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·CISV2NWVPM

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)

OMB No 1545-00	47
/2008	- Odop

				(exce	pt black l	ung benefit tr	rust or priv	ate foundatio	n)				- A 740
Depa	ntment of nai Rever	the Treasury nue Service		► The organization i	nay have to	use a copy of the	s return to sat	asfy state reports	ng requir	rements	Q)	and the same of	
	For the	2008 calendar	year,	or tax year beginn	ing 7/	01	, 200	8, and ending	, 6.	/30	1,11	, 2009	•
		applicable								D Emplo	yer Iden	dification Number	
-	$\overline{}$	ress change IRS	ise use S label	Arkansas Co	mmunit	v Action	Agenci	es Assoc		71-	-0514	177	
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	\vdash		ons.									. 326	, 228
	H	ended return		nd address of principal (- т	Max la th	G Gross us a group retu			7 2 2 0
	L App				unicer					all affiliates in		'liates' Yes	1
				s C Above						o, attach a lis			ш
<u> </u>	Tax-	exempt status [X			insert no	494	7(a)(1) or	527					
1_	Web	site: - www.a	acaa	a.org		-				ip exemption i			
K		of organization	Corpora	tion Trust X	Association	Other *	L	Year of Formation	<u>n 19</u>	74 M	State of	legal domicile AF	`
Pa		Summary		.=									
	1 E	Briefly describe ti	he org	anization's missio	n or most	significant a	ctivities _1	<u>'echnical</u>	ass	istance	and	coordina	tio
				action agen									
옯	_												
Ĕ	_	. 			-								
₫		heck this box 🟲		f the organization				posed of mar	∽ than	25% of its	assets	i.	
4				bers of the govern							3		
8		•		voting members	_	verning body	(Part VI, lin	ne 1b)		•	4		
핗				yees (Part V, line :						•	5		
Activities & Governance				ers (estimate if n							6		
1				usiness revenue fi				. 17	١	•	7a	····	
	D I	et unrelated bus	siness	taxable income fr	om Form	990-1, tine 34	4	~1 \~ 1 \	 		7b		
							//	\mathcal{M}^{v}		Prior Year		Current Y	ear
•	8 Contributions and grants (Part VIII, line 1h) 9 Program service revenue (Part VIII, line 2g).						U	ļ		400.			
Revenue		•							ļ	368,			<u>, 804</u>
اق				rt VIII, column (A)					ــــــ	1,	984.	<u>1</u>	, 059
۱ ۳		•		I, column (A), line			-						365
			evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)							<u>373, :</u>	303.	326	<u>, 228</u>
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)												
	14 8	lenefits paid to d	r for members (Part IX, column (A), line 4)										
	15 S	alaries, other co	mpen	mpensation, employee benefits (Part IX, column (A), lines 5-10)						210,	152.	233	<u>, 634</u>
3	16a P	rofessional fund	raisin	fees (Part IX, co	lumn (A),	line 11e)	•				l		
8	ьт	otal fundraising	exner	ses (Part IX, colu	ოი (D), Iu	ne 25) ►			13.0		18		1. 1.7
۵۱		_		K. column (A), line		·				196,			, 261
		•		es 13-17 (must ed) line 35)			406,			, 895
		•		· ·		=	i), line 23)						
	19 R	evenue less exp	enses	Subtract line 18	from line	12				-33,			<u>, 667</u>
₽ ₽									Beg	inning of \		End of Ye	
		otal assets (Part		• .			,			<u> 177, (</u>		165	<u>, 395</u>
Š		otal liabilities (P.							<u> </u>		0.		0
2	22 N	et assets or fund	d bala	nces Subtract line	21 from	line 20				177,0	062.	165	, <u>39</u> 5
Pai	त्य	Signature											
				declare that I have exar Declaration of preparer	nined this rel	turn including acc	companying scl	hedules and state	ments, ar	nd to the best	of my ka	owledge and belief	ıt ıs
		true, correct, and co	mplete	Declaration of preparer	(other than o	fficer) is based or	n all information	n of which prepare	er has an	iy knowledge		•	
Sig	n	- Koze A	93.S	our-					- 1	05/17/	0		
ler	e	Signature of office	cer				· · · · · · · · · · · · · · · · · · ·		- '0	Date			
		► Rosa A	. Α.	A. Free	the D	1'm-+							
		Type or print na					········						
_		 						Date	Τ.	Check if	Pn	eparer's identifying	number
Pai	d									self-	_ (se	e instructions)	
raii Pre		Preparer's signature	W	1 I			ŀ	E /10 /10	J'	employed P	Щ.,	/3	
	er's		7,	my part	073	072.0		5/12/10			N,	<u>/A</u>	
Jse		voire if self			CIATES	 	PC						
Onl		employed)	4200	JENNY LIND	, SUIT	E B					I/A		
_	_	address, and ZIP + 4	FOR 1	SMITH, AR	72901					Phone no	479-	649-0888	
lav	the IR	S discuss this re	turn w	ith the preparer st	hown abo	ve ⁷ (see insti	ructions)					X Yes	No
				work Reduction A				ctions.		TEEA0112	12/22/		(200
		THE PART OF THE PA											- \

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	n 990 (2008) Arkansas Community Action Agencies Assoc	<u>71-0</u>	51417	7		Page 2
Pa	Statement of Program Service Accomplishments (see Instructions)					
1						
	Technical assistance and coordination for community action agencie	<u>s in .</u>	Arkan	<u>sas</u>		
				- - -		
2	Did the organization undertake any significant program services during the year which were not listed on	the prior				
	Form 990 or 990 EZ?	•		Yes	X	No
	If 'Yes,' describe these new services on Schedule O				_	
3		ces?		Yes	X	No
٠	If 'Yes,' describe these changes on Schedule O		Ų.		رين	
4		hy evnen	Sa	etion 5	01(6)	(3)
7	Describe the exempt purpose achievements for each of the organization's three largest program services and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and	allocatio	ns to oti	ners, t	he tot	al
	expenses, and revenue, if any, for each program service reported					
۸.	a (Code:) (Expenses \$337,895. including grants of \$) (F		٠	22	6 2	28.)
40	a (code) (Expenses \$ 337,893. Including grants of \$) (F	evenue	>		0,2	20.)
	Support for community action agencies				 -	
				-		
				. .	-	
				:		
			- -			
			- -	- - -		
46	(Code:) (Expenses \$) (R	evenue	\$)
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_						
40	: (Code:) (Expenses \$) (R	evenue	\$)
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		- 		- - -	-	
				- - -	-	
			 -			
_	(0) (0)					
40	Other program services (Describe in Schedule O)					
	(Expenses \$ including grants of \$) (Revenue \$				<u> </u>	
46	Total program service expenses ▶ \$ 337, 895. (Must equal Part IX, Line 25, column (8)	.)				

