

# Return of Organization Exempt From Income Tax

**2006**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

▶ The organization may have to use a copy of this return to satisfy state reporting requirements

**A For the 2006 calendar year, or tax year beginning** , and ending

- B** Check if applicable
- Address change
  - Name change
  - Initial return
  - Final return
  - Amended return
  - Application pending

Please use IRS label or print or type See Specific Instructions

**C Name of organization**

Chamber of Commerce of Springdale Arkansas

Number and street (or P O box if mail is not delivered to street address) Room/suite

202 W Emma

City or town

State or country

ZIP + 4

Springdale

AR

72764

**D Employer identification number**

71-0029639

**E Telephone number**

479-872-2222

**F Accounting method:**  Cash  Accrual

Other (specify) ▶

• Section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A (Form 990 or 990-EZ).

H and I are not applicable to section 527 organizations

H(a) Is this a group return for affiliates?  Yes  No

H(b) If "Yes," enter number of affiliates ▶

H(c) Are all affiliates included?  Yes  No

(If "No," attach a list See instructions)

H(d) Is this a separate return filed by an organization covered by a group ruling?  Yes  No

I Group Exemption Number ▶

M Check  if the organization is not required to attach Sch B (Form 990, 990-EZ, or 990-PF)

**G Website.** ▶ www.springdale.com

**J Organization type** (check only one) ▶  501(c) ( 6 ) ◀ (insert no)  4947(a)(1) or  527

**K Check here** ▶  if the organization is not a 509(a)(3) supporting organization and its gross receipts are normally not more than \$25,000 A return is not required, but if the organization chooses to file a return, be sure to file a complete return

**L Gross receipts** Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 793,502

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instructions)**

Revenue					
<b>1</b>	Contributions, gifts, grants, and similar amounts received:				
<b>a</b>	Contributions to donor advised funds . . . . .	<b>1a</b>			0
<b>b</b>	Direct public support (not included on line 1a) . . . . .	<b>1b</b>			0
<b>c</b>	Indirect public support (not included on line 1a) . . . . .	<b>1c</b>			0
<b>d</b>	Government contributions (grants) (not included on line 1a) . . . . .	<b>1d</b>			0
<b>e</b>	<b>Total</b> (add lines 1a through 1d) (cash \$ 0 noncash \$ 0) . . . . .	<b>1e</b>			0
<b>2</b>	Program service revenue including government fees and contracts (from Part VII, line 93) . . . . .	<b>2</b>			157,400
<b>3</b>	Membership dues and assessments . . . . .	<b>3</b>			366,835
<b>4</b>	Interest on savings and temporary cash investments . . . . .	<b>4</b>			0
<b>5</b>	Dividends and interest from securities . . . . .	<b>5</b>			6,827
<b>6a</b>	Gross rents . . . . .	<b>6a</b>			
<b>b</b>	Less: rental expenses . . . . .	<b>6b</b>			
<b>c</b>	<b>Net rental income or (loss).</b> Subtract line 6b from line 6a . . . . .	<b>6c</b>			0
<b>7</b>	Other investment income (describe ▶ ) . . . . .	<b>7</b>			0
<b>8a</b>	Gross amount from sales of assets other than inventory . . . . .	(A) Securities		(B) Other	
		0	<b>8a</b>		0
<b>b</b>	Less: cost or other basis and sales expenses . . . . .	0	<b>8b</b>		0
<b>c</b>	Gain or (loss) (attach schedule) . . . . .	0	<b>8c</b>		0
<b>d</b>	<b>Net gain or (loss).</b> Combine line 8c, columns (A) and (B) . . . . .		<b>8d</b>		0
<b>9</b>	Special events and activities (attach schedule) If any amount is from gaming, check here ▶ <input type="checkbox"/>				
<b>a</b>	Gross revenue (not including \$ 0 of contributions reported on line 1b) . . . . .	<b>9a</b>		187,175	
<b>b</b>	Less: direct expenses other than fundraising expenses . . . . .	<b>9b</b>		0	
<b>c</b>	<b>Net income or (loss) from special events.</b> Subtract line 9b from line 9a . . . . .	<b>9c</b>			187,175
<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . .	<b>10a</b>		0	
<b>b</b>	Less: cost of goods sold . . . . .	<b>10b</b>		0	
<b>c</b>	<b>Gross profit or (loss) from sales of inventory</b> (attach schedule) Subtract line 10b from line 10a . . . . .	<b>10c</b>			0
<b>11</b>	Other revenue (from Part VII, line 103) . . . . .	<b>11</b>			75,265
<b>12</b>	<b>Total revenue.</b> Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11 . . . . .	<b>12</b>			793,502
<b>Expenses</b>					
<b>13</b>	Program services (from line 44, column (B)) . . . . .	<b>13</b>			420,044
<b>14</b>	Management and general (from line 44, column (C)) . . . . .	<b>14</b>			517,743
<b>15</b>	Fundraising (from line 44, column (D)) . . . . .	<b>15</b>			252,255
<b>16</b>	Payments to affiliates (attach schedule) . . . . .	<b>16</b>			0
<b>17</b>	<b>Total expenses.</b> Add lines 13 and 14, column (A) . . . . .	<b>17</b>			1,190,042
<b>18</b>	<b>Excess or (deficit) for the year.</b> Subtract line 17 from line 12 . . . . .	<b>18</b>			-396,540
<b>19</b>	Net assets or fund balances at beginning of year (from line 73, column (A)) . . . . .	<b>19</b>			799,048
<b>20</b>	Other changes in net assets or fund balances (attach explanation) . . . . .	<b>20</b>			493,307
<b>21</b>	<b>Net assets or fund balances at end of year.</b> Combine lines 18, 19, and 20 . . . . .	<b>21</b>			895,815

