Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

<u>~</u> _	For the	2012 cale	endar year, or tax year beginning	July 1	<u>, 2012, and en</u>	ding Ju	ne 30	, 20 13
В	Check if	applicable	C Name of organization Western Ai	rkansas Planning & Fro	ntier MPO		D Employe	r identification number
_]	Address	change	Doing Business As					71-0396361
	Name ch	nange	Number and street (or P O box if m	all is not delivered to street	address) Room	n/suite	E Telephon	e number
	Initial reti	urn	P.O Box 2067				((479) 785-2651
	Terminat	ted	City, town or post office, state, and	ZIP code				
	Amende	d return	Fort Smith, AR 72902-2067				G Gross re	ceipts \$ 6,318,135
	Applicati	on pending	F Name and address of principal offic	er John Guthrie, Exec	utive Director	H(a) Is this	a group return f	or affiliates? Yes No
			P.O. Box 2067, Fort Smith, AR 7	•				cluded? Yes V No
	Tax-exer	mpt status	✓ 501(c)(3)		947(a)(1) or 527	15.44		list (see instructions)
<u> </u>	Website				=		p exemption	number ▶
ĸ			Corporation Trust Associa	ation ☐ Other ► Non-Pro	ofit L Year of for			of legal domicile AR
_	art I	Summ		14011-11	1	7000		7117
	1		escribe the organization's miss	ion or most significan	t activities: Imp	rovo economic	conditions	in the district in
çe			o the unemployment, and distres					
Activities & Governance			trict among the member local go		mote and assist i	n the growth ar	ia aevelop	ment of business
ē			s, including small business conc				050/ -4	
é	1		nis box ▶ ☐ if the organization	·	•		1 1	
š	1		of voting members of the gove					
es	1		of independent voting member	_		lb) ,		36
<u>¥</u>	1		mber of individuals employed i	•	Part V, line 2a)		. 5	18
5	6	Total nur	mber of volunteers (estimate if	necessary)			6	-0-
•	7a _	Total unr	related business revenue from	Part VIII, column (C), I	ne 12		7a	-0-
	b	Net unre	lated business taxable income	from Form 990-T, line	34		7b	-0-
						Prior Y	ear	Current Year
	8	Contribu	itions and grants (Part VIII, lin€		889,689	268,898		
Revenue	1		service revenue (Part VIII, line		7.8	<u> </u>	6,300,435	6,046,294
Š	10	Investme	ent income (Part VIII, column (A	libes 3 4 and 7d).	181			
æ	10	Otherre	venue (Part VIII, column (A), line	19 cd NO 16 12 2	113 1 1 2/1	 	1,703	2,943
	11	Total ray	opus add lines 9 through 11 (r	est out both of			-0-	-0-
			enue-add lines 8 through 11 (r				7,191,827	6,318,135
			nd similar amounts paid (Part I		·311.11 .		-0-	-0-
	14		paid to or for members (Part I)				-0-	-0-
es	1		other compensation, employee	*			1,072,850	974,632
Expenses	16a	Profession	onal fundraising fees (Part IX, c	olumn (A), line 11e)			-0-	-0-
9	b	Total fun	idraising expenses (Part IX, col	lumn (D), line 25) ▶	-0-	. [
Ű	17	Other ex	penses (Part IX, column (A), lin	es 11a-11d, 11f-24e)			6,150,691	5,324,381
			penses. Add lines 13-17 (must				7,223,541	6,299,013
	19		e less expenses. Subtract line 1	•			<31,714>	19,122
> %				 		Beginning of C		End of Year
Net Assets or Fund Balances	20	Total ass	sets (Part X, line 16)			1	1,935,526	1,537,820
& <u>¤</u>	21		pilities (Part X, line 26)	. , , ,			860,501	433,875
ĕ 5	22		ets or fund balances. Subtract I	ine 21 from line 20			1,075,025	1,103,945
	art II		ture Block	ine 21 nom ine 20	 		1,075,025	1,103,945
_							4b - b - 4 - 6 -	
tru	e correct	ities of perju	iry, I declare that I have examined this lilete. Declaration of preparer (other than	retum, including accompany officer) is based on all infor	ring schedules and si mation of which pred	atements, and to arer has anv know	ine best of n ledae	ny knowleage and belief, it is
		T .	A property of property (or property)	Tomocry is based on all into				7. =
٠.		 	X EM / FM	<u> </u>				// 3
Sig		'	nature of officer			D:	ate '	
He	re	Jo	ohn Gathrie , Executi	ve Director				
		Туре	e or print name and title					
<u>۔</u> دو	id	Print/Ty	pe preparer's name	Preparer's signature	· — —	Date	Check	T If PTIN
	epare	r N/A					self-emp	
			name >	•		Fin	n's EIN ▶	· · · · · · · · · · · · · · · · · · ·
JS	e Onl	y	address >				one no	
Vla	v the IR		s this return with the preparer	shown above? (see in	structions)			Yes No
_			iction Act Notice, see the separa			t No 11282Y	<u> </u>	Form 990 (2012)
ur	raperw	vurk Kedii	icuon act Nouce. See the sebara	ile instructions.	Ga	L 190 112021		1 0(1)(444 (2012)

Cat No 11282Y

For Paperwork Reduction Act Notice, see the separate instructions.



