or both			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	[	2b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	8		
	separate basis, consolidated basis, or both	Ş		
	Separate basis Consolidated basis Both consolidated and separate basis			20 mg
C	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 X	
	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	Χ
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the			
	required audit or guidte, explain why in Schedule O and describe any stage taken to undergo such guidts		3b	

Form 990 (2015)

EEA

#### SCHEDULE A

(Form 990 or 990-EZ)

## **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.

2015

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Employer identification number Name of the organization 71-0786329 South Arkansas Childrens Coalition Reason for Public Charity Status (All organizations must complete this part ) See instructions. The organization is not a private foundation because it is (For lines 1 through 11, check only one box) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public 7 described in section 170(b)(1)(A)(vi), (Complete Part II) 8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 9 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations ........... Provide the following information about the supported organization(s) (i) Name of supported organization (ii) EIN (iii) Type of organization (IV) Is the organization (v) Amount of monetary (vi) Amount of other support (see (described on lines 1-9 listed in your governing support (see above (see instructions)) document? instructions) instructions) (A) (B) (C) (D) (E)

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III) Section A. Public Support

Caler	ndar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not	(4) 20 1	(5) = 0.12	10,20.0	(4)		
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						
4	Total. Add lines 1 through 3 · · · · ·						
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	المالية المالية					
6	Public support. Subtract line 5 from line 4 · ·						
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4 · · · · · · · · · · · · · · · · · ·						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	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 .		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		1		
12	Gross receipts from related activities, etc. (s	see instructions)	<i>.</i>			12	
13	First five years. If the Form 990 is for the o organization, check this box and stop here				s a section 501(c)(		▶ 🗍
Sec	tion C. Computation of Public St	<del></del>					
14	Public support percentage for 2015 (line 6,		•	f))		14	<u>%</u>
15	Public support percentage from 2014 Scheo					15	%
16a	33 1/3% support test - 2015. If the organization		•				, m
	box and stop here. The organization qualific		. •	· <del>-</del>			
b	33 1/3% support test - 2014. If the organization of the latest test and the latest test are the support test - 2014.						. 🗆
47.	check this box and <b>stop here</b> . The organization qualifies as a publicly supported organization						
17a	10%-facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in						
	Part VI how the organization meets the "fac						. □
h	organization						· · · · · • ⊔
b	10%-facts-and-circumstances test - 2014	•				l <del>C</del>	
	15 is 10% or more, and if the organization in			•	•	di.	
	Explain in Part VI how the organization mee			-	qualifies as a public		
18	supported organization Private foundation. If the organization did						🗾
	instructions						▶ □

71-0786329

Schedule A (Form 990 or 990-EZ) 2015
Support Sc Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 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)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	110,779	112,770	145,869	140,707	149,308	659,433
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	320,		210,000			
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	110,779	112,770	145,869	140,707	149,308	659,433
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
	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						, 1
С	Add lines 7a and 7b · · · · · · · · · · · · · · · · · ·						
8	Public support. (Subtract line 7c from						CEO 400
Sec	ction B. Total Support	Body management	to the free district	en semborende d	The second of th	<b>人名英格兰人名英格兰人</b>	659,433
	endar year (or fiscal year beginning in)	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6 · · · · · · · · · · · · · · · · · ·	110,779	<del></del>		140,707	149,308	659,433
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	16		4			29
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b · · · · · · · · · · ·	16	9	4			29
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	<b>Total support.</b> (Add lines 9, 10c, 11, and 12) · · · · · · · · · · · · · · · · · · ·	110,795	112,779	145,873	140,707	149,308	659,462
14	First five years. If the Form 990 is for the organization, check this box and stop here			or fifth tax year as			▶ 🗍
	ction C. Computation of Public Su					<del></del>	
15	Public support percentage for 2015 (line 8, c	`,	•	•		15	100.00 %
16	Public support percentage from 2014 Schedu				<u> </u>	16	100.00 %
	ction D. Computation of Investme						
17	Investment income percentage for 2015 (line		•	lumn (f))		17	0.00 %
18	Investment income percentage from 2014 Sc	·				18	0.00 %
19a	33 1/3% support tests - 2015. If the organiz 17 is not more than 33 1/3%, check this box						▶ 🏻
	33 1/3% support tests - 2014. If the organiz line 18 is not more than 33 1/3%, check this	box and <b>stop here</b>	. The organization	qualifies as a public	ly supported organ		· · · · · • 📮
20	Private foundation. If the organization did n	ot check a box on l	ine 14, 19a, or 19b	, check this box an	d see instructions		· · · · · • U