Form 990 (2008)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A		х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C. Part I.	3		x
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If 'Yes,' complete Schedule C. Part II	4		X
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 5033(e) notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I	6		х
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		_x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If 'Yes,' complete Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21; 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	9		х
10	Did the organization hold assets in term, permanent, or quasi-endowments? If 'Yes,' complete Schedule D, Part V	10		Х
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25° If 'Yes,' complete Schedule D, Parts VI, VIII, IX, or X as applicable	11	х	
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	х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	13		X
14	a Did the organization maintain an office, employees, or agents outside of the U.S.?	148	L	X
	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	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If 'Yes,' complete Schedule F, Part II	15		х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If 'Yes,' complete Schedule F, Part III	16		х
	Did the organization report more than \$15.000 on Part IX, column (A), line 11e? If 'Yes,' complete Schedule G, Part I	17		<u> </u>
	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II	18		X
19 20		19		_ <u>X</u>
21 21	Did the organization operate one or more hospitals? If 'Yes,' complete Schedule H Did the organization report more than \$5,000 on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	20		- x
22		22		^
23		23		_ <u></u> _
	Scredule 3	 23 -		
24 a	a 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, and that was issued after December 31, 2002? If 'Yes,' answer questions 24b-24d and complete Schedule K If 'No,'go to question 25	24a	ļ	х
Ł	b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
c	d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d		
25 a	a Section 501(c)(3) and 501(c)(4) 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		Х
	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	25b		х
26	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	26		х
27		27		x

	♠₩: Checklist of Required Schedules (continued)			
	During the tax year, did any person who is a current or former officer, director, trustee, or key employee. Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee).		Yes	20
	or an 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 Have a family member who had a direct or indirect business relationship with the organization? If 'Yes,' complete	28a		X
	Schedule L, Part IV Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional	28b		X
29	corporation) doing business with the organization? If 'Yes,' complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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 Schedule N, Part II	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		X
-	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R. Parts II, III, IV, and V, line 1	34		X
	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		Х
	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2	36	-	X
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	000	X X

The state of the s			Yes	No
1 a Enter the number reported in Box 3 of form 1096, Annual Summary and Transmittal of U.S. Information Returns. Enter 0- if not applicable.	1a (
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	16 (와 .1		
c Did the organization comply with backup withholding rules for reportable payments to vende (gambling) winnings to prize winners?	ors and reportable gaming	1c	756 756	
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a 4		- 7	
2b If at least one is reported on line 2a, did the organization file all required federal employme	nt tax returns?	2ь	X	L
Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this re	turn (see instructions)			174.5
3a Did the organization have unrelated business gross income of \$1,000 or more during the yearths return?	ar covered by	3a		x
b If 'Yes' has it filed a Form 990-T for this year? If 'No,' provide an explanation in Schedule C)	3ь		
4a At any time during the calendar year, did the organization have an interest in, or a signatur financial account in a foreign country (such as a bank account, securities account, or other	e or other authority over, a financial account)?	4a		x
b If 'Yes,' enter the name of the foreign country: ►	ŕ	_		1
See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Financial Accounts	Foreign Bank and	1	<u>;</u> ,	
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax	ax year?	5a		x
b Did any taxable party notify the organization that it was or is a party to a prohibited tax she	ter transaction?	5 b		X
c If 'Yes,' to question 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exen Prohibited Tax Shelter Transaction?	npt Entity Regarding	5c		
6a Did the organization solicit any contributions that were not tax deductible?		6a		X
b If 'Yes,' did the organization include with every solicitation an express statement that such deductible?	contributions or gifts were no	t 6Ь		
7 Organizations that may receive deductible contributions under section 170(c).		1.		177
a Did the organization provide goods or services in exchange for any quid pro quo contribution	n of more than \$75?	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 v Form 8282?	which it was required to file	7c		х
d If 'Yes,' indicate the number of Forms 8282 filed during the year	7d		12. 2	13.1
e Did the organization, during the year, receive any funds, directly or indirectly, to pay premiu benefit contract?	ms on a personal	7e	, "- "i	X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal bei	nefit contract?	71		Х
g For all contributions of qualified intellectual property, did the organization file Form 8899 as	required?	7 g		Х
h For all 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 an supporting organizations. Did the supporting organization, or a fund maintained by a spons excess business holdings at any time during the year?		8	٠,	
9 Section 501(c)(3) and other sponsoring organizations maintaining donor advised funds.		-7-	11,	-
a Did the organization make any taxable distributions under section 4966?		9a		ĺ
b Did the organization make any distribution to a donor, donor advisor, or related person?		9Ь		
10 Section 501(c)(7) organizations. Enter				-
a Initiation fees and capital contributions included on Part VIII, line 12	10a		77.43	
b Gross Receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10Ь			
11 Section 501(c)(12) organizations. Enter.		1	2	
a Gross income from other members or shareholders	11a		1	持急
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	116			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of	f Form 1041?	12a		
b If 'Yes,' enter the amount of tax exempt interest received or accrued during the year	12b			7 ⁶ ~ ₹
BAA		Form	990 (2008)

Form 990 (2008) Arkansas Community Action Agencies Assoc 71-0514177 Page 6

[Part VI] Governance, Management and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

