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Form **990-EZ**

Department of the Treasury
Internal Revenue Service

Short Form
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)

▶ Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions) All other organizations with gross receipts less than $200,000 and total assets less than $500,000 at the end of the year may use this form.

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

OMB No 1545-1150

2012

Open to Public Inspection

A For the 2012 calendar year, or tax year beginning , 2012, and ending , 20

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

C Name of organization
FIFTY FOR THE FUTURE OF PINE BLUFF

Number and street (or P O box, if mail is not delivered to street address) | Room/suite
PO BOX 8202

City or town, state or country, and ZIP + 4
PINE BLUFF, AR 71611

D Employer identification number 71-0421341

E Telephone number (870) 536-2500

F Group Exemption Number ▶

G Accounting Method ☒ Cash ☐ Accrual Other (specify) ▶

I **Website:** ▶

J **Tax-exempt status** (check only one) - ☐ 501(c)(3) ☒ 501(c)(4) ◀ (insert no) ☐ 4947(a)(1) or ☐ 527

H Check ▶ ☒ if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check ▶ ☐ if the organization is not a section 509(a)(3) supporting organization or section 527 organization **and** its gross receipts are normally **not** more than $50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts If gross receipts are $200,000 or more, or if total assets (Part II, line 25, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 111,350

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I ☒

Section	Line	Description	Sub-line	Sub-amount	Line	Amount
Revenue	1	Contributions, gifts, grants, and similar amounts received			1	
	2	Program service revenue including government fees and contracts			2	
	3	Membership dues and assessments			3	111,000
	4	Investment income			4	350
	5a	Gross amount from sale of assets other than inventory	5a			
	b	Less cost or other basis and sales expenses	5b			
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)			5c	
	6	Gaming and fundraising events				
	a	Gross income from gaming (attach Schedule G if greater than $15,000)	6a			
	b	Gross income from fundraising events (not including $ ______ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds $15,000)	6b			
	c	Less direct expenses from gaming and fundraising events	6c			
	d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)			6d	
	7a	Gross sales of inventory, less returns and allowances	7a			
	b	Less cost of goods sold	7b			
	c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	
	8	Other revenue (describe in Schedule O)			8	
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶			9	111,350
Expenses	10	Grants and similar amounts paid (list in Schedule O)			10	41,000
	11	Benefits paid to or for members			11	
	12	Salaries, other compensation, and employee benefits			12	
	13	Professional fees and other payments to independent contractors			13	1,435
	14	Occupancy, rent, utilities, and maintenance			14	
	15	Printing, publications, postage, and shipping			15	
	16	Other expenses (describe in Schedule O)			16	81,085
	17	**Total expenses.** Add lines 10 through 16 ▶			17	123,520
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)			18	(12,170)
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)			19	317,630
	20	Other changes in net assets or fund balances (explain in Schedule O)			20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20 ▶			21	305,460

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Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II . . . . . ☒

		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments	117,626	22	165,460
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	200,004	24	140,000
25	**Total assets**	317,630	25	305,460
26	**Total liabilities** (describe in Schedule O)	0	26	0
27	**Net assets or fund balances** (line 27 of column (B) **must** agree with line 21)	317,630	27	305,460

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III . . . . . ☒

What is the organization's primary exempt purpose? PROMOTE THE WELFARE OF PINE BLUFF

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses (Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts, optional for others)

28 GRANT TO SEABROOK FAMILY CHRISTIAN CENTER FOR MAJOR REMODELING

(Grants $ 10,000) If this amount includes foreign grants, check here . . . . . ▶ ☐ 28a 0

29 GRANT TO CASA WOMEN'S SHELTER FOR CONTINUING OPERATIONS

(Grants $ 12,500) If this amount includes foreign grants, check here . . . . . ▶ ☐ 29a 0

30 GRANT TO VOICES FOR CHILDREN FOR NEW POSITION

(Grants $ 7,500) If this amount includes foreign grants, check here . . . . . ▶ ☐ 30a 0

