

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



Form **990**

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

Intern	al Revenue	Service	The organization may have to use a copy or this return to satisfy state			mspecuon
A F	or the 2	008 cal	endar year, or tax year beginning JUL 1, 2008 and ending	JUN 30, 20	09 7	
Ва	heck if opticable	Please	C Name of organization	D Employer ider	ntification	number
st	oplicable	use IRS				
	Address change	label or brant or	ARKANSAS STATE EMPLOYEES ASSOCIATION INC	: 		
	Name	type.	Doing Business As		-04584	401
\vdash	Johange Timitial Treturn	See	Number and street (or P.O. box if mail is not delivered to street address) Room/suit			
늗	Jresum Termin-	l tonner			1-378-	-0187
누	Jation Amended		PO BOX 1588		1-3/6	961,365.
<u> </u>	return Applica-	1	City or town, state or country, and ZIP + 4	G Gross receipts \$		301,303.
	pending .		LITTLE ROCK, AR 72203-1588	H(a) Is this a grou		
		FNan	ne and address of principal officer:	for affiliates?		Yes X No
		<u> </u>		H(b) Are all affiliate		
1 1	ax-exem	npt statu	us: X 501(c) (5) ◀ (insert no.) 4947(a)(1) or 527	If "No," attac	ch a list. (se	ee instructions)
JV	<u>Vebsite:</u>	▶ N/	Ά	H(c) Group exem	ption num!	ber 🚩
KT	ype of or	ganizatio	n: Corporation Trust X Association Other L Ye	ar of formation: 196	8 M State	of legal domicile; AR
Pa	rt I S	umm	ary			
	1 Br	ieffv des	scribe the organization's mission or most significant activities: THE ARKAN	SAS STATE	EMPLO	YEES
ဦ	A	SSOC	CIATION IS AN INDEPENDENT ORGANIZATION WO	RKING TOWA	RD TH	E
ᅙ			s box if the organization discontinued its operations or disposed of mo			
Governance					3	22
ĝ	3 141	uinber o	of voting members of the governing body (Part VI, line 1a) of independent voting members of the governing body (Part VI, line 1b)			22
	4 14	umber o	of independent voting members of the governing body (Part VI, line 10)	₩.l	4	
8	5 To	otal num	nber of employees (Part V, line 2a)		5	10
Ξ	16 10	otal num	nber of volunteers (estimate if necessary)		6	210
Activities &	7a To	otal gros	ss unrelated business revenue from Part VIII, line 12, column (C)	50.11	7a	0.
	b No	<u>et unrek</u>	ated business taxable income from Form 990-T, line 34		7b	888.
			·	Prior Year		Current Year
	8 C	ontributi	ions and grants (Part VIII, line 1h)	699,65	6.	715,988.
5			service revenue (Part VIII, line 2g)	47,12	1.	230,257.
Revenue		-	nt income (Part VIII, column (A), lines 3, 4, and 7d)	19,39	7.	15,120.
Œ			enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	35,64		
	t .		enue · add lines 8 through 11 (must equal Part VIII, column (A), line 12)	801,81		961,365.
_			nd similar amounts paid (Part IX, column (A), lines 1-3)			
	l .		paid to or for members (Part IX, column (A), line 4)			
en en	i	•	other compensation, employee benefits (Part IX, column (A), lines 5-10)	489,23	3.	502,591.
Ехрепзез			nal fundraising fees (Part IX, column (A), line 11e)			
ě			draising expenses (Part IX, column (D), line 25)			
쬬	l			286,95	<u></u>	296,691.
	,	_	penses (Part IX, column (A), lines 11a-11d, 11f-24f)	776,18		799,282.
	P.		enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	25,63		162 002
	19 H	evenue	less expenses. Subtract line 18 from line 12			162,083.
Assets or Balances				Beginning of Year		End of Year
328	20 To	otal ass	ets (Part X, line 16)	1,274,90		1,436,991.
₩ <u>₽</u>	:I		ilities (Part X, line 26)	<u> 17</u>		176.
E S			ts or fund balances, Subtract line 21 from line 20	<u>1,274,73</u>	<u> 2. </u>	<u>1,436,815.</u>
P			ture Block			
	١	Under peop	allies of perjury, I declare that I have examined this return, including accompanying schedules and statemen etc. Declaration of prepare/ (other than officer) is based on all information of which preparer has any knowled	ta, and to the best of my kind los.	d bns agbalw:	selief, it is true, correct,
		וֹ דְ	77	ا م ا	1. 1.	
Sig	n l	K	Joseph -	/د	<u> 21/1</u>	<u> </u>
Her	11	Sigi	nature of Micer	Date		
	i Ji		DANNY JAMES EX DIREC	IOR		
		Typ	e or print name and title			
		Preparer'			reparer's iden	tulying number
Paid	2 1	Signature	Xales Many	self- employed ▶ 🔲 (200 4130 0CAO	13)
Pre	parer's F	em's nam		EIN ▶		
Use		Yours if Stil-emplo				
	4	address, a	LITTLE ROCK, AR 72201	Phone no. I	► (5 0 1) 375-9187
Mar				14 none nu.		X Yes D
ivid	7 u 10 1715		ss this return with the preparer shown above? (see instructions)	netructions	<u>.</u>	Form 990 (2008)