Section A. Governing Body and Management

-	Ottom A. Coverning Deay and Management		,					
	For each 'Yes' response to lines 2-7b below, and for a 'No' response to lines 8 or 9b below, describe the circumstances, processes, or changes in Schedule O. See instructions.	FIG. 3	Yes	No				
1	a Enter the number of voting members of the governing body 1a 16	16,6	-	y 1.0				
	b Enter the number of voting members that are independent 1b 16	.						
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	/** (K	X				
3		3		х				
4	Did the organization make any significant changes to its organizational documents	4	 	X				
	since the prior Form 990 was filed?							
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		X				
7	7a Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?							
	b Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7a 7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		-	3				
	a The governing body?	8a	X					
	b Each committee with authority to act on behalf of the governing body?	86	Х					
9	a Does the organization have local chapters, branches, or affiliates?	9a		X_				
ı	bilf 'Yes,' does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9Ь						
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 See Schedule O	10	Х					
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	ction B. Policies							
			Yes	No				
12:	a Does the organization have a written conflict of interest policy? If 'No,' go to line 13	12a		<u>X</u>				
1	b Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		х				
•	c Does the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule O how this is done	12c		_x_				
13	Does the organization have a written whistleblower policy?	13		X_				
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:							
ě	a The organization's CEO. Executive Director, or top management official?	15a		<u>X</u> _				
- 1	b Other officers of key employees of the organization?	15b		X				
	Describe the process in Schedule O (see instructions)		- A	Tite)				
16	a 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	r Fire Pi	X _				
ı	bitf '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						
Sec	tion C. Disclosures	100						
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) as	alabl	e for p	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 polistalements available to the public. See Schedule O	су, аг	id fina	incial				
20								
	The Association 300 S. Spring Street, Suite 1020 Little Rock AR 72201 (501)			107_				
BAA		Form	990 (2008)				

Form 990 (2008) Arkansas Community Action Agencies Assoc 71-0514 [Part VIII | Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

- 1 a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed
- 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) or more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

X Check this box if the organization did not compensate any officer, director, trustee, or key employee (A) **(B)** (c) (D) **(E)** (F) Average hours per week (check all that apply) Estimated imount of other compensation from the Name and Title Reportable compensation from the organization (W-2/1099-MISC) Reportable compensation from lated organizations (W-2/1099-MISC) Individual Inustee or director Officer Key employee institutional trustee Highest compensated Larry Cogburn President X 1 0 0. Al_West_ Vice President Х 1 0 0. 0. Loyd Price Sec/Treas X 0. 0. 0. Anna Via Member 0 X 0 0. 0. Jim Hansen ٥. 0 X Member 0 0. Mark Whitmer X 0 0. Member 0 0. Sam Scruggs Member 0 0 ٥. 0 Betty Smith Member 0 Х 0. 0 0. Larry Henderson Member 0 X 0. 0. 0. Ricky Pondexter Member 0. 0 X. 0 0. Phyliss Fry 0. 0 X 0. Member 0. Leon Massey 0 Х 0. 0. Member 0. Kathleen Randall 0. Member 0 Х 0 0. Margaret Staub Member 0 X 0. 0. 0. Larry Goodwin 0 0. 0. Member 0. Roger Ratchford ٥ Member 0 0. 0.

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

compensation from the organization > 0

P	Statement of Revenue			·	
		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514
90.0	1a Federated campaigns 1a	A CONTRACTOR			
돌	b Membership dues 1b				
ãg	c Fundraising events 1c	一种" "			
¥. ₹	d Related organizations 1d	The state of the s			が、大き
33	e Government grants (contributions) 1 e	Taraba da de la casa d	4		
83					
Ĕ	f All other contributions, ofts, grants, and similar amounts not included above.		2	Par les	
E.C.					
CONTRIBUTIONS, CHETS, AND OTHER SIMILAR AU					
	h Total. Add lines 1a-1f Business Code	SULL STATE	The second second second		ATTENDED TO A STATE OF THE PARTY OF THE PART
2		250,372.	250, 372.	ಕನ್ನಡಗಳನ್ನು ಪ್ರದೇಶವಾಗಿ	BRANK A STATE OF
Ž	2a Fees & Contracts Gov Agencies	58,675.			
Ä	b Agency Dues		515.		
Z.	c Membership Dues	515.			
25	d Conference Income	15,242.	15,242.		
3	e				
PROGRAM SERVICE REVENUE	f All other program service revenue			La Carlo de la Carlo de Carlo	P'050 45 1 3 -19 *
<u>.</u>	g Total. Add lines 2a-2f	324,804.	1 TE. 1650	计划基本的	网络学士学学
	Investment income (including dividends, interest and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties	1,059.	1,059.		
	5 Royalties (i) Real (ii) Personal	3.154 LC.05		2 m. rat 32	office of Assessment
	6a Gross Rents				
		一連動物作症			
	b Less rental expenses				
	c Rental income or (loss)	The first control of the control of	, ಕ್ರೀಕ್ರೆ ಎಸ್. ಎಸ್. ಪ್ರದೇಶ್ವ ಪ್ರಕ್ರಾಪ್ ಪ್ರತಿಕ್ಕಾಗೆ ಪ್ರಕ್ರೀಕ್ರೆ ಎಸ್. ಎಸ್. ಪ್ರವೇಶ್ವ ಪ್ರಕ್ರಾಪ್ ಪ್ರಕ್ರಿಸಿಕ್ಕಾಗೆ	Transfer & distant district	
	d Net rental income or (loss)	Pur El - 17,20 1 1	· · · · · · · · · · · · · · · · · · ·	 	e a di es cono. La ligitatione
	7a Gross amount from sales of (i) Securities (ii) Other		· 人名英格兰斯		
	assets other than inventory				
	b Less cost or other basis	[基础] · 数:2	1997年 1998年 1998年		
	and sales expenses		1000年1986年1986		
	c Gain or (loss)	一年25年第35年		EEEL 电流电流电路	医性点点中的
	d Net gain or (loss).	>	<u></u>		
	8a Gross income from fundraising events	Part of the same			
5	(not including \$				
8	of contributions reported an line 1c)	a dinburgation		7	
2	See Part IV, line 18 a		松木包 導導調		
OTHER REVENUE	b Less, direct expenses . b			至1255年6月	
Б	c Net income or (loss) from fundraising events	<u> </u>]		
i		A TANEST OF A ST			表示的
	9a Gross income from gaming activities See Part IV, line 19 a	20 mg 1	F 1 1 3 1 0 -		PRESENT MATERIAL
	b Less direct expenses b				· · · · · · · · · · · · · · · · · · ·
	c Net income or (loss) from gaming activities.	-			
	10 a Gross sales of inventory less returns		٠	- " "	PARTY OF THE LAND
	and allowances a	tie myterenia en	وَيَوْمُ وَالْمُوالِينِ مِنْ الْمُوالِينِ مِنْ الْمُوالِينِ مِنْ الْمُوالِينِينَ مِنْ الْمُوالِينِينَ الْمُوال	19. 汽幣 鎮癌	
	b Less cost of goods sold b			T, PARIS EST	多种种
	c Net income or (loss) from sales of inventory	되 ` ' '			
	Miscellaneous Revenue Business Code	 ,		7 2 1° °£,	4 1 - 3-1 - 3 1 - 1 - 1 - 1 - 1 - 1 - 1 -
	11a Miscellaneous Income	365.	365.		
	P				
					
