032001 02-22-11

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

A	טו נוופ	2010 Calefidar year, or tax year beginning	onding		
В	Check if opplicable	C Name of organization		D Employer identif	fication number
	Addres	Arkansans for Common Sense			
	Name change	Doing Business As		27-2	2075668
X	Initial	9	Room/suite	E Telephone numb	er
	Termir ated			(503	
	Amend			G Gross receipts \$	1,299,250.
H	Applic tion	Little Rock, AR 72221		H(a) Is this a group	
	tion pendir	F Name and address of principal officer: Ben Noble		for affiliates?	Yes X No
		same as C above		H(b) Are all affiliates in	
-	26		or 527	- 1 · · ·	a list. (see instructions)
-			JI [32 <i>1</i>	-	•
		e: N/A	Lalvan	H(c) Group exempti	
		organization; X Corporation	L Year	or formation; ZUIU	M State of legal domicile; AR
Pa	art I	Summary			I Come have
æ	1	Briefly describe the organization's mission or most significant activities: ${f To}$ ${f p}$	romote	social we.	liare by
anc		educating the citizens of Arkansas on is:			
Ĕ	2	Check this box 🕨 🔲 if the organization discontinued its operations or dispos	sed of mor	e than 25% of its net	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	3
G	4	Number of independent voting members of the governing body (Part VI, line 1b)			
S	5	Total number of individuals employed in calendar year 2010 (Part V, line 2a)		5	0
λţ		Total number of volunteers (estimate if necessary)			
Activities & Governance		Total unrelated business revenue from Part VIII, column (C), line 12			0.
4		Net unrelated business taxable income from Form 990-T, line 34		CT. CT V	0.
-	1			Prior Year	Current Year
	8	Contributions and grants (Part VIII, line 1h)			1,299,250.
Revenue		Program service revenue (Part VIII, line 2g)			0.
Ve		Investment income (Part VIII, column (A), lines 3, 4, and 7d)			0.
æ					0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			1,299,250.
_	-	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)			0.
		Benefits paid to or for members (Part IX, column (A), line 4)			0.
Ses		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)			0.
Š		Total fundraising expenses (Part IX, column (D), line 25)			1 207 624
ш		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)			1,287,624.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,287,624.
	19	Revenue less expenses. Subtract line 18 from line 12			11,626.
OF Ces			В	eginning of Current Yea	
set	20	Total assets (Part X, line 16)			11,626.
ABB	21	Total liabilities (Part X, line 26)			0.
Net Assets	22	Net assets or fund balances. Subtract line 21 from line 20			11,626.
P	art II	Signature Block			
		lities of perjury, I declare that I have examined this return, including accompanying schedule			my knowledge and belief, it is
true	, correc	ct, and complete. Declaration of preparer (other than officer) is based on all information of wi	hich prepare	r has any knowledge.	
Sig	ın	Signature of officer		Date	
He		Ben Noble, President			
110		Type or print name and title			
-		Print/Type preparer's name Preparer's signature	1	Date Check	PTIN
Pai	d	Cale Turner, CPA		if self-empl	оува
	parer	Firm's name Thomas & Thomas LLP		Firm's EIN	
	Only	Firm's address 201 E. Markham, Suite 500			
500	. Omy	Little Rock, AR 72201		Phone no.	(501) 375-2025
N 4 -	u the I	RS discuss this return with the preparer shown above? (see instructions)		11 110110 110.	X Yes No
IVIa	v me i	no diagnas una retuiti with the preparer allowit abover (see instructions)		**********************	***** LOG L INO

Form 990 (2010)

Part IV Checklist of Required Schedules Yes No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? X If "Yes," complete Schedule A 1 X 2 Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for X 3 public office? If "Yes," complete Schedule C, Part I Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect 4 during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or X 5 similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to X provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 6 Did the organization receive or hold a conservation easement, including easements to preserve open space, 7 X the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete X Schedule D, Part III Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide X credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? X 10 If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X 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 X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 11b c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total X 11c assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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 X 11d Part X, line 16? If "Yes," complete Schedule D, Part IX X e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X 12a Schedule D, Parts XI, XII, and XIII b Was the organization included in consolidated, independent audited financial statements for the tax year? X 12b If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional...... X Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E X 14a Did the organization maintain an office, employees, or agents outside of the United States? **b** Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, X and program service activities outside the United States? If "Yes," complete Schedule F, Parts I and IV 14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization X or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals X located outside the United States? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, 17 X column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I 17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines X 1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," X complete Schedule G, Part III X 20a Did the organization operate one or more hospitals? If "Yes," complete Schedule H 20a b If "Yes" to line 20a, did the organization attach its audited financial statements to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)

Form 990 (2010) Arkansans for Common Sense
Part IV | Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		Х
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
d	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a			_
200	disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			
	Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		J.	18
	instructions for applicable filing thresholds, conditions, and exceptions):	1-7	v	
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	Х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Λ
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	000	х	
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	A	x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	-	1
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
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		x
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		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		X
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35		Х
а	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Yes X No			
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, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?		37	
_	Note. All Form 990 filers are required to complete Schedule O	38	X	(0.01.0)

orm	990 (2010) Arkansans for Common Sense	27-2075	668	P	age S
Par	t V Statements Regarding Other IRS Filings and Tax Compliance				
	Check if Schedule O contains a response to any question in this Part V				
		*II ¥		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a 4	RH1		1.2
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			9 11
	Did the organization comply with backup withholding rules for reportable payments to vendors and r		TIV.		7
	(gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		618	131	
	filed for the calendar year ending with or within the year covered by this return	2a 0	13		100
h	If at least one is reported on line 2a, did the organization file all required federal employment tax retu		2b		
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . (see instruction			TEN	
22	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		X
			3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
44	financial account in a foreign country (such as a bank account, securities account, or other financial		4a		X
_		accounty:	74	172	The s
D	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		88	
			5a		x
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction that it was or is a party to a prohibited tax shelter transaction.		5c		
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		30	-	1
ба	Does the organization have annual gross receipts that are normally greater than \$100,000, and did to		6a	x	
	any contributions that were not tax deductible?		oa	1	-
b	If "Yes," did the organization include with every solicitation an express statement that such contribu	tions or girts	Ch	x	
	were not tax deductible?	***************************************	6b	12	
7	Organizations that may receive deductible contributions under section 170(c).	- ilaan meniidad ta tha navar?	7.	11.116	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		7a		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	-	-
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		l _		
	to file Form 8282?		7c		-
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d		1100	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit		7e	-	-
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont		7f	-	-
g	If the organization received a contribution of qualified intellectual property, did the organization file F		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D			100	
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at	any time during the year?	8	_	
9	Sponsoring organizations maintaining donor advised funds.			2.1	ERS
а	Did the organization make any taxable distributions under section 4966?	ggg	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	ļg	9b		
10	Section 501(c)(7) organizations. Enter:	¥ 147	1 80	100	135
а	Initiation fees and capital contributions included on Part VIII, line 12	10a		1.80	100
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	100	1.46	16
11	Section 501(c)(12) organizations. Enter:	g = 12.1		100	100
а	Gross income from members or shareholders	11a	in a	1000	TIC.
b	Gross income from other sources (Do not net amounts due or paid to other sources against		28	1117	
	amounts due or received from them.)	11b		TOP	
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	OIL:		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	A 18		Fill	
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
a	Note. See the instructions for additional information the organization must report on Schedule O.			17	1137
ь	Enter the amount of reserves the organization is required to maintain by the states in which the		8	100	1
	organization is licensed to issue qualified health plans	13b	LIE.		
_	Enter the amount of recornes on hand	13c	158		1

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O

14a

14b

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

	Check if Schedule O contains a response to any question in this Part VI			X
Sec	tion A. Governing Body and Management			
	W 147 2.55		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 3			
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	-0.5		100
	officer, director, trustee, or key employee?	2	X	
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		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Does the organization have members or stockholders?	6		X
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the			
	governing body?	7a		X
Ь	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year			
	by the following:	71.17		THE S
а	The governing body?	8a	X	
b	En la las de values de la companyante della comp	8b	X	
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		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Does the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?	10b		
11a	Has the organization provided a copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			1
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise			
	to conflicts?	12b	X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this is done	12c		X
13	Does the organization have a written whistleblower policy?	13		X
14	Does the organization have a written document retention and destruction policy?	14		X
15	Did the process for determining compensation of the following persons include a review and approval by independent		1.5	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	1	200	
а	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			The V
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a	E 6		
	taxable entity during the year?	16a		X
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation			211
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's		45	
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ► None			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available	for		
	public inspection. Indicate how you make these available. Check all that apply.			
	Own website Another's website X Upon request			
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, a	nd fina	ncial	
	statements available to the public.			
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization	tion: 🕨		
	Thomas & Thomas, LLP			
	201 East Markham, Suite 500, Little Rock, AR 72201			

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

Check if Schedule O contains a response to any question in this Part VII ...

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

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

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

Check this box if neither the organization (A)	(B)			(0	C)			(D)	(E)	(F)	
Name and Title	Average			Pos				Reportable	Reportable	Estimated	
	hours per	(cl	neck	all 1	that	hat apply)		compensation	compensation	amount of	
	week	ctor						from the	from related organizations	other compensation	
	(describe hours for	r dire	<i>a</i>			pet		organization	(W-2/1099-MISC)	from the	
	related	stee o	rustee		43	pensa		(W-2/1099-MISC)	(organization	
	organizations	al tru	onal t		oloye	E CO		,		and related	
	in Schedule	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations	
	O)	=	트	ğ	3	王与	<u> </u>				
Ben Noble		l		l					_		
Director	5.00	X	_	X	_	_		0.	0.	0	
Greg Means	F 00	,,		٦,				0.	0.	0	
Director	5.00	X		X			_	0.	0.	0	
Kyle Noble	F 00	, v		x				0.	0.	0	
Director	5.00	1		₽	-		-	0.	0.	-	
			\vdash	\vdash		H					
			\vdash	\vdash	\vdash	-	-				
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Par	t VII Section A. Officers, Directors, Tru		nplo	yee			High	est					
	(A)	(B)			_ (((D)	(E)		(F)	
	Name and title	Average	/-4		Pos			l. A	Reportable	Reportable		stimate	
		hours per week	(C)	ieck	all'	ınat	арр	ıy)	compensation from	compensation from related	l ar	nount of other	זכ
		(describe	ctor						the	organizations	COL	npensa	tion
		hours for	rdire				ted		organization	(W-2/1099-MISC)		rom the	
		related	stee o	rustee			Den Sa		(W-2/1099-MISC)	,	org	janizati	on
		organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee			1		d relate	
		in Schedule	dividu	stituti	Officer	у етп	ghest	Former			org	anizatio	ons
		0)	트	=	6	35	포늄	32			-		
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				-		\vdash							
						1							
				1		\vdash	1						
											1		
					\vdash			_			1		
1b	Sub-total			1	1	_		_	0.	0	.1		0.
	Total from continuation sheets to Part V								0.	0	.		0.
	Total (add lines 1b and 1c)								0.	0			0.
2	Total number of individuals (including but r	not limited to th	nose	liste	ed a	bov	e) w	no r	eceived more than \$100	0,000 in reportable			
-	compensation from the organization						_,						0
											·	Yes	No
3	Did the organization list any former officer,	director or tru	stee	e, ke	y er	nplo	yee,	or l	highest compensated e	mployee on			
	line 1a? If "Yes," complete Schedule J for s										3		X
4	For any individual listed on line 1a, is the si	um of reportab	le c	omp	ens	atio	n an	d ot	her compensation from	the organization		1. 28	EY -
	and related organizations greater than \$15										4		X
5	Did any person listed on line 1a receive or												
	rendered to the organization? If "Yes," con	nplete Schedul	e J	for s	uch	per	son				5		Х
Sec	tion B. Independent Contractors												
1	Complete this table for your five highest co	mpensated in	dep	ende	ent d	conf	tracte	ors '	that received more than	\$100,000 of comper	nsation	from	
	the organization. NONE							_				-	
	(A)								(B) Description of	ean/icee	Comp	C) ensatic	m
	Name and business	address	_					_	Description of	services	Comp	orioacic	
						-		-					
								- V		1			
			_				-						
				_	_			_					
						_							
2	Total number of independent contractors (including but r	not i	imite	ad to	th,	ose li	ster	d above) who received i	more than			7
~	\$100,000 in compensation from the organ		,011			, 11	0			4=			
_	#100,000 in compensation from the organ	LAKINI I					_				Eorn	990	2010)

			ue		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
£ 1	l a	Federated campaigns	1a		511 S 18 - 1	SED IN FEB		
and other similar amounts	b	Membership dues	1b			1000		
i i	С	Fundraising events	1c					
<u>a</u>	d	Related organizations	1d					
Ē	е	Government grants (contributi	ons) 1e					
S	f	All other contributions, gifts, grant	s, and					
틝		similar amounts not included abov	re1f 11 ,	299,250.				
힏	g	Noncash contributions included in lines	1a-1f: \$		200 250		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
, a	h	Total, Add lines 1a-1f			,299,250.			
				Business Code			OF IN I WE USE	
] 2	2 a							
a	b							
Ven Ven	C			—				
90	d							
Revenue	e	All other program service reve	BUIO					
				7.00		NAME OF STREET		
- 3		Total. Add lines 2a-2f Investment income (including	dividends inter	***************************************				
Ι,	,	other similar amounts)						
	4	Income from investment of tax						
		Royalties		22 12				
'		nojano	(i) Real	(ii) Personal				
1 6	ба	Gross Rents	- M			8 - 10	Marie Contract	
		Less: rental expenses					1000	
		Rental income or (loss)				BALL M.		
		Net rental income or (loss)						
7	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory						
	b	Less: cost or other basis				47 A S Y		
		and sales expenses						
	C	Gain or (loss)						
	d	Net gain or (loss)						
e le	8 a	Gross income from fundraising						
E		including \$	of					
<u></u>		contributions reported on line						
Other Reven		Part IV, line 18						
		Less: direct expenses						E STATE OF THE REAL PROPERTY.
		Net income or (loss) from fund		>				
	9 a	Gross income from gaming ac		1				XI MARKET
		Part IV, line 19					ALTER ST	Of the Contract of the Contrac
		Less: direct expenses						100000000000000000000000000000000000000
١.,		Net income or (loss) from gam						
10	υа	Gross sales of inventory, less and allowances						
	Ь	Less: cost of goods sold						
		Net income or (loss) from sale				4-1-1		
		Miscellaneous Revenu		Business Code		AND LINE		MUST LE
1	1 a							
- 1 '	b							
	c							
	d							
		Total. Add lines 11a-11d		•			a All Pacello S	The Name of
	-	Total revenue. See instructions.			1,299,250.	0.	0.	0

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

(A) Total expenses (D) Fundraising (C) Do not include amounts reported on lines 6b. Program service Management and 7b, 8b, 9b, and 10b of Part VIII. ĕxpenses general expenses expenses Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21 Grants and other assistance to individuals in the U.S. See Part IV, line 22 Grants and other assistance to governments, organizations, and individuals outside the U.S. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) Other salaries and wages 7 Pension plan contributions (include section 401(k) and section 403(b) employer contributions) Other employee benefits 9 Payroll taxes 10 Fees for services (non-employees): 11 a Management 53,965. 53,965. b Legal 3,125. 3,125. C Accounting d Lobbying Professional fundraising services. See Part IV, line 17 Investment management fees f 182,720. 182,720. g Other ____ Advertising and promotion 12 71. 71. 13 Office expenses 4,000. 4,000. Information technology 14 15 Royalties 16 Occupancy 17 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 Interest 21 Payments to affiliates Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses in line 24f. If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O.) Education - Media Education - Production 993,513. 993,513. 48,605. 48,605. 850. 850. Filing Fees C 535. Telephone 535. d 240. Bank Charges 240. e All other expenses 1,287,624. 1,229,688. 57,936. 0. Total functional expenses. Add lines 1 through 24f 25 Joint costs. Check here | if following SOP 98-2 (ASC 958-720). Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising

27-2075668 Page 11 Arkansans for Common Sense Form 990 (2010) Part X Balance Sheet (B) End of year (A) Beginning of year 11,626. 1 Cash - non-interest-bearing 1 2 Savings and temporary cash investments 2 3 Pledges and grants receivable, net 4 Accounts receivable, net Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II 5 of Schedule L 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 6 employees' beneficiary organizations (see instructions) 7 Notes and loans receivable, net 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges

	9	Prepaid expenses and deterred charges				
	10a	Land, buildings, and equipment: cost or other			133	
		basis. Complete Part VI of Schedule D	10a		-100	
	ь	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	11		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ			16	11,626.
	17	Accounts payable and accrued expenses			17	
	18	Grants payable			18	
	19	Deferred revenue			19	
	20	Tax-exempt bond liabilities			20	
Liabilities	21	Escrow or custodial account liability. Complete			21	
	22	Payables to current and former officers, director	V No. of the latest to			
		highest compensated employees, and disqualifi				
		=			22	
	23	Secured mortgages and notes payable to unrela		23		
	24	Unsecured notes and loans payable to unrelate		24		
	25	Other liabilities. Complete Part X of Schedule D	1.5000.50000000000000000000000000000000		25	
	26	Total liabilities. Add lines 17 through 25		0.	26	0.
		Organizations that follow SFAS 117, check he				
ç		lines 27 through 29, and lines 33 and 34.				
nce	27	Unrestricted net assets			27	
Net Assets or Fund Balances	28	Temporarily restricted net assets			28	
e P	29	Permanently restricted net assets			29	
Ē		Organizations that do not follow SFAS 117, c				
卢		complete lines 30 through 34.				
ts	30	Capital stock or trust principal, or current funds		0.	30	0.
SSe	31	Paid in or capital surplus, or land, building, or ed		0.	31	0.
tΑ	32	Retained earnings, endowment, accumulated in	0.	32	11,626.	
Š	33	Total net assets or fund balances	0.	33	11,626.	
	34	Total liabilities and net assets/fund balances		0.	34	11,626.

Form **990** (2010)

	VI Describer of Mark Acords				
ra	t XI Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI			A+ A+ 1	
			1 00		EΛ
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,29		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,28		
3	Revenue less expenses. Subtract line 2 from line 1	3	1.	1,6	26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			0.
5	Other changes in net assets or fund balances (explain in Schedule O)	5			0.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	1:	1,6	26.
Pa	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response to any question in this Part XII	************			
	The state of the s			Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other			Typi	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.	Bull		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
Ь	Were the organization's financial statements audited by an independent accountant?				Х
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
•	review, or compilation of its financial statements and selection of an independent accountant?		2c		
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issue				
u	separate basis, consolidated basis, or both:	- 017 4			
	Separate basis Consolidated basis Both consolidated and separate basis				54
0-	· · · · · · · · · · · · · · · · · · ·	ade Audit			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si		3a		x
	Act and OMB Circular A-133?		an Ja		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		3b		

SCHEDULE C (Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service ➤ Complete if the organization is described below. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions.

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax), or Form 990-EZ, Part V, line 35a (Proxy Tax), then

Sec	ction 501(c)(4), (5), or (6) organiza	tions: Complete Part III.			
Name o	of organization			Emp	ployer identification number
	Arkansa	ns for Common Se	ense		27-2075668
Part	I-A Complete if the org	janization is exempt un	der section 501(c)	or is a section 527	organization.
2 Pc	ovide a description of the organiz olitical expenditures olunteer hours				
Part	I-B Complete if the org	janization is exempt un	der section 501(c)	(3).	
1 Er	nter the amount of any excise tax	incurred by the organization ur	der section 4955	>	\$
2 Er	nter the amount of any excise tax	incurred by organization manage	gers under section 495	5	\$
	the organization incurred a section				
4a W	as a correction made?			***************************************	Yes No
b lf	"Yes," describe in Part IV.				((()
A COLUMN TO A COLU	I-C Complete if the org				
	nter the amount directly expended				\$0.
	nter the amount of the filing organ				s 0.
ex	cempt function activities				\$
	otal exempt function expenditures				s 0.
lin 4 Di	e 17b	4400 DOL fauthio 110 av	*************************		*
	d the filing organization file Form nter the names, addresses and er				
	nter the names, addresses and er ade payments. For each organiza				
	ontributions received that were pr				
	olitical action committee (PAC). If				
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	contributions received and

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule C (Form 990 or 990-EZ) 2010

Schedule C (Form 990 or 990-EZ) 2010	Arkansans	for Common	Sense	27-2	2075668 Page 2
Part II-A Complete if the orga	nization is exer	npt under section	n 501(c)(3) and file	d Form 5768	
(election under section	on 501(h)).				
A Check 🕨 🔛 if the filing organization	n belongs to an affil	liated group.			
B Check 🕨 🔲 if the filing organization	n checked box A ar	nd "limited control" pro	visions apply.		
	on Lobbying Experures" means amou	nditures ints paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe	nce public opinion (grass roots lobbying)			
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add line					
d Other exempt purpose expenditures					
e Total exempt purpose expenditures	(add lines 1c and 1c	d)			
f Lobbying nontaxable amount. Enter	the amount from the	e following table in bot	h columns.		
If the amount on line 1e, column (a) or	(b) is: The lob	bying nontaxable am	ount is:		
Not over \$500,000		the amount on line 1e.			1/12/12/12
Over \$500,000 but not over \$1,000,		00 plus 15% of the exc			
Over \$1,000,000 but not over \$1,500		00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00		00 plus 5% of the exce	ss over \$1,500,000.		
Over \$17,000,000	\$1,000,	000.			
h Subtract line 1g from line 1a. If zero i Subtract line 1f from line 1c. If zero of j If there is an amount other than zero reporting section 4911 tax for this year	or less, enter -0- on either line 1h or ear? 4-Year Ave	eraging Period Under	ation file Form 4720		Yes No
colu	ımns below. See th	e instructions for line	es 2a through 2f on pa	ge 4.)	
	Lobbying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) Total
2a Lobbying nontaxable amount					
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount		Market Park			
(150% of line 2d, column (e))			PRACTO PA		
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2010 Arkansans for Common Sense 27-2075668 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

		(8	a)	(b)
		Yes	No	Amo	unt
1	During the year, did the filing organization attempt to influence foreign, national, state or	ALC: N	Sangar 1	giui Sec	X Y
	local legislation, including any attempt to influence public opinion on a legislative matter		Section 1		
	or referendum, through the use of:		ST		
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			The National Control	v F 214
	Media advertisements?				
	Mailings to members, legislators, or the public?				
	Publications, or published or broadcast statements?				
	Grants to other organizations for lobbying purposes?				
q	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?				
i					
-	Total. Add lines 1c through 1i		HEITE		
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			Trail S	
	If "Yes," enter the amount of any tax incurred under section 4912	10 THE	27-128		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filling organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section	on 501(c)	(5), or se	ction	
	501(c)(6).				
	, 0 /			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carryover lobbying and political expenditures from the prior year?				
	501(c)(6) if BOTH Part III-A, lines 1 and 2 are answered "No" OR if Pa "Yes."				
1	Dues, assessments and similar amounts from members				
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures)	Car	(5)(5)		
	expenses for which the section 527(f) tax was paid).		2a		
	Current year				
b					
C	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the ex				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and		4		
(25)	expenditure next year?	****************			
_	Taxable amount of lobbying and political expenditures (see instructions)		5		
	t IV Supplemental Information plete this part to provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; a	nd Part II.D	line 1i Also	complete	this ner
		nu rait irb	, 1116 11. 7430	, complete	tino par
	ny additional information. rt I-A, Line 1:				
ra.	IC I-A, DINC I.				
The	e Organization spent \$637,817 on independent expendent	liture	s in s	upport	:
of	Senator Blanche Lincoln. These independent expendent	liture	s incl	uded	
ra	dio, television, and print advertisments which were	e desi	gned t	0	
eď	cate the citizens of Arkansas on where Senator Lir	ncoln	stood	on	
	portant social welfare issues.				

SCHEDULE L (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b. ➤ Attach to Form 990 or Form 990-EZ. ➤ See separate instructions. **Open To Public**

OMB No. 1545-0047

Inspection

Name of the organization

Arkansans for Common Sense

Employer identification number 27-2075668

The state of the s		990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.						ected		
(a) Name of dis		(b) Description of transaction					Yes	No		
Enter the amount of tax imp							. \$.			
Enter the amount of tax, if a	any, on line 2,	above, reim	bursed by the organiza	tion			► \$ ₀			
art II Loans to and/o	or From Int	aracted	Persons							
			on Form 990, Part IV,	line 26 or Form 990.F	7 Part \	/ line 38	За			
(a) Name of interested	(b) Loan to or from		(c) Original principal amount	(d) Balance due	(e) In by board			roved	d (g) Writter	
person and purpose	the organization?				default?		committee?		agreement?	
	To From				Yes	No	Yes	No	Yes	No
	10	TION								
	-									
						†				
	-									1
	-									1
	-									1
			b ¢		111110	Eliza 19	I I SAVE	41.00		1
_{etal} Part III Grants or Assi	etance Re	nefiting	nterested Person	S.						
			on Form 990, Part IV,							
		wered res	(h) Polationship between	een interested nerson	and		(c) An	nount ar	nd type o	of
(a) Name of interested person			(b) Relationship between interested person and the organization				(c) Amount and type of assistance			
						_				
						_				
		_				_				
		-								
						- 1				

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury

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.

2010
Open to Public Inspection

Name of the organization

Arkansans for Common Sense

Form 990, Part VI, Section A, line 2: Board members Ben Noble and Kyle

Noble are husband and wife.

Form 990, Part VI, Section B, line 11: The Form 990 is reviewed by all

members of the Board of Directors before being filed.

Form 990, Part VI, Section C, Line 19: The Organization does not maintain a physical office. However, all documents required to be made open for public inspection can be obtained by sending a written request to the address listed on Page 1 of this form.