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Department of the Treasury Internal Revenue Service

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 and its instructions is at www irs gov/form990

OMB No 1545-0047 2014 Open to Public Inspection

<u>A</u>	For the	e 2014 calendar year, or tax year beginning , and ending			
В	Check if ap	oplicable C Name of organization Historic Preservation Alliance		D Employe	ridentification number
	Address ch	hange of Arkansas			
Ħ	Name char	David humana		71-0	569359
님		Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	
닏	Initial return		I	201-	372-4757
Ш	terminated				120 610
	Amended r	return F Name and address of principal officer	1	G Gross reco	eipts \$ 130,618
Ā	Application		H(a) Is this a gro	oup return for si	ubordinates? Yes X No
ш	, фриодаен	Courtney C. Crouch, rresident	H(b) Ass all suits		ided? Yes No
		425 W. Capitol, Suite 1800 Little Rock AR 72201	H(b) Are all sub		(see instructions)
-	_			andor a not	(See Hisa deciency
<u>+</u>	Tax-exem		┦		_
<u>, , , , , , , , , , , , , , , , , , , </u>	Website.		Year of formation 1		
	Form of or	**** <u>*</u>	Year of formation	901	M State of legal domicite AR
	T	Summary			
	1	Briefly describe the organization's mission or most significant activities Preservation & education			
ဦ		Fieservation & education			
ī.					
چَ رَ	١ , ,		250/ -5-44	4 .	
ြိတ္ပ		Check-this box I if the organization discontinued its operations or disposed of more than the organization discontinued its operations or disposed of more than the organization discontinued its operations or disposed of more than the organization discontinued its operations or disposed of more than the organization discontinued its operations or disposed of more than the organization discontinued its operations or disposed of more than the organization discontinued its operations or disposed of more than the organization discontinued its operations or disposed of more than the organization discontinued its operations or disposed of more than the organization discontinued its operations or disposed of more than the organization discontinued its operations or disposed of more than the organization discontinued its operations or disposed of more than the organization discontinued its operations of the organization discontinued its operation discontinued i	25% of its net ass	1 1	21
ි ජේ ග	3 N	Number of voting members of the governing body (Part VI, line 1a)		3	21
Ē	4 N	Number of independent voting members of the governing body (Part VI, line 1b)		4	3
Activities & Governance	ַב <u>'</u>	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	0
₹₹	0 1	Total number of volunteers (estimate if necessary)		6	0
Ś	1	Fotal unrelated business revenue from Part VIII, column (C), line 12		7a 7b	0
2)	l br	Net unrelated business taxable income from Form 990-T, line 34	Prior Yea		Current Year
•	8 0	Contributions and grants (Part VIII, line 1h)		4,139	110,825
Revenue	9 P	Program service revenue (Part VIII, line 2g)		0,330	15,155
ěVe	10 tr	nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		2	0
ď	11 0	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,656	4,638
		Fotal revenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)		8,127	130,618
		Grants and similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 B	Benefits paid to or for members (Part IX, column (A), line 4)			0
Š	15 S	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	6	0,022	83,440
penses	16a F	Professional fundraising fees (Part IX, column (A), line 11e)			0
e e	ьт	Fotal fundraising expenses (Part IX, column (D), line 25) ▶ 0			
ω	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	8	9,180	81,877
	18 T	Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	14	9,202	165,317
		Revenue less expenses Subtract line 18 from line 12		8,925	<u>-34,699</u>
Net Assets or	89	_	Beginning of Cui		End of Year
Sset	E 20 T	Fotal assets (Part X, line 16)		8,745	309,904
E A	21 T	Fotal liabilities (Part X, line 26)		3,057	42,731
_	-	Net assets or fund balances Subtract line 21 from line 20	33	5,688	267,173
	Part II	Signature Block			
		nalties of perjury, I declare that I have examined this return, including accompanying schedules and state ect, and complete. Declaration of preparer (other than officer) is based on all information of which prepare			owledge and belief, it is
_		A Also (line, (lique)			
Si	gn	Signature of officer		Date	
	ere	Leslie Wren Ward, Treasurer			8/10/15
		Type or print name and title			
_		Print/Type preparer's name Preparer's signature	Date	Check	If PTIN
Pa	id	ROBERT L. FRAZIER Polent I hazir, CP.	A 08/03	/15 self-em	□ "
Pn	eparer	Firm's name > Frazier, Rickels & Bailey, P.A.		rm's EIN	71-0799621
Us	e Only	415 North McKinley, Suite 1100			
		Firm's address Little Rock, AR 72205	١,	Phone no	501-666-0900
Ma	y the IR	S discuss this return with the preparer shown above? (see instructions)	<u></u>		X Yes No
_	<u> </u>	vork Reduction Act Notice, see the separate instructions.	~		Form 990 (2014)
DA			Λ Λ ! \		

Form **990** (2014)

F	reservation & educat	ion		
	•			
2	Did the organization undertake any signi prior Form 990 or 990-EZ?	ficant program services during the year which w	vere not listed on the	Yes X No
•	If "Yes," describe these new services on			Tes A No
3	services?	r make significant changes in how it conducts,	any program	Yes X No
4	If "Yes," describe these changes on Sch			
•		rice accomplishments for each of its three large 4) organizations are required to report the amou		
	the total expenses, and revenue, if any,		and discallons to others,	
4a	(Code) (Expenses \$	45,349 including grants of \$) (Revenue \$	
		storic tours; newslette		,
	rants; research and	The state of the s	_,	
		-		
4b	(Code) (Expenses \$	including grants of \$) (Revenue \$	
	, , ,		, ()======= •	,
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$	·····)
4c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
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4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
4 c	(Code) (Expenses \$	including grants of \$) (Revenue \$)
) (Revenue \$)
	Other program services (Describe in Sch	edule O))
4d) (Revenue \$)

