



# *A New Chapter*

## 2016 Annual Report

**Calico Rock Museum Foundation, Inc.**

## **Calico Rock Museum & Visitor Center Mission Statement**

The Calico Rock Museum preserves, displays and interprets historical objects and works of art that *build a bridge* of culture and understanding.

## **Calico Rock Museum Foundation Mission Statement**

The Calico Rock Museum Foundation helps our community *leave a legacy* by supporting and operating the Calico Rock Museum.



Calico Rock Museum Foundation

Dear Supporters,

We proudly submit the 2016 Annual Report of the Calico Rock Museum Foundation. This report is *more* than impressive statistics, though they are impressive. It tells a story of our efforts in preserving our past and leaving our legacy over the past year.

Our museum is dedicated to telling the story of Calico Rock and her people. In 2016, we added new exhibits, revamped educational programming, and conducted successful events that draw tourists and share our history. Over the past few years, our closets have become full, with no room for new exhibits, and we've had to turn down large items because we are out of space.

This year, we bought the historic Floyd's Grocery Building, directly across from the museum, to create a stand-alone **art and science center** and **expand our history museum** in our current building. We are raising money to renovate this building and complete this effort.

The **Printing Press Café & Ice Cream Parlor** and **Calico Rock Artisans Gift Shop** continue to generate a diverse revenue stream for the Foundation and taxable sales that benefit the city, county and state. The café has become as much of a *gathering place* for the community as it is a way to sustain our future.

The **Calico Rock Museum Foundation Endowment Fund** is growing and will insure the work of the museum will continue well into the future.

The continued success of the Foundation and museum is only possible with your support. Thank you for helping us as we open *a new chapter*.

Respectfully submitted,

*Steven Mitchell*

Steven Mitchell  
Chairman  
Board of Trustees

*Wayne Wood*

Wayne Wood  
Vice Chairman  
Board of Trustees

*Gloria Sanders*

Gloria Sanders  
Executive Director  
Ex-Officio Secretary



## Our Legacy

Explorers saw the calico-colored bluffs rising up from the White River and Calico Rock was born. Unlike other places along the river, the geography around Calico was passable and became a suitable landing spot for expeditions. As steamboats began traveling the river in 1831, Calico Landing became an important trading post. The city was formally incorporated in 1905, the same year the school was founded.

When the St. Louis & Iron Mountain Railroad was built, construction required blasting the face of the huge bluffs. This action wiped away the calico-coloring that had given us our unique name, but Calico Rock became a boomtown. Over 100 years later, the calico-coloring on the bluffs is slowly returning.

The **Calico Rock Museum & Visitor Center** began humbly in a small room with under 1,000 square feet of space, today it's the **Gwen Murphy Gallery**. With the purchase and renovation of the historic **Floyd's Grocery Building**, we will devote over **14,000 square feet** of exhibit, office, café, retail, meeting and storage space in **six buildings** along the Historic Main Street District to our efforts in preserving our past, sharing our culture, and welcoming visitors.

In eight years, we have served **over 145,000 visitors** with a **\$16.8 million economic impact**.

We have a ***solemn responsibility*** to the people in our community.

We tell their stories, share objects from their past, and preserve our way of life. We are stewards of their memories and their resources. We build on their legacy to create a brighter tomorrow.

### Operating Hours

Tues-Sat 9:00 a.m. to 5:00 p.m.

[www.calicorockmuseum.com](http://www.calicorockmuseum.com).



*Our greatest legacy is in teaching our young people about our past and fostering, in them, a love for our community.*

## ***The Difference We Make***

It isn't always easy to see the difference you make in supporting the Calico Rock Museum. Here is what some of **our local students** have had to say:

*I love the museum. It teaches me a lot of stuff I don't know. I like the room full of pictures (mostly because of the rainbow trout).*

***-Fisher Burch, 3<sup>rd</sup> grade***

*The museum means everything to me because when I walk in I get to look at the pictures that shows me what happened a long time ago.*

***-Dakota Heikes, 4<sup>th</sup> grade***

*Thank you for all the knowledge you have given us and the fun that comes with it.*

***-Laney Stanford, 5<sup>th</sup> grade***

*I am really excited for the new art center because I love art.*

***-Dakota Stewart, 5<sup>th</sup> grade***

*Anytime the teachers tell me that we are going to the museum on a field trip, it brightens my day. I am so looking forward to the new science and art center. I've learned so much from the museum.*

***-Emma Colbert, 6<sup>th</sup> grade***

*Adding a science and history center is just sensational!*

***-Lilly Grigg, 6<sup>th</sup> grade***

*When you live in a small town there aren't many attractions, and this is why I believe having a small museum here in Calico Rock is such a great thing.*

***-Jacie Parnell, Freshman***

*The best part about the museum is that it is free, so you can go just about any time.*

***-Emalee Hagan, Senior***

*What I like about the Calico Rock Museum is that it has so much history for a small town. We are not just any normal small town.*

