

## 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-EZ** 

# Short Form Return of Organization Exempt From Income Tax

OMB No 1545-1150

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

2012

Department of the Treasury Internal Revenue Service except black lung benefit trust of 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.

e to use a conv of this return to satisfy state reporting requirements.

Open to Public Inspection

	ĀF	or the	2012 calendar year, or tax year beginning , 2012, and ending	-	, 20
	_	heck if ap	oplicable C Name of organization		lentification number
		Address c	city of Cannack Village Employees Retirement Trust DE	71-6	0167936
	١	Name cha	inge Number and street (or P O box, if mail is not delivered to street address) Room/suite F T	elephone r	
	ı 🖳	nitial retu	m   2710 N. McKinley   [5	01)	663-4593
	=	Terminate	I City or town, state or country, and ZIP + 4 '	Group Exe	
	=	Amended Applicatio	return n pending Little Rock AR 72207-2731	Number	<b>,</b>
	_			ck ▶ 🏻	if the organization is no
		Vebsit	· · · / -	•	ach Schedule B
				m 990, 99	0-EZ, or 990-PF).
		heck •		n <b>d</b> its ares	s receipts are normally
			e 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
			unization chooses to file a return, be sure to file a complete return	•	
	L A	dd lines	s 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Pa	rt II,	
			olumn (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	. • 9	3
	P	art i	Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the inst	tructions	s for Part I)
			Check if the organization used Schedule O to respond to any question in this Part I.		🔀
		1	Contributions, gifts, grants, and similar amounts received		
		2	Program service revenue including government fees and contracts	. 2	
		3	Membership dues and assessments	. 3	
		4	Investment income	. 4	821
		5a	Gross amount from sale of assets other than inventory 5a		
		b	Less: cost or other basis and sales expenses		
	Revenue	С	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	. 5c	
		6	Gaming and fundraising events		
		а	Gross income from gaming (attach Schedule G if greater than	•	
		1	\$15,000)		
		b	Gross income from fundraising events (not including \$ of contributions		
	ě		from fundraising events-reported on line 1) (attach Schedule G if the		
	_		sum of such gress income and contributions exceeds \$15,000)   6b		
		С	Less: direct expenses from gaming and fundraising events 6c		
		d	Neg income or (loss) from ganning and fundraising events (add lines 6a and 6b and subtra	ct	
			100 6c) AY 2 0 2013.	· 6d	
2013		7a	Gross sales of inventory, less ceturns and allowances		
8		b	Less: cost of goods sold		
		С	Gross profit or (less) from sales of inventory (Subtract line 7b from line 7a)	. 7c	
		8	Other revenue (describe in Schedule O)	. 8	
N <sub>D</sub>		9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	▶ 9	821
$\equiv$		10	Grants and similar amounts paid (list in Schedule O)	. 10	2000
		11	Benefits paid to or for members	. 11	
W	S	12	Salaries, other compensation, and employee benefits	. 12	
SCANNED	Ľ.	13	Professional fees and other payments to independent contractors	. 13	
	Expenses	14	Occupancy, rent, utilities, and maintenance	. 14	
Ö	û	15	Printing, publications, postage, and shipping	. 15	
W		16	Other expenses (describe in Schedule O)	. 16	
		17	Total expenses. Add lines 10 through 16	▶ 17	2000
	Ś	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	. 18	< 1179
	set	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
	As		end-of-year figure reported on prior year's return)		221608
	Net Assets	20	Other changes in net assets or fund balances (explain in Schedule O)	. 20	
	Z	21	Net assets or fund balances at end of year. Combine lines 18 through 20	▶ 21	220429

For Paperwork Reduction Act Notice, see the separate instructions.