Part IV Checklist of Required Schedules

			Yes	<u>No</u>
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. 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	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III	5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		<u> </u>
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u> </u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		<u> </u>
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		_X_
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable			
а				
	complete Schedule D, Part VI	11a		X
b				
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_ X _
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			42
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
42-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_ X _
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	420		X
	Schedule D, Parts XI and XII Was the emergration included in concellidated independent sudited financial statements for the tay year? If "Yes " and if	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	12b		x
13	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a		14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	L	x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			l
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		X_
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
		Fo	m 990	(2014)

Pa	At IV Checklist of Required Schedules (continued)			
			Yes	No
!1	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		<u> </u>
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		x
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
_	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III,			
	or IV, and Part V, line 1	34		X
35a		35a		X
b				
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable			
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization		ĺ	Ī
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R,		1	į
	Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and		1	
	192 Note: All Form 990 filers are required to complete Schedule O	38	1	x

	990 (2014) HISTORIC Preservation Alliance 71-0369	339			<u> </u>	age t
Pa	Statements Regarding Other IRS Filings and Tax Compliance	,				
-	Check if Schedule O contains a response or note to any line in this Part V				Ι.,	T
4-	Established with a second of the Power of Factor 4000. Factor 0 of a shareholds	الما	0	F	Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a 1b	0	\dashv		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable. Did the organization comply with backup withholding rules for reportable payments to vendors and					
С	reportable gaming (gambling) winnings to prize winners?			1c	1	Ì
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1	1	''-		
	Statements, filed for the calendar year ending with or within the year covered by this return	2a	3			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retuined to the control of the control				x	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-,		3a]	x
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other		ty		1	
	over, a financial account in a foreign country (such as a bank account, securities account, or other fir		•			
	account)?			4a		X
b	If "Yes," enter the name of the foreign country					
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	Accour	nts			
	(FBAR)					
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	ction?		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	ne				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributed	ons or				
	gifts were not tax deductible?			6b	<u> </u>	ļ
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods				
	and services provided to the payor?			7a		1
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	1	ļ
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as				
_	required to file Form 8282?			7c		-
	If "Yes," indicate the number of Forms 8282 filed during the year	7d	l	 70	1	ŀ
e f	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit or Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contribute.		, ,	7e 7f		 -
g	If the organization, during the year, pay premiums, directly of indirectly, on a personal benefit contribution of qualified intellectual property, did the organization file Fo		20 as required?	7g	 -	
9 h			•	7 <u>9</u> 7h	1	\vdash
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine				1	
•	sponsoring organization have excess business holdings at any time during the year?	,	.0	8	1	Ì
9	Sponsoring organizations maintaining donor advised funds.					1
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a	1	İ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
0	Section 501(c)(7) organizations. Enter		_			
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		_	1	
1	Section 501(c)(12) organizations. Enter	i	,			
а	Gross income from members or shareholders	11a		_		
b	Gross income from other sources (Do not net amounts due or paid to other sources				1	
	against amounts due or received from them)	11b				
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1	1	12a	 	1
b	·	12b		\dashv		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a	-	
	Note. See the instructions for additional information the organization must report on Schedule O					
b		1 400	I	1		
_	the organization is licensed to issue qualified health plans	13b				
C 140	Enter the amount of reserves on hand	13c		445	1-	x
I4a h	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes " has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedul	۰.		14a	+	├ ^

Form	990 (2014) Historic Preservation Alliance 71-0569359		P	age 6
Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and	for a	"No"	
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Se	e instr	uctio	ns.
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	If there are material differences in voting rights among members of the governing body, or] -	*	1
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 21	, Ma, , 1		,
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint		·····	
	one or more members of the governing body?	7a		х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	<u> </u>		
	stockholders, or persons other than the governing body?	7b		x
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	7,		
	The governing body?	8a	X	
a b	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at	0.5		
•	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		x
202	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C		<u> </u>	
066	tion b. Foncies (This dection b requests information about policies not required by the internal Nevende C	Joue.	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	163	X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	100		
IJ	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
140	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		x
l1a b	·	- a		-
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	12a		X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12b		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	120		
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"	40-		
	describe in Schedule O how this was done	12C		х
13	Did the organization have a written whistleblower policy?	13		X
14	Did the organization have a written document retention and destruction policy?	14		
15	Did the process for determining compensation of the following persons include a review and approval by			Ι,
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	45-		X
a	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		-
10-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	f		i '
162		46-		X
	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		
D		•		
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	40		
<u> </u>	organization's exempt status with respect to such arrangements?	16b	L	L
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AR Section 9404 and section as a consequent of the Forms 4003 (co.4034 of contract).			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)			
	available for public inspection. Indicate how you made these available. Check all that apply			
	Own website Another's website Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and			
	financial statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	nessa McKuin 201 West 4th Street orth Little Rock AR 72114 501	2"	2 4	757
N/	orth Little Rock AR 72114 501	51	Z-4	121

PAA 08/03/2015 2	09 PM			_			_				-
Form 990 (201	4) Historic										Page 7
Part VII			Dire	ecto	rs,	Tru	ıste	es,	Key Employees, Hig	hest Compensated	Employees, and
	Independent Co								U - D - 4	A 411	
•								_	o any line in this Part		
Section A.									Compensated Employee		
organization's		is required to be	liste	O R	ерог	t cor	nper	isati	on for the calendar year en	iding with or within the	
compensation	Enter -0- in columns	(D), (E), and (F)	ıf no	con	npen	satio	on w	as pa		. •	
	-		-		-				ons for definition of "key em		
who received i		on (Box 5 of For							er than an officer, director, rm 1099-MISC) of more tha		
\$100,000 of n	eportable compensation	on from the orga	nızat	ion a	ind a	iny r	elate	d or	•		
organization, r	nore than \$10,000 of r	eportable compe	ensa	tion	from	the	orga	nıza	in the capacity as a former tion and any related organi	zations	
compensated	employees, and forme	er such persons			·				trustees, officers, key empl	. , ,	
Check this			/ reia	itea			tion	comp	pensated any current office		
Na	(A) Ime and Title	(B) Average hours per week (list any	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations
(1) See a	ttached lis	t									
(2)											
(3)											
(4)											
(5)											
(6)					-	-	1				