as original

SCALLED MAY 17 2010

CIS IMAGE

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	rt III Statement of Pr	ARKANSAS STA rogram Service A			TION INC	71-045	8401	Page 2
1 •	Briefly describe the organiz THE ARKANSAS S ORGANIZATION V STATE EMPLOYER	STATE EMPLOY WORKING TOWA					AND	
2	Did the organization under the prior Form 990 or 990-E	Z?	·······	the year which were			Yes [X No
3	If "Yes", describe these ne Did the organization cease	w services on Scheduli conducting, or make s	e O. ionificant changes เก	how it conducts, an	v program service:	s?	Yes [XNo
3	If "Yes", describe these chi	anges on Schedule O.			, , p. og. a oo. v.co.	••		
4	Describe the exempt purpo		_		-	-		
	Section 501(c)(3) and 501(c) allocations to others, the to	otal expenses, and reve	nue, if any, for each		orted.			
4a	(Code:)	(Expenses \$		ng grants of \$		(Revenue \$		
	THE ASSOCIATION THE STATE OF A							
	THE ASSOCIATION	ON HOSTED A	2 DAY CONF	ERENCE FOR	MEMBERS	AND STAT	E	
	EMPLOYEES TO 1					EALTH IN		E.
	SEMINARS WERE							
	EMPLOYEES AND O'							YEE
	RETIREMENT SY			WITH LEGIS		4) DEFER		
	COMPENSATION,			T YOURSELF				
	THE ASSOCIATION AND BENEFITS I						ALARIE THE	is
4b		(Expenses \$		ng grants of \$		(Revenue \$	Inc)
							-	
						··		
	-			· · · · · ·	····			
		· · · · · · · · · · · · · · · · · · ·						
				·				
							·-·· ·	
4c	(Code:) (Expenses \$	includ	ng grants of \$	<u> </u>	(Revenue \$		
		·						
								
		····						
						· · · · · · · · · · · · · · · · · · ·		
4d	Other program services. (D (Expenses \$	Describe in Schedule O. including gra) (Revenu	10 C			
4e	Total program service ex			(Must equal Part IX,				
							Form 99 0	(2008)

ARKANSAS STATE EMPLOYEES ASSOCIATION INC 71-0458401 Form 990 (2008) 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)? Is the organization required to complete Schedule B, Schedule of Contributors? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II 4 Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and 5 reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III 5 Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice 6 on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete 8 Schedule D, Part III 8 Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide 9 credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization hold assets in term, permanent, or quasi-endowments? If "Yes," complete Schedule D, Part V 10 10 Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable X 11 12 Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII 12 Is the organization a school as 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 U.S.? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U.S.? If "Yes," complete Schedule F, Part I X 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity 15 located outside the United States? If "Yes," complete Schedule F, Part II X <u> 15</u> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals 16 located outside the United States? If "Yes," complete Schedule F, Part III 16 X Did the organization report more than \$15,000 on Part IX, column (A), line 11e? If "Yes," complete Schedule G, Part I 17 17 Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II 18 18 Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III 19 19 Did the organization operate one or more hospitals? If "Yes," complete Schedule H X 20 20 Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II X 21 21 22 Did the organization report more than \$5,000 on Part IX, column (A), line 2? # "Yes," complete Schedule I, Parts I and III X 22 Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J X 23 23 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 questions 24b-24d and complete Schedule K. If "No", go to question 25 24a

b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?

d Did the organization act as an *on behalf of* issuer for bonds outstanding at any time during the year?

b Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I

Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial

contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III

any tax-exempt bonds? _______

disqualified person during the year? If "Yes," complete Schedule L, Part I

Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II

c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease

25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a

Form **990** (2008)

24b

24c

24d

25a

25b

26

X

-			Yes	No
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee:			1
a	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an	}	ŀ	
	indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other			
	person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part IV	28a		X
ь	Have a family member who had a direct or indirect business relationship with the organization?			
	If "Yes," complete Schedule L, Part IV	28b		X
c	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional			
	corporation) doing business with the organization? If "Yes," complete Schedule L, Part N	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	<u> </u>	X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	1	1	l
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			1
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	i		ł
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?	1	1	1
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	X	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35_	X	<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?	1	1	1
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes, " complete Schedule R, Part VI	37		X

Form	990 (2008) ARKANSAS STATE EMPLOYEES ASSOCIATION INC 71-0458 tV Statements Regarding Other IRS Filings and Tax Compliance	<u>401</u>	P	age 5
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of			114
	U.S. Information Returns, Enter -0 if not applicable 1a 0			
h	Enter the number of Forms W-2G included in line 1a. Enter -O if not applicable 1b 0	1 1		1
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable garning			i
C	(gambling) winnings to prize winners?	1c		х
2-	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
24	filed for the calendar year ending with or within the year covered by this return			
_	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2ь	Х	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions)			
۸-		3a	X]
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	30	<u> </u>	 -
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	١. ٰ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			}
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and	•		l
	Financial Accounts.	1_		
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	<u>5a</u>		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b_		X
C	If "Yes," to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited			1
	Tax Shelter Transaction?	<u>5c</u>		<u> </u>
	Did the organization solicit any contributions that were not tax deductible?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			Į .
	were not tax deductible?	6b	<u> </u>	<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).		1	
а	Did the organization provide goods or services in exchange for any quid pro quo contribution of more than \$75?	7a		X
þ	If "Yes," did the organization notify the donor of the value of the goods or services provided?	<u>7b</u>	<u> </u>	
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	1	1	
	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		1
	Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal		1	
	benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	For all contributions of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required?	7h		Х
8	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds and section 509(a)(3)			
	supporting organizations. Did the supporting organization, or a fund maintained by a sponsoring organization, have		ŀ	
	excess business holdings at any time during the year?	8	l	İ
9	Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.			
	Did the organization make any taxable distributions under section 4966?	9a		1
	Did the organization make a distribution to a donor, donor advisor, or related person?	9tb		1
10	Section 501(c)(7) organizations. Enter: N/A	<u> </u>		1
а	Initiation fees and capital contributions included on Part VIII, line 12	ĺ	ĺ	[
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	1	1	
11	Section 501(c)(12) organizations, Enter: N/A	1		1
	Gross income from members or shareholders]	
	Gross income from other sources (Do not net amounts due or paid to other sources against	1	}	1
D			}	
٠٠-		1,~	1	
	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 N/A 12b			1