***-Katie Chute, Senior***

**Calico Rock Museum Foundation, Inc.**  
**Board of Trustees**

**Steven Mitchell**

Chairman  
Executive Committee  
Term Expires: 2019

**Wayne Wood**

Vice Chairman  
Executive Committee  
Term Expires: 2018

**Ronnie Guthrie**

Executive Committee  
Mayor of Calico Rock  
Trustee

**Dean Hudson**

Trustee  
Term Expires: 2017

**Jill Easton**

Trustee  
Term Expires: 2018

**Rhoda Doerr**

Trustee  
Term Expires: 2019

**Ed Stephens**

Trustee  
Term Expires: 2017

***Trustees Emeritus***

**Ed Matthews**

*2012*

**Reed Perryman**

*2015*

**Gene Lockie**

*2016*

**Executive Leadership**

**Gloria Sanders**

Executive Director

**Foundation Staff**

**Jan Bufford**

**Denver Hankins**

**My Kim Parnell**

**Stephen Lee Lewis, II**

## A Living Legacy



### **F. Stowe Easton Endowment Fund**

A savant of railroad history and anything dealing with trains, **F. Stowe Easton** was a hard worker and caring brother. A gift from his estate began the **Calico Rock Museum Foundation Endowment Fund** in 2014. The fund will provide for future capital needs, expansion, and long-term security of the foundation.



### **Floyd and Flora Hicks Education Program**

Two of the kindest people anyone could ever meet, **Floyd and Flora Hicks** had a deep love for each other, their children, and their community. Gifts by members of our community honor their memory and endow our educational programming.

Honor the memory of those you care for through the purchase of a Memorial Tree Leaf, Memorial Brick, or through a legacy gift. To learn more, contact us at **870-373-0083**.

## Calico Rock Museum Foundation, Inc. Programming Activities

### Educational Programming

The museum hosted numerous educational programs for Calico Rock Elementary students. This summer, we revamped the educational programming to host shorter, but more frequent programs throughout the summer. These *interactive* experiences achieved tremendous success.

### Arkansas Heritage Month

The museum celebrated Arkansas Heritage Month with a recognition of the art, and artists, in our community and it's correlation to our history and culture.

### Mountain Man Rendezvous

The most successful event in the history of the museum has been the **Mountain Man Rendezvous**. The year's event was located exclusively in Rand City Park and included a demonstration of Native American dance, a mountain man encampment, and a walk of remembrance for those who walked the Trail of Tears.

### Visitor Center Services

As part of our contract for services with the city of Calico Rock, we expanded our one-stop website for visitors at [www.explorecalico.com](http://www.explorecalico.com).

### The Storybook Project

The **Storybook Project** is a special project of the Calico Rock Museum Foundation. Volunteers go into the **North Central Unit** of the Arkansas Department of Corrections to allow inmates to record themselves reading a book to their child. The recordings and the books are then mailed to the children, so they can hear their incarcerated parent reading to them. In 2016, **103 children** were served by this program.

The hope for the project is to improve the literacy and love of reading in the children, strengthen the reading skills of inmates, and provide an invaluable connection between the incarcerated parent and their child.

### Restoration and Expansion Services

Preserving historic buildings and breathing new life into our Main Street Historic District is a major focus of our mission. In 2016, we built a **new warehouse** behind the Printing Press Café to support the café operations and provide storage for the museum. We constructed an **Archives** within the museum, expanded our administrative support structure, repurposed the historic Coal House as the **F. Stowe Easton Education Center**, and bought the historic **Floyd's Grocery Building** to create a stand-alone art and science center.



# A Year of Accomplishments



Calico Bluff Questers donated "Amy," a talking figure that shares our history; Chairman Steven Mitchell addresses the Donor Honors Luncheon while guests enjoy the luncheon; our museum added "Untitled" by up-and-coming Arkansas artist Guy W. Bell.



Executive Director Gloria Sanders is awarded Arkansas Museum Professional of the Year; Trustees Rhoda Doerr and Jill Easton visit with donors at the Honors Luncheon; guests enjoy the museum; volunteers participate in the Christmas Living Windows.



A sun dial honors deceased trustee Barbara Fischer; retiring trustee Gene Lockie is honored for his service; young people learn art skills in the *Project Runway* summer workshop; Gloria and Ben Sanders welcome legislators during the Museum Day at the Capitol.



The museum commemorates the anniversary of the Hoss-Hair Pullers with a special performance; first graders greet Santa Clause during the *Polar Express* event; Early Arkansas Reenactors Association members set up camp for the annual Mountain Man Rendezvous in Rand City Park.

# ANNUAL FINANCIAL STATEMENT

Calico Rock Museum Foundation, Inc.