(10)

(7)

(8)

(9)

(11)

	1990 (2014) Historic TVI Section A. Officers								e 71-056 nd Highest Compensated			Page
	(A) Name and title	Name and title Average Position (do not check more than or box, unless person is both officer and a director/truste							(D) Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimate amount other compensa	of tion
	•	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organizate and relate organizate	ion ed
(12)												· -
(13)												
(14)												
(15)												
(16)						-						
(17)												
(18)												
(19)												
1b c	Sub-total Total from continuation she	ets to Part VII,	Secti	on A	\			>				
<u>d</u> 2	Total (add lines 1b and 1c) Total number of individuals (in reportable compensation from				thos	e lıs	ted a	▶ bov	 e) who received more than	\$100,000 of		
3	Did the organization list any for employee on line 1a? If "Yes,"	complete Sche	dule	J for	sucl	h inc	lividu	al			3	Yes No
4	For any individual listed on line organization and related organization and related organization										4	x
5 Sect	Did any person listed on line 1 for services rendered to the oil ion B. Independent Contractor	rganization? If "Y								r ındıvıdual	5	х
1	Complete this table for your five compensation from the organic	ve highest comp ization Report c							dar year ending with or with	nin the organization's tax year	1	(C)
	Name and	(A) business address		-					Descrip	(B) short of services	Corr	(C) pensation
2	Total number of independent received more than \$100,000								se listed above) who	0		

Form 990 (2014) Historic Preservation Alliance
Part VIII Statement of Revenue

		Check	ıf Schedule () con	taıns a	response o	or note to any line	ın thıs Part VIII		
	•	•				•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
इइ	1a	Federated car	npaigns	1a				1010/100		012 014
힐		Membership d		1b		22,640				
A,S		Fundraising ev		1c		<i>-</i>				
iž i		Related organ		1d						
S,E		Government grants		1e		55,064				
턴	_	All other contribution								
ᇐ			not included above	1f		33,121				
들임	g	Noncash contributio	ns included in lines 1a-	1f	\$					
Contributions, Gifts, Grants and Other Similar Amounts	h	Total. Add line	es 1a-1f			•	110,825			
						Busn Code				
ž	2a	Annual	conference				15,155	15,155		
8	b									
5	С									
Ser	d									
E	е									
Program Service Revenue	f	All other progr	ram service reve	nue						
<u>~</u>	g	Total. Add line	es 2a–2f			<u> </u>	15,155			
	3	Investment inc	come (including	dıvıder	ids, intere	est,				
		and other sim	ılar amounts)			▶				
	4	Income from I	nvestment of tax	-exem	pt bond p	roceeds ►				
	5	Royalties				▶.	······			
			(ı) Real		(n) l	Personal				
	6a	Gross rents								
	b	Less rental exps	-							
ļ	C	Rental inc or (loss)								
1	d 7a	Net rental inco Gross amount from				•				
		sales of assets	(i) Securities		ļ, ļi) Other				
		other than inventory								
	D	Less cost or other								
	_	basis & sales exps Gain or (loss)								
	d	Net gain or (loss)	L		1					
			om fundraising eve	nte						
Other Revenue	Ju	(not including \$	o randraiding 646	.,						
Š			reported on line 1c)	١ .						
ď		See Part IV, line		а						
the	ь	Less direct ex		b						
ŏ			· r (loss) from fund	Iraising	events	<u> </u>				
			om gaming activitie			-	`			
		See Part IV, line		а						
	b	Less direct ex	xpenses	b						
	С	Net income or	r (loss) from gam	ing ac	tivities	•				
	10a	Gross sales o	f inventory, less		_					
		returns and al	lowances	а						
	b	Less cost of	goods sold	b						
	С	Net income or	r (loss) from sale	s of in	ventory	•				
		Mıs	cellaneous Revenue			Busn Code				
	11a	Miscellar	neous				4,638	4,638		·
	þ									
	С									
	d	All other rever					·			
	е	Total. Add line				•	4,638			
	12	Total revenue	e. See instruction	ns		>	130,618	19,793	0	0

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respo	nse or note to any line in thi			
	ot include amounts reported on lines 6b, b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				·····
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	77,510		77,510	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	5,930		5,930	
11	Fees for services (non-employees)				
а	Management				
	Legal	100			
	Accounting	480		480	
	Lobbying				
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	170	170		
	Advertising and promotion	170	170	6 250	
13	Office expenses	9,082	2,724	6,358	
14	Information technology		· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
15	Royalties	4 001		4 001	
16	Occupancy	4,001	540	4,001	
17	Travel	340	340		
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials Conferences, conventions, and meetings	30,328	30,328		
19	· · · · · · · · · · · · · · · · · · ·	30,326	30,328		
20 21	Interest Payments to affiliates				
	Depreciation, depletion, and amortization				
22 23	Insurance	1,346	+	1,346	
23 24	Other expenses Itemize expenses not covered	1,340		1,340	
4	above (List miscellaneous expenses in line 24e If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	Program expenses	11,587	11,587		.,.,,
b	Contract labor	9,238		9,238	
C	Miscellaneous	5,516		5,516	
d	Payroll expenses	4,426		4,426	
_	All other expenses	5,163		5,163	
25	Total functional expenses. Add lines 1 through 24e	165,317	45,349	119,968	0
26	Joint costs: Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here [Index] If following SOP 98-2 (ASC 958-720)	100,311	20,023	113,300	

