EXTENDED TO MAY 15, 2019

Form **990**

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.

Go to www.irs.gov/Form990 for instructions and the latest information. ► Go to www.irs.gov/Form990 for instructions and the latest information.

	A F	or the	2017 calendar year, or tax year beginning JUL 1, 2017 and endu	ng <u>JUN</u> 30,	2018					
	B C	heck if	C Name of organization	D Employ	er identifica	ation number				
2		Addres	J ADULT LEARNING ALLIANCE OF ARKANSAS							
	X	Name change	Doing business as 71-0690604							
$\overline{\ }$		Initial return Number and street (or P.0. box if mail is not delivered to street address) Final return 801 SOUTH LOUISIANA STREET Room/suite E Telephone number (501) 907-2490								
)		termin- ated Amend	City or town, state or province, country, and ZIP or foreign postal code	G Gross rece		484,350.				
	Application LITTLE ROCK, AR /2201 H(a) Is this a group return									
	Pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No									
			mpt status X 501(c)(3) 501(c) ()			st. (see instructions)				
			e: ► WWW.ARKANSASLITERACY.ORG		exemption					
				L Year of formation:	19/1 M	State of legal domicile: AR				
	Pa		Summary	CON TAX IIII	DTMO 3	DIII MO				
	Activities & Governance		Briefly describe the organization's mission or most significant activities TO ASSI BECOME LITERATE.	ST IN HEL	PING A	DOLTS				
	rua	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed o	f more than 25% of	its net asse	ts.				
	ove	3	Number of voting members of the governing body (Part VI, line 1a)		3	13				
	Ğ	4	Number of independent voting members of the governing body (Part VI, line 1b)		4	13				
	es 6	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)		5	63				
	6 Total number of volunteers (estimate if necessary)									
2019	7 a Total unrelated business revenue from Part VIII, column (C), line 12									
2	_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.				
				Prior Ye		Current Year				
7	ě		Contributions and grants (Part VIII, line 1h)	,313.	484,319.					
MAK	Revenue		Program service revenue (Part VIII, line 2g)	31.	<u>0.</u> 31.					
Ξ	Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.				
			Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	523	,344.	484,350.				
,	_		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Grants and similar amounts paid (Part IX, column (A), lines 1-3)		,740.	25,501.				
;		l .	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.				
			Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	177	,682.	176,115.				
	ses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.				
	Expenses		Total fundraising expenses (Part IX, column (D), line 25) 4,207.							
	Ĕ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	346	,331.	252,511.				
	_	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), Ineres (E)	527	,753.	454,127.				
7		19	Revenue less expenses. Subtract line 18 from line 12	 () *\$,409.	30,223.				
フ [¯]	S OF		00 1101/ 0 0 2010	Beginning of Cu	rrent Year	End of Year				
,	sets	20	Total assets (Part X, line 16) 8 NOV 2 6 2018		,539.	293,519.				
	¥E	21	Total liabilities (Part X, line 26)		,438.	26,195.				
			Net assets or fund balances. Subtract line 21 from line 20 OGDEN, UT	237	,101.	267,324.				
•		art II	Signature Block	-1.1.						
ב ב			Ities of perjury, I declare that I have examined this return, including accompanying schedules and			knowledge and belief, it is				
3	true,	correc	t, and complete. Declaration of preparer (lother than officer) is based on all information of which p	reparer has any know	ieage.	2				
•	Sigi		Signature of officer	Dai	te / 191 k					
>	Her		NANCY LEONHARDT, EXECUTIVE DIRECTOR							
۵	1161		Type or print name and title							
ď.			Print/Type preparer's name Preparer's signature much the signature makes the signature	Date	Check	PTIN				
*	Paid	l	MICHELLE MANN MICHELLE MANN	11/15/1	8 self-employed	P01064483				
7	Prep	arer	Firm's name HOGANTAYLOR, LLP		m's EIN 🕨	73-1413977				
3	Use	Only	Firm's address 11300 CANTRELL ROAD, SUITE 301							
% T			LITTLE ROCK, AR 72212	Ph	one no. 501	227-5800				
~·	May	the IF	RS discuss this return with the preparer shown above? (see instructions)			X Yes No				
~						Farm 990 (2017)				

Form	990 (2017) ADULT LEARNING ALLIANCE OF ARKANSAS	71-0690604 Page 2
P _a	tillij Statement of Program Service Accomplishments	
_	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: TO ASSIST IN HELPING ADULTS BECOME LITERATE.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O.	Yes X No
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as r Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other revenue, if any, for each program service reported.	
4a	(Code) (Expenses \$ 367, 163. including grants of \$ 25, 501.) (Revenue)	
74	ASSIST LOCAL LITERACY COUNCILS WITH THE GOAL OF HELPING A	ADULTS BECOME
	LITERATE.	
		<u> </u>
		14." 1
	· · · · · · · · · · · · · · · · · · ·	
		·····
4b	(Code,) (Expenses \$ including grants of \$) (Revenue	ie \$)
	- Marine	<u> </u>
		
	The state of the s	
		· · · · · · · · · · · · · · · · · · ·
		
•		
4c	(Code) (Expenses \$ including grants of \$) (Revenue)	ie \$)
		
		
		· · · · · · · · · · · · · · · · · · ·
44	Other program services (Describe in Schedule O.)	
-tu	Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$	V
40	(Expenses \$ including grants of \$) (Revenue \$	

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			Yes	No
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?	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		<u> </u>
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		<u> X</u>
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		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	1		7.7
_	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			v
_	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?			Х
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		
10	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	<u> </u>		
• •	as applicable.	'		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
_	Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	 		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total		- ' '	
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
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
е	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	ĺ		
	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			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13 14-	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, 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	446		Х
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	14b		
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	<u> </u>		_==
	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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
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
		Form	990	(2017)

Form 990 (2017) ADULT LEARNING ALLIANCE
PartiV Checklist of Required Schedules (continued)

			Yes	Na
202	. Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	162	No X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		_
- '	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
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		Х
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		Х
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		
¢	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		
	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	OEL		x
26	Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	25b		- ^ -
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "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		Х
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):			1,100
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
C	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			l
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?	0.4		l 🕶
32	If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		X
JE	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	<u> </u>		
	sections 301.7701-2 and 301.7701-37 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, Part II, III, or IV, and			
	Part V, line 1	34	<u> </u>	X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
þ	If "Yes" to line 35a, 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," complete Schedule R, Part V, line 2	35b	<u> </u>	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37	 	X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	l

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	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			,,, <u>,</u>
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	ที		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7		ĺ
·	(gambling) winnings to prize winners?	1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 63	3		
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	$\overline{\mathbf{x}}$	
_	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	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)?	4a		Х
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 Accounts (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?	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 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 contributions or gifts			
	were not tax deductible?	6b		↓
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	<u> </u>	X
b		7b	-	├
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			١,,
	to file Form 8282?	7c	 	X
d	If "Yes," indicate the number of Forms 8282 filed during the year			\
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	71	 	X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	-	\vdash
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	<u> </u>	\vdash
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	-		
0	sponsoring organization have excess business holdings at any time during the year?	8	1	\vdash
9 a	Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966?	9a		·
b		9b	1	\vdash
10	Section 501(c)(7) organizations. Enter.	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			ŀ
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		\ <u></u>
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			Ī
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		L_	1_
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	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans	_		
С	Enter the amount of reserves on hand		<u> </u>	
14a	, , , , , , , , , , , , , , , , , , ,	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		1

ADULT LEARNING ALLIANCE OF ARKANSAS 71-0690604 Form 990 (2017) Part 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. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 13 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 13 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X 2 officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 of officers, directors, or trustees, or key employees to a management company or other person? 3 X 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or Х 7a more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: Яa X a The governing body? 8b X b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the X organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe X in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 Х Did the organization have a written document retention and destruction policy? 14 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? Х The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶AR 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 X Upon request Other (explain in Schedule O) Another's website 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. State the name, address, and telephone number of the person who possesses the organization's books and records: 20 NANCY LEONHARDT - (501) 907-2490

72201

801 SOUTH LOUISIANA STREET, LITTLE ROCK,

Partivil Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers; key employees, highest compensated employees, and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per		not c	Posi heck i	more) than o		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director			recto	Highest compensated employee	tee)	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) KYLE ELMORE DIRECTOR	0.00	x						0.	0.	0.
(2) CHARLES KINSLOW	0.00	 			\vdash				•	Ŭ.
DIRECTOR		x			l			0.	0.	0.
(3) JESSICA DELOACH SABIN DIRECTOR	0.00	х						. 0.	0.	0.
(4) CAROLYN HARDER RYBURN	0.00	Г								
DIRECTOR		Х						0.	0.	0.
(5) STEVEN REYNOLDS	0.00									
DIRECTOR '		X	_		$ldsymbol{ld}}}}}}$	╙	<u> </u>	0.	0.	0.
(6) BARBARA HANLEY	0.00						1	_		
DIRECTOR		Х			<u> </u>	╙	_	0.	0.	0.
(7) LATONYA AUSTIN	0.00	ا ا		ا ا						
SECRETARY		Х	 _	X	—	┡		0.	0.	0 .
(8) ANDREW RICHARDS	0.00	1,,		٦,					_	
TREASURER (9) SHARHONDA LOVE	0.00	X		Х	-	├	⊢	0.	0.	0
DIRECTOR	0.00	x						_		
(10) REV STEPHEN COPLEY	0.00	₽	 			├	\vdash	0.	0.	0
DIRECTOR	0.00	x						0.	ا م	,
(11) MYRON JACKSON	0.00	₽		-	\vdash	├		0.	0.	0
DIRECTOR	0.00	$ \mathbf{x} $						0.	0.	0.
(12) LESLIE O'MALLEY	0.00	<u> </u>	\vdash		-	╁	-	0.	0.	
VICE PRESIDENT		X		x	İ			0.	0.	0.
(13) JERRI DERLIKOWSKI	0.00	-		<u></u>	<u> </u>	\vdash				
PRESIDENT '		X		x				0.	0.	0.
(14) TINA MOORE	0.00					\vdash				
DIRECTOR		X						0.	0.	0.
(15) KARAMA NEAL	0.00	Г		Г			<u> </u>			
DIRECTOR ,		\mathbf{x}	L					0.	0.	0.
(16) SHAWN RICHARDSON	0.00									
DIRECTOR .		X	L	L	L	L	L	0.	0.	0.
(17) NANCY LEONHARDT	40.00									
EXECUTIVE DIRECTOR		L	L	X				65,975.	0.	3,959.