2016

REVENUES	2012	2013	2014	2015	2016
<b>Contributions, Gifts and Grants</b>					
Contributions	\$21,558.51	\$39,103.49	\$45,052.53	\$50,051.93	\$35,815.28
Rental Income	\$4,600.00	\$5,113.55	\$3,768.00	\$2,550.00	\$0.00
Operating Grants	\$2,500.00	\$4,178.80	\$6,131.20	\$4,693.00	\$5,154.00
Endowment Gifts	\$0.00	\$0.00	\$57,245.27	\$0.00	\$0.00
Storybook Project Gifts	\$7,758.79	\$0.00	\$200.00	\$150.00	\$962.00
Building Campaign Gifts	\$0.00	\$0.00	\$0.00	\$0.00	\$20,309.94
Programmatic Grants	\$3,070.00	\$4,900.00	\$4,250.00	\$3,000.00	\$2,850.00
<b>TOTAL CONTRIBUTIONS</b>	<b>\$39,487.30</b>	<b>\$53,295.84</b>	<b>\$116,647.00</b>	<b>\$60,444.93</b>	<b>\$65,091.22</b>
<b>INVESTMENT INCOME</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$3,781.63</b>
<b>Retail Sales</b>					
Retail Gross Sales	\$25,051.00	\$21,914.70	\$23,965.00	\$18,203.41	\$22,572.00
Less Cost of Goods	\$20,776.13	\$19,107.60	\$22,319.83	\$10,159.60	\$15,407.59
<b>Retail Sales Revenue</b>	<b>\$4,274.87</b>	<b>\$2,807.10</b>	<b>\$1,645.17</b>	<b>\$8,043.81</b>	<b>\$7,164.41</b>
<b>Food &amp; Beverage Sales</b>					
Food & Beverage Sales	\$0.00	\$0.00	\$0.00	\$103,064.68	\$129,431.38
Less Cost of Goods	\$0.00	\$0.00	\$0.00	\$55,768.74	\$62,570.12
<b>Food &amp; Beverage Revenue</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$47,295.94</b>	<b>\$66,861.26</b>
<b>Total Sales of Inventory</b>	<b>\$25,051.00</b>	<b>\$21,914.70</b>	<b>\$23,965.00</b>	<b>\$121,268.09</b>	<b>\$152,003.38</b>
<b>Total Cost of Goods</b>	<b>\$20,776.13</b>	<b>\$19,107.60</b>	<b>\$22,319.83</b>	<b>\$65,928.34</b>	<b>\$77,977.71</b>
<b>TOTAL SALE OF INVENTORY</b>	<b>\$4,274.87</b>	<b>\$2,807.10</b>	<b>\$1,645.17</b>	<b>\$55,339.75</b>	<b>\$74,025.67</b>
<b>Program Service Contracts</b>					
City Visitor Center Contract	\$19,000.00	\$21,000.00	\$20,000.00	\$20,000.00	\$24,000.00
<b>TOTAL CONTRACT REVENUE</b>	<b>\$19,000.00</b>	<b>\$21,000.00</b>	<b>\$20,000.00</b>	<b>\$20,000.00</b>	<b>\$24,000.00</b>
<b>LINE OF CREDIT/LOAN</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$25,000.00</b>
<b>TOTAL OTHER REVENUE</b>	<b>\$23,274.87</b>	<b>\$23,807.10</b>	<b>\$21,645.17</b>	<b>\$75,339.75</b>	<b>\$126,807.30</b>
<b>TOTAL ALL REVENUE SOURCES</b>	<b>\$62,762.17</b>	<b>\$77,102.94</b>	<b>\$138,292.17</b>	<b>\$135,784.68</b>	<b>\$191,898.52</b>

Note: All funds are unrestricted.

# ANNUAL FINANCIAL STATEMENT

2016

Calico Rock Museum Foundation, Inc.

EXPENSES	2012	2013	2014	2015	2016
<b>EMPLOYEE COSTS</b>	<b>\$19,346.45</b>	<b>\$21,892.73</b>	<b>\$24,070.04</b>	<b>\$75,241.81</b>	<b>\$75,877.67</b>
<b>Maintenance &amp; Operation</b>					
Maintenance & Operation Cost	\$1,903.17	\$3,787.64	\$12,541.03	\$9,805.73	\$10,996.25
Insurance	\$1,576.25	\$2,061.65	\$1,733.30	\$2,764.05	\$3,568.45
Utilities	\$3,204.26	\$4,964.04	\$7,588.34	\$9,747.55	\$8,724.07
Sales Tax	\$0.00	\$0.00	\$0.00	\$8,010.62	\$11,353.92
<b>TOTAL MAINTENANCE &amp; OPERATION</b>	<b>\$6,683.68</b>	<b>\$10,813.33</b>	<b>\$21,862.67</b>	<b>\$30,327.95</b>	<b>\$34,642.69</b>
<b>Programmatic Expenses</b>					
Debt Service	\$19,035.38	\$20,623.74	\$0.00	\$0.00	\$5,127.94
Real Estate Purchase	\$0.00	\$0.00	\$15,660.00	\$0.00	\$41,182.00
Equipment & Capital Improvement	\$0.00	\$0.00	\$0.00	\$16,705.26	\$5,811.27
Restorations	\$4,445.63	\$11,595.27	\$22,581.55	\$10,332.93	\$2,138.76
<b>Building &amp; Improvement Program</b>	<b>\$23,481.01</b>	<b>\$32,219.01</b>	<b>\$38,241.55</b>	<b>\$27,038.19</b>	<b>\$54,259.97</b>
<b>Total Educational Programs</b>	<b>\$3,070.00</b>	<b>\$5,914.70</b>	<b>\$2,109.75</b>	<b>\$1,524.93</b>	<b>\$8,120.41</b>
<b>Total Event Programs</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$1,075.00</b>	<b>\$1,675.00</b>	<b>\$6,062.00</b>
<b>Total Storybook Project</b>	<b>\$3,753.89</b>	<b>\$479.32</b>	<b>\$1,137.18</b>	<b>\$1,254.98</b>	<b>\$657.32</b>
<b>TOTAL PROGRAMMATIC EXPENSE</b>	<b>\$30,304.90</b>	<b>\$38,613.03</b>	<b>\$42,563.48</b>	<b>\$31,493.10</b>	<b>\$69,099.70</b>
<b>TOTAL EXPENSES</b>	<b>\$56,335.03</b>	<b>\$71,319.09</b>	<b>\$88,496.19</b>	<b>\$137,062.86</b>	<b>\$179,620.06</b>