	0 (2014) Historic Preservation	Alliance 71-	-0569359		Page 1 1
Part)		to any line in this Bod V			
	Check if Schedule O contains a response or note	to any line in this Part X	(A)		(B)
			Beginning of year		End of year
1.	Cash—non-interest bearing		122,536	1	144,733
2	Savings and temporary cash investments	ļ ,	16,010	2	16,010
3	Pledges and grants receivable, net	ļ.		3	20/020
4	Accounts receivable, net	Ţ.	73,920	4	21,91
5	Loans and other receivables from current and former of	icers directors			
	trustees, key employees, and highest compensated em				
	Complete Part II of Schedule L		1	5	
6	Loans and other receivables from other disqualified pers	sons (as defined under section			
	4958(f)(1)), persons described in section 4958(c)(3)(B),				
	sponsoring organizations of section 501(c)(9) voluntary	- : :			
3	organizations (see instructions) Complete Part II of Sch		1	6	
7	Notes and loans receivable, net			7	
8 3	Inventories for sale or use			8	
9	Prepaid expenses and deferred charges			9	
10a	Land, buildings, and equipment cost or				
	other basis Complete Part VI of Schedule D	10a			
b	Less accumulated depreciation	10b		10c	
11	Investments—publicly traded securities			11	
12	Investments—other securities See Part IV, line 11			12	
13	Investments—program-related See Part IV, line 11			13	
14	Intangible assets			14	
15	Other assets See Part IV, line 11		126,279		127,250
16	Total assets. Add lines 1 through 15 (must equal line 3	4)	338,745	16	309,904
17	Accounts payable and accrued expenses		2,932	17	2,965
18	Grants payable			18	
19	Deferred revenue	_	, <u></u>	19	
20	Tax-exempt bond liabilities			20	
21	Escrow or custodial account liability Complete Part IV of	<u> </u>		21	
22	Loans and other payables to current and former officers	Į.			
[trustees, key employees, highest compensated employe	ees, and			
	disqualified persons Complete Part II of Schedule L	<u> </u>		22	
23	Secured mortgages and notes payable to unrelated third	' F		23	
24	Unsecured notes and loans payable to unrelated third p	F		24	
25	Other liabilities (including federal income tax, payables to			l	
	parties, and other liabilities not included on lines 17-24)	Complete Part X	125		20 764
26	of Schedule D	<u> </u>	3,057		39,766 42,731
26	Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), chec	k here ▶ X and	3,037	26	42,73
g	complete lines 27 through 29, and lines 33 and 34.	K Here P 21 and			
27	Unrestricted net assets		209,410	27	139,923
27	Temporarily restricted net assets	ļ-	126,278	28	127,250
29	Permanently restricted net assets	<u> </u>		29	
5	Organizations that do not follow SFAS 117 (ASC 958	i), check here ▶ ☐ and			
5	complete lines 30 through 34.	,, =			
30	· -			30	
31	Paid-in or capital surplus, or land, building, or equipmen	t fund		31	
29 30 31 32	Retained earnings, endowment, accumulated income, of	r		32	
33	Total net assets or fund balances		335,688		267,173
34	Total liabilities and net assets/fund balances		338,745		309,904

orm	990 (2014) Historic Preservation Alliance 71-0569359				Pag	je 12
Pa	rt XI Reconciliation of Net Assets					-
	Check if Schedule O contains a response or note to any line in this Part XI					\prod
1	Total revenue (must equal Part VIII, column (A), line 12)	1		13	30,6	618
2	Total expenses (must equal Part IX, column (A), line 25)	2		16	55,3	317
3	Rèvenue less expenses Subtract line 2 from line 1	3			34,6	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		33	35,6	688
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		-3	3,8	316
0	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		2€	57,1	173
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in			1		
	Schedule O			- 1		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or					
	reviewed on a separate basis, consolidated basis, or both			- 1		
	Separate basis Consolidated basis Both consolidated and separate basis			- 1		
b	Were the organization's financial statements audited by an independent accountant?		:	2ь	Ī	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a					
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis			1		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight			1	ĺ	
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?			2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in					
	Schedule O					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in			1		
	the Single Audit Act and OMB Circular A-133?		[;	3a		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		;	зь		

Form **990** (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

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

OMB No 1545-0047 **2014**

> Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Historic Preservation Alliance of Arkansas