- 1	d All other revenue		 		
		▶ 365.		,	edani, gardi, - i
	e Total. Add lines 11a-11d		 		
	12 Total Revenue. Add lines 1h, 2g, 3, 4, 5, 6d, 7d, 8c. 9d 10c, and 11e	326,228.	326,228.	0.	0.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

Do 1 6b,	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22				TALKET TO
3	Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16				the state of the state of
4	Benefits paid to or for members			The second second	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -
5	Compensation of current officers, directors, trustees, and key employees	0.	. 0.	0.	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1) and persons described in section 4958(c)(3)(B)	0.	0.	0.	0
7	Other salaries and wages	184,751.	184,751.	·	
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)				
9	Other employee benefits	34,749.	34,749.		
10	Payroll taxes	14,134.	14,134.		
11	Fees for services (non-employees)				
	Management				
	Legal				
	Accounting		· · · · · · · · · · · · · · · · · · ·		
	Lobbying			ļ	
	Prof fundraising svcs See Part IV, In 17 Investment management fees				
9	Other	15,066.	15,066.		
12	Advertising and promotion				
	Office expenses				
_	Information technology			Ĺ	
	Royalties				
	Occupancy	12,523.	12,523.		
18	Travel Payments of travel or entertainment expenses for any federal, state, or local public officials	15,511.	15,511.		
	Conferences, conventions, and meetings	5,820.	5,820.		
20	Interest		3,050.		
	Payments to affiliates. Depreciation, depletion, and amortization	3,216.	2 216	- -	
	Insurance	8,819.	3,216.		
	Other expenses Itemize expenses not	6,613.	8,819.	To S. Smort	THE PROPERTY OF THE PARTY.
	covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25	. W. G			
	below)	2 3-65			
a	Mini-grants	15,299.	15,299.		
	Dues and subscriptions	6,811.	6,811.		
	Supplies	5,471.	5,471.		
ď	Postage and Shipping	3,929.	3,929.		
	Parking (office)	3,732.	3,732.		
	All other expenses	8,064.	8,064.		
	Total functional expenses Add lines 1 through 241	337,895.	337,895.	0.	0.
;	Joint Costs. Check here Lift 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				

		7-1 Dalance Sheet			<u></u>				
					(A) Beginning of year		(B) End of year		
	1	Cash - non-interest-bearing			147,447.	1	149,62	3	
	2	Savings and temporary cash investments		• •	147,111.	2		- -	
	3	Pledges and grants receivable, net				3			
	A	Accounts receivable, net			22,294.	4	11,66	6	
	-	•	eceivables from current and former officers, directors, trustees, key employees						
	,	or other related parties Complete Part II of Schedule		5					
	6	Receivables from other disqualified persons (as defin	ned under	section 4958(f)(1))	and the state of t	127.16.56	AND SHAPE AND SHAPE		
		and persons described in section 4958(c)(3)(B) Com	nplete Par	II of Schedule L		6			
A S S E T S	7	Notes and loans receivable, net				7			
Ē	8	Inventories for sale or use				8			
Š	9	Prepaid expenses and deferred charges				9			
	10 a	Land, buildings, and equipment cost basis.	10a	24,112.	- 12 / F (F) - 3		题: 译编: 1 120 · 4		
	l b	Less accumulated depreciation. Complete Part VI of	f			1.55	Transfer A		
	ĺ	Schedule D	106	20,006.	7,321.	10 c	4,10	6.	
	וז	Investments - publicly-traded securities		•		11			
	12	Investments - other securities See Part IV, line 11				12			
	13	Investments - program related See Part IV, line 11				13			
	14	Intangible assets				14			
	15	Other assets See Part IV, line 11				15			
	16	Total assets Add lines I through 15 (must equal line	e 34)		177,062.	16	165,39	5.	
	17	Accounts payable and accrued expenses				17			
	18	Grants payable				18			
	19	Deferred revenue				19			
LIAB	20	Tax-exempt bond liabilities		20					
	21	Escrow account liability. Complete Part IV of Schedul		21					
Ī	22	Payables to current and former officers, directors, tru	ustees, key	employees,	no strangelie it	15.5	注意版的基础	75	
▲B-L-F-田り		highest compensated employees, and disqualified pe	The state of the s		以上" 一	943			
Ė		of Schedule L		22					
5	23	Secured mortgages and notes payable to unrelated the		23	 				
	24	Unsecured notes and loans payable				24			
	25						ļ		
_	26	Total liabilities. Add lines 17 through 25	ांचा .		0.	26		<u>) .</u>	
Ē		Organizations that follow SFAS 117, check here	X and c	complete lines	的外表。他被 导			Ñ.	
		27 through 29 and lines 33 and 34.			10.7 En 12.45 (12. E.m.			,	
ANOTH-N	27	Unrestricted net assets			175,609.	27	164,27		
Į	28	Temporarily restricted net assets			1,453.	28	1,12	<u>s.</u>	
Š Š	29	Permanently restricted net assets		-		29	Pin' Pilas Vina .		
,		Organizations that do not follow SFAS 117, check he	ere >	_}and complete	101				
		lines 30 through 34.			The second of the second		世界 の一部 一部 一部 一年 一		
	30	Capital stock or trust principal, or current funds		. '		30			
BALA	31	Paid in or capital surplus, or land, building, and equip		1		31			
À	32	Retained earnings, endowment, accumulated income,	, or other	funds		32	1.55.00		
E	33	Total net assets or fund balances.		}	177,062.		165,395		
	34	Total liabilities and net assets/fund balances	_		177,062.	34	165,395	<u> </u>	
Pa	rt XI	Financial Statements and Reporting							
				.				0	
			Cash	X Accrual	Other		1 1 1	. r.	
		re the organization's financial statements compiled or		•	accountant?		2a }	<u>-</u>	
		re the organization's financial statements audited by an					2b X	_	
•	o If 'Y revi	'es' to 2a or 2b, does the organization have a committ ew, or compilation of its financial statements and sele	tee that as ection of a	sumes responsibilit n independent acco	ty for oversight of the a nuntant?	udıt.	2c X		
	a Δc :	a result of a federal award, was the organization requil lit Act and OMB Circular A-133?					38	<u></u>	
		es, did the organization undergo the required audit or	r audits?				3b Form 990 (200	<u> </u>	
BAA	١.						FUILIS 330 (20)	,co	