Form 99	0 (2012)			Page 3
Part	V Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	<u> </u>	<u> </u>
2 3	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If</i> "Yes," <i>complete Schedule C, Part I</i>	3		1
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		· ✓
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_		✓_
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		✓
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.		, , ,	د در در از در
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	✓	
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		1
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		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		√
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	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	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		1
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
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		1
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		1
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	Checklist of Required Schedules (continued)			
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization		Yes	No
	in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		✓_
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		✓
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		✓
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 25	24a		✓
c	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√ _
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		<u>✓</u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		✓
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		✓
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		✓
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):		# Toler	
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		<u>✓</u>
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		✓
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		√
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		✓
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		√
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓_
-	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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,			
38	Part VI	37	√	<u> </u>
		For	ո 990	(2012)

Part	V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response to any question in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	ļ	ļ ,	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			
22		1c	✓	
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 18			
b	Statements, filed for the calendar year ending with or within the year covered by this return [2a] 18 If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	1	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions).	20	<u> </u>	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	3b		<u> </u>
4a	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		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
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?	<u>6a</u>		✓
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		1
h	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		<u> </u>
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
	required to file Form 8282?	7c		1
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		/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting			
	organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring	ļ	ļ	
	organization, have excess business holdings at any time during the year?	8	ļ	
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		
а	Did the organization make any taxable distributions under section 4966?	9a	-	
b 10	Did the organization make a distribution to a donor, donor advisor, or related person?	9b	 	
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12		'	
a b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b	1		
11	Section 501(c)(12) organizations. Enter:	i		
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources	1	ľ	
	against amounts due or received from them)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		ļ	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	L	
_	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	1		
C	Enter the amount of reserves on hand	145	 	
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a 14b	 	

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Part '				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S		struct	_
Section	Check if Schedule O contains a response to any question in this Part VI	<u> </u>	<u> </u>	. 🗸
<u>Gecti</u>	on A. Governing body and Management		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 36	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			1 1
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b 36			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct			
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		✓_
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		✓_
6	Did the organization have members or stockholders?	6		✓
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	_		,
	one or more members of the governing body?	7a_		✓
b	stockholders, or persons other than the governing body?	7b		✓
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following.			1 (
а	The governing body?	8a	1	
b	Each committee with authority to act on behalf of the governing body?	8b	\	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C	ode.)	
_			Yes	No
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		
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.			
12a	Did the organization have a written conflict of interest policy? <i>If "No,"</i> go to line 13	12a		✓
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		 -
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		1
15	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?			
а	The organization's CEO, Executive Director, or top management official	15a	_	
b	Other officers or key employees of the organization	15b	✓	<u> </u>
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	1])
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a 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?	16b		<u>L</u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	0.501	C)(3)	Only
10	available for public inspection. Indicate how you made these available. Check all that apply.	1 30 1	حردراع	orny)
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of	of inte	rest c	olicv.
	and financial statements available to the public during the tax year.		•	• '
20	State the name, physical address, and telephone number of the person who possesses the books and records	of the	•	
	Organization: Named Organization, 1109 Sc. 16th Street Fort Smith, AP 72901 (479) 785-2651			

	(2012)

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Page	1

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

Check if Schedule C) contains a resn	onse to any	question in this Part VII.										ſ	-
Check if Schedule C	Contains a resp	unse to any	question in this rait 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 r	nor any relate	a org	anız			ompe	nsa	ated any currer	t officer, directo	r, or trustee.
				•	C)					
(A)	(B)	(do n	ot ch		ition more	e than e	one	(D)	(E)	(F)
Name and Title	Average	box,	unles	ss pe	erson	is both	n an	Reportable compensation	Reportable compensation from	Estimated amount of
	hours per week (list any		_		_	or/trus	÷	from	related	other
	hours for related	Individual trustee or director	Institutional trustee	Officer	Key employee	賣賣	Former	the organization	organizations (W-2/1099-MISC)	compensation from the
	organizations	ed f	ğ) Q	ണ	est	व्	(W-2/1099-MISC)		organization
	below dotted	우를	nal)	οχ	ğ	ļ	}		and related organizations
	(Ine)	stee	rust		ď	l ens				Organizations
			e			Highest compensated employee				
(1) DeWite Deshazo	N/A							,		
Board of Directors	·	1						-0-	-0-	-0-
(2) Lyn Miller	N/A		T	1	T .		┢			
Board of Directors		1 ✓						-0-	-0-	-0-
(3) John Ballentine	N/A									
Board of Directors		✓	١			l	l		-0-	-0-
(4) Bob Freeman	N/A				Γ					
Board of Directors		✓						-0-	-0-	-0-
(5) Jackie Krutsch	N/A			Ì	ľ	l	ľ		İ	
Board of Directors		/				<u> </u>		-0-	-0-	-0-
(6) Janet Powell	N/A	. ↓								
Board of Directors		1	↓_	<u> </u>	<u> </u>	ļ	╙	-0-	-0-	-0-
(7) Gary Briley	N/A	1.	ĺ		ĺ		١.			
Board of Directors		<u> </u>	<u> </u>	<u> </u>		-	⊢	-0-	-0-	-0-
(8) Sherman Hıatt	N/A	∤ ,				}				
Board of Directors		/		}_	-	 	—	-0-	-0-	-0-
(9) Carol Sneath	N/A	,							_	_
Board of Directors		/	<u> </u>	├	ļ <u> </u>	-	├-	-0-	-0-	-0-
(10) Joe Earp	N/A									_
Board of Directors		/	├	-	┢	 	ļ.—	-0-	-0-	-0-
(11) Linda Hixon	N/A	/					Ì			
Board of Directors	_		┢	├	├—		├-	-0-	-0-	-0-
(12) Jerry Wilkins	N/A	1								
Board of Directors		 	⊢	├	├-	 	-	-0-	-0-	-0-
(13) Brandon Ellison	N/A	1						-0-		_
Board of Directors		+	\vdash	\vdash	├—	 	+-	-0-	-0-	-0-
(14) George McKee Board of Directors	<u>N/A</u>	1				1		-0-	-0-	-0-
Duaiu vi viitulis	i	, •	ı	1 _		1		-0-		