Employer identification number 71-0569359

P	art I	Reas	on for Public Charity	Status (All organizations	must co	<u>omplete</u>	this part) See instruction	ns
The	orga	nization is not	a private foundation because	e it is (For lines 1 through 11, c	heck only	one box		
1				ociation of churches described i			•	
2	П	A school des	cribed in section 170(b)(1)(A)(ii). (Attach Schedule E)		, .,		
3	П			ce organization described in sec	tion 170	(b)(1)(A)(iii).	
4	П			d in conjunction with a hospital d			•	ospital's name
	ш	city, and stat				00000		oopital o marrio,
5	\Box	•		of a college or university owned	or operat	ed by a q	overnmental unit described in	
			b)(1)(A)(iv). (Complete Part	•	o. opolai			
6		``		overnmental unit described in se	ection 17	O(b)(1)(A)(v).	
7	Ħ		•	substantial part of its support fro			· ·	•
•	ш		section 170(b)(1)(A)(vi). (C		om a gov		and or non the general public	,
8	\Box			170(b)(1)(A)(vi). (Complete Part	ш			
9	X			1) more than 33 1/3% of its supp		contributi	ons membership fees and are	nee
-	لتتا	_	·	npt functions—subject to certain				555
		· ·		nd unrelated business taxable in	•	•		
		* *	-	0, 1975 See section 509(a)(2).	•		•	
10	\Box	•	-	exclusively to test for public safe	•		•	
11	H	_	-	exclusively for the benefit of, to p	•		` '' '	ses of
• •	ш	=	=	ions described in section 509(a				
			·	cribes the type of supporting org				
а	П		-	ed, supervised, or controlled by i			•	
_				o regularly appoint or elect a ma			· · · · · · · · · · · · · · · · · · ·	n
			You must complete Part I	* * * * * * * * * * * * * * * * * * * *	-,0, 0		or a decision of the supportant	5
ь		_	-	vised or controlled in connection	with its s	upported	organization(s) by having	
				organization vested in the same				
			s) You must complete Par	-	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		or manage the deppende	
С			•	orting organization operated in c	connectio	n with an	d functionally integrated with	
_	ليا		· · ·	tions) You must complete Par			•	
d				supporting organization operated		· · · · · · · · · · · · · · · · · · ·		1
			· -	ganization generally must satisfy			., ,	
				t complete Part IV, Sections A		•		
е	\Box			d a written determination from the				
	_			nctionally integrated supporting of			JP - W - JP - W	
f	En		r of supported organizations		- · J - · · · · · · · · ·			
g	Pro	ovide the follow	ving information about the si	upported organization(s)				
() Nam	e of supported	(n) EIN	(iii) Type of organization	(iv) Is the o	organization	(v) Amount of monetary	(vi) Amount of
	or	ganization		(described on lines 1–9	1 1	ir governing	support (see	other support (see
				above or IRC section (see instructions))	docu	ment?	instructions)	instructions)
				(555 1150 25157)	Yes	No		
(A)								
(B)								
							<u> </u>	
(C)								
					ļ			
(D)								
(E)								
					<u> </u>	ļ		
Tota	ıl		ŀ	ĺ	l .	ŧ		l

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 I f the organization fails to qualify under the tests listed below, please complete Part III)

	tion A. Public Support							
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20	14	(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)							
6	Public support. Subtract line 5 from line 4							
Sec	tion B. Total Support							
Caler	ndar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 20°	14	(f) Total
7	Amounts from line 4							
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 VI)							
11	Total support. Add lines 7 through 10							
12	Gross receipts from related activities, etc	(see instructions)					12	
13	First five years. If the Form 990 is for the	organization's first	t, second, third, fo	ourth, or fifth tax ye	ear as a section 50	1(c)(3)		
	organization, check this box and stop her							•
<u>Sec</u>	tion C. Computation of Public Su	pport Percent	tage					
14	Public support percentage for 2014 (line 6	, column (f) divided	d by line 11, colur	nn (f))			14	<u></u> %
15	Public support percentage from 2013 Scho						15	%_
16a	33 1/3% support test—2014. If the organ	zation did not che	ck the box on line	13, and line 14 is	33 1/3% or more, of	check this		
	box and stop here. The organization quali	•						▶ _
b	33 1/3% support test—2013. If the organ				15 is 33 1/3% or m	оге,		
	check this box and stop here. The organiz							▶
17a	10%-facts-and-circumstances test—201							
	10% or more, and if the organization meet							
	Part VI how the organization meets the "fa organization	cts-and-circumsta	nces" test. The or	rganization qualifie	s as a publicly sup	ported		▶ □
b	10%-facts-and-circumstances test—201	3. If the organizati	on did not check	a box on line 13, 1	6a, 16b, or 17a, ar	id line		
	15 is 10% or more, and if the organization			•	•			
	Explain in Part VI how the organization me supported organization	ets the "facts-and-	-circumstances" t	est The organizati	on qualifies as a p	ublicly		▶ [
18	Private foundation. If the organization did instructions	i not check a box o	on line 13, 16a, 16	6b, 17a, or 17b, ch	eck this box and se	ee		▶ [

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II

If the organization fails to qualify under the tests listed below, please complete Part II)

	The organization rand to	quamy andor an	o tooto notou b	ciott, picaco c	ompioto i artii		
	tion A. Public Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Totai
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	50,000	241,743		174,139	110,825	576,707
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	212,983	26,396		23,988	19,793	283,160
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						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5	262,983	268,139		198,127	130,618	859,867
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from line 6)						859,867
	tion B. Total Support	,-·· - ··					
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	262,983	268,139		198,127	130,618	859,867
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2.446	0 624				5 000
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975	2,446	2,634				5,080
С	Add lines 10a and 10b	2,446	2,634				5,080
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)	265,429	270,773		198,127	130,618	864,947
14	First five years. If the Form 990 is for the	•	, second, third, for	urth, or fifth tax ye	ar as a section 501	(c)(3)	_
	organization, check this box and stop her		 	, _ ,			<u> </u>
	tion C. Computation of Public Su					<u> </u>	
15	Public support percentage for 2014 (line 8	• • •	•	n (f))		15	99.41%
16 Soc	Public support percentage from 2013 Sch					16	99.18%
	ction D. Computation of Investme	·		(D)			
17	Investment income percentage for 2014 (I		=	, column (t))		17	1 %
18	Investment income percentage from 2013			14 and les 45 ::	n mare than 22 4/20	18 / and line	1 %
19a	17 is not more than 33 1/3%, check this b	ox and stop here.	The organization o	qualifies as a publ	icly supported organ	nization	► <u>X</u>
b	33 1/3% support tests—2013. If the orgal line 18 is not more than 33 1/3%, check the						▶ □
20	Private foundation. If the organization di				· · · · · · · · · · · · · · · · · · ·		