Form 990 (2008)

ARKANSAS STATE EMPLOYEES ASSOCIATION INC 71-0458401 Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

eç	tion A. Governing Body and Management		1	
	For each "Yes" response to lines 2-7b below, and for a "No" response to lines 8 or 9b below, describe the circumstances,		Yes	No
	For each "Yes" response to lines 2-76 below, and for a "No" response to lines 8 or 96 below, describe the circumstances, processes, or changes in Schedule O. See instructions.			
.	1 1 00			
1a				
ъ	Enter the number of voting members that are independent			
2		2		X
_	officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision			-48
3		2		X
	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 organizational documents since the prior Form 990 was filed?	4		$\frac{\mathbf{x}}{\mathbf{x}}$
5	Did the organization become aware during the year of a material diversion of the organization's assets?	5	X	
6	Does the organization have members or stockholders?	6		
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the		v	
	governing body?	7a	X	Х
	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	_	•	
8	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9a	Does the organization have local chapters, branches, or affiliates?	9a	X	
Ь	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			77
	and branches to ensure their operations are consistent with those of the organization?	9b		X
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations must			
	describe in Schedule O the process, if any, the organization uses to review the Form 990	10	X	
11	Is there any officer, director or 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	11		X
sec	tion B. Policies			
			Yes	No
	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
þ	Are officers, directors or trustees, and key employees required to disclose annually interests that could give use			
	to conflicts?	12b	Х	
C	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	ın Schedule O how this is done	12c	X	
13	Does the organization have a written whistleblower policy?	13	Х	
14	Does 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	
þ	Other officers or key employees of the organization?	15b		X
	Describe the process in Schedule O. (see instructions)			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b	L	
Sec	tion 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 (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	incial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organiza	tion: 🕨	-	
	BILLIE HAYMES - 501-378-0187			
	1300 W 7TH ST, LITTLE ROCK, AR 72203-1588			
3200 2.18	8	Form	990	วกณ

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

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

1a Complete this table for all persons required to be listed. Use Schedule J2 if additional space is needed.

Check this box if the organization did not compensate any officer, director, trustee, or key employee.

- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- 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.

(A) Name and Title	(B) Average				C)			(D) Reportable	(E) Reportable	(F) Estimated
	hours per	H	heci T	k all	that	app	ly)	compensation from	compensation from related	amount of other
	week	individual trustes or director	mstitutional trustee	Officer	Key employee	Highest campensaled employes	Рогте т	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
JUDY BEATTY		F	-	Ť			-			
PRESIDENT	0.70	X		X				0.	0.	0.
RAYMOND HEAGGANS		Г		Π						
VICE PRESIDENT	0.70	X	<u> </u>	X	L	<u> </u>	L	0.	0.	0.
TONYA GATES		1			l		1			
SECRETARY/TREASURER	0.70	X	┖	X	┖	┖		0.	0.	0.
JIM ABSON	1	١.		ľ	1	l	l			
BOARD MEMBER	0.70	X	_		<u> </u>	_		0.	0.	0.
PAT BARNETTE		1								
BOARD MEMBER	0.70	X	<u> </u>	igspace	<u> </u>	<u> </u>	┞	0.	0.	0.
PHYLLIS WILSON	l				ĺ					
BOARD MEMBER	0.70	X	ļ	┞	┡	▙	├	0.	0.	0.
KELLY BOSWELL		l							•	
BOARD MEMBER	0.70	X	-	╀	<u> </u>			0.	0.	0.
JANET BOWLIN	0.70	١		ŀ	l		l	0.	0.	_
BOARD MEMBER ROMONA GREEN	0.70	╀┻	┢	╁	├	├	├	<u> </u>	<u> </u>	0.
BOARD MEMBER	0.70	٦,					ĺ	0.	0.	0.
CONNIE HENDRIX	0.70	┢	├	┼	╁╾	-	╂	0.	<u> </u>	<u> </u>
BOARD MEMBER	0.70	V						0.	0.	0.
SANDRA HILDEBRAND	0.70	┢	 	\vdash	H	\vdash	╁╾	· · · · · · · · · · · · · · · · · · ·		
BOARD MEMBER	0.70	l _v			ł	l		0.	0.	0.
CHRIS HOLDER	0.70	 ^	\vdash	1	┢┈	†	1	-	<u> </u>	
BOARD MEMBER	0.70	x				1	1	0.	0.	0.
JIM HOUSE		1	T		İ	丅	T			
BOARD MEMBER	0.70	Ιx	ľ	1			l	0.	0.	0.
CATHY LEE		1	1	Τ	T		Ī	-		
BOARD MEMBER	0.70	X						0.	0.	0.
CLARETTA NEWBORN		П	Π	T		Π				
BOARD MEMBER	0.70	X	1_					0.	0.	0.
MARSHA MCCURRY			1		1	1				
BOARD MEMBER	0.70	X	\perp	<u> </u>	_	<u> </u>	_	0.	0.	0.
JAMES TANNER					1					
BOARD MEMBER	0.70	<u> X</u>		<u>L</u> .	L		L	<u> </u>	0.	<u>0.</u>