Page	7

Form	OOA	(201	2

•	-		
Part \	/11	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees,	and
		Independent Contractors	

Check if Schedule O contains a re-	sponse to any question in this Part VII					_	_	 			
Check ii Schedule C Contains a re-	Sponse to any question in this i are 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 no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any currer	t officer, director	, or trustee.
				_	C)					
(A)	(B)	(do n	ot ch		ition	than o	ne	(D)	(E)	(F)
Name and Title	Average	box,	unles	s pe	rson	is both	an	Reportable	Reportable	Estimated
	hours per week (list any				_	or/trust		compensation from	compensation from related	amount of other
	hours for	Individual trustee or director	Institutional trustee	Officer	Key employee	무를	Former	the	organizations	compensation
	related organizations	lrect	<u> </u>	ğ	eg eg	lest	ॡ	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	below dotted	약함	nal		ŏ	e S		ľ		and related
	line)	ste	trus		%	Pen		i		organizations
		°	e			Highest compensated employee				
-(1)-(26) Kevin Settle	N/A	_							İ	
Board of Directors	<u> </u>	✓	ļ	_	_		<u> </u>	-0-	-0-	-0-
-(2)-(27) Judith Keith	N/A	,			ŀ					_
Board of Directors	ļ	✓		-	_	ļ	_	-0-	-0-	-0-
(3)(28) Cecil Greene, Jr.	N/A	,]				_
Board of Directors	<u> </u>	✓	<u> </u>		<u> </u>			-0-	-0-	-0-
-(4)-(29) Alex Sanchez	N/A	,]	_
Board of Directors		1						-0-	-0-	-0-
-(5)-(30) Del Gabbard	N/A		ļ	ŀ						
Board of Directors		✓	<u> </u>		_	<u> </u>	<u> </u>	-0-	-0-	-0-
(6)(31) Glen Hurt	N/A									
Board of Directors	ļ	✓	<u> </u>		<u> </u>	<u> </u>	ļ	-0-	-0-	-0-
-(7)-(32) Sandy Sanders - President	N/A	,		1	1	:				
Board of Directors	ļ	✓	ļ	_	├		 	-0-	-0-	-0-
-(8)-(33) John Hall - President Elect	N/A	,								
Board of Directors	ļ	✓	-		ļ		├	-0-	-0-	0-
-(9)-(34) Gus Young - Vice President	N/A							_		_
Board of Directors		✓	 	├_	┝			-0-	-0-	0-
(10)-(35) Gary Baxter - Secretary	N/A	,	İ					_	_	
Board of Directors	ļ. <u></u>	✓	<u> </u>	ļ	1		⊢	-0-	-0-	<u>-0-</u>
(11)-(36) Daniel Rogers - Treasurer	N/A	,			1				_	
Board of Directors		1	<u> </u>	<u> </u>	├	ļ. ——		-0-	-0-	-0-
(12) (37) John Guthrie, Executive Director	40 - 50	1		,					_	
Western Arkansas Planning & Development Dist.	ļ	-	-	✓	├-		⊢	65,242	-0-	24,840
(13) (38) Amanda Moses, Fiscal Officer	40 - 50	ł		١,					<u> </u>	
Western Arkansas Planning & Development Dist.		├	-	✓	\vdash		\vdash	53,410	-0-	15,447
(14)-		-						j		
		1	1	1	1	1	Ι.			