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I If you checked 11a of Part I, complete Sections A and B If you checked 11b of Part I, complete Sections A and C If you checked 11c of Part I, complete Sections A. D. and E If you checked 11d of Part I, complete Sections A and D, and complete Part V)

	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and C. If you checked 11d of Part I, complete Sections A and D, and complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A and D, and complete Sections A. D. and E. If you checked 11d of Part I, complete Sections A. D. and D. and complete Sections A. D. and D. and C. If you checked 11d of Part I, complete Sections A. D. and D. and D. and C. If you checked 11d of Part I, complete Sections A. D. and	•		
	on A. All Supporting Organizations		· ·	
1	Are all of the organization's supported organizations listed by name in the organization's governing		Yes	No
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by			
•	class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status			
	under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported			
2-	organization was described in section 509(a)(1) or (2)	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	30		
	(b) and (c) below	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the	25		
	organization made the determination	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)		1	
	(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use	3c		ļ
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If	4-		
	"Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
ь	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign			
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	1		
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination			
	under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)	4.	:	
_	purposes	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) below (if applicable) Also, provide detail in Part VI, including (i) the names and EIN			
	numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action,			
	(iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action			1
	was accomplished (such as by amendment to the organizing document)	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already			
	designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to			
	anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class			
	benefited by one or more of its supported organizations, or (c) other supporting organizations that also			
	support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in			1
_	Part VI.	6		-
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial			
	contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent	_		
_	controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?			
	If "Yes," complete Part I of Schedule L (Form 990)	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more			
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described			1
	in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.	<u>9a</u>	ļ	-
Ь	Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which	١		1
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b	_	-
С	Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit		İ	1
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c	ļ	-
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f)			
	(regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting			
	organizations)? If "Yes," answer (b) below	10a	ļ	ļ
ь	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to	ı	1	1

determine whether the organization had excess business holdings)

Sched	ule A (Form 990 or 990-EZ) 2014 Historic Preservation Alliance 71-0569	9359		Page 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	ion B. Type I Supporting Organizations			
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	F	Yes	No
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
Sooti	supervised, or controlled the supporting organization ion C. Type II Supporting Organizations	2		
Secti	ion C. Type if Supporting Organizations		V	Na
	When a second of the consent color development and a second consent at the development of the development		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
Secti	the supported organization(s) ion D. All Type III Supporting Organizations	11		
Jecti	ion b. All Type in Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	110
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		Ì
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
·	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Sect	ion E. Type III Functionally-Integrated Supporting Organizations	<u>L</u> _	-	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructi	ons).		
а	The organization satisfied the Activities Test. Complete line 2 below	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	structions)		
2 /	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			1
	activities but for the organization's involvement	2b		ļ
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	<u> </u>
b				
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b	L	L
	0-1-11-1	/Earm 000	000 1	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or		71-0563	9339 Page 6
Check here if the organization satisfied the Integral Part Test as a qualifying trust on N			
other Type III non-functionally integrated supporting organizations must complete Sect			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recovenes of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or	1 1		
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	•	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,		- 12 -	
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount		7	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<u> </u>
6 Distributable Amount. Subtract line 5 from line 4, unless subject to	1	·····	<u> </u>
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally-integrated		supporting organization (see
instructions)	→ i · · · · ·		·

Schedule A (Form 990 or 990-EZ) 2014

Page 7

T All		supporting Organiza	tions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exempt purported			
2	Amounts paid to perform activity that directly furthers exempt purposes	s of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of supp	orted organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)		· · · · · · · · · · · · · · · · · · ·	
6	Other distributions (describe in Part VI) See instructions			
7_	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organizations	ation is responsive		
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			-
-		(i)	(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
	,		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
a	Excess distributions carryover, if arry, to 2014		······································	
b				
<u>C</u>				
<u>d</u>	F 2042			
	From 2013			
	Total of lines 3a through e			······································
	Applied to underdistributions of prior years		***************************************	
	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section			
	D, line 7 \$			······································
	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
<u>c</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а				
ь				
С				
d	Excess from 2013			
	Excess from 2014			
				

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D .(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

▶ Attach to Form 990.

OMB No 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

	of the organization		Employer	dentification number
	istoric Preservation Alliance			
	of Arkansas			569359
Pa	organizations Maintaining Donor Advised For Complete if the organization answered "Yes" to	unds or Other Similar Funds or Ad Form 990, Part IV, line 6	ccount	s.
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in writing th	nat the assets held in donor advised		
	funds are the organization's property, subject to the organization's ex	clusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in	in writing that grant funds can be used		
	only for charitable purposes and not for the benefit of the donor or do	nor advisor, or for any other purpose		
	conferring impermissible private benefit?			Yes No
Pa	rt II Conservation Easements.			
	Complete if the organization answered "Yes" to	Form 990, Part IV, line 7	<u>.</u>	
1	Purpose(s) of conservation easements held by the organization (chec	ck all that apply)		
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	rtant land	l area
	Protection of natural habitat	Preservation of a certified historic	structure	•
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified cons	servation contribution in the form of a conser	vation	
	easement on the last day of the tax year			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
С	Number of conservation easements on a certified historic structure in	cluded in (a)	2c	
d	Number of conservation easements included in (c) acquired after 8/1	7/06, and not on a		
	historic structure listed in the National Register		2d	
3	Number of conservation easements modified, transferred, released, e	extinguished, or terminated by the organizati	on during	the
	tax year ▶			
4	Number of states where property subject to conservation easement is			
5	Does the organization have a written policy regarding the periodic mo	onitoring, inspection, handling of		п, п.
	violations, and enforcement of the conservation easements it holds?			Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enfo	orcing conservation easements during the ye	ar	
-				
7	Amount of expenses incurred in monitoring, inspecting, and enforcing \$\blacktriangleright*\$	g conservation easements during the year		
		u the remurements of centres 470/h\/4\/P\/\		
8	Does each conservation easement reported on line 2(d) above satisfy	y the requirements of section 170(n)(4)(b)(i)		☐ Yes ☐ No
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation ease	monto in its revenue and expense statement	and	☐ res ☐ No
9	balance sheet, and include, if applicable, the text of the footnote to the	·		he
	organization's accounting for conservation easements	o organization o infanoial oldiomonio trial de		,,,
P	it III Organizations Maintaining Collections of Ar	t. Historical Treasures, or Other S	imilar	Assets.
	Complete if the organization answered "Yes" to			
1a	If the organization elected, as permitted under SFAS 116 (ASC 958),	not to report in its revenue statement and b	alance si	neet
	works of art, historical treasures, or other similar assets held for publi			
	public service, provide, in Part XIII, the text of the footnote to its finan	icial statements that describes these items		
b	If the organization elected, as permitted under SFAS 116 (ASC 958),		ce sheet	1
	works of art, historical treasures, or other similar assets held for publ			
	public service, provide the following amounts relating to these items			
	(i) Revenues included in Form 990, Part VIII, line 1		•	\$
	(ii) Assets included in Form 990, Part X		•	\$
2	If the organization received or held works of art, historical treasures,	or other similar assets for financial gain, pro-	vide the	
	following amounts required to be reported under SFAS 116 (ASC 956			
а	Revenue included in Form 990, Part VIII, line 1		•	\$
<u>b</u>	Assets included in Form 990, Part X			\$