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

To be completed by all section 501 (c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service
Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name	of the organization							Employ	er identifica	ston number	
	ansas Communit								51417		
Par	Reason for Pu	ublic Charity State	us (All organizations	must	compl	ete thi	s part.	.) (see	instruc	tions)	
The c	organization is not a pr	ivate foundation beca	iuse it is. (Please check i	only on e	e organi	zation)					
1	A church, convent	ion of churches or as:	sociation of churches des	scribed :	ın sectio	on 1 70(b	X1XAX).			
2	A school describe	d in section 1 70(b)(1)	(A)(ii). (Attach Schedule	E)							
3	A hospital or coop	erative hospital service	ce organization described	in sec	tion 17 0	(b)(1)(A)	(iii). (A	ttach So	chedule H	1.)	
4	4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(ii) Enter the hospital's										
	name, city, and st										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(bX1)(A)(iv). (Complete Part II)										
6	A federal, state, o	r local government or	governmental unit descr	ibed in	section	1 70 (b)(1	χΑχν).				
7	in section 170(b)(IXAX(vi). (Complete F	•		_	overnme	ental un	it or froi	m the ge	neral public o	lescribed
8			170(b)(1)(A)(vi). (Comple								
9	investment income	t normally receives. (1) ed to its exempt function e and unrelated busing e section 509(a)(2). (0	more than 33-1/3 % of its ns – subject to certain exc ess taxable income (less Complete Part III.)	support eptions, section	from cor and (2) 511 tax	ntribution no more t) from b	s, meml than 33 susiness	pership for 1/3 % o ses acqu	ees, and fits supp ured by t	gross receipts ort from gross the organizati	on after
10	An organization or	ganized and operated	d exclusively to test for po	ublic sat	fety. Sec	section	n 509(a))(4) . (se	e instruc	ctions)	
11	An organization or more publicly supp describes the type	ganized and operated orted organizations in of supporting organi	d exclusively for the bene described in section 509(zation and complete line	fit of, to (a)(1) or s lie th	perform section trough 1	n the fur 509(a)(1h	nctions 2). See	of, or ca section	arry out t 1 509(a)(3	he purposes 3). Check the	of one or box that
	a Type I	b ∐Type II	c Type II	II – Fun	ctionally	ıntegra	ted		d \square	Type III— C	ther
е	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)										
f	* * * * *	received a written de	termination from the IRS	that is	а Туре І	, Type I	or Typ	e III sup	porting	organization.	
g	Since August 17, 2	2006, has the organiza	ation accepted any gift o	r contril	bution fr	om any	of the f	ollowing	persons		'es No
	(i) a person who below, the go	directly or indirectly overning body of the s	controls, either alone or supported organization?	togethe	r with pe	ersons d	escribe	d ın (ıı)	and (III)	11g(i)	es NO
	(ii) a family men	ber of a person desc	cribed in (i) above?							11 g (iı)	
	(iii) a 35% contro	lled entity of a persor	n described in (i) or (ii) al	bove?						11 g (ili)	
h	Provide the follows	ng information about	the organizations the org	anizatio	n suppo	rts				23.71	
	(i) Name of Supported Organization	(ii) EIN	(iii) Type of organization (described on lines 1 9 above or IRC section (see instructions))	(iv) organiza (i) liste	is the tion in col d in your erning ment?	(v) Did you notify the organization in		organizat	Is the tion in col zed in the 5.7	(vii) Amount o	Support
				Yes	No	Yes	No	Yes	No		
									[]		
										-	
				İ							
									ii		
	· 			<u> </u>							
					L						
			, ,								
Total		-				1	<u>``</u> ,		<u>[]</u>		
BAA F	For Privacy Act and Pa	perwork Reduction A	Act Notice, see the Instru	ctions	or Form	990.	S	chedule	A (Forn	n 990 or 990-	EZ) 2008