31 Other program services (describe in Schedule O) . . . . . See SERVICES

(Grants $ 11,000) If this amount includes foreign grants, check here . . . . . ▶ ☐ 31a 0

32 **Total program service expenses** (add lines 28a through 31a) . . . . . ▶ 32 0

Part IV List of Officers, Directors, Trustees, and Key Employees List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV . . . . . ☐

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
See 990_OFOV				
JANICE ACOSTA PRESIDENT	0	0	0	0
CRAIG HUNT VICE PRSIDENT	0	0	0	0
FM BELLINGRATH III TREASURER	0	0	0	0
TED N DRAKE SECRETARY	0	0	0	0
WALTER JOHNSON PAST PRESIDENT	0	0	0	0
NAN N SIMMONS DIRECTOR	0	0	0	0
MILDRED FRANCO DIRECTOR	0	0	0	0
DEAN CHAMBLISS DIRECTOR	0	0	0	0
JANET HARTZ DIRECTOR	0	0	0	0
RR SIEVER DIRECTOR	0	0	0	0
SCARLETT McPHERSON DIRECTOR	0	0	0	0
DREW ATKINSON DIRECTOR	0	0	0	0
DR CAROLYN F BLAKELY DIRECTOR	0	0	0	0

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V . . . . . ☐

			Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		X
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name Otherwise, explain the change on Schedule O (see instructions)	34		X
35 a	Did the organization have unrelated business gross income of $1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		X
b	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		X
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		X
37 a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a			
b	Did the organization file **Form 1120-POL** for this year?	37b		X
38 a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee **or** were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		X
b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b			
39	Section 501(c)(7) organizations. Enter			
a	Initiation fees and capital contributions included on line 9 39a			
b	Gross receipts, included on line 9, for public use of club facilities 39b			
40 a	Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ _____ , section 4912 ▶ _____ , section 4955 ▶ _____			
b	Section 501(c)(3) and 501(c)(4) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		X
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 ▶ _____			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization ▶ _____			
e	All organizations At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		X
41	List the states with which a copy of this return is filed ▶ AR			
42 a	The organization's books are in care of ▶ F.M. BELLINGRATH III Telephone no ▶ 870-536-2500			
	Located at ▶ 211 EAST BARRAQUE PINE BLUFF, AR ZIP + 4 ▶ 71601			
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 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 Financial Accounts.**	42b		
c	At any time during the calendar year, did the organization maintain an office outside of the U S ? If "Yes," enter the name of the foreign country ▶ _____	42c		X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of **Form 1041**-Check here ▶ ☐ and enter the amount of tax-exempt interest received or accrued during the tax year ▶ 43			

			Yes	No
44 a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		X
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		X
c	Did the organization receive any payments for indoor tanning services during the year?	44c		X
d	If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44d		
45 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45 b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		X

			Yes	No
46	Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46		X

Part VI Section 501(c)(3) organizations only

All Section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI ☐

			Yes	No
47	Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	47		
48	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48		
49a	Did the organization make any transfers to an exempt non-charitable related organization?	49a		
b	If "Yes," was the related organization a section 527 organization?	49b		

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and title of each employee paid more than $100,000	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation

f Total number of other employees paid over $100,000 ▶

51 Complete this table for the organization's five highest compensated independent contractors who each received more than $100,000 of compensation from the organization If there is none, enter "None "

(a) Name and address of each independent contractor paid more than $100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over $100,000 ▶

52 Did the organization complete Schedule A? **Note:** All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A ▶ ☐ Yes ☒ No

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

Sign Here

F.M. Bellingrath III

Signature of officer

Date 5/13/13

F.M. BELLINGRATH III, TREASURER

Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check ☐ if self-employed	PTIN
THOMAS S LOVETT III	Thomas S Lovett III	5/10/13		P00043694