Form 990-EZ (2012)

Cat No 106421

Pa	rt II Balance Sheets (see the instructions				_			
	Check if the organization used Schedule	O to respond to a	ny question in this		<u> </u>	(D) F-1-(	<u>. L</u>	
			-	(A) Beginning of year		(B) End of year		
22	Cash, savings, and investments			221608	23	2204	27	
23	Land and buildings				24			
24 25	Other assets (describe in Schedule O) Total assets			221608		2204	13.4	
26	Total liabilities (describe in Schedule O)				26	<u> </u>	1	
27	Net assets or fund balances (line 27 of column	(B) must agree with	n line 21)	221608		2204	2 م	
Par	t III Statement of Program Service Accom					Expenses		
	Check if the organization used Schedule				(Req	juired for section		
Wha	t is the organization's primary exempt purpose? $oldsymbol{\wedge}$	ssist quern	ment retirer	nent tiend		c)(3) and 501(c nizations and s		
Desc	cribe the organization's program service accompli	shments for each o	f its three largest p	rogram services,	4947	7(a)(1) trusts, o		
as n	neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	anner, describe the	e services provided	d, the number of	for o	thers)		
28	Parments were made to Cit		L Village	Arkansas		T	-	
20		a in funding						
	employees, An estimated to	FI OF TOP	ersons be	ne fited	1			
	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	▶ 🗌	28a	20	00	
29								
	·							
-00	(Grants \$ ) If this amount	includes foreign gra	ints, check here .	· · · <b>P</b> 🗆	29a	<del> </del>		
30						1		
						İ		
	(Grants \$ ) If this amount	ıncludes foreign gra	nts, check here .	▶ □	30a			
31	Other program services (describe in Schedule O)							
		includes foreign gra			31a			
	Total program service expenses (add lines 28a				32		300	
Par	List of Officers, Directors, Trustees, and Key Check if the organization used Schedule				struct	tions for Par	₹ IV)	
	Oncok ii the organization asea concadio	(b) Average	(c) Reportable	(d) Health benefits,	<del>Т.</del>		<u>·                                     </u>	
	(a) Name and title	hours per week	compensation (Forms W-2/1099-MISC	contributions to employe benefit plans, and		Estimated am other compens		
		devoted to position	(if not paid, enter -0-)	deferred compensation	1			
	Mark McBryde	. 1	-0-					
	Trustee/				+			
	Harry Light	-1	_0_					
	Woodlief Thomas				+			
	Trustee	.5	-0-					
					1			
			<u></u>		$\perp$			
					-			
					-			
						<del></del>		
					<u> </u>			
			<u> </u>	ļ	4			
					+			
		-						
					+-			
		1			1			

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			_
	instructions for Part V) Check it the organization used schedule of to respond to any question in this	Tait	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		×
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		×
35a	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		×
b c	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		<u> </u>
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		×
37a b	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a - 0 - Did the organization file Form 1120-POL for this year?	37b		X
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee <b>or</b> 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
ao D	If "Yes," complete Schedule L, Part II and enter the total amount involved	} - √		
39 a	Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			-
b	Gross receipts, included on line 9, for public use of club facilities		v.	
40a	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		
С	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on	700		
	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			
е	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 Arkan 56.5		<del></del>	
42a	The organization's books are in care of books in the transfer of the care of t			1593
b	Located at ► 2710 N. Mckinle, Lime Roce, AR ZIP+4 ► 7220 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)?			No
	If "Yes," enter the name of the foreign country: ▶	420		×
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	_	X
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of <b>Form 1041</b> — Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. •	• 🗆
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be	-	Yes	No
	completed instead of Form 990-EZ	44a		X
b	completed instead of Form 990-EZ	44b		$\hat{\mathbf{x}}$
d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		X
45b	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-F7 (see instructions)	45:		~
	Form 990-EZ (see instructions)	45b	- 1	$\wedge$