Sch	edule A (Form 990 or 990-EZ) 200	08 Arkansas	Community	Action Age	ncies Assoc	71-051417	
Pa	rt # Support Schedule for	•			(bX1XAXiv) an	id 170(b)(1)(A)	(vi)
~	(Complete only if you check	ked the box on line	e 5, 7, or 8 of Par	t l.)	*		
	tion A. Public Support			 	Τ	 	r
beg	ndar year (or fiscal year inning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions and membership fees received (Do not include unusual grants ')	389,682.	378,347.	369,611.	292,843.	260,314.	1,690,797.
2	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf						0.
3	The value of services or facilities furnished to the organization by a governmental unit without charge Do not include the value of services or facilities generally furnished to the public without charge						0.
4	Total. Add lines 1-3	389,682.	378,347.	369,611.	292,843.	260,314.	1,690,797.
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)						0.
_	•••		The state of the s				<u> </u>
6	Public support. Subtract line 5 from line 4						1,690,797.
Sec	tion B. Total Support					<u> </u>	
Cale begi	ndar year (or fiscal year nning in) ►	(a) 2004	(ь) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
7	Amounts from line 4	389,682.	378,347.	369,611.	292,843.	260,314.	1,690,797.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources Net income form unrelated	775.	1,433.	1,679.	1,984.	1,059.	6,930.
•	business activities, whether or not the business is regularly carried on						0.
10	Other income Do not include gain or loss form the sale of capital assets (Explain in Part IV)						0.
11	Total support. Add lines 7 through 10	2. 1		র নার্নারার ইংকার্ডার্ডার্			1,697,727.
12	Gross receipts from related activ	vities, etc. (see ins	structions)			12	0.
13	First five years. If the Form 990 organization, check this box and		ation's first, secor	id, third, fourth, c	or fifth tax year as	a section 501(c)	(3)
	tion C. Computation of Pul						
	Public support percentage for 20			e 11, column (f)		14	99.6%
	Public support percentage for 20	•				15	0.0%
	33-1/3 support test — 2008. If the and stop here. The organization	qualifies as a put	plicia zabbouten oi	yanızadon.		•	. 1
t	33-1/3 support test — 2007. If the and stop here. The organization	e organization did qualifies as a pub	not check a box olicly supported or	on line 13, or 16a ganization.	, and line 15 is 33	3-1/3% or more, o	theck this box
17 a	10%-facts-and-circumstances te or more, and if the organization the organization meets the 'facts'	est - 2008. If the omeets the 'facts-as-and-circumstanc	organization did n ind-circumstances es' test The orga	ot check a box or test, check this anization qualifies	n line 13, 16a, or box and stop her as a publicly sup	16b, and line 14 i e. Explain in Part oported organizati	s 10% IV how on ►
t	10%-facts-and-circumstances te or more, and if the organization organization meets the 'facts-and	meets the 'facts-a d circumstances'	ind-circumstances test. The organia	i' test, check this ration qualifies as	box and stop her a publicly suppor	e. Explain in Part rted organization.	IV how the
18	Private foundation. If the organi.	zation did not che	ck a box on line,	13, 16a, 16b, 17a			
BAA					Sch	negule A (Form 99	30 or 990-EZ) 2008

Schedule A (Form 990 or 990 EZ) 2008 Arkansas Community Action Agencies Assoc 71-0514177

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

7c from line 6)		de di Existe			E-2 - 7 2-2H*5(1)	
	Control of the last	Physic with resorbide with	15 A. 13, 154, "wai", "		Marie Walley	
Section B. Total Support						
Calendar year (or fiscal yr beginning in) 🕨	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income form similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b.		-				.,
11 Net income from unrelated business activities not included infine 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 IV)						
13 Total support. (add lns 9 10c, 11 and 12)					11. 2	
14 First five years. If the Form 990 organization, check this box and	is for the organization stop here	ation's first, seco	nd, third, fourth, a	or fifth tax year as	a section 501(c)(3) ▶□
Section C. Computation of Pul	olic Support P	ercentage				
15 Public support percentage for 20	08 (line 8, column	(f) divided by lir	ne 13, column (f))		15	%

16

17

18

%

%

Page 3

exceed the greater of 1% of the total of lines 9, 10c, 11, and 12 for the year or \$5,000

16 Public support percentage from 2007 Schedule A, Part IV-A, line 27g

18 Investment income percentage from 2007 Schedule A, Part IV-A, line 27h

17 Investment income percentage for 2008 (line 10c, column (f) divided by line 13. column (f))

Section D. Computation of Investment Income Percentage

c Add lines 7a and 7b

8 Public support (Subtract line

b 33-1/3 support tests — 2007. If the organization did not check a box on line 14 or 19a, and line 16 is more than 33-1/3%, and line 18 is not more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization.

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

19a 33-1/3 support tests – 2008. If the organization did not check the box on line 14, and line 15 is more than 33-1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

Part IV	Supplemer Part II, line	17a or 17	ation. Comp b; or Part III,	lete this part to line 12. Prov	to provide the ended any other a	explanation required	ired by Part II, line ation. (see instruc	Page 4 e 10; tions)
				· -		- -		
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				-				

TEEA0404L 10/07/08

Schedule A (Form 990 or 990-EZ) 2008

SCHEDULE D (Form 990)

b Assets included in Form 990. Part X.

BAA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.

Supplemental Financial Statements

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

OMB No 1545 0047

Schedule D (Form 990) 2008

partment of the Treasury Amail Revenue Service Name of the organization Arkansas Community Action Agencies Assoc 71-051**417**7 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts Complete if the organization answered 'Yes' to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate contributions to (during year) Aggregate grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control Yes ∏No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other impermissible private benefit?? Yes Part Conservation Easements Complete if the organization answered 'Yes' to 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 pleasure) Preservation of an historically important land area Protection of natural habitat Preservation of certified historic structure Preservation of open space Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year Held at the End of the Year a Total number of conservation easements 2a b Total acreage restricted by conservation easements 2ь c Number of conservation easements on a certified historic structure included in (a). 2¢ d Number of conservation easements included in (c) acquired after 8/17/06 2d 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable vear 🕶 Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easement it holds? . . . Staff or volunteer hours devoted to monitoring, inspecting, and enforcing easements during the year ▶ Amount of expenses incurred in monitoring, inspecting, and enforcing easements during the year ► \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)? In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, 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 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets Complete if the organization answered 'Yes' to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items b If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, ertes atom, or research in furtherance of public service, provide the following amounts relating to these items (i) Revenues included in Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X P S 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1