<b>TOTAL REVENUES</b>	<b>\$62,762.17</b>	<b>\$77,102.94</b>	<b>\$138,292.17</b>	<b>\$135,784.68</b>	<b>\$191,898.52</b>
<b>TOTAL EXPENSES</b>	<b>\$56,335.03</b>	<b>\$71,319.09</b>	<b>\$88,496.19</b>	<b>\$137,062.86</b>	<b>\$179,620.06</b>
<b>REVENUE LESS EXPENSES</b>	<b>\$6,427.14</b>	<b>\$5,783.85</b>	<b>\$49,795.98</b>	<b>(\$1,278.18)</b>	<b>\$12,278.46</b>

<b>Legal Ending Balance</b>					
FNBIC Operating Checking Account		\$12,159.57	\$5,625.72	\$3,788.13	\$1,149.30
FNBIC Storybook Checking Account		\$5,410.09	\$4,472.91	\$3,367.93	\$3,502.61
FNBIC Savings Account		\$0.00	\$0.00	\$0.00	\$4,734.08
CRMF Endowment Account		\$0.00	\$56,400.26	\$47,680.12	\$57,728.65
<b>TOTAL FUND BALANCES</b>	<b>\$11,785.81</b>	<b>\$17,569.66</b>	<b>\$66,498.89</b>	<b>\$54,836.18</b>	<b>\$67,114.64</b>
<b>Growth or Loss in Funds</b>		<b>\$5,783.85</b>	<b>\$48,929.23</b>	<b>(\$11,662.71)</b>	<b>\$12,278.46</b>

Note: Management has elected to expense all purchases of \$25,000 at the time of purchase



# NET WORTH STATEMENT

2016

Calico Rock Museum Foundation, Inc.

ASSETS	2013	2014	2015	2016
Real Estate-Land	\$36,000.00	\$51,000.00	\$51,000.00	\$96,000.00
Real Estate-Buildings	\$87,600.00	\$122,600.00	\$118,514.00	\$154,428.00
<b>Total Real Estate</b>	<b>\$123,600.00</b>	<b>\$173,600.00</b>	<b>\$169,514.00</b>	<b>\$250,428.00</b>
Fixed Assets	\$24,540.00	\$22,010.00	\$22,010.00	\$30,000.00
Collection and Artifacts	\$8,000.00	\$10,000.00	\$10,000.00	\$20,000.00
Special Project Assets	\$600.00	\$750.00	\$750.00	\$750.00
Inventory on Hand	\$0.00	\$0.00	\$7,000.00	\$7,000.00
Accounts Receivables	\$1,150.00	\$0.00	\$0.00	\$0.00
<b>Total Other Assets</b>	<b>\$34,290.00</b>	<b>\$32,760.00</b>	<b>\$39,760.00</b>	<b>\$57,750.00</b>
Operating Fund Balance	\$12,159.57	\$5,625.72	\$3,788.13	\$1,149.30
Storybook Project Fund Balance	\$5,410.09	\$4,472.91	\$3,367.93	\$3,502.61
Savings Account Balance	\$0.00	\$0.00	\$0.00	\$4,734.08
Endowment Fund Balance	\$0.00	\$56,400.26	\$47,680.12	\$57,728.65
<b>Cash on Hand</b>	<b>\$17,569.66</b>	<b>\$66,498.89</b>	<b>\$54,836.18</b>	<b>\$67,114.64</b>
<b>TOTAL ASSETS</b>	<b>\$170,049.57</b>	<b>\$272,858.89</b>	<b>\$264,110.18</b>	<b>\$375,292.64</b>
LIABILITIES	2013	2014	2015	2016
<b>Other Liabilities</b>	<b>\$1,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>Accounts Payable</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$0.00</b>
<b>FNBIC Loan Balance</b>	<b>\$0</b>	<b>\$0</b>	<b>\$0</b>	<b>\$20,000.00</b>
<b>TOTAL LIABILITIES</b>	<b>\$1,000.00</b>	<b>\$0.00</b>	<b>\$0.00</b>	<b>\$20,000.00</b>
<b>NET WORTH</b>	<b>\$169,049.57</b>	<b>\$272,858.89</b>	<b>\$264,110.18</b>	<b>\$355,292.64</b>
<b>Change in Net Worth</b>		<b>\$103,809.32</b>	<b>(\$8,748.71)</b>	<b>\$91,182.46</b>

For the purposes of simplicity, management has elected to include only the Form 990 with the Annual Report. To view all applicable schedules with Form 990, contact our offices for a copy.