P	aп	е	4

							Yes	No
46	Did the organization engage, directly or in	ndirectly, in political c	ampaign activities or	n behalf of o	r ın opposi	tion <b>E</b>	الجيناك	
	to candidates for public office? If "Yes," of		, Part I	· · · ·		· 46		<u>IX</u>
Part '								-
	All section 501(c)(3) organization	is must answer que	stions 47–49b and	52, and co	mplete th	e tables	for lin	es
	50 and 51							
	Check if the organization used Sc	hedule 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	on in effect	during the	tax		
	year? If "Yes," complete Schedule C, Par					. 47	.	X
48	Is the organization a school as described i						+	Ý
49a	Did the organization make any transfers t						<del> </del>	+
								1
b	If "Yes," was the related organization a se							
50	Complete this table for the organization's							
	employees) who each received more than	1 \$ 100,000 of comper	isation from the orga			e, enter	Mone.	
	(a) Name and title of each employee	(b) Average	(c) Reportable	(d) Health contributions		(e) Estimat	ted amo	unt of
	paid more than \$100,000	hours per week devoted to position	compensation (Forms W-2/1099-MISC)	benefit plans,	and deferred	other co		
		devoted to position	(1 011113 17-27 1033-141100)	compe	nsation			
	None							
	<del></del>			1 .				
_								
				1				
	<del></del>							
				+				
		*****				<del>_</del>		
f	Total number of other employees paid ov							
51	Complete this table for the organization	's five highest compe	ensated independent	t contractors	who each	n received	d more	than
	\$100,000 of compensation from the orga	inization. If there is no	one, enter "None."	1				
(a) i	Name and address of each independent contractor pa	ud more than \$100,000	(b) Type of ser	vice	(c	) Compensa	tion	
	Non e							
••••								
			<u>-</u>					
		•		-				
		•••••						
d	Total number of other independent contra	actors each receiving	Over \$100,000					
	•	•	•		.\/4\			
52	Did the organization complete Schedule / nonexempt charitable trusts must attach			-		► 101 v-		NI.
				• • • •		► 🏻 Ye:		No
Under pe	enalties of perjury, I declare that I have examined this rect, and complete Declaration of preparer (other than	return, including accompan n officed is based on all info	ying schedules and statem	ents, and to the	best of my ki	nowledge an	ıd belief,	, it is
	ect, and complete Declaration of preparer (other than	1 Onicer, is based on all line		rias ariy kriowie	<del></del>			
C:	/ Word Noy (	Olwan						
Sign	Signature of officer	<b></b> .	~ L	Dat	• ~ ,,	5-13	,	
Here	Woodliet A.	nome s	Trustee		<b>ラー</b> ハ	>-/>	<u>,                                     </u>	
	Type or print name and title							
Paid	Print/Type preparer's name	Preparer's signature	D	ate	Check _	If PTIN		
Prepa	arer 📖				self-emplo			
Use (			<del></del>	Firm	n's EIN ▶			
	Firm's address ▶				ne no			
May th	e IRS discuss this return with the prepare	r shown above? See i	nstructions			► ☐ Ye	s 🗍	No

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

### **Public Charity Status and Public Support**

OMB No 1545-0047 20**12** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number Name of the organization

ity of Campack Village Employees' Retirement Trust 71-6167936 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) ☐ A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) ☐ A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). ☐ A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) R ☐ An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions-subject to certain exceptions, and (2) no more than 331/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box that describes the type of supporting organization and complete lines 11e through 11h. d Type III-Non-functionally integrated c Type III-Functionally integrated a 🗌 Type I **b** Type II e X 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). If the organization received a written determination from the IRS that it is a Type II, Type III, or Type III supporting Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? (i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and 11g(i) 11g(ii) (iii) A 35% controlled entity of a person described in (i) or (ii) above? . . . . . . . . . . . . . . . . 11g(iu) h Provide the following information about the supported organization(s). (iii) Type of organization (IV) Is the organization (v) Did you notify (vi) Is the (vii) Amount of monetary (i) Name of supported (ii) EIN organization in col the organization in (described on lines 1-9 in col (i) listed in your support organization col (i) of your support? governing document? (i) organized in the above or IRC section US? (see instructions)) Yes No Yes No Yes No 2,000 X (C) (D) (E)