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**Part II Statement of Functional Expenses**

All organizations must complete column (A) Columns (B), (C), and (D) are required for section 501(c)(3) and (4) organizations and section 4947(a)(1) nonexempt charitable trusts but optional for others (See the instructions)

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22 a	Grants paid from donor advised funds (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
22 b	Other grants and allocations (attach schedule) (cash \$ 0 noncash \$ 0) If this amount includes foreign grants, check here <input type="checkbox"/>	0	0		
23	Specific assistance to individuals (attach schedule)	0	0		
24	Benefits paid to or for members (attach schedule)	0			
25 a	Compensation of current officers, directors, key employees, etc listed in Part V-A (attach schedule)	285,200	113,196	170,293	1,711
b	Compensation of former officers, directors, key employees, etc listed in Part V-B (attach schedule)	0	0	0	0
c	Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)	0	0	0	0
26	Salaries and wages of employees not included on lines 25a, b, and c	111,289	64,569	46,243	477
27	Pension plan contributions not included on lines 25a, b, and c	0			
28	Employee benefits not included on lines 25a - 27	0			
29	Payroll taxes	68,486	23,931	44,125	430
30	Professional fundraising fees	248,910			248,910
31	Accounting fees	12,771		12,771	
32	Legal fees	0			
33	Supplies	20,946	6,879	14,004	63
34	Telephone	13,063	3,919	8,883	261
35	Postage and shipping	7,056	2,117	4,798	141
36	Occupancy	14,304		14,304	
37	Equipment rental and maintenance	27,050		27,050	
38	Printing and publications	0			
39	Travel	0			
40	Conferences, conventions, and meetings	4,646		4,646	
41	Interest	0			
42	Depreciation, depletion, etc. (attach schedule)	24,276	0	24,276	0
43	Other expenses not covered above (itemize):				
a	See attached statement	352,045	205,433	146,350	262
b		0	0	0	0
c		0	0	0	0
d		0	0	0	0
e		0	0	0	0
f		0	0	0	0
g		0	0	0	0
44	<b>Total functional expenses.</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	1,190,042	420,044	517,743	252,255

Joint Costs. Check  if you are following SOP 98-2

Are any joint costs from a combined educational campaign and fundraising solicitation reported in (B) Program services?  Yes  No

If "Yes," enter (i) the aggregate amount of these joint costs \$ 0, (ii) the amount allocated to Program services \$ , (iii) the amount allocated to Management and general \$ , and (iv) the amount allocated to Fundraising \$