**Return of Organization Exempt From Income Tax**

OMB No. 1545-0047

Department of the Treasury  
Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**2016****Open to Public Inspection**

<b>A</b> For the 2016 calendar year, or tax year beginning , 2016, and ending , 20																							
<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2"><b>C</b> Name of organization</td> <td rowspan="3"><b>D</b> Employer identification number</td> </tr> <tr> <td colspan="2">Doing business as</td> </tr> <tr> <td>Number and street (or P.O. box if mail is not delivered to street address)</td> <td>Room/suite</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code</td> <td><b>E</b> Telephone number</td> </tr> <tr> <td colspan="2"><b>F</b> Name and address of principal officer:</td> <td><b>G</b> Gross receipts \$</td> </tr> <tr> <td colspan="2"><b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</td> <td> <b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No          If "No," attach a list. (see instructions)       </td> </tr> <tr> <td colspan="2"><b>J</b> Website: ▶</td> <td><b>H(c)</b> Group exemption number ▶</td> </tr> <tr> <td colspan="2"><b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</td> <td><b>L</b> Year of formation: <b>M</b> State of legal domicile:</td> </tr> </table>	<b>C</b> Name of organization		<b>D</b> Employer identification number	Doing business as		Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	City or town, state or province, country, and ZIP or foreign postal code		<b>E</b> Telephone number	<b>F</b> Name and address of principal officer:		<b>G</b> Gross receipts \$	<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)	<b>J</b> Website: ▶		<b>H(c)</b> Group exemption number ▶	<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>M</b> State of legal domicile:
<b>C</b> Name of organization		<b>D</b> Employer identification number																					
Doing business as																							
Number and street (or P.O. box if mail is not delivered to street address)	Room/suite																						
City or town, state or province, country, and ZIP or foreign postal code		<b>E</b> Telephone number																					
<b>F</b> Name and address of principal officer:		<b>G</b> Gross receipts \$																					
<b>I</b> Tax-exempt status: <input type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)																					
<b>J</b> Website: ▶		<b>H(c)</b> Group exemption number ▶																					
<b>K</b> Form of organization: <input type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		<b>L</b> Year of formation: <b>M</b> State of legal domicile:																					

**Part I Summary**

<b>Activities &amp; Governance</b>	<b>1</b>	Briefly describe the organization's mission or most significant activities: _____		
	<b>2</b>	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b>	Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	
	<b>4</b>	Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	
	<b>5</b>	Total number of individuals employed in calendar year 2016 (Part V, line 2a) . . . . .	<b>5</b>	
	<b>6</b>	Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	
	<b>7a</b>	Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	
<b>b</b>	Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>		
<b>Revenue</b>	<b>8</b>	Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>	<b>Current Year</b>
	<b>9</b>	Program service revenue (Part VIII, line 2g) . . . . .		
	<b>10</b>	Investment income (Part VIII, column (A), lines 3, 4, and 7d) . . . . .		
	<b>11</b>	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . . .		
	<b>12</b>	Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)		
<b>Expenses</b>	<b>13</b>	Grants and similar amounts paid (Part IX, column (A), lines 1–3) . . . . .		
	<b>14</b>	Benefits paid to or for members (Part IX, column (A), line 4) . . . . .		
	<b>15</b>	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		
	<b>16a</b>	Professional fundraising fees (Part IX, column (A), line 11e) . . . . .		
	<b>b</b>	Total fundraising expenses (Part IX, column (D), line 25) ▶		
	<b>17</b>	Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .		
	<b>18</b>	Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) . . . . .		
<b>19</b>	Revenue less expenses. Subtract line 18 from line 12 . . . . .			
<b>Net Assets or Fund Balances</b>	<b>20</b>	Total assets (Part X, line 16) . . . . .	<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>21</b>	Total liabilities (Part X, line 26) . . . . .		
	<b>22</b>	Net assets or fund balances. Subtract line 21 from line 20 . . . . .		

**Part II Signature Block**

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

<b>Sign Here</b>	Signature of officer	Date			
	Type or print name and title				
<b>Paid Preparer Use Only</b>	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	Firm's name ▶	Firm's EIN ▶			
	Firm's address ▶	Phone no.			

May the IRS discuss this return with the preparer shown above? (see instructions) . . . . . ☐ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form **990** (2016)



**Part III** Statement of Program Service AccomplishmentsCheck if Schedule O contains a response or note to any line in this Part III ☐**1** Briefly describe the organization's mission:

-----

-----

-----

**2** Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☐ No

If "Yes," describe these new services on Schedule O.

**3** Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☐ No

If "Yes," describe these changes on Schedule O.

