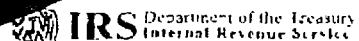




See a Social Security Number? Say Something!
Report Privacy Problems to <https://public.resource.org/privacy>
Or call the IRS Identity Theft Hotline at 1-800-908-4490





OGDEN UT 84201-0034

OMB Clearance No.: 1545-0047

In reply refer to: 0425867131

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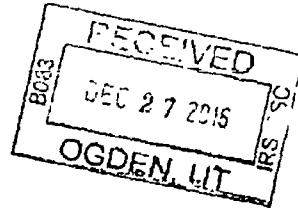
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ARKANSAS NURSES ASSOCIATION
 1123 S UNIVERSITY AVE STE 1015
 LITTLE ROCK AR 72204

029159

Taxpayer identification number: 71-0200788
 Form: 990
 Tax period: June 30, 2015
 Document locator number: 29493-226-04408-6

Dear Taxpayer:



We received your Form 990, Return of Organization Exempt From Income Tax, for the tax period listed above and need additional information. Please send only the requested information and attach it behind a copy of this letter. Don't send a copy of your return unless the information we request changes the original return.

Schedule B is missing or incomplete. Schedule B, Schedule of Contributors, is normally a required attachment for organizations that file a Form 990 and received contributions of \$5,000 or more from any contributor. You must complete and attach Schedule B or certify you're not required to file it. You can find instructions for filing Schedule B in the Form 990 and Schedule B instructions.

Check here if the organization isn't required to attach Schedule B. You must also sign the declaration at the end of this letter.

You can get any of the forms, instructions, or publications mentioned in this letter by calling 1-800-TAX-FORM (1-800-829-3676) or visiting our website at www.irs.gov/formspubs.

Send us the information within 30 days from the date of this letter, using the enclosed envelope. To avoid delays in processing:

1. Attach a copy of this letter to the front of your reply.
2. Do not send a copy of your original return because it doesn't have the information we need.
3. Write your organization's employer identification number at the top of each form you send to us.
4. Sign the declaration at the end of this letter and send it to us with the information we have requested.

In addition to providing the missing or incomplete information, include a reasonable cause explanation as to why you didn't submit the required information with your return, if applicable. We may charge you a penalty if you fail to provide both the missing or incomplete information and a reasonable cause explanation.

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ARKANSAS NURSES ASSOCIATION
1123 S UNIVERSITY AVE STE 1015
LITTLE ROCK AR 72204



DECLARATION

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

Signature of authorized individual

Title

Date

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