Part VII Section A. Office	rs, Directors, Trus	tees, Key E	mplo	yees	s, ar	nd F	lighe	st C	ompensated E	mployees (c	ontınue	d)		
						C)					i			
(A)		(B)	/	at ab		ition	than a	200	(D)	(E)	ļ	((F)	
Name and title	е	Average					than one is that		Reportable	Reportable			mated	
		hours per					or/trus		compensation	compensation	from		unt of	
		week (list any hours for	악코	'n	Q	8	육	Б	from the	related organization	ıs İ		her ensation	n
		related	dre	≝	Officer	y er	ples	Former	organization	(W-2/1099-MI		fror	n the	
		organizations	cto	g	ויו	尃	8 2	٦	(W-2/1099-MISC)				nzation related	
		below dotted line)	Individual trustee or director	a⊨		Key employee	ğ						izations	š
		,	řee	Institutional trustee			Highest compensated employee			}	}	_		
				e l			ted							
(15) Becky Horton	•••••	N/A												
Board of Directors			✓				_		-0-		-0-			-0-
(16) James Forbes		N/A												_
Board of Directors		N/A	✓	Н		├—			-0-		-0-			-0-
(17) Donny Owens Board of Directors		N/A	1						-0-		-0-			-0-
(18) David Hudson	····	N/A							-0-		-0-			
Board of Directors	••••••••••••••	<u>IN/A</u>	1						-0-		-0-			-0-
(19) Jeanne Wright		N/A		Н				_						
Board of Directors		<u> </u>	✓						-0-		-0-			-0-
(20) Billy Dooly		N/A												
Board of Directors			✓						0-		-0-			-0-
(21) Jerry Barling		N/A												
Board of Directors			1	Ш				L_	-0-		-0-			0-
(22) Paul Harvel	·····	N/A												
Board of Directors			✓						-0-		-0-			-0-
(23) Ray Gosack		N/A							_					_
Board of Directors			/						-0-		-0-			-0-
(24) Steve Lease		N/A	1											
Board of Directors	-	21/2		Н					-0-	 	-0-			
(25) Mitch Minnick Board of Directors	·	N/A	1						-0-		-0-			-0-
1b Sub-total	 		-		l	Ь—	l		-0-		-0-			-0-
c Total from continuat	ion sheets to Part	VII. Sectio	n A					.	118,652		-0-	·	4	0.287
d Total (add lines 1b a				•					118,652		-0-			0,287
2 Total number of indivi-							above	e) w		ore than \$10	0,000	of		
reportable compensat	on from the organ	ızatıon ► .0	<u>)-</u>											
													Yes	No
3 Did the organization								emp						
employee on line 1a?	•											3		<u> </u>
4 For any individual lists														
organization and rela individual	_	•	an D	150,									—— <u></u>	
												4		✓
5 Did any person listed for services rendered											, .	5		1
Section B. Independent Cor		100, 0		-						· · · · · · · · · · · · · · · · · · ·		<u> </u>		
1 Complete this table fo		compensat	ed inc	depe	end	ent	contr	acto	ors that receive	ed more than	\$100.0	000 of	-	
compensation from th	e organization. Rei	ort compe	nsatio	on fo	or th	ne c	alend	lar y	ear ending wit	h or within th	ne orga	ınızatıc	n's ta	ìΧ
year.	,	·											_	
<u> </u>	(A)								(B)			(C)		
	Name and business add	lress							Description of s			ompens	ation ———	
Central Arkansas Planning & D									orkforce Investn					4,025
Southwest Arkansas Planning									orkforce Investn					5,083
Western Arkansas Employmen	t Development Ager	icy, Inc.						WO	orkforce Investn	ient ACt			1,37	0,614
2 Total number of inde	pendent contracto	ors (ıncludir	ng bu	ıt n	ot i	limit	ed to	th	ose listed abo	ove) who				
received more than \$7	100,000 of compens	sation from	the o	rgar	nıza	tion	ightharpoons		3					

	990 (201 t VIII	<u> </u>	enue					Page 9
ı cı	3	Check if Schedule O		onse to any quest	tion in this Part VI	111		
	-1	Sheek ii Gonedale O	contains a resp	orise to arry ques	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	s 1a	-0-				
ğı a	b	Membership dues .	1b	61,788				
s, C	С	Fundraising events .	1c	-0-	ļ			
ar a	d	Related organizations	s 1d	-0-	1			
ž, <u>i</u>	e	Government grants (cor		207,110				
tor er S	f	All other contributions, g						
ğ ğ		and similar amounts not in-		-0-				
d tr	g	Noncash contributions include	· ·	-0-				
	h	Total. Add lines 1a-1	<u>f</u> .	>	268,898		<u> </u>	
Program Service Revenue				Business Code				
ě.	2a	Community Devlopme		561000	18,664	18,664	0-	-0-
e Z	b	Fees/Contracts from G	ov't Agencies	561000	6,027,630	6,027,630	-0-	0-
Ğ.	С							
S	d							
Ë	е							
õ	f	All other program ser						
	9	Total. Add lines 2a-2			6,046,294		 	
	3	Investment income and other similar amo	•	~				
			•		2,943	2,943	-0-	-0-
	5	Income from investmen	· ·	· .	-0- -0-	-0-	-0-	-0-
	3	Royalties	(i) Real	(II) Personal	-0-	-0-	-0-	-0-
	6a	Gross rents	() (102)	(.,,) 0.00.10.	ĺ			!
	b	Less: rental expenses		 				
	C	Rental income or (loss)		 				
	d	Net rental income or		<u> </u>	-0-	-0-	-0-	-0-
	7a	Gross amount from sales of	(i) Securities	(ii) Other				-0-
		assets other than inventory	·· -	 				
	Ь	Less: cost or other basis						
		and sales expenses .					ĺ	
	C	Gain or (loss)						
	d	Net gain or (loss) .		▶	-0-	-0-	-0-	-0-
-		. ,						
Other Revenue	8a	Gross income from fu	undraising					
Ve.		events (not including \$						
æ	ł	of contributions reporte	ed on line 1c).	1	1			
ře		See Part IV, line 18 .	а	ı			İ	
₹		Less: direct expenses				_		
-		Net income or (loss) f		events . >	-0-		-0-	-0-
	9a	Gross income from ga					ļ	
		See Part IV, line 19 .	-				İ	
		Less: direct expenses						
	1	Net income or (loss) f		ivities .	-0-	-0-	-0-	-0-
	ן זטа	Gross sales of in returns and allowance						
			-				ļ	
	b	Less: cost of goods s						
	ြင	Net income or (loss) f		entory D	-0-	-0-	-0-	-0-
	11-	ivilscellaneous F	ievenue	Buşiness Code				
	11a	•••••						
į	b							
i	d	All other revenue			-		· 	
	e	Total. Add lines 11a-	 11d	—	-0-			
	12	Total revenue See II			6 210 125	6 049 227		

Part IX Statement of Functional Expenses

	on 501(c)(3) and 501(c)(4) organizations must com	plete all columns. A	ll other organization	s must complete colu	mn (A).
	Check if Schedule O contains a respons				
	ot include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	-0-	-0-		,
2	Grants and other assistance to individuals in the United States See Part IV, line 22	-0-	-0-		
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	-0-	-0-		
4	Benefits paid to or for members	-0-	-0-		
5	Compensation of current officers, directors, trustees, and key employees	109,043	88,325	20,718	-0-
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	-0-	-0-	-0-	-0-
7	Other salaries and wages	572,667	465,464	107,203	-0-
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,650	60,467	14,183	-0-
9	Other employee benefits	174,030	140,964	33,066	-0-
10	Payroll taxes	44,242	35,836	8,406	-0-
11	Fees for services (non-employees):			9,.95	
а	Management	-0-	-0-	-0-	-0-
b	Legal	-0-	-0-	-0-	-0-
С	Accounting	-0-	-0-	0-	-0-
d	Lobbying	-0-	-0-		-0-
е	Professional fundraising services. See Part IV, line 17	-0-			
f	Investment management fees	-0-	-0-	-0-	-0-
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) .	-0-	-0-	-0-	-0-
12	Advertising and promotion [-0-	-0-	-0-	-0-
13	Office expenses	67,218	36,413	30,805	-0-
14	Information technology	10,932	- 0-	10,932	<u>-0</u> -
15	Royalties	-0-	-0-	-0-	-0-
16	Occupancy	17,185	-0-	17,185	-0-
17	Travel	52,469	41,934	10,535	-0-
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	-0-	-0-	-0-	-0-
19	Conferences, conventions, and meetings .	-0-	-0-	0-	-0-
20	Interest	-0-	-0-	-0-	-0-
21	Payments to affiliates	-0-	-0-	-0-	
22	Depreciation, depletion, and amortization .	31,196	0-	31,196	-0-
23	Insurance	9,813	-0-	9,813	-0-
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 O.)				
а	Audit	4,500	-0-	4,500	-0-
b	Contractor Expense	5,052,428	5,052,428	-0-	-0-
С	General Improvement Programs	78,640	78,640	-0-	-0-
d	Indirect Costs Allocation	-0-	298,542	<298,542>	
е	All other expenses	-0-	-0-	-0-	0-
25	Total functional expenses. Add lines 1 through 24e	6,299,013	6,299,013	-0-	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				

Part X **Balance Sheet** Check if Schedule O contains a response to any question in this Part X (B) (A) End of year Beginning of year 1 1 Cash-non-interest-bearing . 6,514 6,478 2 2 Savings and temporary cash investments 477,615 529,267 3 Pledges and grants receivable, net 3 -0--0-4 4 818,433 395,535 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 -0--0-Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L. 6 -0--0-7 7 Notes and loans receivable, net -0--0-8 8 Inventories for sale or use -0--0-9 9 Prepaid expenses and deferred charges . . -0--0-Land, buildings, and equipment: cost or 10a other basis. Complete Part VI of Schedule D 10a 705,879 632,964 10c Less. accumulated depreciation . . . 10b 99,339 606,540 b 11 11 Investments—publicly traded securities . . . -0--0-12 Investments-other securities. See Part IV, line 11 . 12 -0--0-Investments-program-related. See Part IV, line 11. -0-13 13 -0--0-14 -0-14 Intangible assets Other assets See Part IV, line 11. 15 -0-15 -0-Total assets. Add lines 1 through 15 (must equal line 34) . . 1,935,526 16 1,537,820 16 17 128,434 149,896 17 Accounts payable and accrued expenses 18 18 -0--0-19 623,886 187,366 Deferred revenue 19 20 20 Tax-exempt bond liabilities -0-<u>-0-</u> 21 -0-21 Escrow or custodial account liability. Complete Part IV of Schedule D. -0-Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 -0--0-23 23 Secured mortgages and notes payable to unrelated third parties . . . -0--0-24 Unsecured notes and loans payable to unrelated third parties 108,181 24 96,613 Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 of Schedule D -0--0-Total liabilities. Add lines 17 through 25 860,501 26 433,875 26 Organizations that follow SFAS 117 (ASC 958), check here ▶ or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets . . . 497,405 27 442,061 28 28 632,964 606,540 29 29 -0--0-Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 -0-Net Assets -0-30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . -0--0-32 32 Retained earnings, endowment, accumulated income, or other funds. -0--0-33 <u>1,075,02</u>5 33 1,103,945 34 1,537,820 Total liabilities and net assets/fund balances . . . 1,935,526 Form 990 (2012)

Page	12

Form 95	0 (2012)				Pa	ge 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response to any question in this Part XI	· ·			<u> </u>	✓
1	Total revenue (must equal Part VIII, column (A), line 12)	1			6,31	8,135
2	Total expenses (must equal Part IX, column (A), line 25)	2			6,29	9,013
3	Revenue less expenses. Subtract line 2 from line 1	3			1	9,122
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4_			1,07	5,025
5	Net unrealized gains (losses) on investments	5				-0-
6	Donated services and use of facilities	6				-0-
7	Investment expenses	7				-0-
8	Prior period adjustments	8				-0-
9	Other changes in net assets or fund balances (explain in Schedule O)	9	_			9,798
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			1,10	3,945
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response to any question in this Part XII			<u></u>	· ·	_Ц
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain	ın	i		
	Schedule O.		-			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		Ļ	2a	✓_	
	If "Yes," check a box below to indicate whether the financial statements for the year were com-	piled	or			
	reviewed on a separate basis, consolidated basis, or both.					
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis		-			
b	Were the organization's financial statements audited by an independent accountant?	٠. ٠	· -	2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ea on	a			
	separate basis, consolidated basis, or both:			1		
	☐ Separate basis ☐ Consolidated basis ☑ Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of	versig	nt		,	
	of the audit, review, or compilation of its financial statements and selection of an independent acco			2c	✓	 -
	If the organization changed either its oversight process or selection process during the tax year, e	kpiain	ın			
	Schedule O.	forth	-			لــــا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	iorin	"1		,	
	the Single Audit Act and OMB Circular A-133?	مستمد خا	.	3a	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	ergo ti	ne	3b	,	
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such	iuuiis			<u>√</u>	(2017)
				Forn	n 990	(2012)

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. ▶ See separate instructions.

OMB No 1545-0047

2012

Open to Public Inspection

Employer identification number

	ern Arkansas Plann								71-039			
Pa			rity Status (All orga						<u>nstructio</u>	ns.		
1 2	A church, con	vention of churc ribed in section	ation because it is: (Fo hes, or association of 170(b)(1)(A)(ii). (Attac	churches th Schedu	describe	ed in sec	tion 170((b)(1)(A)(i).			
3 4	A medical resentation hospital's name	earch organizatione, city, and state		ction with	a hospita	al descril	oed in se	ction 170				·
5		on operated for op	the benefit of a collect plete Part II.)	ge or uni	versity ov	wned or	operated	by a go	vernmenta	al unit d	escrib	ed in
6 7	✓ An organization	on that normally	nment or governmenta receives a substantia ((A)(vi). (Complete Par	l part of					nit or from	the ger	neral p	oublic
8	☐ A community	trust described i	n section 170(b)(1)(A)	(vi). (Con	nplete Pa	ırt II.)						
9	receipts from support from	activities related	receives: (1) more that d to its exempt function ent income and unrelater June 30, 1975. Se	ions—sub lated bus	oject to d siness tax	certain ex xable inc	ceptions	s, and (2) ss sectio	no more	than 3	31/3%	of its
10 11	An organization purposes of costs 509(a)(3). Che	on organized arone or more publick the box that	operated exclusively of operated exclusive oblicity supported organidescribes the type of	ely for th nizations supportin	e benefit described ig organiz	t of, to p d in sect zation an	perform 1 ion 509(a d comple	the funct a)(1) or se te lines 1	ions of, dection 509	9(a)(2). S jh 11h	see se	ction
e	other than fou or section 509	indation manage (a)(2).	that the organization ers and other than one	is not coi e or more	ntrolled d publicly	lirectly or support	ndirectled organi	y by one izations o	or more d described	disqualifi in section	ed pe on 509	rsons 9(a)(1)
f		ation received a check this box	a written determination			that it is	a Type	I, Type	II, or Typ	e III sup 	oportir 	ng
g		17, 2006, has t	he organization accer			ontributio	n from a	ny of the	•			
			ndirectly controls, eithody of the supported of						d ın (ıı) an 	11g(i	Yes	No
			on described in (i) abo							11g(ii	+	_
	(iii) A 35% cor	ntrolled entity of	a person described in	ı (ı) or (ıı) a	above? .					11g(iii)	
		T	on about the supporte						—			-
(1)	Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	in col (i) lis	organization sted in your document?	the organ	rou notify nization in of your port?	organizai (i) organi	Is the tion in col ized in the S?	(vii) Amou sı	nt of mo upport	onetary
				Yes	No	Yes	No	Yes	No			
(A)												
(B)												
(C)											_	
(D)												
(E)												
			-									

Total

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

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

Section	on A. Public Support						
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	200,272	609,801	741,572	889,689	268,898	2,710,232
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.	-0-	-0-	-0-	-0-	-0-	-0-
3	The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	-0-
4	Total. Add lines 1 through 3	200,272	609,801	741,572	889,689	268,898	2,710,232
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount						
6	shown on line 11, column (f)					<u> </u>	-0-
6 Section	Public support. Subtract line 5 from line 4. on B. Total Support						2,710,232
	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
7	Amounts from line 4	200,272	609,801	741,572	889,689	268,898	2,710,232
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources				1,703	2,943	23,196
9	Net income from unrelated business activities, whether or not the business is regularly carried on	8,711	4,824	5,015	-0-	-0-	-0-
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	-0-	-0-	-0-	-0-	-0-	-0-
11	Total support. Add lines 7 through 10						2,733,428
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	41,768,132
13	First five years. If the Form 990 is for the	ne organization	's first, secon	d, third, fourth	, or fifth tax ye	ear as a section	n 501(c)(3)
	organization, check this box and stop he			· · · · <u> </u>	<u> </u>	<u> </u>	> 🗆
Secti	on C. Computation of Public Suppor						
14	Public support percentage for 2012 (line 6			1, column (f))		14	99 15 %
15	Public support percentage from 2011 Sch			:		15	98 62 %
16a	33 ¹ / ₃ % support test—2012. If the organi						
	box and stop here. The organization qua				160		. > 🗸
D	331/3% support test—2011. If the organ check this box and stop here. The organ					15 15 33 73 70	or more,
170	10%-facts-and-circumstances test — 20	•	•	-		a or 16b and	
	10% or more, and if the organization me Part IV how the organization meets the "forganization	ets the "facts-a acts-and-circu	and-circumsta mstances" tes	nces" test, chest. The organization	eck this box ar ation qualifies	nd stop here. E as a publicly s 	Explain in upported .
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization metal Explain in Part IV how the organization metal supported organization	tion meets the	"facts-and-ci	rcumstances"	test, check th	ns box and st	op here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	see
	instructions	<u> </u>		<u> </u>	<u></u>	<u> </u>	. 🕨 🗆

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Secti	on A. Public Support				_		
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the	J	J]		ļ <u> </u>	
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid		ļ			j	
	to or expended on its behalf						
5	The value of services or facilities						-
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5		-		-		
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .		ļ				
b	Amounts included on lines 2 and 3						
_	received from other than disqualified						
	persons that exceed the greater of \$5,000					1	
	or 1% of the amount on line 13 for the year					ĺ	
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		经线线	建设设施	125 Language	"是"	
	line 6)				1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, 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						
C	Add lines 10a and 10b						
11	Net income from unrelated business					İ	
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets	1	[[[
4 -	(Explain in Part IV.)		ļ	<u> </u>	<u> </u>	<u> </u>	
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)	L	<u> </u>	<u> </u>		<u> </u>	5047.75
14	First five years. If the Form 990 is for the	_			-		
	organization, check this box and stop he			· · · ·		<u> </u>	· · • L
	on C. Computation of Public Suppo			0 1 (0)		1451	
15	Public support percentage for 2012 (line		-			15	<u>%</u>
<u>16</u> Sooti	Public support percentage from 2011 Sc on D. Computation of Investment In			· · · · ·	· · · · ·	16	%
	Investment income percentage for 2012 (v line 13 colu	mn (fl)	17	%
17	Investment income percentage for 2012 (Investment income percentage from 201					18	
18	33 ¹ / ₃ % support tests—2012. If the organ						
19a	17 is not more than 331/2%, check this box						
L	33 ¹ / ₃ % support tests—2011. If the organiz						
b	line 18 is not more than 33½%, check this						
20	Private foundation. If the organization d						

	om 990 or 990-E2) 2012	Page 4
Part IV	Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).	
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		•

SCHEDULE D (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990,

OMB No 1545-0047

Open to Public

Inspection

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ▶ Attach to Form 990. ▶ See separate instructions.

Western Arkansas Planning & Frontier MPO Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (b) Funds and other accounts Total number at end of year 2 Aggregate contributions to (during year) . 3 Aggregate grants from (during year) . . Aggregate value at end of year . . . 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area ☐ Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified 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 2a Total number of conservation easements . . . 2b Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) . Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items. (i) Revenues included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: Assets included in Form 990, Part X . . .