832007 12-18-08

Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation

from the organization

	990 (ATE EMPLOY	EES ASSOCI	ATION INC	<u>71-0458</u>	401 Page 9
Par	rt VIII	I Statement of Revenue		(A) Total revenue	(B) Related or exempt function	(C) Unrelated business	(D) Revenue excluded from tax under
					revenue	revenue	sections 512, 513, or 514
2 9	1 a	Federated campaigns 1a					
		Membership dues 1b	715,988.				
3,9	c	Fundraising events1c					
ag a	ď						
S,E		Government grants (contributions) 1e					
불	f	All other contributions, gifts, grants, and					
물형	_	similar amounts not included above 11					
Contributions, gifts, grants and other similar amounts	-	Noncash contributions included in tines 1a-1f: \$ Total. Add lines 1a-1f		715,988.			
		Total Pas and Ip 17	Business Code				
8	2 a	INVESTMENT IN SEBCO -	E 485000	162,364.	_		162,364.
کِ مِ	b	MISCELLANEOUS	561000	67,893.	67,893.		
Program Service Revenue	C		_				
Rec	d		-				<u> </u>
Ş	e	All other program service revenue	-	 			
	, a	Total. Add lines 2a-2f		230,257.			
\neg	3	Investment income (including dividends, in					
		other similar amounts)		15,120.			15,120.
	4	Income from investment of tax-exempt bor	•				
	5	Royalties	1 1				
	•	() Real	(ii) Personal				
	6 a	Gross Rents					
		Rental income or (loss)					
		Net rental income or (loss)					
		Gross amount from sales of (i) Securities	I ' '				
٠		assets other than inventory					
	Ь	Less: cost or other basis					
	_	and sales expenses					
		Net gain or (loss)					•
		Gross income from fundraising events (not					
Other Revenue		including \$ of					
Re .		contributions reported on line 1c). See		!	<u> </u>		
ě		Part IV, line 18	1				
8		Less: direct expenses					
1		Gross income from gaming activities. See	··········			·	
		Part IV, line 19	a]	1		
	ь	Less: direct expenses					
		 Net income or (loss) from gaming activities 	<u></u>				
	10 a	Gross sales of inventory, less returns					
		and allowances		{			
		Less: cost of goods sold	,	ĺ			·
		Miscellaneous Revenue	Business Code				
i	11 a	· - ·					
	b						
į	c		_	ļ			
		All other revenue					
		Total Add lines 11a-11d	_	961,365.	67,893.	0.	177,484.
8320 02-02	12_ 9	Total Revenue. Add lines th, 29, 3, 4, 5, 6d, 7d, 8c, 9	E, 10C, 210 116	1 7017303	,,,,,,,		Form 990 (2008)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	not include amounts reported on lines 6b, 3b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the U.S. See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the U.S. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the U.S.	1			
	See Part IV, lines 15 and 16				
)	Benefits paid to or for members				
1	Compensation of current officers, directors,				
	trustees, and key employees	136,652.			
	Compensation not included above, to disqualified		,		
	persons (as defined under section 4958(f)(1)) and	i			
	persons described in section 4958(c)(3)(B)	. 1			
	Other salaries and wages	274,244.			
	Pension plan contributions (include section 401(k)				·
	and section 403(b) employer contributions)	36,878.			
)	Other employee benefits	22,131.			
)	Payroil taxes	32,686.			
	Fees for services (non-employees):				
a	Management				
b	Legal	5,075.	`		
c	Accounting				
d	Lobbying		·		·
	Professional fundraising services. See Part IV, line 17			 	
J f	Investment management fees				
' 9					
y	OtherAdvertising and promotion				
:		8,405.	····	 	
	Office expenses	8,349.		 	
	Information technology	0,343.		 	
,	Royalties	27,600.		-	
) ,	Occupancy	12,305.		 	
	Travel	14,303.	···	 	
}	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	47,849.		 	
•	Conferences, conventions, and meetings	4/,049.	·	 -	
	Interest			 	
	Payments to affiliates			+	
:	Depreciation, depletion, and amortization	1 250		 	
}	Other process Itemize avagences not accord	1,358.			
}	Other expenses. Itemize expenses not covered above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below.)				
2	POSTAGE AND SHIPPING	56,066.		 	
ь	DELICATION DAVIDOR	40,500.		 	-
,	PRINTING AND PUBLICATIO	37,317.	•••		
ن	EQUIPMENT RENTAL	22,914.			
2	PUBLIC RELATIONS	19,973.		 	
9				 	 -
1	All other expenses	8,980.	 -	 	
<u>\$</u> _	Total functional expenses. Add lines 1 through 241	799,282.			
6	Joint Costs. Check here I if following				
	SOP 98-2. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation				Form 990 /:

