See a Social Security Number? Say Something!
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Or call the IRS Identity Theft Hotline at 1-800-908-4490

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 private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

OMB No 1545-1150

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning , 2013, 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 PO box, if mail is not delivered to street address) | Room/suite
PO BOX 8202

City or town, state or province, country, and ZIP or foreign postal code
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) ▶

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

I **Website:** ▶

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

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other

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, column (B) below) are $500,000 or more, file Form 990 instead of Form 990-EZ ▶ $ 78,153

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 ☒

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	77,625
	4	Investment income	4	339
	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	189
	9	**Total revenue.** Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 ▶	9	78,153
Expenses	10	Grants and similar amounts paid (list in Schedule O)	10	36,450
	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	1,460
	14	Occupancy, rent, utilities, and maintenance	14	
	15	Printing, publications, postage, and shipping	15	
	16	Other expenses (describe in Schedule O)	16	24,972
	17	**Total expenses.** Add lines 10 through 16 ▶	17	62,882
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	15,271
	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	305,460
	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	320,731

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	165,460	22	180,731
23	Land and buildings	0	23	0
24	Other assets (describe in Schedule O)	140,000	24	140,000
25	**Total assets**	305,460	25	320,731
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)	305,460	27	320,731

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 . . . . . ☐

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

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

28 GRANT TO CASA WOMEN'S SHELTER FOR MAJOR CONTINUING OPERATIONS

(Grants $ 12,500) If this amount includes foreign grants, check here . . . ▶ ☐ 28a 0

29 GRANT TO BOYS AND GIRLS CLUB FOR CLUB TECH PROGRAM

(Grants $ 4,500) If this amount includes foreign grants, check here . . . ▶ ☐ 29a 0

30 GRANT TO PINE BLUFF COUNTRY CLUB FOR REFURBISHING PROJECT

(Grants $ 7,450) If this amount includes foreign grants, check here . . . ▶ ☐ 30a 0

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

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

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 PAST PRESIDENT	0	0	0	0
CRAIG HUNT PRESIDENT	0	0	0	0
FM BELLINGRATH III TREASURER	0	0	0	0
TED N DRAKE SECRETARY	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
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
MARC OUDIN JR VICE PRESIDENT	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 ▶ P.O. BOX 8905, PINE BLUFF, AR ZIP + 4 ▶ 71611			
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		X
c	At any time during the calendar year, did the organization maintain an office outside 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	(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 business address of each independent contractor	(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 5/13/14

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	5/7/14		P00043694

Firm's name ▶ LOVETT AND COMPANY LTD CPAs — Firm's EIN ▶

Firm's address ▶ 1218 WEST 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.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

FIFTY FOR THE FUTURE OF PINE BLUFF

Employer identification number

71-0421341

01. Description of other revenue (Part I, line 8)

Description	Amount
Other Income	189

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

Activity	SUPPORT FAMILY SERVICES
Grantee	CASA WOMEN'S SHELTER
Street	P.O. BOX 6705
City, State, Zip	PINE BLUFF, AR 71601
Relationship	NONE
Amount	12,500

Activity	SUPPORT CHILDREN'S SERVICES
Grantee	BOYS AND GIRLS CLUB
Street	3708 w 34th ST
City, State, Zip	PINE BLUFF, AR 71601
Relationship	NONE
Amount	4,500

Activity	FUND REFURBISHING PROJECT
Grantee	PINE BLUFF COUNTRY CLUB
Street	1100 W 46th AVE
City, State, Zip	PINE BLUFF, AR 71601
Relationship	NONE
Amount	7,450

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

Employer identification number: 71-0421341

Activity	FUND REPAIR OF PIANO
Grantee	PINE BLUFF SYMPHONY ORCHESTRA
Street	1501 S OLIVE ST
City, State, Zip	PINE BLUFF, AR 71601
Relationship	NONE
Amount	5,000

Activity	FUND FOOTBALL COACH'S SALARY
Grantee	UAPB ATHLETIC FOUNDATION
Street	1200 NORTH UNIVERSITY DRIVE
City, State, Zip	PINE BLUFF, AR 71601
Relationship	NONE
Amount	5,000

Activity	FUNDS FOR NATIONAL CONVENTION
Grantee	THE LINKS INC
Street	1200 MASSACHUSETTS AVE NW
City, State, Zip	WASHINGTON, DC 20005
Relationship	NONE
Amount	1,000

Activity	FUND LOCAL ACTIVITIES
Grantee	THE LINKS INC
Street	1200 MASSACHUSETTS AVE NW
City, State, Zip	WASHINGTON, DC 20005
Relationship	NONE

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

Employer identification number: 71-0421341

Amount 1,000

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

Description	Amount
Annual Dinner Expense	24,602
Room for Annual Meeting	28
PO Box Rent	58
Postage	126
Office Supplies	158

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

Category	Beginning of Year	End of Year
BOND RECEIVABLE	140,000	140,000

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

GRANT TO PINE BLUFF SYMPHONY ORCHESTRA TO REPAIR A PIANO. GRANT $5,000 EXPENSES 0

GRANT TO UAPB ATHLETIC FOUNDATION FOR COACH'S SALARY FUND. GRANT $5,000 EXPENSES 0 GRANT TO THE LINKS INC TO SPONSOR AREA CONFERENCE. GRANT $1,000 EXPENSES 0 GRANT TO THE LINKS INC FOR LOCAL OPERATIONS. GRANT $1000.00 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
DR STEVEN HILTERBRAN DIRECTOR	0	0	0	0
DR KIM KOSMITIS DIRECTOR	0	0	0	0
BRYAN JACKSON DIRECTOR	0	0	0	0
KIRBY MOUSER DIRECTOR	0	0	0	0

Form **8868**
(Rev January 2014)
Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form)

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or additional (not automatic) 3-month extension of time You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit www irs gov/efile and click on e-file for Charities & Nonprofits

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ ☐

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	FIFTY FOR THE FUTURE OF PINE BLUFF	71-0421341
	Number, street, and room or suite no If a PO box, see instructions	Social security number (SSN)
	PO BOX 8202	
	City, town or post office, state, and ZIP code For a foreign address, see instructions	
	PINE BLUFF, AR 71611	

Enter the Return code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ F.M. BELLINGRATH III, P.O. BOX 8905, AR 71611

Telephone No ▶ 870-536-2500 FAX No ▶

- If the organization does not have an office or place of business in the United States, check this box . . . . . ▶ ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____ If this is for the whole group, check this box . . . . . ▶ ☐ If it is for part of the group, check this box . . . ▶ ☐ and attach a list with the names and EINs of all members the extension is for

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08-15, 20 14, to file the exempt organization return for the organization named above The extension is for the organization's return for

▶ ☒ calendar year 20 13 or

▶ ☐ tax year beginning _____, 20 ___, and ending _____, 20 ___

2 If the tax year entered in line 1 is for less than 12 months, check reason ☐ Initial return ☐ Final return ☐ Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	$
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$
c	**Balance due.** Subtract line 3b from line 3a Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions