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OMB No 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury Internal Revenue Service

Short Form 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)

▶ Sponsoring organizations of donor advised funds, organizations that operate for more hospital facilities, and

Sponsoring organizations of donor advised funds, organizations that operate one or more hospital facilities, and certain controlling organizations as defined in section 512(b)(13) must file Form 990 (see instructions).
All other organizations with gross receipts less than \$200,000 and total assets less than \$500,000 at the end of the year may use this form.

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

A For the 2010 calendar year, or tax year beginning 01-01-2010 and ending 12-31-2010 Check if applicable D Employer identification number C Name of organization ARKANSAS FAITH AND FREEDOM COALITIO Address change 27-3047310 Name change Number and street (or P O box, if mail is not delivered to street address) Room/suite E Telephone number 17 COOPER LANE Initial return Terminated City or town, state or country, and ZIP + 4 CONWAY, AR 72034 F Group Exemption Amended return Number 🕨 Application pending I Website:▶ Check ► I if the organization is **not** required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

K Check F if the organization is not a section 509(a)(3) supporting organization **and** its gross receipts are normally **not** more than \$50,000 A Form 990-EZ or Form 990 return is not required though Form 990-N (e-postcard) may be required (see instructions) But if the organization chooses to file a return, be sure to file a complete return

L Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts, If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more file Form 990 instead of Form 990-F7

more,	, file	Form 990 instead of Form 990-EZ		72,200
Pa	rt I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruct Check if the organization used Schedule O to respond to any question in this Part I	ions for Pa	art I)
	1	Contributions, gifts, grants, and similar amounts received	1	72,200
Revenue	2	Program service revenue including government fees and contracts	2	
	3	Membership dues and assessments	3	
	4	Investment income	4	
	5a	Gross amount from sale of assets other than inventory 5a		
	ь	Less cost or other basis and sales expenses 5b	1	
	c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
œ œ	6	Gaming and fundraising events		
	а	Gross income from gaming (attach Schedule G if greater than \$15,000)		
	ь	Gross income from fundraising events (not including \$ _of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceed \$15,000)		
	С	Less direct expenses from gaming and fundraising events 6c]	
	d	Net income or (loss) from gaming and fundraising events (Add lines 6a and 6b and subtract line 6c)	6d	
	7a	Gross sales of inventory, less returns and allowances		
	ь	Less cost of goods sold		
	С	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	
	8	Other revenue (describe in Schedule O)	8	
	9	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	72,200
	10	Grants and similar amounts paid (list in Schedule O)	10	
	11	Benefits paid to or for members	11	
	12	Salaries, other compensation, and employee benefits	12	11,339
Ą.	13	Professional fees and other payments to independent contractors	13	2,393
Expenses	14	Occupancy, rent, utilities, and maintenance	14	4 3
S S	15	Printing, publications, postage, and shipping	15	46,567
_	16	Other expenses (describe in Schedule O)	16	
	17	Total expenses. Add lines 10 through 16	17	60,342
Net Assets	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18	11,858
	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with		
		end-of-year figure reported on prior year's return)	19	
	20	Other changes in net assets or fund balances (explain in Schedule O)	20	
	21	Net assets or fund balances at end of year Combine lines 18 through 20	21	11,858
			· · · · · ·	

Form 990-EZ (2010)			Page 2
Part II Balance Sheets			
Check if the organization used Schedule O to respond to any questi	ion in this Part II		<u>F</u>
(See the instructions for Part II)	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	. 0	22	11,858
23 Land and buildings	. 0	23	0
24 Other assets (describe in Schedule O)	0	24	0
25 Total assets	0	25	11,858
26 Total liabilities (describe in Schedule O)	0	26	0
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	. 0	27	11,858
Part III Statement of Program Service Accomplishments Check if the organization used Schedule O to respond to any quest What is the organization's primary exempt purpose? POLITICAL	·	(c) org 49	Expenses equired for section 501 (3) and 501(c)(4) ganizations and section 47(a)(1) trusts,
Describe what was achieved in carrying out the organization's exempt purposes describe the services provided, the number of persons benefited, and other relevance program title	· · · · · · · · · · · · · · · · · · ·	opt	tional for others)
28 POLITICAL (Grants \$) If this amount includes foreign grants, che	eck here 📂 🦵	28a	0
29 PO LITICAL (Grants \$) If this amount includes foreign grants, che	eck here 🕨 🦵	29a	0

Part IV List of Officers, Directors, Trustees, and Key Employees. List each one even if not compensated (See the instructions for Part IV)							
Check if the organization used Schedule O to respond to any question in this Part IV							
(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	(e) Expense account and other allowances			
GILBERT BAKER 17 COOPER LANE CONWAY, AR 72034	OFFICER 35	10,000	0	0			

If this amount includes foreign grants, check here . . .

If this amount includes foreign grants, check here . .