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che	dule D (Form 990) 2014 Historic I	Preservation A	Alliance	71-0569359	Page 2
	at III Organizations Maintaining				
3	Using the organization's acquisition, accession collection items (check all that apply)			•	
а	Public exhibition	d \ Loan or	exchange programs		
Ь	Scholarly research	e Other	5		
С	Preservation for future generations				
4	Provide a description of the organization's coll-	ections and explain how th	ey further the organization	n's exempt purpose in P	art
	XIII				
5	During the year, did the organization solicit or	receive donations of art, hi	storical treasures, or othe	r sımılar	
	assets to be sold to raise funds rather than to	be maintained as part of th	e organization's collection	n?	Yes No
Pa	art IV Escrow and Custodial Arra				
	Complete if the organization a 990, Part X, line 21.	answered "Yes" to Fo	rm 990, Part IV, line	9, or reported an ar	mount on Form
1a	Is the organization an agent, trustee, custodial	n or other intermediary for	contributions or other ass	ets not	
	ıncluded on Form 990, Part X?				Yes No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the following	table		
					Amount
C	Beginning balance			1 <u>1</u> c	;
	Additions during the year			1d	
	Distributions during the year			<u>1e</u>	
	Ending balance			<u> 1f</u>	'
	Did the organization include an amount on For			-	Yes No
	If "Yes," explain the arrangement in Part XIII	Check here if the explanation	on has been provided in F	Part XIII	
۲a	ert V Endowment Funds.	anaviored "Vac" to Co	rm 000 Dart IV line	10	
	Complete if the organization a				
4	Paramana of many holonor	(a) Current year (b) Prior year (c) Two y	rears back (d) Three ye	ears back (e) Four years back
	Beginning of year balance Contributions				
	Net investment earnings, gains, and				
·	losses				
Ь	Grants or scholarships				
	Other expenditures for facilities and				
	programs				
f	Administrative expenses				
g	End of year balance				
2	Provide the estimated percentage of the curre	nt year end balance (line 1	g, column (a)) held as		
а	Board designated or quasi-endowment ▶	%			
b	Permanent endowment ▶ %				
С	Temporanly restricted endowment ▶	%			
	The percentages in lines 2a, 2b, and 2c should	d equal 100%			
3a	Are there endowment funds not in the possess	sion of the organization tha	it are held and administer	ed for the	
	organization by				Yes No
	(i) unrelated organizations				3a(i)
	(ii) related organizations		=0		3a(ii)
	If "Yes" to 3a(ii), are the related organizations	•			_ 3b
<u>4</u>	Describe in Part XIII the intended uses of the		tunds	-	
ΓÇ	Land, Buildings, and Equip Complete if the organization		rm 000 Part IV line	11a See Form 000) Part Y line 10
	Description of property	(a) Cost or other basis	(b) Cost or other basis	(c) Accumulated	(d) Book value
	pasoribroni or biobarts	(investment)	(other)	depreciation	(G) DOOK VAIUS
		,,	,,		

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a See Form 990, Part X, line 10

Description of property

(a) Cost or other basis
(investment)

(investment)

(investment)

(investment)

(investment)

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Part VII	Investments—Other Securities. Complete if the organization answered "Yes	o" to Form 000 Part IV line	11h Soo Form 000 Part V I	no 12
•	(a) Description of security or category	(b) Book value	(c) Method of valuation	12
	(including name of security)	(-)	Cost or end-of-year market v	alue
(1) Financial	denvatives			
(2) Closely-he	eld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	in (b) must equal Form 990, Part X, col (B) line 12)		<u> </u>	
Part VIII	Investments—Program Related.	" to Form 000 Dort IV line	11a Coo Form 000 Dort V I	no 12
	Complete If the organization answered "Yes		(c) Method of valuation	ne is
	(a) Description of investment	(b) Book value	Cost or end-of-year market v	alue
<u>/1)</u>				
(1)		···		
(3)			· · · · · · · · · · · · · · · · · · ·	
(4)	· · · · · · · · · · · · · · · · · · ·			
(5)				_
(6)	*****			
(7)	· · · · · · · · · · · · · · · · · · ·			
(8)				
(9)				
	ın (b) must equal Form 990, Part X, col (B) line 13) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes	s" to Form 990, Part IV, line	e 11d See Form 990, Part X, I	ine 15
	(a) Description	on		b) Book value
(1)	Witsell endowment for	unds		54,227
(2)	Westbrook endowment			37,534
(3)	Sutherland endowment	t funds		35,489
_(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				100 050
	nn (b) must equal Form 990, Part X, col (B) line 15)		<u> </u>	127,250
Part X	Other Liabilities.	-!! to Feed 000 Ded IV !:-	- 44 446 Ca - Farm 000 D	
	Complete if the organization answered "Yes	s" to Form 990, Part IV, line	e 11e or 11r See Form 990, P	ап х,
	line 25	(h) Participles		
1. (1) Fodoral	(a) Description of liability	(b) Book value	-	
	Income taxes rned Grant Income	39,766	-	
	Ined Grant Income	33,700	4	
(3)	<u> </u>		1	
(4)			1	
(5)			-	
(6)			,	
(8)			1	
(9)			1	
	nn (b) must equal Form 990, Part X, col (B) line 25)	39,766	s †	
	r uncertain tax positions. In Part XIII, provide the text of t			•••••••••••••••••••••••••••••••••••••••
	s liability for uncertain tax positions under FIN 48 (ASC 7			ıı 🗆

Schedule D (Form 990) 2014 Historic Preservation Alliance 71-0569359 Page 4 Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12 2 a Net unrealized gains (losses) on investments 2a b Donated services and use of facilities 2b c Recoveries of prior year grants 2c d Other (Describe in Part XIII) 2d e Add lines 2a through 2d 26 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) c Add lines 4a and 4b 4c Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12) Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Part XII Complete if the organization answered "Yes" to Form 990, Part IV, line 12a Total expenses and losses per audited financial statements 2 Amounts included on line 1 but not on Form 990. Part IX. line 25 Donated services and use of facilities b Prior year adjustments 2b c Other losses 2c 2d d Other (Describe in Part XIII) Add lines 2a through 2d 2e Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1

4b

4c

5

Part XIII Supplemental Information.

b Other (Describe in Part XIII)

c Add lines 4a and 4b

a Investment expenses not included on Form 990, Part VIII, line 7b

5 Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line

2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b Also complete this part to provide any additional information

SCHEDULE O (Form 990 or 990-EZ) 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.

2014
Open to Public

Inspection

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

Historic Preservation Alliance of Arkansas

Employer identification number 71-0569359

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990

Return will be reviewed by Exec Director, Treasurer and Organization's CPA

prior to filing.

Form 990, Part VI, Line 19 - Governing Document Disclosure Explanation Documents available to the public upon request.

Form 990, Part XI, Line 9 - Other Changes in Net Assets Explanation

Prior Yr Inc-s/b deferred to 2014 \$ 33,816

(in 2014, it was discovered that \$33,816 of a grant should have been deferred and recorded as income in 2014; 2013 return was not amended to reflect error, but error is being disclosed here.)

HPAA Historic Preservation Alliance 71-0569359 FYE: 12/31/2014	Federal Statements		8/3/2015 2:09 PM
	Form 990, Part IX, Line 24e - All Other Expenses		•
Description	Total Program Expenses Service	Management & General	Fund Raising
scr	3,353 \$		
Total	\$ 5,163 \$ 0	\$ 5,163	S-

HPAA Historic Preservation Alliance 71-0569359 FYE: 12/31/2014	Federal Statements	8/3/2015 2:09 PM
	Schedule A, Part III, Line 1(e)	
	Description Amount	
Member Dues Foundation and Trust Grants Government Grants Individual Contributions Preservation Awards Total		22,640 31,623 5,000 18,441 33,121
	Schedule A, Part III, Line 2(e)	
	Description	nnt
Annual conference Miscellaneous Total		15, 155 4, 638 19, 793
·		

Historic Preservation Alliance of Arkansas **Board of Directors**

Updated January 29, 2014

Officers

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Updated January 29, 2014

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Updated January 29, 2014

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Secretary of State's Office
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(Represented by David Ware)

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(Rev January 2014)

Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No 1545-1709

Department of the Treasury ▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868. Internal Revenue Service If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box $\triangleright |X|$ 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 an 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 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 Name of exempt organization or other filer, see instructions. Type or Employer identification number (EIN) or Historic Preservation Alliance print of Arkansas 71-0569359 Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) Post Office Box 305 File by the due date for City, town or post office, state, and ZIP code. For a foreign address, see instructions filing your return Sec **AR 72203** Little Rock instructions 01 Enter the Return code for the return that this application is for (file a separate application for each return) Application Return **Application** Return Is For Code Is For Code Form 990 or Form 990-EZ 01 Form 990-T (corporation) Form 990-BL 02 Form 1041-A ΩR Form 4720 (individual) 03 Form 4720 (other than individual) 09 Form 990-PF 04 Form 5227 10 Form 6060 PNAL REVENUE Form 990-T (sec 401(a) or 408(a) trust) 05 11 Form 990-T (trust other than above) 12 LITTLE ROCK, AR 72201 The books are in the care of > The Alliance MAY 08 2015 Telephone No ▶ 501-372-4757 FAX No. ▶ RECEIVED If the organization does not have an office or place of business in the United States, check th If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) for the whole group, check this box If it is for part of the group, check this box a list with the names and EINs of all members the extension is for I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until 08/15/15, to file the exempt organization return for the organization named above. The extension is for the organization's return for: ▶ X calendar year 2014 or tax year beginning , and ending If the tax year entered in line 1 is for less than 12 months, check reason Initial return Change in accounting period 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. 3а 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

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.

EFTPS (Electronic Federal Tax Payment System) See instructions.