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SCHEDULE A

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

Total

For Paperwork Reduction Act Notice, see the Instructions for Form 890 or 990-EZ.

(rom	II 890 OF 990-E2)	Comple	rto if the organization le 4947(a)(1) no				tion or a s	section		2013	
Depart Interna	tment of the Treasury at Revenue Service	► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.rs.gov/form990.						Open to Public Inspection			
Name	of the organization							Employer la	dentificatio	n number	
		OR THE BLIND FO								621081	
			rity Status (All orga						nstructi	ons.	
		V . * 3	ation because it is. (Fo								
			hes, or association of			ed in sec	tion 170	(b)(1)(A)(i	) <b>.</b>		
			170(b)(1)(A)(ii). (Attac				- 200 \(-1)	(A) P*			
4	A medical rea		spital service organiza on operated in conjuni e.						O(b)(1)(A	∦ãi}. Enter the	
5		on operated for the benefit of a college or university owned or operated by a governmental unit described in o)(1)(A)(Iv). (Complete Part II)									
6 7	☑ An organizati	A federal, state, of 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.il.)									
8	A community	trust described i	in section 170(b)(1)(A)	}{vi}. (Coî	mplete Pa	art (i.)					
9	An organization that normally receives. (1) more than 331/4% of its support from contributions, membership lees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/4% 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			operated exclusively						4).		
	purposes of 509(a)(3). Ch a  Type By checking other than fo	one or more put eck the box that b Type this box, I certify undation manage	nd operated exclusive bicly supported organ describes the type of the type of the type of the company at the organization and other than one or the company and other than one or the company at the organization and other than one or the company and the company an	nizations supportin I-Function is not co	describe ng organi inally inte introlled o	d¦in sect zation:an grated lirectly or	ion 509(a d comple d 🔲 : Indirecti	i)(1) or si ite lines 1 Type (II–I y by one	ection 50 1e throu Von-func or more	09(a)(2). See section gh 11h. tionally integrated disqualified persons	
	or section 50										
1		zation received a check this box	a written determination	on from	the IRS	that it is	a Type	I. Type	li, or Typ	pe III supporting	
8	Since August following pen		he organizațion accer	oted any	gift or c	ontributio	in from a	ny of the	:		
	(I) A person	who directly or a	ndirectly, controls, jeitlody of the supported (			her with	persons	describe	din (h) a		
			•	-			•	•	-	11g(i)	
(ii) A family member of a person described in (i) above?									119(4)		
h			on about the supporte	•• • • •			•			(1.18htd)	
() Name of supported organization		\$0 EIN	(described on ines 1-9 above or IRC section (see Instructions))	(N) is the organization in câl. (I) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vt) is the organization in col. (f) organized in the U.S.?		(vii) Amount of monetary support	
				Yes	No	Yes	No	Yes	No	L	
A)											
B)											
C)											
D)											
E)											

Schedule A (Form 990 or 990-EZ) 2013

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Schodulo A (Form 990 or 990-EZ) 2013. Page 2 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III ) Section A. Public Support Calendar year (or fiscal year beginning in) ▶ (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants") 14,398 45 15,398.45 revenues (evred organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3 14,398 45 15,398.45 The pertion of total contributions by each person (other than governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) Public support. Subtract line 5 from line 4. 15,398.45 Section B. Total Support (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 Calendar year (or fiscal year beginning in) (f) Total Amounts from line 4 14,398 49 15,398 45 Gross Income from interest, dividends, payments received on securities loans. rents, royalties and income from similar Net income from unrelated business activities, whether or not the business is requiarly carried on 13.14 13 55 Other income Do not include gain or ioss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 15,412 Gross receipts from related activities, etc. (see instructions) 12 15,412 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 organization, check this box and stop here ▶ 🗸 Section C. Computation of Public Support Percentage Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) % Public support percentage from 2012 Schedule A. Part fl. line 14 15 % 331/a% support test-2013. If the organization did not check the box on line 13, and line 14 is 331/a% or more, check this 16a box and stop here. The organization qualifies as a publicly supported organization 331/2% support test-2012. If the organization did not check a box on kine 13 or 16a, and line 15 is 331/2% or more, check this box and stop here. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and If the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see Instructions Schedule A (Form 990 or 990-EZ) 2013 048618

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Schedule Ai	Form 990 or 950-EZ) 2013						Page 3
Part III	Support Schedule for Organization (Complete only if you checked the					to qualify und	ler Part II
	If the organization fails to qualify						
ection	A. Public Support	<u> </u>		, p	p.a.c a.r.		_
	year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	ts, grants, contributions, and membership fees	\\_\_\_\_\_			1.1.	1	
rec	enved. (Do not include any "unusual grants")						
	oss receipts from admissions, merchandise					<u> </u>	
	d or services performed, or facilities in hished in any activity that is related to the	Ì			ļ	]	
	panization's tax-exempt purpose	}					
	oss receipts from activities that are not an						
นกเ	related trade or business under section 513				i		
4 Ta	x revenues levied for the			_			
org	panization's benefit and either paid				ļ		
to	or expended on its behalf						
5 Th	e value of services or facilities						
fur	nished by a governmental unit to the						
org	ganization without charge						
6 To	tal. Add lines 1 through 5						
	nounts included on lines 1, 2, and 3						
rec	eived from disqualified persons						
b Arr	tounts included on lines 2 and 3						
	eived from other than disqualified						
	sons that exceed the greater of \$5,000						
or	1% of the amount on line 13 for the year						
	d tines 7a and 7b						
8 Pu	blic support (Subtract line 7c from			ĺ			
line	96)						
	B. Total Support		<u></u>	<del></del>			
,	year (or fiscat year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012.	(e) 2013	(f) Total
	nounts from line 6						<del></del>
	ass income from interest, dividends,			1			
	ments received on securities loans, rents, altres and income from similar sources						
	related business taxable income (less	1		į			
	ction 511 taxes) from businesses	1				}	
	quired after June 30, 1975						
	d lines 10a and 10b						
	t income from unrelated business						
	ovities not included in line 10b, whether not the business is regularly carried on		1				
	· · · · · · · · · · · · · · · · · · ·						
	her income. Do not include gain or significant states in the sale of capital assets.		ļ	1			
	plain in Part IV)		ļ	J		ļ	
	tal support. (Add lines 9, 10c. 11,						
	d 12.)					ļ	
	st five years. If the Form 990 is for th	e organization	's first, secon	1. third, fourth	or fifth tax w	ar as a section	501(c)(3)
	anization, check this box and stop her						
	C. Computation of Public Suppor	<del></del>				,	<u> </u>
	blic support percentage for 2013 (line 6			3. column (fi)	<del></del>	15	%
	blic support percentage from 2012 Sch					16	%
	D. Computation of Investment Inc						<del></del>
7 Inv	rvestment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f)					17	%
	estment income percentage from 2012					18	%
	n% support tests - 2013 If the organi						, and line
	is not more than 331/x96, check this box a						
	3% support tests - 2012. If the organiz		-	•		,	
	18 is not more than 331/3%, check this b						
	vate foundation. If the organization dis						

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Supplemental Information. Provide the explanations required by Part Part III, line 12. Also complete this part for any additional information (	H, line 10, Part II, line 17a or 17b, and
rait III, line 12. Also complete this part for any additional information (	See instructions).
RT II LINES 10, 17A, AND 17B NOT APPLICABLE	
	· · · · · · · · · · · · · · · · · · ·
	`
	Schedule A (Form \$90 or 990-EZ) 201:

0425876265 Sep. 15, 2016 LTR 2695C

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Input Op: 0425876265 00022434

ARKANSAS SCHOOL FOR THE BLIND FOUNDATION 2500 W HARKHAM LITTLE ROCK AR 72205



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## **DECLARATION**

Under penalties of perjury, I declare that I have examined the return identified in this letter, including any accompanying schedules and statements, and to the best of my knowledge and belief, it, is true, correct and complete. I understand that this declaration will become a permanent part of that return.

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