Firm's name ▶ LOVETT & COMPANY LTD CPAs Firm's EIN ▶

Firm's address ▶ 1218 W 6TH ST PO BOX 1759

LITTLE ROCK AR 72203 Phone no 501-376-6728

May the IRS discuss this return with the preparer shown above? See Instructions ▶ ☒ Yes ☐ No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

OMB No 1545-0047

2012

Open to Public Inspection

Name of the organization

FIFTY FOR THE FUTURE OF PINE BLUFF

Employer identification number

71-0421341

01. List of grants and similar amounts paid (Part I, line 10)

Activity SUPPORT FAMILY SERVICES

Grantee SEABROOK FAMILY CHRISTIAN CENTER

Street 6808 SOUTH HAZEL STREET

City, State, Zip PINE BLUFF AR 71603

Relationship NONE

Amount 10,000

Activity SUPPORT WOMENS SERVICES

Grantee CASA WOMEN'S SHELTER

Street P.O. BOX 6705

City, State, Zip PINE BLUFF AR 71601

Relationship NONE

Amount 12,500

Activity FUND ADDITIONAL POSITION

Grantee VOICES FOR CHILDREN

Street 211 W 3rd AVE STE 110

City, State, Zip PINE BLUFF AR 71601

Relationship NONE

Amount 7,500

Activity FUND PURCHASE OF VEHICLE

Grantee AMERICAN RED CROSS

Street 223 S MULBERRY ST

Name of the organization: FIFTY FOR THE FUTURE OF PINE BLUFF

Employer identification number: 71-0421341

City, State, Zip: PINE BLUFF AR 71601

Relationship: NONE

Amount: 8,000

Activity: HOST ORGANIZATIONAL MEETING OF LEAD

Grantee: U OF A FOUNDATION

Street: 535 RESEARCH CENTER BLVD STE 120

City, State, Zip: FAYETTEVILLE AR 72701

Relationship: NONE

Amount: 1,000

Activity: FUND DEFIBRILLATOR AND REPAIR DOOR

Grantee: ST. JOSEPH HIGH SCHOOL

Street: 1501 W 73rd AVE

City, State, Zip: PINE BLUFF AR 71603

Relationship: NONE

Amount: 2,000

02. Description of other expenses (Part I, line 16)

Description	Amount
ANNUAL DINNER EXPENSE	20,956
ROOM RENT FOR ANNUAL MEETING	55
PO BOX RENT	56
POSTAGE	18
WRITE DOWN OF DEBENTURE	60,000

Name of the organization: FIFTY FOR THE FUTURE OF PINE BLUFF

Employer identification number: 71-0421341

03. Description of other assets (Part II, line 24)

Category	Beginning of Year	End of Year
BOND RECEIVABLE	200,000	140,000
INTEREST RECEIVABLE	4	0

04. Other program services (Part III, line 31)

GRANT TO AMERICAN RED CROSS FOR NEW VEHICLE. GRANT $8,000 EXPENSES 0

GRANT TO U OF A FOUNDATION FOR FIRST MEETING OF LEADAR PROGRAM. GRANT $1,000 EXPENSES 0

GRANT TO ST. JOSEPH CATHOLIC HIGH SCHOOL TO FUND A DEFIBRILLATOR AND REPAIRS GRANT $2,000 EXPENSES 0

List of Officers, Directors, Trustees, and Key Employees

1 List all officers, directors, trustees, and key employees for the year even if they were not compensated.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Form W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
FRANK ANTHONY DIRECTOR	0	0	0	0
MIKE CARTER DIRECTOR	0	0	0	0
MARILYN HUFFMAN DIRECTOR	0	0	0	0
DAVE SADLER DIRECTOR	0	0	0	0

	Statement of Program Service Accomplishments	2012 01
Name(s) as shown on return		Your Social Security Number
FIFTY FOR THE FUTURE OF PINE BLUFF		71-0421341

Form 990EZ, Part III, Line 31

Program Service Expenses	$0
Grants and allocations included in above expense	$11000
Includes Foreign Grants	No

Explanation

Other program services