32 Total program service expenses (add lines 28a through 31a)

30 POLITICAL (Grants \$)

(Grants \$)

0

0

30a

31a 32

Ра	Check if the organization used Schedule O to respond to any question in this Part V			
	Check if the organization used schedule of to respond to any question in this Part V		Yes	No
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," provide a detailed			
34	description of each activity in Schedule O	33		N o
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not reported on Form 990-T, explain in Schedule O why the organization did not report the income on Form 990-T			
а	Did the organization have unrelated business gross income of \$1,000 or more or was it a section 501(c)(4), 501 (c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements?	35a		No
ь	If "Yes," has it filed a tax return on Form 990-T for this year? (see instructions)	35b		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		No
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions 🕨			
b	Did the organization file Form 1120-POL for this year?	37b		Νο
38a	Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were			
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		Νο
b	If "Yes," complete Schedule L, Part II and enter the total amount involved . 38b			
39	Section 501(c)(7) organizations. Enter			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section $501(c)(3)$ organizations. Enter amount of tax imposed on the organization during the year under			
	section 4911, section 4912, section 4955			
b	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		No
c	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3) and 501(c)(4) organizations Enter amount of tax on line 40c reimbursed by the organization			
e	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		No
41	List the states with which a copy of this return is filed 🕨			
42a	The organization's books are in care of Figure 97 GILBERT BAKER Telephone no	(50	1)679	-6388
	17 COOPER LANE Located at CONWAY, AR ZIP + 4	▶ _ 72	2034	
ь	At any time during the calendar year, did the organization have an interest in or a signature or other authority		Yes	No
	over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b	103	No
	If "Yes," enter the name of the foreign country •			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
c	At any time during the calendar year, did the organization maintain an office outside of the U S ?	42c		No
	If "Yes," enter the name of the foreign country 🕨			
	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041— Check here and enter the amount of tax-exempt interest received or accrued during the tax year	<u> </u>		▶ 「
44a	Did the organization maintain any donor advised funds? If "Yes", Form 990 must be completed instead of		Yes	No
	Form 990-EZ.	44a		Νο
Ь	Did the organization operate one or more hospital facilities during the year? If 'Yes,' Form 990 must be completed instead of Form990-EZ	44b		No
c	Did the organization receive any payments for indoor tanning services during the year?			
		44c		Νο
d	If 'Yes' to line 44c, has the organization filed a Form 720 to report these payments? If 'No,' provide an explanation in School up 0			

orm 990-l	EZ (2010)							Page (
							Yes	No
	y related organization a controlle Form 990 and Schedule R must be		_	fsection 51	12(b)(13)? <i>If</i>	45		No
	ne organization receive any payn ing of section 512(b)(13)? <i>If 'Ye</i>		·		•	45-		NI -
16 Did th	ne organization engage, directly dates for public office? If "Yes,"	or indirectly, in political	campaign activities on l			45a		No
Part VI				exempt	charitable tri	46 usts 0	nlv.	No
	All section 501(c)(3) organ		` ' ` '	•			-	stions
	47-49b and 52. Check if the organization used	l Schedule O to respond	to any question in this I	Part VI .				
		·	· ·				Yes	No
7 Did tl	ne organization engage in lobbyir	ng activities? If "Yes," c	omplete Schedule C, Pa	rt II		47		
						48		
	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization make any transfers to an exempt non-charitable related organization?					49a		
	es," was the related organization					49b		
	plete this table for the organization	-		than office	rs directors trus	tees a	nd kev	<u> </u>
	oyees) who each received more t	han \$100,000 of compe						
	and address of each employee	(b) Title and average hours per week	(c) Compensation	, , ,	ntributions to benefit plans &	-	e) Exper count a	
ра	id more than \$100,000	devoted to position		deferred	compensation	othe	r allowa	ances
0(f) Tot:	al number of other employees pa	ıd over \$100,000 .				•		
		, ,				•		
1 Comp	al number of other employees pa plete this table for the organization mpensation from the organization	on's five highest comper	•		▶	►	an \$10	0,000
1 Compoficor	olete this table for the organization	on's five highest comper n Ifthere is none, enter	"None "		each received n		an \$10 ompen	
1 Compoficor	olete this table for the organization	on's five highest comper n Ifthere is none, enter	"None "					
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1 Comp	olete this table for the organization	on's five highest comper n Ifthere is none, enter	"None "					
1 Compoficor	olete this table for the organization	on's five highest comper n If there is none, enter ndent contractor paid mo	"None " pre than \$100,000					
1 Composition (a) No.	plete this table for the organization mpensation from the organization ame and address of each independent of the organization of other independent of the organization complete Sche	on's five highest comper If there is none, enter Indent contractor paid mo contractors each receiving	"None " pre than \$100,000 ang over \$100,000 .	(b) Тур	e of service	(c) C	ompen	sation
1 Compoficor (a) Na 1(d) Tota 2 Did	plete this table for the organization mpensation from the organization ame and address of each independent of other independent of	on's five highest comper If there is none, enter Indent contractor paid mo contractors each receiving	"None " pre than \$100,000 ang over \$100,000 .	(b) Тур	e of service	(c) C	ompen	sation
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1 Compoficor (a) No 1(d) Tota 2 Did mu ider penal owledge a	plete this table for the organization mpensation from the organization ame and address of each independent of the organization and independent of the organization complete Schest attach a completed Schedule	on's five highest comper If there is none, enter ndent contractor paid mondent contractor paid mondent contractors each receiving the A? NOTE: All Section A	"None " ore than \$100,000 ong over \$100,000 on 501(c)(3) organization cluding accompanying sch	(b) Typ	e of service	npt cha	ritable 'es 🗸	trusts
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TY 2010 Compensation Explanation

Name: ARKANSAS FAITH AND FREEDOM COALITIO

EIN: 27-3047310

Person Name	Explanation
GILBERT BAKER	FUND RAISING DAILY OPERATIONS AND VOTE EDUCATION