•			(A) Beginning of year		Ene	(B) d of ye	ar	
$\neg \neg$	1	Cash - non-interest-bearing	39,116.	1				
ı	2	Savings and temporary cash investments	394,841.	2		445	. 69	3 0.
	3	Pledges and grants receivable, net		3				
	4	Accounts receivable, net		4			_	
- 1	5	Receivables from current and former officers, directors, trustees, key		-				
	3	employees, or other related parties. Complete Part II of Schedule L		5				
ď		Receivables from other disqualified persons (as defined under section		-				
- 1	6	4958(f)(1)) and persons described in section 4958(c)(3)(B). Complete						
i				ا ۾				
_	_	Part II of Schedule L	124.	<u>6</u> 7				
Assets	7	Notes and toans receivable, net	143.					
\$	8	Inventories for sale or use		<u>B</u>			1 4	65.
1	9	Prepaid expenses and deferred charges		9				22.
		Land, buildings, and equipment: cost basis 10a		. 1				
ļ	Ь	Less: accumulated depreciation. Complete						
ĺ		Part VI of Schedule D 10b		10c	<u> </u>			
	11	Investments - publicly traded securities	015 200	11		077	6.	72
	12	Investments - other securities. See Part IV, line 11	815,209.	12		<u>977</u>	ي	<u>/ 3 .</u>
1	13	Investments - program-related. See Part IV, line 11		13				
l	14	Intangible assets	25 610	14				
	15	Other assets. See Part IV, line 11	25,618.	15		436	<u> </u>	<u>53.</u>
-4	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,274,908.	16	<u>_</u>	<u>436</u>		
	17	Accounts payable and accrued expenses	176.	17			<u> </u>	<u> 76.</u>
- 1	18	Grants payable		18				
ł	19	Deferred revenue	· ·	19				
	20	Tax-exempt bond liabilities		20				
<u>ş</u>	21	Escrow account liability. Complete Part IV of Schedule D		21				
Liabilities	22	Payables to current and former officers, directors, trustees, key employees,						
18		highest compensated employees, and disqualified persons. Complete Part II			l			
٦		of Schedule L.		22				
	23	Secured mortgages and notes payable to unrelated third parties		23_				
	24	Unsecured notes and loans payable		24				
	25	Other liabilities. Complete Part X of Schedule D		25				
	26	Total liabilities. Add lines 17 through 25	176.	26			<u>1</u> .	<u> 76.</u>
		Organizations that follow SFAS 117, check here and complete						
ces		lines 27 through 29, and lines 33 and 34.						
_	27	Unrestricted net assets		27				
Bai	28	Temporarily restricted net assets		_28				
Net Assets or Fund Bala	29	Permanently restricted net assets		_29_				
Fu		Organizations that do not follow SFAS 117, check here						
3 0.		complete lines 30 through 34.						_
et:	30	Capital stock or trust principal, or current funds	0.	30_				<u>0.</u>
Ase	31	Paid-in or capital surplus, or land, building, or equipment fund	0.	31		100		0.
let.	32	Retained earnings, endowment, accumulated income, or other funds	1,274,732.	32		436		
~	33	Total net assets or fund balances	1,274,732.	33_		<u>436</u>		
لنجا	34	Total liabilities and net assets/fund balances	1,274,908.	_34_		<u>436</u>	<u>, 9</u>	<u>91.</u>
Pai	t XI	Financial Statements and Reporting				- 1 -		
			-		_	Y	es	No
1	Acco	ounting method used to prepare the Form 990: X Cash Accrual	_ Other			- 1		
2a		e the organization's financial statements compiled or reviewed by an independent				2a		<u> </u>
b	Were	the organization's financial statements audited by an independent accountant?			12	25 L	<u> </u>	
C		es" to lines 2a or 2b, does the organization have a committee that assumes respo				- 1	- [
	revie	w, or compilation of its financial statements and selection of an independent acco	runtant?		L	2c		X
За		result of a federal award, was the organization required to undergo an audit or au	· · · · · · · · · · · · · · · · · · ·]	
	Act a	and OMB Circular A-133?	•••••		£	<u>}a</u>	[<u> </u>
_ <u>b</u>		and the state of t			<u>13</u>	3b	لے	
83201	1 12-18	3-08			F	om 99	90 (a	2008)

· Schedule D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

➤ Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

2008
Open to Public Inspection

Name of the organization

answered res, to rotti 350, rativ, inte o, 7, 0, 9, 10, 11, 0 12

Employer identification number 71-0458401

	ARKANSAS STATE EMP	LOYEES ASSOCIATION II	VC	71-04584	
Par		ed Funds or Other Similar Fund	or Acc	ounts. Complete if t	he
	organization answered "Yes" to Form 990, Part IV, lin	ne 6.			
	•	(a) Donor advised funds	(b) F	unds and other accou	ints
1	Total number at end of year			<u> </u>	
2	Aggregate contributions to (during year)			·	
3	Aggregate grants from (during year)	1			
4	Aggregate value at end of year				~
•	Did the organization inform all donors and donor advisors in		ead funds		
5	•	-		Yes	No
_	are the organization's property, subject to the organization's				NO
6	Did the organization inform all grantees, donors, and donor	• •	•		
Par	for charitable purposes and not for the benefit of the donor till Conservation Easements. Complete if the or		_		No_
Fai			art IV, une	<u> </u>	
1	Purpose(s) of conservation easements held by the organizar	· · · · · · · · · · · · · · · · · · ·			
	Preservation of land for public use (e.g., recreation or	· -	-	-	
	Protection of natural habitat	Preservation of certif	ied histonc	structure	
	Preservation of open space				
2	Complete lines 2a-2d if the organization held a qualified con	servation contribution in the form of a con	servation e	asement on the last of	lay
	of the tax year.				
			<u> </u>	Held at the End o	the Year
a	Total number of conservation easements			<u> </u>	
þ	Total acreage restricted by conservation easements				
C	Number of conservation easements on a certified historic st	ructure included in (a)	20	:	
d	Number of conservation easements included in (c) acquired	after 8/17/06	20	<u> </u>	
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by th	e organizat	ion during the taxable	•
	year >				
4	Number of states where property subject to conservation ea	asement is located >			
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, violations, a	ınd		
	enforcement of the conservation easements it holds?		······	Yes	☐ No
6	Staff or volunteer hours devoted to monitoring, inspecting,				
7	Amount of expenses incurred in monitoring, inspecting, and	l enforcing easements during the year 🕨 🤄	3		
8	Does each conservation easement reported on line 2(d) abo	ove satisfy the requirements of section 170)(h)(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes	☐ No
9	In Part XIV, describe how the organization reports conserva				and
	include, if applicable, the text of the footnote to the organiza				
	conservation easements.		•	ŭ	
Pa	t III Organizations Maintaining Collections	of Art, Historical Treasures, or C	ther Sin	nilar Assets.	
	Complete if the organization answered "Yes" to Form	n 990, Part IV, line 8.			
1a	If the organization elected, as permitted under SFAS 116, n	ot to report in its revenue statement and b	alance she	et works of art, histor	ical
	treasures, or other similar assets held for public exhibition,	·			
	the footnote to its financial statements that describes these	•			0.0 10.11 01
h	If the organization elected, as permitted under SFAS 116, to		ve sheet w	vorke of art. historical	traseuras
_	or other similar assets held for public exhibition, education.	·		<u>-</u>	•
	these items:	or roduction in torustration of public dorne	a, provide i	in to to thing who can to	Totaling to
			_	. •	
	(i) Revenues included in Form 990, Part VIII, line 1			\$	
^					
2	If the organization received or held works of art, historical to		aı gam, pro	AIUB	
	the following amounts required to be reported under SFAS			•	
a	Revenues included in Form 990, Part VIII, line 1				
Ь	Assets included in Form 990, Part X		··········· · •	* \$	
HА	For Privacy Act and Paperwork Reduction Act Notice, se	ee the Instructions for Form 990.		Schedule D (Form	990) 2008