Page 4

#### **Supporting Organizations**

(Complete only if you checked a box in line 11 of Part I. If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

#### Section A. All Supporting Organizations

- 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
- 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
- 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 11a or 11b 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)
- 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?
- 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).
- 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.
- 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
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3c		a a
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4d		
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4b		
4c		
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	3 10	2.72
5a		
5b		
5c	1	
3		
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9a		
9b		
0-		
9c	سيت ا	
10a		
10b		

Sched	fule A (Form 990 or 990-EZ) 2015 South Arkansas Childrens Coalition 71-0786329	Page 5
164	Supporting Organizations (continued)	
b c	Has the organization accepted a gift or contribution from any of the following persons?  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?  A family member of a person described in (a) above?  A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	Yes No 11a 11b 11c
	tion of Type Coupporting 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 <b>Part VI</b> 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	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2
Sec	tion C. Type II Supporting Organizations	
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 <b>Part VI</b> how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	Yes No
Sec	tion D. All Type III Supporting Organizations	····
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax 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?	Yes No
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 <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s)	2
3	By reason of the relationship described in (2), did the organization's supported organizations have a 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 <b>Part VI</b> the role the organization's supported organizations played in this regard	3
	ction E. Type III Functionally-Integrated Supporting Organizations	4. 41
1 a b c	The organization is the parent of each of its supported organizations. Complete line 3 below.	·
2	Activities Test. Answer (a) and (b) below.	Yes No
a		Za No
ь 3	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 <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement Parent of Supported Organizations <b>Answer (a) and (b) below</b> .	2b
	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? Provide details in Part VI.

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

3a

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Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiza	ations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trust c	on Nov 20, 1970 See	instructions. All
other Type III non-functionally integrated supporting organizations must com-	nplete S	Sections A through E.	_ <sub>F</sub>
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		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see		STA BENEFIT STATE STATE	
instructions for short tax year or assets held for part of year).			
a Average monthly value of securities	1a		
<b>b</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			
factors (explain in detail in Part VI)	8		
2 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,	$\top$		
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	ka,		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)			
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)			
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			
emergency temporary reduction (see instructions)	6	and a property of the second o	
7 Check here if the current year is the organization's first as a non-functional	ly-ınteg	rated Type III supporti	ng organization (see
instructions)			

e Excess from 2015

. . . .

### 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.

Department of the Treasury Internal Revenue Service

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

OMB No 1545-0047

2015



	or organization	Employer learning and the learning and t
	th Arkansas Childrens Coalition	71-0786329
	Organizations Maintaining Donor Advised Funds or Other Similar Funds or Account	nts.
	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 (during year)	
3	Aggregate value of grants from (during 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 donor advised	
	•	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	2 2
	only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	
	conferring impermissible private benefit?	Yes No
	Conservation Easements.	
5,04005,320	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)	
•	Preservation of land for public use (e.g., recreation or education)  Preservation of a historically	umportant land area
	Protection of natural habitat  Preservation of a certified hi	
	Preservation of open space	Storic structure
2		convotion
-	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a con-	Farmanic Co.
	easement on the last day of the tax year  Total number of conservation easements	Held at the End of the Tax Year
a	Total Name of Control Valori Coccinions	- <del></del>
b	Total acreage restricted by conservation easements	<del>                                     </del>
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a	1 1
_	historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organic	zation during the
	tax year •	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation eas	ements during the year
	<b>▶</b> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(E	3)(1)
	and section 170(h)(4)(B)(ii)?	· · · · · · · · · · · · · · · · · · ·
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement	nent, and
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that	describes the
	organization's accounting for conservation easements	
8 6	Organizations Maintaining Collections of Art, Historical Treasures, or Ot	her Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and	d balance sheet
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in ful	rtherance of
	public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these item	ns
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and ba	
	works of art, historical treasures, or other similar assets held for public exhibition, education, or research in ful	
	public service, provide the following amounts relating to these items	
	(i) Revenue included on Form 990, Part VIII, line 1	<b>▶</b> \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
-	following amounts required to be reported under SFAS 116 (ASC 958) relating to these items	provide the
•	Revenue included on Form 990, Part VIII, line 1	<b> </b>
a h	Assets included in Form 990. Part X	
U	Chapter included in Foundary Fall A	