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Part M Organizations Mainta	ining Collection	ons of Art, Histo	orical Tre	asures, or	Other Similar As	sets (co	ontin <u>u</u>	ied)
3 Using the organization's accessithat apply)	on and other reco	rds, check any of th	he following	that are a si	ignificant use of its co	llection ite	ems (c	heck all
a Public exhibition		d Loan	or exchange	e programs				
b Scholarly research		e Other					_	
c Preservation for future gener	rations	_						
4 Provide a description of the orga Part XIV	inization's collection	ons and explain ho	w they furth	er the organi	ization's exempt purp	ose in		
5 During the year, did the organiza assets to be sold to raise funds in	ition solicit or rece rather than to be	eive donations of ai maintained as part	rt, historical of the organ	treasures, or	r other similar lection?	Yes	Ĺ	No
Part IV Trust, Escrow and Cu IV, line 9, or reported	stodial Arrang	gements Compl	ete if orga	anization a		Form 99	90, Pa	art
1a Is the organization an agent, true included on Form 990, Part X?				utions or other	er assets not	Yes		No
b If 'Yes,' explain the arrangement	in Part XIV and o	complete the follow	ing table					
						Amount		
c Beginning balance				•	1c			
d Additions during the year					1 d			
 Distributions during the year 					1 e			
f Ending balance					11			
2a Did the organization include an a	mount on Form 9	90, Part X, line 217	,			Yes	L	No
b If 'Yes,' explain the arrangement								
Part V Endowment Funds Co	mplete if organ	nization answer	<u>ed 'Yes' to</u>	<u>5 Form 99</u>				
	(a) Current year	(b) Prior year	r (c)	Two years back	(d) Three years back	(e) Fr	our years	s back
1 a Beginning of year balance		- Frankling	*	Lungar Tore	The state of the s	a main	20-72-14	Trans.
b Contributions	<u> </u>		dia d		国企业的基础	Thosa.	1.34	
c Investment earnings or losses						300		
d Grants or scholarships.	<u></u> -							
 Other expenditures for facilities and programs 				表。由於				
f Administrative expenses		· 计 非显现 形		```` <i>\-`-</i> 72663	and Andrews (1988)		1	
g End of year balance			t-mn		7.5		i	环境。
2 Provide the estimated percentage	e of the year end	balance held as						
a Board designated or quasi-endov	vment ►	%						
b Permanent endowment ►								
c Term endowment >	<u> </u>							
3a Are there endowment funds not a organization by	n the possession	of the organization	that are hel	d and admin	stered for the	~	Yes	No
(i) unrelated organizations						3a(l)	103	
(ii) related organizations						3a(ii)		
b if 'Yes' to 3a(ii), are the related of	rnanizatione lister	d as required on Sc	hadula P2			3b		
4 Describe in Part XIV the intended	•	,				30		
Part VI Investments-Land, B				0 Part X	line 10			
Description of investment		Cost or other basis (investment)	(b) Cost of basis (c	or other	(c) Depreciation	(d) Bo	ook Va	lue
1 a Land								
b Buildings								
c Leasehold improvements			•		······································			
d Equipment								
e Other		·		24,112.	20,006.		4.	106.
Total. Add lines 1a-1e (Column (d) sho	ould equal Form 9	90, Part X, column						106.
BAA					Sched	iule D (Fo		

Schedule D (Form 990) 2008 Arkansas Communit	y Action Agencie	s Assoc	71-0514177	Page 3
Part VII Investments—Other Securities See Fo				
(a) Description of security or category (including name of security)	(b) Book value	(c) Me Cost or en	ethod of valuation d-of-year market value	
Financial derivatives and other financial products				
Closely-held equity interests				
Other			_	
	<u> </u>			
	ļ			
	ļ			
	- 		 	
	-			
				
Total. (Column (b) should equal Form 990 Part X, col (B) line 12.)				
Part Vis Investments—Program Related (See I	Form 990 Part X Jun	ne 13) N/A		· · · · · · · · · · · · · · · · · · ·
(a) Description of investment type	(b) Book value		thod of valuation	
(a) bescription of threst tiest type	(b) Dook Value	Cost or end	1-of-year market value	
	<u> </u>			
				
Total. Column (b)(should equal Form 990, Part X, Col (B) line 13)				
Part De Other Assets (See Form 990. Part X.			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	<i>31 (48) 44</i>
Part X Other Assets (See Form 990, Part X,	line 15) N/A			
Part X Other Assets (See Form 990, Part X,			(b) Book	
Part X Other Assets (See Form 990, Part X,	line 15) N/A			
Fart X Other Assets (See Form 990, Part X,	line 15) N/A			
Fart X Other Assets (See Form 990, Part X,	line 15) N/A			
Fart X Other Assets (See Form 990, Part X,	line 15) N/A			
Fart X Other Assets (See Form 990, Part X,	line 15) N/A			
Part X Other Assets (See Form 990, Part X,	line 15) N/A			
Fart X Other Assets (See Form 990, Part X,	line 15) N/A			
Fart X Other Assets (See Form 990, Part X,	line 15) N/A			
Part No Other Assets (See Form 990, Part X, (a) De	line 15) N/A scription		(b) Book	
Total. Column (b) Total (should equal Form 990. Part X, co.	line 15) N/A scription			
Total. Column (b) Total (should equal Form 990, Part X, co. Part X Other Liabilities (See Form 990, Part X, co.	ine 15) N/A scription I.(B), line 15) X, line 25)		(b) Book	
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part X, col (a) Description of Liability	line 15) N/A scription		(b) Book	
Total. Column (b) Total (should equal Form 990, Part X, co. Part X Other Liabilities (See Form 990, Part X, co.	ine 15) N/A scription I.(B), line 15) X, line 25)		(b) Book	
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part X, col (a) Description of Liability	ine 15) N/A scription I.(B), line 15) X, line 25)		(b) Book	
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part X, col (a) Description of Liability	ine 15) N/A scription I.(B), line 15) X, line 25)		(b) Book	
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part X, col (a) Description of Liability	ine 15) N/A scription I.(B), line 15) X, line 25)		(b) Book	
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part X, col (a) Description of Liability	ine 15) N/A scription I.(B), line 15) X, line 25)		(b) Book	
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part X, col (a) Description of Liability	ine 15) N/A scription I.(B), line 15) X, line 25)		(b) Book	
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part X, col (a) Description of Liability	ine 15) N/A scription I.(B), line 15) X, line 25)		(b) Book	
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part X, col (a) Description of Liability	ine 15) N/A scription I.(B), line 15) X, line 25)		(b) Book	
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part X, col (a) Description of Liability	ine 15) N/A scription I.(B), line 15) X, line 25)		(b) Book	
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part X, col (a) Description of Liability	ine 15) N/A scription I.(B), line 15) X, line 25)		(b) Book	
Total. Column (b) Total (should equal Form 990, Part X, col Part X Other Liabilities (See Form 990, Part X) (a) Description of Liability Federal Income Taxes	ine 15) N/A scription I.(B), line 15) X, line 25)		(b) Book	
Total. Column (b) Total (should equal Form 990, Part X, column (b) Total (should equal Form 990, Part X, column (c) Description of Liability	Ine 15) N/A scription I.(B), line 15) X, line 25) (b) Amount		(b) Book	value