**4** Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.**4a** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

**4b** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

**4c** (Code: \_\_\_\_\_) (Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)

-----

-----

-----

-----

-----

-----

-----

-----

-----

-----

**4d** Other program services (Describe in Schedule O.)  
(Expenses \$ \_\_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)**4e** Total program service expenses ►

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A . . . . .</i>	<b>1</b>	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)? . . . . .	<b>2</b>	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I . . . . .</i>	<b>3</b>	
<b>4</b> <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II . . . . .</i>	<b>4</b>	
<b>5</b> 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? <i>If "Yes," complete Schedule C, Part III . . . . .</i>	<b>5</b>	
<b>6</b> 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? <i>If "Yes," complete Schedule D, Part I . . . . .</i>	<b>6</b>	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II . . . . .</i>	<b>7</b>	
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III . . . . .</i>	<b>8</b>	
<b>9</b> 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? <i>If "Yes," complete Schedule D, Part IV . . . . .</i>	<b>9</b>	
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V . . . . .</i>	<b>10</b>	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI . . . . .</i>	<b>11a</b>	
<b>b</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? <i>If "Yes," complete Schedule D, Part VII . . . . .</i>	<b>11b</b>	
<b>c</b> 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? <i>If "Yes," complete Schedule D, Part VIII . . . . .</i>	<b>11c</b>	
<b>d</b> 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? <i>If "Yes," complete Schedule D, Part IX . . . . .</i>	<b>11d</b>	
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11e</b>	
<b>f</b> 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)? <i>If "Yes," complete Schedule D, Part X . . . . .</i>	<b>11f</b>	
<b>12 a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII . . . . .</i>	<b>12a</b>	
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional . . . . .</i>	<b>12b</b>	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E . . . . .</i>	<b>13</b>	
<b>14 a</b> Did the organization maintain an office, employees, or agents outside of the United States? . . . . .	<b>14a</b>	
<b>b</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? <i>If "Yes," complete Schedule F, Parts I and IV. . . . .</i>	<b>14b</b>	
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV . . . . .</i>	<b>15</b>	
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV. . . . .</i>	<b>16</b>	
<b>17</b> 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? <i>If "Yes," complete Schedule G, Part I (see instructions) . . . . .</i>	<b>17</b>	
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II . . . . .</i>	<b>18</b>	
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III . . . . .</i>	<b>19</b>	

**Part IV Checklist of Required Schedules** *(continued)*

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H . . . . .</i>	<b>20a</b>	
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? . . . . .	<b>20b</b>	
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II . . . . .</i>	<b>21</b>	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III . . . . .</i>	<b>22</b>	
<b>23</b> 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? <i>If "Yes," complete Schedule J . . . . .</i>	<b>23</b>	
<b>24a</b> 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a . . . . .</i>	<b>24a</b>	
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . . .	<b>24b</b>	
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	<b>24c</b>	
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . . .	<b>24d</b>	
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25a</b>	
<b>b</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? <i>If "Yes," complete Schedule L, Part I . . . . .</i>	<b>25b</b>	
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II . . . . .</i>	<b>26</b>	
<b>27</b> 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? <i>If "Yes," complete Schedule L, Part III . . . . .</i>	<b>27</b>	
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28a</b>	
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28b</b>	
<b>c</b> 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? <i>If "Yes," complete Schedule L, Part IV . . . . .</i>	<b>28c</b>	
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>29</b>	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M . . . . .</i>	<b>30</b>	
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I . . . . .</i>	<b>31</b>	
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II . . . . .</i>	<b>32</b>	
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I . . . . .</i>	<b>33</b>	
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1 . . . . .</i>	<b>34</b>	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? . . . . .	<b>35a</b>	
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>35b</b>	
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2 . . . . .</i>	<b>36</b>	
<b>37</b> 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? <i>If "Yes," complete Schedule R, Part VI . . . . .</i>	<b>37</b>	
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	<b>38</b>	

**Part V** Statements Regarding Other IRS Filings and Tax ComplianceCheck if Schedule O contains a response or note to any line in this Part V ☐

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable . . . . .	<b>1a</b>	
<b>b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . . . . .	<b>1b</b>	
<b>c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? . . . . .	<b>1c</b>	
<b>2a</b>	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	<b>2a</b>	
<b>b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . . . . . <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) . . . . .	<b>2b</b>	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year? . . . . .	<b>3a</b>	
<b>b</b>	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O . . . . .	<b>3b</b>	
<b>4a</b>	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)? . . . . .	<b>4a</b>	
<b>b</b>	If "Yes," enter the name of the foreign country: ► _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . . . .	<b>5a</b>	
<b>b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? . . . . .	<b>5b</b>	
<b>c</b>	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? . . . . .	<b>5c</b>	
<b>6a</b>	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? . . . . .	<b>6a</b>	
<b>b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? . . . . .	<b>6b</b>	
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>a</b>	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? . . . . .	<b>7a</b>	
<b>b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided? . . . . .	<b>7b</b>	
<b>c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? . . . . .	<b>7c</b>	
<b>d</b>	If "Yes," indicate the number of Forms 8282 filed during the year . . . . .	<b>7d</b>	
<b>e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? . . . . .	<b>7e</b>	
<b>f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . . . .	<b>7f</b>	
<b>g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? . . . . .	<b>7g</b>	
<b>h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? . . . . .	<b>7h</b>	
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? . . . . .	<b>8</b>	
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>a</b>	Did the sponsoring organization make any taxable distributions under section 4966? . . . . .	<b>9a</b>	
<b>b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? . . . . .	<b>9b</b>	
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>a</b>	Initiation fees and capital contributions included on Part VIII, line 12 . . . . .	<b>10a</b>	
<b>b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . . . . .	<b>10b</b>	
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>a</b>	Gross income from members or shareholders . . . . .	<b>11a</b>	
<b>b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) . . . . .	<b>11b</b>	
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041? . . . . .	<b>12a</b>	
<b>b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year . . . . .	<b>12b</b>	
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>a</b>	Is the organization licensed to issue qualified health plans in more than one state? . . . . . <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	<b>13a</b>	
<b>b</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 . . . . .	<b>13b</b>	
<b>c</b>	Enter the amount of reserves on hand . . . . .	<b>13c</b>	
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year? . . . . .	<b>14a</b>	
<b>b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . . . .	<b>14b</b>	