	lule D (Form 990) 2008 ARKANSA	S STATE EM	PLOYEES	ASSO(CIATION_	INC	<u>71-04</u>	<u>5840</u>	<u>1 Pa</u>	19e 2
Par										
3.	Using the organization's accession and othe	r records, check any	of the followi	ng that are	a significant us	e of its col	lection ite:	ms (ched	k all	
	that apply):									
а	Public exhibition	d	Loan	or exchang	e programs					
ь	Scholarty research	е	Other							
С	Preservation for future generations				· · · · · · · · · · · · · · · · · · ·					
4	Provide a description of the organization's co	ollections and explai	n how they fu	ther the or	ganization's exe	empt purpe	se in Par	XIV.		
	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m							Yes		No
	t IV Trust, Escrow and Custodia								9, or	
	reported an amount on Form 990, Pa	•	•	J			•			
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contri	butions or	other assets no	t included				
	on Form 990, Part X?							Yes] No
	If "Yes," explain the arrangement in Part XIV				• •••••• •••••					
_			•					Атоил	t	
c	Beginning balance					1c				
	Additions during the year									
	Distributions during the year								•	
	Ending balance									
	Did the organization include an amount on F							Yes		No
	If "Yes," explain the arrangement in Part XIV				• • • • • • • • • • • • • • • • • • • •				_	
Par			ered "Yes" to	Form 990. I	Part IV line 10.					~
		(a) Current year	(b) Prior y		Two years back	(d) Three	rears back	(e) Fou	r vears	hack
10	Beginning of year balance		(b) i iio. y		1110 15010 0001	10/11/100	, <u>, , , , , , , , , , , , , , , , , , </u>	107.00	700.0	- Duun
	Contributions									
	Investment earnings or losses									
										
	Grants or scholarships	 								
е	Other expenditures for facilities									
	and programs							 		
	Administrative expenses							 		
_	End of year balance					ـــــــــــــــــــــــــــــــــــــ		l		~
2	Provide the estimated percentage of the year									
a	Board designated or quasi-endowment		%							
ь	Permanent endowment									
		<u>_</u> %				. .				
3a	Are there endowment funds not in the possi	ession of the organiz	ation that are	held and a	aministered for	tne organi	zation		T	Γ
	by.							[a =:	Yes	No
	(i) unrelated organizations								_	
	(ii) telated organizations				••••••			. <u>3a(ii)</u>	-	├
Ь	If "Yes" to 3a(ii), are the related organization							<u>3</u> b		L
4	Describe in Part XIV the intended uses of the									
Pa	t VI Investments - Land, Buildin									
	Description of investment	(a) Cost or o basis (invest) Cost or o basis (other		Depreciation	on	(d) Boo	k valu	B
1a	Land									
b	Buildings									
	Leasehold improvements									
	Equipment	I								
	Other									
	. Add lines 1a-1e. (Column (d) should equal F		umn (B), line 1	O(c).)			_			0.

ancial derivatives and other financial products sely-held equity interests ner at. (Cot (b) should equal Form 990, Part X, cot (B) line 12.) art VIII Investments - Program Related. See Fo (a) Description of investment type	977,573. 977,573. om 990, Part X, line 1	13.	(c) Method of val Cost or end-of-year m	
at VIII Investments - Program Related. See Fo	977, 573.	13.	, ,	
at VIII Investments - Program Related. See Fo	977, 573.	13.	, ,	
art VIII Investments - Program Related. See Fo	orm 990, Part X, line 1	13.	, ,	
art VIII Investments - Program Related. See Fo	orm 990, Part X, line 1	13.	, ,	
art VIII Investments - Program Related. See Fo	orm 990, Part X, line 1	13.	, ,	
art VIII Investments - Program Related. See Fo	orm 990, Part X, line 1	13.	, ,	
art VIII Investments - Program Related. See Fo	orm 990, Part X, line 1	13.	, ,	
art VIII Investments - Program Related. See Fo	orm 990, Part X, line 1	13.	, ,	
art VIII Investments - Program Related. See Fo	orm 990, Part X, line 1	13.	, ,	
art VIII Investments - Program Related. See Fo	orm 990, Part X, line 1	13.	, ,	
art VIII Investments - Program Related. See Fo	orm 990, Part X, line 1	13.	, ,	
art VIII Investments - Program Related. See Fo	orm 990, Part X, line 1	13.	, ,	
art VIII Investments - Program Related. See Fo	orm 990, Part X, line 1	13.	, ,	
		ŀ	, ,	
(a) Description of three strictly pe			Cost or end-of-year m	arket value
				