**Total** 

2,000

Concas				<del></del>				
Part	II Support Schedule for Organiza	ations Desci	ribed in Secti	ions 170(b)(1	)(A)(iv) and 1	l 70(b)(1)(A)(vi	)	
	(Complete only if you checked the	ne box on lin	e 5, 7, or 8 of	Part I or if the	e organizatio	n failed to qua	alify under	
	Part III. If the organization fails to	qualify und	er the tests lis	sted below, p	lease comple	ete Part III.)	N/A_	
	on A. Public Support		<u> </u>	( ) 0040	4.0.0044	T ( ) 2010 T	<u> </u>	
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total	
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf							
3	The value of services or facilities furnished by a governmental unit to the organization without charge							
4	Total. Add lines 1 through 3							
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount				, , , , , , , , , , , , , , , , , , ,			
	shown on line 11, column (f)		<del> </del>	<u> </u>				
6 Secti	Public support. Subtract line 5 from line 4. on B. Total Support	<u> </u>	<u> </u>		l	<u> </u>		
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	<b>(e)</b> 2012	(f) Total	
7	Amounts from line 4	(4) 2000	(2) 2000	(0) 20 10	(0) = 0.1.	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>		
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
9	Net income from unrelated business activities, whether or not the business is regularly carried on							
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)							
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc. First five years. If the Form 990 is for the	ne organizatio	n's first, secon	d, third, fourth	, or fifth tax y			
<del></del>	organization, check this box and stop he			· · · · ·	· · · · ·		· · <b>-</b> _	
	on C. Computation of Public Suppor			1 00/11 (6)	<del> </del>	14	%	
14 15	Public support percentage for 2012 (line Public support percentage from 2011 Sci	,,	•			15	<u>%</u>	
16a	331/3% support test—2012. If the organic box and stop here. The organization qua	zation did not	check the box	on line 13, and		/3% or more, c		
b	331/3% support test—2011. If the organ check this box and stop here. The organ					e 15 is 33 <sup>1</sup> / <sub>3</sub> % 	or more, . ► □	
17a								
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organizate Explain in Part IV how the organization means the properties of the properties	tion meets the	e "facts-and-ci	rcumstances"	test, check th	nis box and <b>st</b>	op here.	
18	Private foundation. If the organization dinstructions		box on line 13			k this box and	. ► □ see . ► □	

Part	(Complete only if you checked the				zation failed	to qualify un	der Part II.
	If the organization fails to qualify						MA
Secti	on A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf						ļ. <u> </u>
5	The value of services or facilities						
	furnished by a governmental unit to the organization without charge				<u> </u>		
6	Total. Add lines 1 through 5						ļ
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .			ļ <u>.</u>			
b	Amounts included on lines 2 and 3						
	received from other than disqualified						İ
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						1
С	Add lines 7a and 7b		<del> </del>				<del> </del>
8	Public support (Subtract line 7c from		B. 1 W.	,	n	در درويج ع	5
•	line 6)						
Secti	on B. Total Support	2 11 11	12.5	<u> </u>	·	<u> </u>	<u></u>
	dar year (or fiscal year beginning in)	(a) 2008	<b>(b)</b> 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6	` ,	, ,		• •		
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties and income from similar sources .						*****
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975		<del>                                     </del>				_
	Add lines 10a and 10b						1
11	Net income from unrelated business		1				
	activities not included in line 10b, whether or not the business is regularly carried on		l				
12	Other income. Do not include gain or			<del> </del>		_	
12	loss from the sale of capital assets						
	(Explain in Part IV.)						
13	Total support. (Add lines 9, 10c, 11,		<u> </u>				
_	and 12.)						
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a secti	on 501(c)(3)
	organization, check this box and stop her	-					
Secti	on C. Computation of Public Suppor	t Percentag	je				
15	Public support percentage for 2012 (line 8					15	%
16	Public support percentage from 2011 Sch			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2012 (					17	<u>%</u>
18	Investment income percentage from 2011					18	%
19a	331/3% support tests – 2012. If the organi						
L		-	-	•		_	
b	331/3% support tests – 2011. If the organize line 18 is not more than 331/3%, check this to						
20	Private foundation If the organization di	=	-	•			

chedule A (	(Form 990 or 990-EZ) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	-
•		
		· <del>-</del>
••		
·····		
••		

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

# Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047 2012

Department of the Treasury Internal Revenue Service

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.

Open to Public Inspection

Name of the organization City of Commade Village Employees' Retirement Trust 71-6167936	
Part I - Line 10 Grante paid	
Part I - Line 10 Grante paid  City of Commack Village Arkansus 2,0  2710 N. McKinley  Little Rock, AR 72207	00
2718 1 1 1 1 2	_
I W. R. And Jan	
Little Hock MR /CLO/	
2	
·	