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Part XI Reconciliation of Change in Net Assets from Form 990	to Financial Stateme	<u>nts</u>	
1 Total revenue (Form 990, Part VIII, column (A), line 12)			326,228.
2 Total expenses (Form 990, Part IX, column (A), line 25) .	•		337,895.
3 Excess or (deficit) for the year Subtract line 2 from line 1		ļ	-11,667.
4 Net unrealized gains (losses) on investments .		<u> </u>	
5 Donated services and use of facilities .	•	<u> </u>	
6 Investment expenses			
7 Prior period adjustments	•		
8 Other (Describe in Part XIV)		<u> </u>	
9 Total adjustments (net) Add lines 4-8			
10 Excess or (deficit) for the year per financial statements. Combine lines 3 an			-11,667.
Part Reconciliation of Revenue per Audited Financial States	ments With Revenue	per Return	
1 Total revenue, gains, and other support per audited financial statements		1	326,228.
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a Net unrealized gains on investments	2a	- 74.9	
b Donated services and use of facilities .	2 b		
c Recoveries of prior year grants	2c		
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	326, 228.
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		- 14 15 15 15 15 15 15 15 15 15 15 15 15 15	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	4b		
c Add lines 4a and 4b .		4c	
5 Total revenue Add lines 3 and 4c. (This should equal Form 990, Part I, line		5	326,228.
Reconciliation of Expenses per Audited Financial State	ements With Expense	s per Return	
1 Total expenses and losses per audited financial statements.		1	337,895.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25		1047	
a Donated services and use of facilities	2a		
b Prior year adjustments .	2b		
c Losses reported on Form 990, Part IX, line 25	2c	3,	
d Other (Describe in Part XIV)	2d		
e Add lines 2a through 2d		2e	
3 Subtract line 2e from line 1		3	337,895.
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		[]	
a Investments expenses not included on Form 990, Part VIII, line 7b	4a		
b Other (Describe in Part XIV)	46	- Pr	
c Add lines 4a and 4b		4c	
5 Total expenses Add lines 3 and 4c (This should equal Form 990, Part I, line	e 18)	5	337,895.
Part XIV Supplemental Information			
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 5 line 4, Part X, Part XI line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and	9, Part III, lines 1a and 4, F 14b	Part IV, lines 1b and 2	2b, Part V.
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Schedule D (Form 990) 2008

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Part XIV	(Form 990) 2008 Supplemental Information (continued)	
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TEEA3305L 07/24/08

Schedule D (Form 990) 2008

SCHEDULE O (Form 990)

Supplemental Information to Form 990

2008

Employer identification numb

Department of the Treasury Internal Revenue Service Name of the organization 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.

Arkansas Community Action Agencies Assoc	71-0514177
Form 990, Part VI, Line 10 - Form 990 Review Process	
The Board is given a copy of its Form 990 before it i	s_filed
Form 990, Part VI, Line 19 - Other Organization Documents Publicly	Available
Governing documents, policies and financial statements	s are made available to the
public_upon_reguest	
	·
·	
·	

Form 8868 (Fin	. 4-2002)			Page 2
Note. Only C	filing for an Additional (Not Automatic) 3-Month Extension, complete omplete Part B if you have already been granted an automatic 3-month extending for an Automatic 3-Month Extension, complete only Part I (on p	600 & 00 noise	and check this viously filed For	box , ► 🗍 m 8888.
Part II	Additional (Not Automatic) 3-Month Extension of Time. Only file	the origina	(no copies re	eeded).
Type or	Name of Exempt Organization			diseation number
print	ARKANSAS COMMUNITY ACTION AGENCY		71 :	0614177
File by the	Number, street, and room or suite no. If a P.O. box, see instructions.	1.0	For IRS use on	
due dels for	300 9. 8PRING, STE 1020	2.25		
Geng the return See	City, town or post office, state, and ZIP code. For a foreign address, see instructions.		2 mg	
instructions.	LITTLE ROCK, AR 72201		经	100
Check type	of return to be filed (File a separate application for each return):			
☑ Form 990		orm 1041-A	☐ For	m 6069
Form 990		orm 4720	☐ Form	m 8870
☐ Form 99		om 5227		
STOPI DO NO	ot complete Part II if you were not already granted an automatic 3-mont	extension o	n a previously !	Red Form 8888.
	are in the care of ➤ THE ORGANIZATION			
Telephone	TANK IV.		*****	
◆ If the organ	nization does not have an office or place of business in the United State	s, check this	bex	▶ 🛚
If this is for	r a Group Return, enter the organization's four digit Group Examption No	mber (GEN)		. If this is
ICE DIS MUCH	group, check this box	ock this box.	▶ 🔲 an	id attach a
iist with the	names and Eins of all members the extension is for.			
4 I reque	et an additional 3-month extension of time until 5/15		20	
a corcase	indar year, or other tax year beginning //3 20 U	and ending	<u></u>	, 20_09
5 if this t	ax year is for less than 12 months, check reason: I initial return	Final returni 🛚	Change in a	ecounting period
7 State In	detail why you need the extension			

*******		************		
Sa If this a	pplication is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the	4	· · · · · · · · · · · · · · · · · · ·	
less am	nonrefundable credits. See instructions.	remember tex	80 8	
b If this a	pplication is for Form 990-PF, 990-T, 4720, or 6069, enter any refundab	la amelita and		
estimat	ed tax payments made, include any prior year overpayment allowed as a	na Crecius en c		
amount	paid previously with Form 8868.		8b 9	
	Due. Subtract line 8b from line 8s, Include your payment with this form, or, if re	oriend descri		
With FTD	coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System).	ice instructions	8c \$	
	Signature and Varification			
Under panellies of its in true, correct,	of parkey, I declare that I have examined this form, including accompanying schedules and a and complete. By that I am authorized to prepare this form.	latements, and to	the best of my line	owiedge and bellef.
	A prepare this turn.			
Signeture >	the topla		~	du la
	100 > 100 des 7		Date ► Y	710/(0
•	*		a A	ARR ro- 4-2000