RartiVII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	and	l Hig	ghes	st C	ompensated Employee	s (continued)			
(A)	(B)			(0	C)			(D)	(E)		(F	·)
Name and title	Average	(40	not c	Pos			one	Reportable	Reportable		Estim	ated
	hours per	box	, unle	ss per	rson ı	s boti	n an	compensation	compensation	n n	amou	nt of
	week	├.	cer an		recid	ar/uus	100)	from	from related		oth	
•	(list any hours for	irecto						the	organization		comper	
	related	e or d	eg E			sated		organization (W-2/1099-MISC)	(W-2/1099-Mis	3C)	from	
	organizations	ruste	l trus) 180	uadu.		(***2/1099***********************************			organi and re	
	below	Individual trustee or director	Institutional trustee	یا	m glo	st co					organiz	
	line)	Indiv	Instit	Officer	Key employee	Highest compensated employee	Former					
			L.									
,							ļ					
	<u> </u>		<u> </u>		<u> </u>	├-	-				<u> </u>	
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		┨										
1b Sub-total		_	-	L	٠	٠		65,975.	- · · · ·	0.	3.	959.
c Total from continuation sheets to Part V	II. Section A							0.		0.		0.
d Total (add lines 1b and 1c)	.,						•	65,975.		0.	3.	959.
2 Total number of individuals (including but r	not limited to th	ose	liste	d ab	ove	e) wh	o re		000 of reportable	 e		
compensation from the organization									·			0
·											Ye	s No
3 Did the organization list any former officer	, director, or tru	uste	e, ke	y en	nplo	yee,	or	highest compensated er	nployee on			
line 1a? If "Yes," complete Schedule J for s											3	X
4 For any individual listed on line 1a, is the s									he organization			
and related organizations greater than \$15	0,000? <i>If</i> "Yes,	" co	mple	ete S	Sche	edule	9 <i>J f</i>	or such individual			4	X
5 Did any person listed on line 1a receive or							elate	ed organization or individ	dual for services			
rendered to the organization? If "Yes." con Section B. Independent Contractors	nplete Schedule	e <i>J f</i>	or st	ıch ı	oers	on					5	X
Complete this table for your five highest co	mpensated inc	lene	nde	nt co	ontra	acto	rs th	nat received more than \$	100 000 of com	nensa	tion from	
the organization. Report compensation for									•	7011341		
(A)						•	ļ	(B)			(C)	
Name and business	address	N	INC	3				Description of s	ervices	С	ompensa	tion
												
	<u> </u>						-	*****		—		
							_					
2 Total number of independent contractors (ot lır	nited	d to	_	_	ted	above) who received mo	ore than			
\$100,000 of compensation from the organ	zation 🕨				(<u> </u>						

Form 990 (2017) ADULT LEARNING ALLIANCE OF ARKANSAS 71-0690604 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) Unrelated (D) Revenue excluded from tax under Related or Total revenue exempt function business revenue revenue Contributions, Gifts, Grants and Other Similar Amounts 1 a 1-ederated campaigns 1a **b** Membership dues 1b 1¢ c Fundraising events 1d d Related organizations 413,666. e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 70,653 g Noncash contributions included in lines 1a-1f \$ 484,319. h Total. Add lines 1a-1f Business Code 2 a Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 31. 31 other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (II) Personal 6 a Gross rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) 7 a Gross amount from sales of (i) Securities (II) Other assets other than inventory b Less: cost or other basis and sales expenses c Gain or (loss) d Net gain or (loss) 8 a Gross income from fundraising events (not Revenue including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue **Business Code** 11 a

484,350.

0.

d All other revenue e Total. Add lines 11a-11d

Total revenue. See instructions.

31.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A), Check if Schedule O contains a response or note to any line in this Part IX (D) Fundraising (A) Total expenses Do not include amounts reported on lines 6b. Program service Management and general expenses 7b, 8b, 9b, and 10b of Part VIII. expenses expenses Grants and other assistance to domestic organizations 25,501. 25,501. and domestic governments. See Part IV, line 21 Grants and other assistance to domestic individuals. See Part IV. line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 69,933. 41,960. 24,476. 3,497. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 86,877. 69,499. 17,390. -12. Other salaries and wages 7 Pension plan accruals and contributions (include 8 4,234. 4,022. 212. section 401(k) and 403(b) employer contributions) Other employee benefits 9 15,071. 8,370. 6,449. 252. 10 Payroll taxes Fees for services (non-employees). 11 a Management Legal b 26,250. 26,250. Accounting C d Lobbying Professional fundraising services. See Part IV, line 17 f Investment management fees Other. (If line 11g amount exceeds 10% of line 25, 280. 280. column (A) amount, list line 11g expenses on Sch O.) 12 Advertising and promotion 4,241. 3,410. 831. Office expenses 13 1,655. 271. 1,316. 68. 14 Information technology 15 Royalties 16 Occupancy 3,475. 2,480. 920. 17 Travel 75. 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 1,477. 1,469. Conferences, conventions, and meetings 8. 19 Interest 20 Payments to affiliates 21 806. 484. 322. 22 Depreciation, depletion, and amortization 2,183. 558. 578. 47. 23 Insurance 24 Other expenses. Itemize expenses not covered 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 0.) AMERICORPS SUBSISTENCE 185,998. 185,998. TRAINING 21,300. 21,300. c MISCELLANEOUS 4,658. 747. 3,911. d PROMOTION 188. 94. 94. e All other expenses 454,127. 367,163. Total functional expenses. Add lines 1 through 24e 82,757. 25 4,207. 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 If following SOP 98-2 (ASC 958-720)