Page	2

Part	III Organizations Maintaining							
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner recor	ds, chec	k any of th	e follov	wing that are a	significant use of its
а	☐ Public exhibition		d [or exchang			
b	Scholarly research		e [☐ Other				
_	Preservation for future generations							t
4	Provide a description of the organizati XIII	on's collections a	nd expla	un how ti	hey further	the org	ganization's exe	empt purpose in Part
5	During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . Yes No							
Part	V Escrow and Custodial Arra	ngements. Cor	nplete it	the org	anization	answe	red "Yes" to F	orm 990, Part IV,
	line 9, or reported an amount	t on Form 990, F	art X, III	ne 21.				
1a	a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?							
b	If "Yes," explain the arrangement in Pa							
-	Too, explain the arrangement in the	are sum and dompie						Amount
С	Beginning balance					10	;	
ď	Additions during the year					10	1	
е	Distributions during the year					16	9	
f	Ending balance					11	F	
2a	Did the organization include an amoun							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa						ed in Part XIII	
Par		ete if the organiz	ation an	swered	"Yes" to F	Form 9	90, Part IV, lin	e 10.
		(a) Current year	(b) Pro	or year	(c) Two year	rs back	(d) Three years ba	ck (e) Four years back
1a	Beginning of year balance [
b	Contributions							
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				<u> </u>]	
2	Provide the estimated percentage of the	ne current year en	d balanc	e (line 1g	i, column (a	a)) held	as:	
а	Board designated or quasi-endowmen	it ▶	%					
b	Permanent endowment ▶							
С	Temporarily restricted endowment							
٥-	The percentages in lines 2a, 2b, and 2			antion the	at ara bald	and ac	Important for	the
3a	Are there endowment funds not in the organization by:	e possession or in	e organi.	zauon ma	at are netu	anu ac	ministered for	Yes No
								. 3a(i)
	(i) unrelated organizations(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi	zatione lietod as re		 In Schad	 ula R2			3b
4	Describe in Part XIII the intended uses							
Pari								
T CIT	Description of property	(a) Cost or ot			or other basis	(c)	Accumulated	(d) Book value
	Book, pilot of property	(investme			ther)		lepreciation	• •
1a	Land		-0-		86,000	7.00		86,000
b	Buildings		-0-		223,000		20,966	202,034
c	Leasehold improvements		-0-		-0-		-0-	-0-
d	Equipment		107,958		-0-		68,449	39,509
е	Other		288,921		-0-		9,924	278,997
Total.	Add lines 1a through 1e (Column (d) m	nust equal Form 99	90, Part)	X, columr	n (B), line 10	0(c).)		606,540

Part VII	Investments - Other Securitie	es. See Form 990, Part X,	line 12.	
(а	Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value	
(1) Financial				
-	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F) (G)				
(G) (H)				
(I)				
	b) must equal Form 990, Part X, col (B) line 12.) 1			
Part VIII	Investments—Program Relat		/ line 13	
	(a) Description of investment type	(b) Book value	(c) Method of valuation	
	(a) Description of investment type	(b) Book value	Cost or end-of-year market value	
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
<u>(9)</u> (10)				
	(b) must equal Form 990, Part X, col. (B) line 13.) 1	>		
Part IX	Other Assets. See Form 990,			
		(a) Description	(b) E	Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				···
_(7)				
(8)				
(9)				
(10)	(1) 15 000 B 14	(0) (45)		
	mn (b) must equal Form 990, Part X,		<u> </u>	
Part X	Other Liabilities. See Form 99			
1. (1) Fodoral	(a) Description of liability Income taxes	(b) Book value	- .	
	income taxes		-	
(2)				
(3)			\dashv	
(5)			┥	
(6)			-	
(7)			┥	
(8)			-	
(9)			╡	
(10)			┥	
(11)			┥	
	(b) must equal Form 990, Part X, col. (B) line 25)	<u> </u>	┥	
			ganization's financial statements that reports the	e organization's
			of the footnote has been provided in Part XIII.	

Schedu	le D (Form 990) 2012			Page 4	
Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	Retu		
1	Total revenue, gains, and other support per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.			·	
а	Net unrealized gains on investments	2a			
b	Donated services and use of facilities	2b	1		
c	Recoveries of prior year grants	2c	1		
d	Other (Describe in Part XIII.)	2d	1 1	i	
е		, , , , , , , , ,	2e	i	
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	1 1	1	
c	Add lines 4a and 4b		4c	İ	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5		
Part			er Re	turn	
1	Total expenses and losses per audited financial statements		1		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a		ı	
b	Prior year adjustments	2b	1		
c	Other losses	2c	1		
d	Other (Describe in Part XIII.)	2d	1		
e	Add lines 2a through 2d		2e		
3	Subtract line 2e from line 1		3		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	1		
b	Other (Describe in Part XIII.)	4b	1		
c	Add lines 4a and 4b		4c		
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line		5		
Part	XIII Supplemental Information				
Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b, Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.					
			·		
			·		

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization 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.

Western Arkansas Planning & Frontier MPO	71-0396361			
Part III, line 4d. Comprehensive Planning Services including emergency services planning to the six county area.				
Part VI, line 11b. The Fiscal Officer prepares Form 990 for the organization; the Executive Director revi	ews and authorizes Form 990.			
Part VI, line 15a Prior to the start of the fiscal year, a budget is prepared and mailed to the Board of Di	rectors. WAPDD's Budget Process			
includes and details yearly increases of all employee's salaries, including the Executive Director. The	Executive Committee reviews in			
detail the yearly salaries and the entire budget, a recommendation to approve or disapprove is made to	o the full Board of Directors, a			
vote is taken by the full governing body. WAPDD did not provide increases to employees for the Fisca	l Year associated with this return.			
Part VI, line 15b. Please see 15a above.				
Part VI, line 19. WAPDD provides documents to the public upon request. However, required document	ts are provided to requesting			
entities within due dates. The financial statements and audit can be viewed on-line at the State of Ark	ansas Website and the Office			
of Management and Budget Website.				
Part X, line 10a. Completed Schedule D Part VI for land, building, equipment, and building improvement	nt.			
Part XI line 9. RLF Closeout Return to WAPDD \$9,798.				
-				