				•
		1		
al. (Col (b) should equal Form 990, Part X, col (B) line 13.)				
art IX Other Assets. See Form 990, Part X, line 15.				
(a) Desc	cription			(b) Book value
	<u> </u>			
	····			
			····	
	· ·			
				
tal. (Column (b) should equal Form 990, Part X, col (B) line 15	5.)			>
art X Other Liabilities. See Form 990, Part X, line 2	25.		<u> </u>	<u> </u>
(a) Description of liability		(b) Amount		
deral income taxes				•
			7	
	<u> </u>	······································		
	+			
			\dashv	
			-	
tal. (Column (b) should equal Form 990, Part X, col (B) line 25	5)		-	
		e that canada the	annonization's lishilis.	for uncodele to
Part XIV, provide the text of the footnote to the organization! der FIN 48.	s marcial statement	s usat reports the C	organization's liability	ioi uncertain tax positioi

	dule D (Form 990) 2008 ARKANSAS STATE EMPLOYEES AS				/1-04	58401	Page 4
	t XI ' Reconciliation of Change in Net Assets from Form 990 to					0.61	365
1 •	Total revenue (Form 990, Part VIII, column (A), fine 12)			1			<u>.365.</u>
2	Total expenses (Form 990, Part IX, column (A), line 25)			2			<u>.282.</u>
3	Excess or (deficit) for the year. Subtract line 2 from line 1			3		162	<u>.083.</u>
4	Net unrealized gains (losses) on investments			4			
5	Donated services and use of facilities			5			
6	Investment expenses			6			
7	Prior period adjustments			7			
8	Other (Describe in Part XIV)			8			
9	Total adjustments (net). Add lines 4-8			9		1.00	0.
10 Dar	Excess or (deficit) for the year per financial statements. Combine lines 3 and 9 t XII Reconciliation of Revenue per Audited Financial Stateme	nte Wi	th Royer	10	Return	162	<u>.083.</u>
						961	,365.
1	Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12	••••••		•••••	· 1 -	301	, , , , , ,
2	·	2a					
a	Net unrealized gains on investments				- 1		
Ь	Donated services and use of facilities				-		
Ç	Recoveries of prior year grants Other (Describe in Part XIV)				-		
d					ا ۾ ا		0.
. e	Add lines 2a through 2d					961	,365.
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1.		· · · · · · · · · · · · · · · · · · ·		-	30 L	, 505.
4	• • • • • • • • • • • • • • • • • • • •	الما					
8	Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIV)				-		
b					\dashv . \vdash		0
c	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This should equal Form 990, Part I, line 12.)					961	<u>0.</u> ,365.
5 Par	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents W	ith Exne	nsas ne			, 303.
1	Total expenses and losses per audited financial statements			_			,282.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	•••••••		•	· -	122	, 2021
a	Donated services and use of facilities	1 20 1					
			· · · · · · · · · · · · · · · · · · ·		- 1		
Þ	Prior year adjustments Losses reported on Form 990, Part IX, line 25				-		
c d	Other (Describe in Part XIV)	I			-		
	Add lines 2a through 2d						0.
3	Subtract line 2e from line 1					799	,282.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		• • • • • • • • • • • • • • • • • • • •	••••	- -		, 202.
٠,	Investment expenses not included on Form 990, Part VIII, line 7b	4a					
Ь	Other (Describe in Bort YNA	4b			⊣		
-	Add lines 4a and 4b	<u> </u>			4c		0.
	Total expenses. Add lines 3 and 4c. (This should equal Form 990, Part I, line 18.)				. 5	799	,282.
	t XIV Supplemental Information						,
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part II at XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b.	II, lines 1	a and 4; Pa	rt IV, lines	1b and 2b;	Part V, line	4; Part
		<u> </u>					
							
			,		Schedule	D (Form 9	90) 2008

SCHEDULE O

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

➤ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

2008
Open to Public Inspection

Name of the organization

ARKANSAS STATE EMPLOYEES ASSOCIATION INC

Employer identification number 71-0458401

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
BETTERMENT OF STATE GOVERNMENT AND STATE EMPLOYEES.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
ASSOCIATION FURTHER WORKED WITH LEGISLATORS TO DEVELOP A BETTER
COMPENSATION CLASSIFICATION. THIS ACTIVITY RESULTED IN PAY INCREASES
FOR A MAJORITY OF STATE EMPLOYEES.
THE ASSOCIATION CREATED PAMPHLETS FOR MEMBERS AND OTHER STATE EMPLOYEES
THAT DESCRIBED THE CURRENT ACTIVITY OF THE LEGISLATIVE SESSION TO KEEP
THE MEMBERS AND STATE EMPLOYEES INFORMED ON WHAT WAS HAPPENING DURING
THE LEGISLATIVE SESSIONS.
STAFF OF THE ASSOCIATION ATTENDED OVER 200 PRE-SESSION AND SESSION
COMMITTEE MEETINGS AND PROVIDED UPDATES ON PENDING LEGISLATIVE TO STATE
EMPLOYEES.
THE ASSOCIATION HOSTED A BANQUET TO HONOR OUTSTANDING STATE EMPLOYEES
AT ITS 2008 ANNUAL CONVENTION. ADS RECOGNIZING THE CONTRIBUTIONS OF
OUTSTANDING STATE EMPLOYEES WERE PALCED IN THE STATEWIDE NEWSPAPER AND
SEVERAL LOCAL NEWSPAPERS.
THE ASSOCIATION PRINTED AN UPDATED BENEFITS GUIDE THAT WAS DISTRIBUTED
TO STATE EMPLOYEES. THE ASSOCIATION HELD MEETINGS AROUND THE STATE TO
DISTRIBUTE THE BENEFITS GUIDE AND TO EXPLAIN THE CHANGES IN THE STATE
EMPLOYEES BENEFITS.
THE ASSOCIATION PREPARED AND PUBLISHED THE "ARKANSAS STATE GOVERNMENT
GUIDE" WHICH IS THE ONLY COMPREHENSIVE GUIDE TO OFFICES, AGENCIES AND
COMMISSIONS OF THE STATE OF ARKANSAS.