Form 990 (2017)
Part X | Balance Sheet

		Check of Schoolule O centains a response of the	0 to 25:	line in this Bort V			
	•	Check if Schedule O contains a response or not	e to any	une in this Part X	/63		(P)
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing				1	
	2	Savings and temporary cash investments			254,943.	2	238,868.
	3	Pledges and grants receivable, net			17,142.	3	28,016.
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and fo	rmer of	ficers, directors,			
		trustees, key employees, and highest compensa		1			
		Part II of Schedule L		· ·		5	
	6	Loans and other receivables from other disqualif	fied per	sons (as defined under	· · · · · · · · · · · · · · · · · · ·		
		section 4958(f)(1)), persons described in section					
		employers and sponsoring organizations of sect		- 1			
s		employees' beneficiary organizations (see instr).		· · · · · · · · · · · · · · · · · · ·		6	
Assets	7	Notes and loans receivable, net	•			7	
As	8	Inventories for sale or use		Ī		8	
	9	Prepaid expenses and deferred charges		Ī	1,320.	9	25,958.
	10a	Land, buildings, and equipment, cost or other	1 1	Ī	 		
		basis. Complete Part VI of Schedule D	10a	15,029.			
	ь	Less: accumulated depreciation	10b	14,352.	1,134.	10c	677.
	11	Investments - publicly traded secunties			·	11	
	12	Investments - other securities. See Part IV, line 1	11		·	12	
	13	Investments - program-related. See Part IV, line		[13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equ	al line 3	4)	274,539.	16	293,519.
	17	Accounts payable and accrued expenses			18,863.	17	26,195.
	18	Grants payable		[18	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	Part IV	of Schedule D		21	
ý	22	Loans and other payables to current and former	officers	s, directors, trustees,			
<u>i</u>		key employees, highest compensated employee	s, and	disqualified persons.			
Liabilities		Complete Part II of Schedule L				22	
=======================================	23	Secured mortgages and notes payable to unrela	ated thir	d parties		23	
	24	Unsecured notes and loans payable to unrelated	d third p	parties	· · · · · · · · · · · · · · · · · · ·	24	
	25	Other liabilities (including federal income tax, pa	yables t	to related third			
		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X of			
		Schedule D		-	18,575.	25	0.
	26	Total liabilities. Add lines 17 through 25			37,438.	26	26,195.
		Organizations that follow SFAS 117 (ASC 958		k here ▶ 🗓 and			
es S		complete lines 27 through 29, and lines 33 and	id 34.	د.			
Š	27	Unrestricted net assets			232,269.	27	267,324.
3ala	28	Temporarily restricted net assets			4,832.	28	0.
ğ	29	Permanently restricted net assets		}		29	
Ē		Organizations that do not follow SFAS 117 (A	SC 958), check here 🕨 🔲			
Net Assets or Fund Balances		and complete lines 30 through 34.].			
ets	30	Capital stock or trust principal, or current funds				30	
Ass	31	Paid-in or capital surplus, or land, building, or ed				31	
et/	32	Retained earnings, endowment, accumulated in	come, d	or other funds	AAR 4.5.	32	
Z	33	Total net assets or fund balances		<u> </u>	237,101.	33	267,324.
	34	Total liabilities and net assets/fund balances			274,539.	34	293,519.

	990 (2017) ADULT LEARNING ALLIANCE OF ARKANSAS	71-069	0604	Pag	_{je} 12
Par	TXI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
	•				
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,3	
2	Total expenses (must equal Part IX, column (A), line 25)	2		,1	
3	Revenue less expenses. Subtract line 2 from line 1	3			23.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	237	7,1	<u>01.</u>
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	267	7,3	<u>24.</u>
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
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 Schedule	<u>.</u>		Yes	No
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: Separate basis Consolidated basis Both consolidated and separate basis			x	
b	Were the organization's financial statements audited by an independent accountant?		2b	<u>.</u>	 -
	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				
	X Separate basis Consolidated basis Both consolidated and separate basis		li		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,		X	
	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 Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	gie Audit	 -		
	Act and OMB Circular A-133?	فالمريم لمما	3a		<u> </u>
D	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits? If the organization did not undergo the required audit or audits?	ed audit	_		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b	aan	(2017)
	·		rorm	J 30	(2017)

23 A

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· SCHEDULE A

(Form 990 qr 990-EZ)

Department of the Treasury Internal Revenue Service

Total

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.

► Attach to Form 990 or Form 990-EZ.