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

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

**Section A. Governing Body and Management**

	Yes	No
<b>1a</b> Enter the number of voting members of the governing body at the end of the tax year . . . . . If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b> Enter the number of voting members included in line 1a, above, who are independent . . . . .		
<b>2</b> 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? . . . . .		
<b>3</b> 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? . . . . .		
<b>4</b> Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		
<b>5</b> Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .		
<b>6</b> Did the organization have members or stockholders? . . . . .		
<b>7a</b> 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? . . . . .		
<b>7b</b> Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .		
<b>8</b> Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>a</b> The governing body? . . . . .		
<b>b</b> Each committee with authority to act on behalf of the governing body? . . . . .		
<b>9</b> 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 . . . . .		

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

	Yes	No
<b>10a</b> Did the organization have local chapters, branches, or affiliates? . . . . .		
<b>10b</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?		
<b>11a</b> Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?		
<b>11b</b> Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b> Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .		
<b>12b</b> Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?		
<b>12c</b> Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .		
<b>13</b> Did the organization have a written whistleblower policy? . . . . .		
<b>14</b> Did the organization have a written document retention and destruction policy? . . . . .		
<b>15</b> 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?		
<b>a</b> The organization's CEO, Executive Director, or top management official . . . . .		
<b>b</b> Other officers or key employees of the organization . . . . .		
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b> Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .		
<b>16b</b> If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .		

**Section C. Disclosure**

**17** List the states with which a copy of this Form 990 is required to be filed ►

**18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

☐ Own website    ☐ 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 interest policy, and financial statements available to the public during the tax year.

**20** State the name, address, and telephone number of the person who possesses the organization's books and records: ►



**Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**Check if Schedule O contains a response or note to any line in this Part VII ☐**Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees****1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."

- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) .....										
(2) .....										
(3) .....										
(4) .....										
(5) .....										
(6) .....										
(7) .....										
(8) .....										
(9) .....										
(10) .....										
(11) .....										
(12) .....										
(13) .....										
(14) .....										

**Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15)										
(16)										
(17)										
(18)										
(19)										
(20)										
(21)										
(22)										
(23)										
(24)										
(25)										
<b>1b Sub-total</b>										
<b>c Total from continuation sheets to Part VII, Section A</b>										
<b>d Total (add lines 1b and 1c)</b>										

**2** Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ►

**3** Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

	Yes	No
<b>3</b>		
<b>4</b>		
<b>5</b>		

**4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

**5** Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

**Section B. Independent Contractors**

**1** Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ►

**Part VIII Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1a</b>	Federated campaigns . . . . .	<b>1a</b>				
	<b>b</b>	Membership dues . . . . .	<b>1b</b>				
	<b>c</b>	Fundraising events . . . . .	<b>1c</b>				
	<b>d</b>	Related organizations . . . . .	<b>1d</b>				
	<b>e</b>	Government grants (contributions)	<b>1e</b>				
	<b>f</b>	All other contributions, gifts, grants, and similar amounts not included above	<b>1f</b>				
	<b>g</b>	Noncash contributions included in lines 1a-1f: \$					
	<b>h</b>	<b>Total.</b> Add lines 1a-1f . . . . . ▶					
<b>Program Service Revenue</b>				<b>Business Code</b>			
	<b>2a</b>						
	<b>b</b>						
	<b>c</b>						
	<b>d</b>						
	<b>e</b>						
	<b>f</b>	All other program service revenue .					
	<b>g</b>	<b>Total.</b> Add lines 2a-2f . . . . . ▶					
<b>Other Revenue</b>	<b>3</b>	Investment income (including dividends, interest, and other similar amounts) . . . . . ▶					
	<b>4</b>	Income from investment of tax-exempt bond proceeds ▶					
	<b>5</b>	Royalties . . . . . ▶					
		(i) Real	(ii) Personal				
	<b>6a</b>	Gross rents . . . . .					
	<b>b</b>	Less: rental expenses . . . . .					
	<b>c</b>	Rental income or (loss) . . . . .					
	<b>d</b>	Net rental income or (loss) . . . . . ▶					
	<b>7a</b>	(i) Securities	(ii) Other				
		Gross amount from sales of assets other than inventory . . . . .					
	<b>b</b>	Less: cost or other basis and sales expenses . . . . .					
	<b>c</b>	Gain or (loss) . . . . .					
	<b>d</b>	Net gain or (loss) . . . . . ▶					
	<b>8a</b>	Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from fundraising events . ▶					
	<b>9a</b>	Gross income from gaming activities. See Part IV, line 19 . . . . . <b>a</b>					
	<b>b</b>	Less: direct expenses . . . . . <b>b</b>					
	<b>c</b>	Net income or (loss) from gaming activities . . ▶					
	<b>10a</b>	Gross sales of inventory, less returns and allowances . . . . . <b>a</b>					
<b>b</b>	Less: cost of goods sold . . . . . <b>b</b>						
<b>c</b>	Net income or (loss) from sales of inventory . . ▶						
Miscellaneous Revenue			<b>Business Code</b>				
<b>11a</b>							
<b>b</b>							
<b>c</b>							
<b>d</b>	All other revenue . . . . .						
<b>e</b>	<b>Total.</b> Add lines 11a-11d . . . . . ▶						
<b>12</b>	<b>Total revenue.</b> See instructions. . . . . ▶						