	Organizations Maintaining Colle						us (continued	<u>3)</u>
3	Using the organization's acquisition, accession, and of	ther records, check a	any of the follow	ing that are a	significa	nt use of its		
	collection items (check all that apply)	_						
а	Public exhibition	d Loan or e	exchange progra	ms				
b	Scholarly research	e 📙 Other					<del></del>	
C	Preservation for future generations							
4	Provide a description of the organization's collections XIII	and explain how the	y further the orga	anızatıon's exe	empt pu	rpose in Part		
5	During the year, did the organization solicit or receive	donations of art. hist	torical treasures	or other simil	ar			
	assets to be sold to raise funds rather than to be mair						· Tyes T	No
Pa	Escrow and Custodial Arrangem		organization o					
	Complete if the organization answe 990, Part X, line 21		orm 990, Parl	t IV, line 9,	or rep	orted an amour	t on Form	
1a	Is the organization an agent, trustee, custodian or other	er intermediary for c	ontributions or o	ther assets no	ot			
	_						. Yes	No
b	If "Yes," explain the arrangement in Part XIII and com	plete the following ta	ble					
		<u>-</u>				Amo	unt	
C	Beginning balance				· 1c			
d	Additions during the year				. 1d			
е	Distributions during the year				1e			
f	Ending balance				. 1f			
2a	Did the organization include an amount on Form 990,	Part X, line 21, for e	scrow or custod	ial account lia	bility?		🗌 Yes 📋	No
_b	If "Yes," explain the arrangement in Part XIII Check h	ere if the explanation	n has been provi	ded on Part X	.141	<u> </u>	<u> [</u>	<u>l</u>
	Endowment Funds.							
	Complete if the organization answer	ered "Yes" on Fo	orm 990, Par	t IV, line 10	)			
	(a	) Current year	(b) Prior year	(c) Two years	back	(d) Three years back	(e) Four years bac	ck
1a	Beginning of year balance							
b	Contributions						T	
С	Net investment earnings, gains, and							
	losses	1		]			1	
d	Grants or scholarships							
е	Other expenditures for facilities and							
	programs	,		}	Ī		}	
f	Administrative expenses		<del></del>					
g	End of year balance							
2	Provide the estimated percentage of the current year	end balance (line 1c	. column (a)) he	ld as			<del></del>	
а	Board designated or quasi-endowment	%	,,					
b	Permanent endowment ▶ %	<del></del>						
С	Temporarily restricted endowment	%						
	The percentages in lines 2a, 2b, and 2c should equal							
3a	Are there endowment funds not in the possession of t		are held and ad	ministered for	the			
	organization by						Yes	No
	(i) unrelated organizations					<i>.</i>	3a(i)	
	(ii) related organizations		<i></i>				3a(ii)	
b	If "Yes" on 3a(ii), are the related organizations listed a	is required on Sched	lule R?				3b	
4	Describe in Part XIII the intended uses of the organization	•					L	
	Land, Buildings, and Equipment							
	Complete if the organization answer		orm 990. Par	t IV. line 11	a. Se	e Form 990. Pa	t X. line 10.	
	Description of property	(a) Cost or other bas		or other basis		Accumulated	(d) Book value	
	Secondary of property	(investment)	1 ' '	other)		epreciation	(2) 500% 12/20	
1a	Land	<del> </del>	<del></del>		· .			
b	Buildings				radione i se es	- A Tarana - Control of the second		
c	Leasehold improvements	<del></del>						
d	Equipment			19,146		17,267	1,8	79
e	Other							<u></u> _
<u> </u>	I. Add lines 1a through 1e (Column (d) must equal Fo	rm 990, Part X, colu	mn (B), line 10c	)			1,8	79