Solution Open to Inspect Open To Inspec

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

71-0690604 ADULT LEARNING ALLIANCE OF ARKANSAS Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is. (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college · or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization listed (i) Name of supported (ii) EIN (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing docume (described on lines 1-10) organization support (see instructions) support (see instructions) above (see instructions))

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	ınclude any "unusual grants.")	491,353.	537,390.	577,054.	523,313.	484,319.	2613429.
2	Tax revenues levied for the organ-						
	ızatıon'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	10,381.	11,081.	20,102.	19,375.	19,641.	80,580.
4	Total, Add lines 1 through 3	501,734.	548,471.	597,156.	542,688.	503,960.	2694009.
	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						2694009.
	ction B. Total Support			· · · · · · · · · · · · · · · · · · ·			·
Cale	ndar year (o'r fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Amounts from line 4	501,734.	548,471.	597,156.	542,688.	503,960.	2694009.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	43.	38.	31.	31.	31.	174.
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						2694183.
	Gross receipts from related activities,	etc. (see instruction	ons)	<u> </u>		12	<u> </u>
	First five years. If the Form 990 is for	•	•	d, fourth, or fifth ta	x year as a section		
	organization, check this box and stor	o here					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2017 (I	ine 6, column (f) di	vided by line 11, c	olumn (f))		14	99.99 %
15	Public support percentage from 2016	Schedule A, Part	II, line 14			15	99.99 %
16a	33 1/3% support test - 2017. If the o	organization did no	t check the box or	n line 13, and line 1	14 is 33 1/3% or m	ore, check this box	
	stop here. The organization qualifies	as a publicly supp	orted organization				ightharpoons
b	33 1/3% support test - 2016. If the o	organization did no	t check a box on l	ne 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition			▶ □
17a	10% -facts-and-circumstances test	- 2017. If the org	anization did not d	heck a box on line	13, 16a, or 16b, a	and line 14 is 10% o	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	is box and stop h	ere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"					_	ightharpoons
b	10% -facts-and-circumstances test	- 2016. If the org	anization did not o	heck a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, ch	eck this box and	stop here. Explair	in Part VI how the)
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported organ	nization	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b	, check this box a	nd see instructions	
	, .						

	and the second s						
Sche	dule A (Form 990 or 990-EZ) 2017 A	DULT LEAR	NING ALLI	ANCE OF AF	RKANSAS	71-069	0604, Page 3
Pai	t III Support Schedule for O	rganizations l	Described in S	section 509(a)(2)		
	(Complete only if you checked		```	organization failed	to qualify under Pa	art II. If the organiza	ation fails to
Sec	qualify under the tests listed be tion A. Public Support	elow, please comp	olete Part II.)				
	dar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(5) 2017	(0) 2010	(4) 2010	(6/2011	(i) rotal
	membership fees received. (Do not		· \				
	ınclude any "unusual grants.")						
	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose				,		
3	Gross receipts from activities that			\			•
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to			\			
	or expended on its behalf The value of services or facilities				/		
-	furnished by a governmental unit to			$ \qquad \chi $			
	the organization without charge						
6	Total. Add lines 1 through 5				<i>i</i>		
	Amounts included on lines 1, 2, and				\		
	3 received from disqualified persons			/			
-	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		<i></i>		1		
8	Public support. (Subtract line 7c from line 6)		/	-	· \	7.	
Sec	tion B. Total Support				\		
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016 \	(e) 2017	(f) Total
	Amounts from line 6 Gross income from interest,				 		
iva	dividends, payments received on securities loans, rents, royalties, and income from similar sources				`		
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30; 1975	/		ļ			
	Add lines 10a and 10b 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						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12)			· · · · · · · · · · · · · · · · · · ·		\	
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	x year as a section	1 501(c)(3) organiza	ation,
	check this box and stop here						\ <u> </u>
	tion C. Computation of Publi			- -		, ,	
	Public support percentage for 2017 (I		•	olumn (f))		15	
	Public support percentage from 2016 tion D. Computation of Inves					16	
	Investment income percentage for 20			ne 13. column (fl)		17	\ %
18	Investment income percentage from		*	.,		18	\ %
19a	33 1/3% support tests - 2017. If the			on line 14, and line	15 is more than 3	3 1/3%, and line 1	
	more than 33 1/3%, check this box ar		-	•	• •		▶\□
b	33 1/3% support tests - 2016. If the						ind \
20	line 18 is not more than 33 1/3%, che Private foundation. If the organization					•	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A.	All S	Supporting	Organizations
------------	-------	------------	----------------------