**Part III Statement of Program Service Accomplishments** (See the instructions.)

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments

What is the organization's primary exempt purpose? <b>► Business &amp; Economic Development</b> All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable. (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	<b>Program Service Expenses</b> (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts, but optional for others.)
<b>a</b> Promote business, tourism & industrial development within Springdale, Arkansas ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	420,044
<b>b</b> ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>c</b> ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>d</b> ..... ..... ..... ..... (Grants and allocations \$ ..... ) If this amount includes foreign grants, check here <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule) (Grants and allocations \$ 0 ) If this amount includes foreign grants, check here <input type="checkbox"/>	0
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) <b>►</b>	<b>420,044</b>

**Part IV Balance Sheets** (See the instructions)

Note: Where required, attached schedules and amounts within the description column should be for end-of-year amounts only

		(A)		(B)	
		Beginning of year		End of year	
Assets	45	Cash—non-interest-bearing	608,873	45	660,059
	46	Savings and temporary cash investments	64,650	46	66,855
	47 a	Accounts receivable	90,717		
	b	Less: allowance for doubtful accounts	570	47c	90,147
	48 a	Pledges receivable	0		
	b	Less: allowance for doubtful accounts	0	48c	0
	49	Grants receivable		49	
	50 a	Receivables from current and former officers, directors, trustees, and key employees (attach schedule)	0	50a	0
	b	Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) (attach schedule)		50b	
	51 a	Other notes and loans receivable (attach schedule)	0		
	b	Less: allowance for doubtful accounts	0	51c	0
	52	Inventories for sale or use		52	
	53	Prepaid expenses and deferred charges	3,187	53	3,347
	54 a	Investments—publicly-traded securities. <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54a	0
	b	Investments—other securities (attach schedule) <input type="checkbox"/> Cost <input type="checkbox"/> FMV	0	54b	0
	55 a	Investments—land, buildings, and equipment: basis	0		
	b	Less: accumulated depreciation (attach schedule)	0	55c	0
	56	Investments—other (attach schedule)	0	56	0
	57 a	Land, buildings, and equipment basis	669,864		
b	Less: accumulated depreciation (attach schedule)	327,275	57c	342,589	
58	Other assets, including program-related investments (describe <input checked="" type="checkbox"/> See attached statement )	0	58	0	
59	<b>Total assets</b> (must equal line 74). Add lines 45 through 58	1,200,595	59	1,162,997	
Liabilities	60	Accounts payable and accrued expenses		60	5,807
	61	Grants payable		61	
	62	Deferred revenue	392,693	62	252,030
	63	Loans from officers, directors, trustees, and key employees (attach schedule)	0	63	0
	64 a	Tax-exempt bond liabilities (attach schedule)	0	64a	0
	b	Mortgages and other notes payable (attach schedule)	0	64b	0
	65	Other liabilities (describe <input checked="" type="checkbox"/> Payroll and related taxes payable )	8,854	65	9,345
66	<b>Total liabilities.</b> Add lines 60 through 65	401,547	66	267,182	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 67 through 69 and lines 73 and 74.				
	67	Unrestricted	125,522	67	40,211
	68	Temporarily restricted	673,526	68	855,604
	69	Permanently restricted		69	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 70 through 74.				
	70	Capital stock, trust principal, or current funds		70	
	71	Paid-in or capital surplus, or land, building, and equipment fund		71	
	72	Retained earnings, endowment, accumulated income, or other funds		72	
	73	<b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)	799,048	73	895,815
	74	<b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73	1,200,595	74	1,162,997

**Part IV-A Reconciliation of Revenue per Audited Financial Statements With Revenue per Return** (See the instructions)

<b>a</b>	Total revenue, gains, and other support per audited financial statements		<b>a</b>	793,502
<b>b</b>	Amounts included on line a but not on Part I, line 12:			
<b>1</b>	Net unrealized gains on investments	<b>b1</b>		
<b>2</b>	Donated services and use of facilities	<b>b2</b>		
<b>3</b>	Recoveries of prior year grants	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	793,502
<b>d</b>	Amounts included on Part I, line 12, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total revenue (Part I, line 12). Add lines <b>c</b> and <b>d</b>		<b>e</b>	793,502

**Part IV-B Reconciliation of Expenses per Audited Financial Statements With Expenses per Return**

<b>a</b>	Total expenses and losses per audited financial statements		<b>a</b>	1,190,041
<b>b</b>	Amounts included on line a but not on Part I, line 17:			
<b>1</b>	Donated services and use of facilities	<b>b1</b>		
<b>2</b>	Prior year adjustments reported on Part I, line 20	<b>b2</b>		
<b>3</b>	Losses reported on Part I, line 20	<b>b3</b>		
<b>4</b>	Other (specify) _____	<b>b4</b>	0	
	Add lines <b>b1</b> through <b>b4</b>		<b>b</b>	0
<b>c</b>	Subtract line <b>b</b> from line <b>a</b>		<b>c</b>	1,190,041
<b>d</b>	Amounts included on Part I, line 17, but not on line a:			
<b>1</b>	Investment expenses not included on Part I, line 6b	<b>d1</b>		
<b>2</b>	Other (specify) _____	<b>d2</b>	0	
	Add lines <b>d1</b> and <b>d2</b>		<b>d</b>	0
<b>e</b>	Total expenses (Part I, line 17) Add lines <b>c</b> and <b>d</b>		<b>e</b>	1,190,041

**Part V-A Current Officers, Directors, Trustees, and Key Employees** (List each person who was an officer, director, trustee, or key employee at any time during the year even if they were not compensated.) (See the instructions)

(A) Name and address	(B) Title and average hours per week devoted to position	(C) Compensation (If not paid, enter -0-.)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name <u>Perry Webb</u> Str City <u>Springdale</u> ST AR ZIP <u>72764</u>	Title <u>President/CEO</u> Hr/WK <u>40</u>	<u>130,000</u>	<u>0</u>	<u>0</u>
Name <u>Bill Rogers</u> Str City <u>Springdale</u> ST AR ZIP <u>72764</u>	Title <u>VP Development</u> Hr/WK <u>40</u>	<u>55,100</u>	<u>0</u>	<u>0</u>
Name <u>Rhonda Hughes</u> Str City <u>Springdale</u> ST AR ZIP <u>72764</u>	Title <u>VP Operations</u> Hr/WK <u>40</u>	<u>52,500</u>	<u>0</u>	<u>0</u>
Name <u>Joy Farmer</u> Str City <u>Springdale</u> ST AR ZIP <u>72764</u>	Title <u>VP Programs</u> Hr/WK <u>40</u>	<u>47,600</u>	<u>0</u>	<u>0</u>
Name <u>N/A</u> Str City <u>ST</u> ZIP <u></u>	Title Hr/WK			
Name <u>N/A</u> Str City <u>ST</u> ZIP <u></u>	Title Hr/WK			
Name <u>N/A</u> Str City <u>ST</u> ZIP <u></u>	Title Hr/WK			
Name <u>N/A</u> Str City <u>ST</u> ZIP <u></u>	Title Hr/WK			
Name <u>N/A</u> Str City <u>ST</u> ZIP <u></u>	Title Hr/WK			
Name <u>N/A</u> Str City <u>ST</u> ZIP <u></u>	Title Hr/WK			

<b>Part V-A Current Officers, Directors, Trustees, and Key Employees</b> (continued)		Yes	No
<b>75 a</b>	Enter the total number of officers, directors, and trustees permitted to vote on organization business at board meetings		
<b>b</b>	Are any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, related to each other through family or business relationships? If "Yes," attach a statement that identifies the individuals and explains the relationship(s)	75b	X
<b>c</b>	Do any officers, directors, trustees, or key employees listed in Form 990, Part V-A, or highest compensated employees listed in Schedule A, Part I, or highest compensated professional and other independent contractors listed in Schedule A, Part II-A or II-B, receive compensation from any other organizations, whether tax exempt or taxable, that are related to the organization? See the instructions for the definition of "related organization." If "Yes," attach a statement that includes the information described in the instructions	75c	X
<b>d</b>	Does the organization have a written conflict of interest policy?	75d	X

**Part V-B Former Officers, Directors, Trustees, and Key Employees That Received Compensation or Other Benefits** (If any former officer, director, trustee, or key employee received compensation or other benefits (described below) during the year, list that person below and enter the amount of compensation or other benefits in the appropriate column. See the instructions.)

(A) Name and address	(B) Loans and Advances	(C) Compensation (if not paid, enter -0-)	(D) Contributions to employee benefit plans & deferred compensation plans	(E) Expense account and other allowances
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				
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Name N/A Str City ST ZIP				
Name N/A Str City ST ZIP				

<b>Part VI Other Information</b> (See the instructions.)		Yes	No
<b>76</b>	Did the organization make a change in its activities or methods of conducting activities? If "Yes," attach a detailed statement of each change	76	X
<b>77</b>	Were any changes made in the organizing or governing documents but not reported to the IRS? If "Yes," attach a conformed copy of the changes.	77	X
<b>78 a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a	X
<b>b</b>	If "Yes," has it filed a tax return on Form 990-T for this year?	78b	X
<b>79</b>	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement.	79	X
<b>80 a</b>	Is the organization related (other than by association with a statewide or nationwide organization) through common membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a	X
<b>b</b>	If "Yes," enter the name of the organization and check whether it is <input type="checkbox"/> exempt or <input type="checkbox"/> nonexempt	81a	
<b>81 a</b>	Enter direct and indirect political expenditures. (See line 81 instructions.)	81b	X
<b>b</b>	Did the organization file Form 1120-POL for this year?		X

Part VI Other Information (continued)

Form with questions 82a through 91b and Yes/No columns. Includes sub-questions for 85, 86, 87, 88, 89, and 90.

Part VI Other Information (continued)

Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States?

91c [ ] [ ]

If "Yes," enter the name of the foreign country

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041 - Check here

[ ]

and enter the amount of tax-exempt interest received or accrued during the tax year

92 N/A

Part VII Analysis of Income-Producing Activities (See the instructions.)

Note: Enter gross amounts unless otherwise indicated

Table with 5 main columns: (A) Business code, (B) Amount, (C) Exclusion code, (D) Amount, (E) Related or exempt function income. Rows include Program service revenue, Medicare/Medicaid payments, Fees and contracts from government agencies, etc.

Note: Line 105 plus line 1e, Part I, should equal the amount on line 12, Part I

Part VIII Relationship of Activities to the Accomplishment of Exempt Purposes (See the instructions.)

Line No. Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes)

Part IX Information Regarding Taxable Subsidiaries and Disregarded Entities (See the instructions.)

Table with 5 columns: (A) Name, address, and EIN of corporation, partnership, or disregarded entity; (B) Percentage of ownership interest; (C) Nature of activities; (D) Total income; (E) End-of-year assets.

Part X Information Regarding Transfers Associated with Personal Benefit Contracts (See the instructions.)

(a) Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Yes [ ] No [X]

(b) Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? Yes [ ] No [X]

Note: If "Yes" to (b), file Form 8870 and Form 4720 (see instructions)

**Part XI** Information Regarding Transfers To and From Controlled Entities. Complete only if the organization is a controlling organization as defined in section 512(b)(13).

**106** Did the reporting organization make any transfers to a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				0

**107** Did the reporting organization receive any transfers from a controlled entity as defined in section 512(b)(13) of the Code? If "Yes," complete the schedule below for each controlled entity.

Yes	No
	X

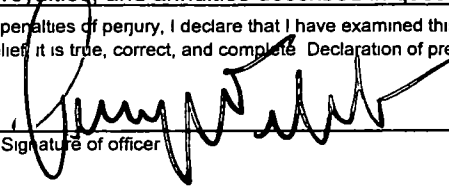
	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer
a	----- -----			
b	----- -----			
c	----- -----			
<b>Totals</b>				0

**108** Did the organization have a binding written contract in effect on August 17, 2006, covering the interest, rents, royalties, and annuities described in question 107 above?

