



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



Process as original

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)

The organization may have to use a copy of this return to satisfy state reporting requirements

A For the 2010 calendar year, or tax year beginning 07-01, 2010, and ending 06-30, 2011

B Check if applicable:
☐ Address change
☐ Name change
☒ Initial return
☐ Terminated
☐ Amended return
☐ Application pending

C Name of organization **ARKANSAS FAMILY HEALTH FOUNDATION, INC.**
Doing Business As
Number and street (or P O box if mail is not delivered to street address) Room/suite
400 WEST CAPITOL AVENUE 2910
City or town, state or country, and ZIP + 4
Little Rock, AR 72201

D Employer identification no. **27-1345226**
E Telephone number **1,673,497**
G Gross receipts \$

F Name and address of principal officer: **Steven T Collier M D**
Same as C above

H(a) Is this a group return for affiliates? ☐ Yes ☒ No
H(b) Are all affiliates included? If "No," attach a list (see instructions) ☐ Yes ☐ No
H(c) Group exemption number

I Tax-exempt status ☒ 501(c)(3) ☐ 501(c) () (insert no) ☐ 4947(a)(1) or ☐ 527

J Website: **www.arfamilthealth.org**

K Form of organization ☒ Corporation ☐ Trust ☐ Association ☐ Other
L Year of formation **2009** M State of legal domicile **AR**

Part I Summary

1 Briefly describe the organization's mission or most significant activities **A fundraising organization that will raise funds to provide grants and loans to 501(c) organizations that provide services similar to ARcare (formerly White River Rural Health Center, Inc.) The primary focus is providing health services for the underserved.**

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	6
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	0
6	Total number of volunteers (estimate if necessary)	6	12
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b	Net unrelated business taxable income from Form 990-T, line 34	7b	0

	Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	1,672,971
9	Program service revenue (Part VIII, line 2g)	0
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	526
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,673,497
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	125
14	Benefits paid to or for members (Part IX, column (A), line 4)	0
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-8)	0
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0
b	Total fundraising expenses (Part IX, column (D), line 25)	11,750
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	101,145
18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	101,270
19	Revenue less expenses Subtract line 18 from line 12	1,572,227

	Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	1,605,836
21	Total liabilities (Part X, line 26)	33,610
22	Net assets or fund balances Subtract line 21 from line 20	1,572,226

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge

Signature of officer **Talmage J. Whitehead, Executive V President and CFO** Date
Type or print name and title

Preparer's name **Leon Mourton** Preparer's signature **Leon Mourton** Date **05-11-2012** Check ☒ if self-employed PTIN

Firm's name **Leon Mourton CPA** Firm's EIN
Firm's address **2616 Old Forge Drive Little Rock AR 72227** Phone no **501-224-8762**