- Are all of the organization's supported organizations listed by name in the organization's governing 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.
- 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 organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **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 organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes." explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** 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 despite being controlled or supervised by or in connection with its supported organizations.
- c 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) purposes
- 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 was accomplished (such as by amendment to the organizing document).
- **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?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ)
- 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 in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
	ļ	
2	<u> </u>	<u> </u>
3a	 -	
3b		
3c		
4a		
4b		
4c		
5a	ļ	
5b		
5c		
6		 i
7		
8		
9a		
9b		
9c		
10a		
401		
10b		

	dule A (Form 990 or 990-EZ) 2017 ADULT LEARNING ALLIANCE OF ARKANSAS 71-06	9060	4 Pa	age 5
Par	t IV Supporting Organizations (continued)			
			Yes	No
	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)			
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a	<u> </u>	
	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.	11b	-	
	tion B. Type I Supporting Organizations	1 110	_	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	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,			
<u></u>	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
	·		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	1		
Sec	the supported organization(s). tion D. All Type III 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	[
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) 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	ļ	ļ
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	ł		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-	 	
500	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations	3	<u> </u>	L
***************************************		`		
1 a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions	5).		
b	The organization satisfied the Activities Test Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below			
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see ins	tructions	1	
2	Activities Test. Answer (a) and (b) below.	uucuons	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		1.00	-:
	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,		ł	
	how the organization was responsive to those supported organizations, and how the organization determined			
•	that these activities constituted substantially all of its activities	2a		
b				
	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			<u> </u>
	activities but for the organization's involvement.	2b	 	
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		<u> </u>	ļ
	trustees of each of the supported organizations? Provide details in Part VI.	3a_	<u> </u>	<u> </u>
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		 	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	<u> </u>	<u> </u>

	dule A (Form 990 or 990 EZ) 2017 ADULT LEARNING ALLIANCE			71-0690604 Page 6
Par	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI.) See instructions. All
	other Type III non-functionally integrated supporting organizations must con-	omplete Se	ections A through E.	
Secti	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries 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			
	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		
Secti	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year)			<u> </u>
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	İ		1
	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,			1
	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		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	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		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-function	ally integra	ited Type III supporting or	ganization (see

Schedule A (Form 990 or 990-EZ) 2017

instructions).

Par	t V Type III Non-Functionally Integrated 509(1-0690604 Page 7	_
	on D - Distributions	<u> </u>	Continued)	Current Year	-
	Amounts paid to supported organizations to accomplish exer	mot nurnoses		OdiTent Teal	-
	Amounts paid to perform activity that directly furthers exemp	·			-
_	organizations, in excess of income from activity	t pai possos or capportos			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizations			-
	Amounts paid to acquire exempt-use assets				_
	Qualified set-aside amounts (prior IRS approval required)				_
	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	ne organization is responsive			_
•	(provide details in Part VI) See instructions.				
9	Distributable amount for 2017 from Section C, line 6				_
10	Line 8 amount divided by line 9 amount			•	_
	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017	_
1	Distributable amount for 2017 from Section C, line 6				-,
2	Underdistributions, if any, for years prior to 2017 (reason-				Ì
	able cause required- explain in Part VI). See instructions.				ᆝ
3	Excess distributions carryover, if any, to 2017				<u> </u>
<u>a</u>					4
	From 2013				_
	From 2014				-
	From 2015				-
	From 2016				4
	Total of lines 3a through e				4
	Applied to underdistributions of prior years				_
h	Applied to 2017 distributable amount				7
<u> i </u>	Carryover from 2012 not applied (see instructions)			· · · · · · · · · · · · · · · · · · ·	4
	Remainder Subtract lines 3g, 3h, and 3i from 3f.			<u> </u>	ᅼ
4	Distributions for 2017 from Section D,				l
	line 7: \$	<u> </u>			_
	Applied to underdistributions of prior years				
	Applied to 2017 distributable amount				_
	Remaining underdistributions for years prior to 2017, if				4
3	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				ı
6	Remaining underdistributions for 2017. Subtract lines 3h				
U	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2018. Add lines 3				7
•	and 4c.				
8	Breakdown of line 7				<u>-</u>
	Excess from 2013				i
•	Excess from 2014				í
	Excess from 2015				i
	Excess from 2016				ť

Schedule A (Form 990 or 990-EZ) 2017

e Excess from 2017

Schedule A	(Form 990 or 990-EZ) 2	017 ADULT	LEARNING	ALLIANCE	OF	<u>ARKANS</u> AS	71-0690604 Page 8
Part VI	Supplemental Int	formation. Pes 1, 2, 3b, 3c, 4 D. lines 2 and 3	rovide the explana b, 4c, 5a, 6, 9a, 9l s, Part IV. Section	ations required by 5, 9c, 11a, 11b, ar E. lines 1c. 2a. 2b	Part II, I nd 11c; . 3a. an	line 10, Part II, line Part IV, Section B, I d 3b, Part V, line 1,	7a or 17b; Part III, line 12, ines 1 and 2, Part IV, Section C, Part V, Section B, line 1e, Part V,
	<u>:</u>						
							
							
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SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ADULT LEARNING ALLIANCE OF ARKANSAS

Employer identification number 71-0690604

Pai	t I Organizations Maintaining Donor Advised	Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line	6.	
		(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 w	riting that the assets held in donor advis	sed funds
•	are the organization's property, subject to the organization's e		Yes No
6	Did the organization inform all grantees, donors, and donor ad	-	used only
	for charitable purposes and not for the benefit of the donor or		
	impermissible private benefit?		Yes No
Pai		anization answered "Yes" on Form 990,	Part IV, line 7.
1	Purpose(s) of conservation easements held by the organization	n (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed	lucation) Preservation of a his	torically important land area
	Protection of natural habitat	Preservation of a cei	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form	of a conservation 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
c	Number of conservation easements on a certified historic stru-	cture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	fter 7/25/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation ease	ement is located	
5	Does the organization have a written policy regarding the period	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing con	servation easements during the year
	• • • • • • • • • • • • • • • • • • •		
7	Amount of expenses incurred in monitoring, inspecting, handl	ing of violations, and enforcing conserva	ation easements during the year
	\$		5 V (1) T
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	
_	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	•	
	include, if applicable, the text of the footnote to the organizati	on's financial statements that describes	the organization's accounting for
Pa	conservation easements. rt III Organizations Maintaining Collections of	Art Historical Treasures or O	ther Similar Assets
	Complete if the organization answered "Yes" on Form	-	ther offinal Addets.
10	If the organization elected, as permitted under SFAS 116 (ASC		ment and halance sheet works of art
Ia	historical treasures, or other similar assets held for public exhi	·	
	the text of the footnote to its financial statements that describ		ance of public service, provide, in Fart Alli,
.	If the organization elected, as permitted under SFAS 116 (ASC		t and halance cheet works of art, historical
D	treasures, or other similar assets held for public exhibition, ed	•	
		ucation, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items		▶ •
	(i) Revenue included on Form 990, Part VIII, line 1		,
_	(ii) Assets included in Form 990, Part X	interest or other cimiles coasts for financial	st garn provide
2	If the organization received or held works of art, historical trea		ai gain, provide
_	the following amounts required to be reported under SFAS 11	o (AGC 330) relating to these items.	▶ €
a	Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X		

		EARNING AL								Page 2
Par	tillij Organizations Maintaining C	ollections of Ar	t, Histo	orical Tre	asures, or	r Other	· Simila	r Assets	(continu	ed)
3	Using the organization's acquisition, accession	on, and other record	s, check	any of the f	ollowing that	are a sig	gnificant L	ise of its c	ollection it	ems
	(check all that apply).									
а	Public exhibition	C	ı 🔲 ı	_oan or exc	hange progra	ams				
b	Scholarly research	•	. 🗀 (Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how the	ey further th	e organizatio	n's exen	npt purpo	se ın Part	XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, his	torical treas	sures, or othe	r sımılar	assets		_	
	to be sold to raise funds rather than to be ma								Yes	No_
Par	tlIVI Escrow and Custodial Arran	gements. Compl	ete if the	organizatıo	n answered "	'Yes" on	Form 990), Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	rt X, line 21.	_							
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for c	ontributions	s or other ass	sets not i	ncluded			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing ta	able.						
									Amount	
c	Beginning balance						1c			
d	Additions during the year						1d			
е	Distributions during the year						1e			
f	Ending balance						1f	L		
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for e	scrow or cu	istodial acco	unt liabili	ity?	L_	Yes	<u></u> No
	If "Yes," explain the arrangement in Part XIII.									
Par	tiV Endowment Funds. Complete	f the organization ar	swered '	"Yes" on Fo	rm 990, Part					
		(a) Current year	(b) P	nor year	(c) Two year	rs back	(d) Three	years back	(e) Four y	ears back
1a	Beginning of year balance					 				····
b	Contributions		ļ		ļ					
С	Net investment earnings, gains, and losses									
d	Grants or scholarships									
е	Other expenditures for facilities					,				
	and programs									
f	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the curi	rent year end balanc	e (line 1g	, column (a))) held as:					
а	Board designated or quasi-endowment		%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment	%								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation that	t are heid ar	nd administer	red for th	e organız	ation	_	
	by.									Yes No
	(i) unrelated organizations								3a(ı)	\longrightarrow
	(ii) related organizations								3a(iı)	\longrightarrow
b	If "Yes" on line 3a(ii), are the related organization	·							3b	
4	Describe in Part XIII the intended uses of the		wment f	unds.						
Par	tiVI∎ Land, Buildings, and Equipm									
	Complete if the organization answere		Y					<u> </u>		
	Description of property	(a) Cost or			or other		ccumulat	ı	(d) Book	value
		basis (invest	ment)	basis	(other)	de	preciation	<u> </u>		
	Land									
	Buildings									
	Leasehold improvements				F 000	-	4 4 - =	-	=	
	Equipment			1	5,029.		14,3	52.		677.
	Other ~			l		l		_		
Total	. Add lines 1a through 1e. (Column (d) must e	aual Form 990. Part	X. colur	n (B), line 1	0c.)					677.

Schedule D (Form 990) 2017

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

(9)

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

PART X, LINE 2:

THE ORGANIZATION IS A PUBLICLY SUPPORTED ORGANIZATION EXEMPT FROM FEDERAL INCOME TAXATION UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, AND IS CLASSIFIED AS OTHER THAN A PRIVATE FOUNDATION. THE ORGANIZATION IS ALSO EXEMPT FROM STATE TAXES UNDER SIMILAR PROVISIONS OF STATE LAW. ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE ACCOMPANYING FINANCIAL STATEMENTS. THE ORGANIZATION FILES AN INCOME TAX RETURN IN THE UNITED STATES FEDERAL JURISDICTION AND IS NO LONGER SUBJECT TO UNITED STATES FEDERAL, STATE, AND LOCAL INCOME TAX EXAMINATIONS BY TAX AUTHORITIES FOR YEARS BEFORE 2015.