Yes	No
	X

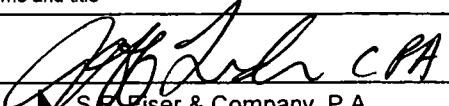
**Please Sign Here**

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Signature of officer:  Date: \_\_\_\_\_

Type or print name and title: \_\_\_\_\_

**Paid Preparer's Use Only**

Preparer's signature: 	Date: 5/15/2007	Check if self-employed: <input type="checkbox"/>	Preparer's SSN or PTIN (See Gen. Inst. X): P00245131
Firm's name (or yours if self-employed), address, and ZIP + 4: S. Fiser & Company, P.A. 112 E Emma Ave, Springdale, AR 72764	EIN: 71-0749699	Phone no: (479) 751-4851	

**Line 9 (990) - Special Events and Activities**

	Event A	Event B	Event C	All others	Totals
1 Special event name	Featherfest	Leadership	Golf		
			Tournament		
1a Number of special events					
2 Gross receipts	92,569	12,865	35,807	45,934	2 187,175
3 Less contributions					3 0
4 Gross revenue	92,569	12,865	35,807	45,934	4 187,175
5 Less direct expenses					5 0
6 Net income or (loss)	92,569	12,865	35,807	45,934	6 187,175

**Line 20 (990) - Other Changes in Net Assets or Fund Balances**

493,307

Description		Total
1	Interest Income from Temporarily Restricted Net Assets	13,895
2	Temporarily Restricted Contributions	479,412
3		
4		
5		
6		
7		
8		
9		
10		
11		
12		
13		
14		
15		
16		
17		
18		
19		
20		

**Line 43 (990) - Other Deductions**

352,045

205,433

146,350

262

Description		(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
1	Training	45,228	45,228		
2	Vehicle mileage allowance	1,550	473	1,053	24
3	Insurance	41,736	15,801	25,697	238
4	Membership	111,597		111,597	
5	Special Events	87,524	87,524		
6	Miscellaneous	43,455	36,940	6,515	
7	Web page maintenance	19,467	19,467		
8	Credit card fees	1,488		1,488	
9		0			
10		0			
11		0			
12		0			
13		0			
14		0			
15		0			
16		0			
17		0			
18		0			
19		0			
20		0			

**Line 47 (990) - Accounts Receivable**

		Accounts receivable		Allowance for doubtful accounts	
		Beginning	End	Beginning	End
1	1	170,417	90,717	570	570
2	2				
3	3				
4	4				
5	5				
6	6				
7	7				
8	8				
9	9				
10	10				
11	11	170,417	90,717	570	570

**Line 57 (990) - Land, Buildings, and Equipment**

Land (net of any amortization)		Land (net of any amortization)	
		Beginning	End
1	1	10,000	10,000
2	2		
3	3		
4	4		
5	5		
6	6	10,000	10,000

Buildings and equipment		Buildings and equipment		Accumulated depreciation	
		Beginning	End	Beginning	End
7	7	647,214	659,864	303,176	327,275
8	8				
9	9				
10	10				
11	11				
12	12				
13	13				
14	14				
15	15				
16	16				
17	17	647,214	659,864	303,176	327,275
18	18			344,038	332,589
19	19			354,038	342,589

Category or Item	Cost/Other Basis	Accumulated Depreciation	Book Value
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11 Total	0	0	0

**Line 65 (990) - Other Liabilities**

		8,854	9,345
		Beginning	End
1	Payroll and related taxes payable	8,854	9,345
2			
3			
4			
5			
6			
7			
8			
9			
10			

**Part VII, Line 103 (990) - Other Revenue**

	Unrelated business income		Excluded by section 512, 513, or 514		
	(A) Business code	(B) Amount	(C) Exclusion code	(D) Amount	(E) Related or exempt function income
a Advertising	541800	75,265			
b					
c					
d					
e					
f					
g					
h					
i					
j					
k					
l					
m					
n					
o					
p					
q					
r					
s					
t					
u					
v					
w					
x					
y					
z					