South Arkansas Childrens Coalition

Schedule D (Form 990) 2015

71-0786329

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Schedule D (Form	n 990) 2015 South Arkansas	Childrens Coalition	71-0786329	Page
BEECKAR!	Investments - Other Securities.			
	Complete if the organization answere	ed "Yes" on Form 990, Pa	irt IV, line 11b See Form 990, Part X, li	ne 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial	derivatives			
(2) Closely-h	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
_(D)				
(E)				
<u>(F)</u>				
(G)				
(H)	<del></del>		aprila di agrama perganjan amang ngan sama amang diagramana akamin menggun di amamangan di diancim menganan sam	فاستنب والمستوان
AS THE PERSON NAMED IN COLUMN	p) must equal Form 990, Part X, col (B) line 12 )	<u></u>		46.5
EGGLY	Investments - Program Related.	od "Voo" on Form 000 Ba	ort IV line 11a See Form 000 Port V li	no 13
	Complete if the organization answere	tes on Form 990, Pa	art IV, line 11c See Form 990, Part X, li	116 13
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1)			<u> </u>	
(2)				
(3)				
(4)	<del></del>			
(5)				
(6)				
(7)	<del></del>			
(8)		<del> </del>		
(9)	o) must equal Form 990. Part X. col. (B) line 13.)		and the second s	M. Carlotte
Paralles	o) must equal Form 990, Part X, col (B) line 13)  Other Assets.	<u> </u>	the state of the s	· · · · · · · · · · · · · · · · · · ·
(A1 20 ) = 20 (3)		ed "Yes" on Form 990. Pa	art IV, line 11d See Form 990, Part X, li	ne 15
	<del></del>	Description	(b) Boo	
(1)			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)	<del></del>			
	nn (b) must equal Form 990, Part X, col (B) line 15	)		
	Other Liabilities. Complete if the organization answere line 25	ed "Yes" on Form 990, Pa	art IV, line 11e or 11f. See Form 990, Pa	art X,
	<del></del>	T		
1.	(a) Description of liability	(b) Book value		

1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total (Column (b) must equal Form 990, Part X, col (B) line 25)	<u> </u>		) A

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

24.5	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	156,270
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		
С	Recovenes of pnor year grants		
d	Other (Describe in Part XIII )	out se	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	156,270
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		150,2.0
а	Investment expenses not included on Form 990, Part VIII, line 7b		
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	156,270
	Reconciliation of Expenses per Audited Financial Statements With Expenses p	1	130,270
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	140,113
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities		
b	Pnor year adjustments	***	
С	Other losses		
d	Other (Describe in Part XIII )		
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	140,113
4	Amounts included on Form 990, Part IX, line 25, but not on line 1		140,113
a	Investment expenses not included on Form 990, Part VIII, line 7b		
b	Other (Describe in Part XIII )		
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5	140 113
-	Supplemental Information.	1 3 1	140,113
700 750	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	t Y line	<del></del>
	int XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information		
		·	
		<del></del>	
			<del></del>
			<del></del>

South Arkansas Childrens Coalition

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Schedule D (Form 990) 2015

Schedule D (Form 990) 2015

EEA

### **SCHEDULE O** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Name of the organization Employer identification number South Arkansas Childrens Coalition 71-0786329 01. Form 990 governing body review (Part VI, line 11) The Form 990 is reviewed by the Executive Director, the Treasurer and then by the entire Board of Directors. Once approved the Executive Director signs and mails the return. 02. Conflict of interest policy compliance (Part VI, line 12c) Conflicts of interest are noted by management and those members abstain from voting on any issue that would be perceived as a conflict of interest. 03. CEO, executive director, top management comp (Part VI, line 15a) The board of directors annually reviews salary compensation for all employees. 04. Other officer or key employee compensation (Part VI, line 15b The board of directors annually reviews salary compensation of all employees. 05. Governing documents, etc, available to public (Part VI, line 19) The Organization makes its governing documents, conflict of interest policy, and financial statements available to the public upon request. 06. Explanation of other changes in net assets or fund balances (Part XI, line 9) The organization receives a grant subject to certain restrictions specified by the grantor. The other change described is the recognition of previously restricted (\$14,161) and currently restricted funds (\$0).