Schedule Difform 990; 2017 ADULT LEARNING ALLIANCE OF ARKANSAS 71-0690604 Page 5 Part XIII Supplemental Information prophosed	Schedule D	(Form 990) 2017	- ADULT	LEARNING	ALLIANCE	OF	ARKANSAS	71-0690604	Page 5
	Part XIII	Supplemental Info	rmation _{(co}	ontinued)					
									
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SCHEDULE I (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

for the latest information.	
www.irs.gov/Form990	
Go to	

ADULT LEARNING ALLIANCE OF ARKANSAS

General Information on Grants and Assistance

Partl

|--|

OMB No 1545-0047

Employer identification number 71-0690604

1 Does the organization maintain records to substantiate the amount of the	to substantiate the	amount of the grants	or assistance, the o	grantees' eligibility	for the grants or assis	grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	n Yes X No
Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	ocedures for monit	oring the use of grant f	funds in the United	States.			
ا≩ا	Domestic Organiz	zations and Domestic	Governments. C	omplete if the orga	inization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any	IV, line 21, for any
recipient that received more than \$5,000. Part II can be duplicated in	\$5,000. Part II can	be duplicated if addition	f additional space is needed	Эd.			
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OZARK FOOTHILLS LITERACY PROJECT	1					·	
156 S 3RD ST	02.1304107		10 000	c			POR THE COUNCIL
BATESVILLE, AR /2501	/6T%6CT-70		,000,01				
THE DESIGN GROUP							
400 WEST CAPITOL, SULTE 1802 LITTLE ROCK AR 72201	26-1175845		14,501.	0			REBRANDING
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	janizations listed in the	line 1 table		:		
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.	, see the Instructi	ons for Form 990.					Schedule I (Form 990) (2017)

Page 2 71-0690604 Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. ADULT LEARNING ALLIANCE OF ARKANSAS Schedule I (Form 990) (2017) Part III

(f) Description of noncash assistance	,							Schedule I (Form 990) (2017)
(e) Method of valuation (book, FMV, appraisal, other)			,	Iditional information.				
(d) Amount of non- cash assistance				(b), and any other ad				
(c) Amount of cash grant	,	; , , , , , , , , , , , , , , , , , , ,		e 2, Part III, column			:	
(b) Number of recipients				ured in Part I, lin				
(a) Type of grant or assistance				Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.				732102 11-01-17

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 Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047 Inspection

Name of the organization

ADULT LEARNING ALLIANCE OF ARKANSAS

Employer identification number 71-0690604

FORM 990, PART VI, SECTION B, LINE 11B:
THE FORM 990 IS PROVIDED IN ADVANCE BY EMAIL TO THE BOARD OF DIRECTORS. IT
IS THEN REVIEWED BY THE FULL BOARD AT A BI-MONTHLY BOARD MEETING. UPON
REVIEW, THE BOARD VOTES WHETHER TO APPROVE AND FILE THE DRAFT FORM 990.
FORM 990, PART VI, SECTION B, LINE 12C:
ALC HAS A CONFLICT OF INTEREST POLICY CONTAINED WITHIN ITS BYLAWS. EACH
BOARD AND STAFF MEMBER MUST ACKNOWLEDGE ANNUALLY IN JULY, BY SIGNATURE,
THAT HE OR SHE HAS READ THE POLICY, UNDERSTANDS IT, AND WILL ACT IN
ACCORDANCE WITH ITS PROVISIONS.
FORM 990, PART VI, SECTION B, LINE 15A:
THE EXECUTIVE DIRECTOR'S COMPENSATION IS DETERMINED BOTH BY BUDGET AND BY
COMPARABLE COMPENSATION COMPARISONS. THE BOARD'S EXECUTIVE COMMITTEE MAKES
A RECOMMENDATION TO THE FULL BOARD, WHICH DISCUSSES AND VOTES ON THE
COMPENSATION. THE LAST REVIEW OF THE SALARY RANGE FOR THE POSITION OF
EXECUTIVE DIRECTOR WAS CONDUCTED AND APPROVED ON OCTOBER 15, 2015.
FORM 990, PART VI, SECTION C, LINE 19:
ALC'S BYLAWS, CONFLICT OF INTEREST AND WHISTLEBLOWER POLICIES ARE AVAILABLE
UPON REQUEST. THE FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE UPON
REQUEST AND THE 990 IS ALSO AVAILABLE ON GUIDESTAR.
FORM 990, PART XII, LINE 2C:
THERE HAS BEEN NO CHANGE FROM PRIOR YEAR.

Schedule O (Form 990 or 990 EZ) (2017)	Page 2
Name of the organization ADULT LEARNING ALLIANCE OF ARKANSAS	Employer identification number 71-0690604
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FORM 990, PART IX, LINE 24A	
"AMERICORPS SUBSISTENCE" INCLUDES WAGES, PAYROLL TAXES, AN	D INSURANCE
PAID TO AMERICORPS VOLUNTEERS WORKING FOR APPROXIMATELY 20	INDEPENDENT
LOCAL LITERACY COUNCILS AS ADULT LITERACY TUTORS.	_
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