· SCHEDULE O (Form 990)

Supplemental Information to Form 990

Attach to Form 990. To be completed by organizations to provide

Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information. 2008 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

ARKANSAS STATE EMPLOYEES ASSOCIATION INC

Employer identification number 71-0458401

FORM 990, PART VI, SECTION A, LINE 6: THE ASSOCIATION IS MADE UP OF
MEMBERS THAT ARE STATE EMPLOYEES.
FORM 990, PART VI, SECTION A, LINE 7A: THE MEMBERS VOTE TO ELECT NEW BOARD MEMBERS.
FORM 990, PART VI, SECTION A, LINE 10: THE 990 WILL BE REVIEWED AND SIGNED
BY KAY DURNETT THE EXECUTIVE DIRECTOR. KAY WILL THEN PRESENT THE 990 TO
THE EXECUTIVE COMMITTEE FOR REVIEW PRIOR TO FILING WITH THE IRS.
FORM 990, PART VI, SECTION B, LINE 12C: BOARD MEMBERS AND EMPLOYEES ARE
REQUIRED TO REPORT ANNUALLY ANY
CHANGES IN ACTIVITIES THAT COULD CAUSE A CONFLICT OF INTEREST.
FORM 990, PART VI, SECTION C, LINE 19: ASEA'S GOVERNING DOCUMENTS,
CONFLICT OF INTEREST STATEMENT, 990 AND FINANCIAL STATEMENTS WILL BE MADE
AVAILABLE TO THE PUBLIC UPON REQUEST AT THEIR OFFICE LOCATED IN LITTLE
ROCK, ARKANSAS.
,

SCHEDULE R (Form 980) Department of the Treasury Internal Revenue Service	► Attach to Form 990. To	Related Organizations and Unrelated Partnerships Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.	Related Organizations and Unrelated Partnerships id by organizations that answered "Yes" to Form 990 ▶ See separate Instructions.), Part IV, lines 33,	34, 35, 36, or 37.	OMB No 1545-0047 2008 Open to Public Inspection
Name of the organization	tion ARKANSAS STATE	EMPLOYEES A	ION INC			Employer identification number 71-0458401
Part I Identificatio	P					
Name of o	(A) Name, address, and EIN of disregarded entity	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity
Part II Identification	Identification of Related Tax-Exempt Organizations	ions				
Name of re	(A) Name, address, and EiN of related organization	(B) Pnmary activity	(C) Legal domicile (state or foreign country)	(O) Exempt Code section	(E) Public charity status (if section 501(c)(3))	(F) Direct controlling n entity
				į		
LHA For Privacy Act	LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	e, see the Instructions for Form 990				Schedule R (Form 990) 2008

Part III Identification of Related Organizations Taxable as a Partnership

(A) Name, address, and EIN of related organization	(8) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(E) Predominant income (related, investment, unrelated)		(F) Share of total income	(G) Share of end-of-year assets	(H) Disproportion- ar pre altocations? Yes No	Code V-UBI amount in box 20 of Schedule C-1 (Form 1065)	(d) General or Amanging Jig partner? SS) Yes No
		1	·							
Part IV Identification of Related Org	Identification of Related Organizations Taxable as a Corporation or Trust	oration or	Trust							
(A) Name, address, and EIN of related organization	2.	jeg .	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Direct controlling entity	(C corp. S corp. or trust)		(F) Share of total income	(G) Share of end-of-year assets	(H) Percentage ownership
STATE EMPLOYEES BENEFIT CORPORATION PO BOX 1817 LITTLE ROCK AR 72203	VIION - 71-0637157	PROVIDE BENEFITS OF ASEA	PROVIDE OPTIONAL BENEFITS TO MEMBERS OF ASEA.	AR	V/R	C CORP		162, 364.	2075126	1008
					l	`				
832162 12-23-08				3				•	Schedule R (Form 990) 2008	n 990) 2008

Schedule R (Form 990) 2008 ARKANSAS STATE EMPLOYEES ASSOCIATION INC

Part V Transactions With Related Organizations

Note. Complete line 1 if any entity is listed in Parts II, III, or IV.		X 63	ဍ
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II:1V?		_	
a Receipt of (i) interest (ii) annuities (iii) rovalties (iv) rent from a controlled entity	18		×
	đ		×
	2	-	×
Cons or loss distributes to or for other organization(s)	2	×	
Loans of loan distrations by other granitation(s)	ـــــ		×
, e Loans of loan guarantees by other organization(s)	<u>!</u>	T	:
f Sale of assets to other organization(s)	=		×
a Purchase of assets from other organization(s)	1g		×
	÷		×
⊋	=		×
) Lease of facilities, equipment, or other assets from other organization(s)	;=	×	
k Performance of services or membership or fundraising solicitations for other organization(s)	¥		×
l Performance of services or membership or fundraising solicitations by other organization(s)	=	1	×
m Sharing of facilities, equipment, mailing lists, or other assets	Ę		×
	4		×
o Reimbursement paid to other organization for expenses	9		×
	2	+	×
	1	1;	
q. Other transfer of cash or property to other organization(s)	P +	4	×
2 If the answer to any of the above is "Yes." see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.		1	d }
	õ		
ganization(s) Transaction type (a-r)	Amount involved	olved	-
(1) STATE EMPLOYEES BENEFIT CORPORATION D	O.	9,563	m
(2) STATE EMPLOYEES BENEFIT CORPORATION	25,	, 254	4
PMPI.OVERS BENEFIT		696	ص
ETGGNEG SERVOIGNE	7.0	l	ے ا
DENETI CONFORMITON	3		
(5)			

(6) 632163 12-23-08

Schedule R (Form 990) 2008

Schedule R (Form 990) 2008 ARKANSAS STATE EMPLOYEES ASSOCIATION INC

Part VI Unrelated Organizations Taxable as a Partnership

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(A)	(8)	(5)	(Q	9	(F)	(5)	£
Name, address, and EIN	Primary activity	Legal domicile	Are all partners	Share		Code V:UB	_
of entity		(state or foreign	section 501(c)(3) organizations?		tionate allocations?	amount in box 20 of Schedule K-1	managing partner?
		country)	Yes No		Yes No	(Form 1065)	Yes No
			,				
							· · ·
			_				
							_
						•	
						•	
							-
							1
							<u></u>
							_
	_	-					
						Schedule R (Form 990) 2008	n 990) 2008