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 . . . . .				
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22 . . . . .				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 . . . . .				
<b>4</b> Benefits paid to or for members . . . . .				
<b>5</b> Compensation of current officers, directors, trustees, and key employees . . . . .				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
<b>7</b> Other salaries and wages . . . . .				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .				
<b>9</b> Other employee benefits . . . . .				
<b>10</b> Payroll taxes . . . . .				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management . . . . .				
<b>b</b> Legal . . . . .				
<b>c</b> Accounting . . . . .				
<b>d</b> Lobbying . . . . .				
<b>e</b> Professional fundraising services. See Part IV, line 17 . . . . .				
<b>f</b> Investment management fees . . . . .				
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) . . . . .				
<b>12</b> Advertising and promotion . . . . .				
<b>13</b> Office expenses . . . . .				
<b>14</b> Information technology . . . . .				
<b>15</b> Royalties . . . . .				
<b>16</b> Occupancy . . . . .				
<b>17</b> Travel . . . . .				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
<b>19</b> Conferences, conventions, and meetings . . . . .				
<b>20</b> Interest . . . . .				
<b>21</b> Payments to affiliates . . . . .				
<b>22</b> Depreciation, depletion, and amortization . . . . .				
<b>23</b> Insurance . . . . .				
<b>24</b> 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.) . . . . .				
<b>a</b> -----				
<b>b</b> -----				
<b>c</b> -----				
<b>d</b> -----				
<b>e</b> All other expenses -----				
<b>25</b> <b>Total functional expenses.</b> Add lines 1 through 24e . . . . .				
<b>26</b> <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) . . . . .				

**Part X Balance Sheet**Check if Schedule O contains a response or note to any line in this Part X ☐

		(A) Beginning of year	(B) End of year
<b>Assets</b>	<b>1</b> Cash—non-interest-bearing . . . . .	<b>1</b>	
	<b>2</b> Savings and temporary cash investments . . . . .	<b>2</b>	
	<b>3</b> Pledges and grants receivable, net . . . . .	<b>3</b>	
	<b>4</b> Accounts receivable, net . . . . .	<b>4</b>	
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L . . . . .	<b>5</b>	
	<b>6</b> 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 . . . . .	<b>6</b>	
	<b>7</b> Notes and loans receivable, net . . . . .	<b>7</b>	
	<b>8</b> Inventories for sale or use . . . . .	<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges . . . . .	<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	<b>10a</b>	
	<b>b</b> Less: accumulated depreciation . . . . .	<b>10b</b>	<b>10c</b>
	<b>11</b> Investments—publicly traded securities . . . . .	<b>11</b>	
	<b>12</b> Investments—other securities. See Part IV, line 11 . . . . .	<b>12</b>	
	<b>13</b> Investments—program-related. See Part IV, line 11 . . . . .	<b>13</b>	
	<b>14</b> Intangible assets . . . . .	<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 . . . . .	<b>15</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) . . . . .	<b>16</b>		
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses . . . . .	<b>17</b>	
	<b>18</b> Grants payable . . . . .	<b>18</b>	
	<b>19</b> Deferred revenue . . . . .	<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities . . . . .	<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D . . . . .	<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L . . . . .	<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties . . . . .	<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties . . . . .	<b>24</b>	
	<b>25</b> Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D . . . . .	<b>25</b>	
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 . . . . .	<b>26</b>	
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>		
	<b>27</b> Unrestricted net assets . . . . .	<b>27</b>	
	<b>28</b> Temporarily restricted net assets . . . . .	<b>28</b>	
	<b>29</b> Permanently restricted net assets . . . . .	<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>		
	<b>30</b> Capital stock or trust principal, or current funds . . . . .	<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund . . . . .	<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds . . . . .	<b>32</b>	
	<b>33</b> Total net assets or fund balances . . . . .	<b>33</b>	
<b>34</b> Total liabilities and net assets/fund balances . . . . .	<b>34</b>		



**Part XI Reconciliation of Net Assets**Check if Schedule O contains a response or note to any line in this Part XI ☐

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12) . . . . .	<b>1</b>	
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25) . . . . .	<b>2</b>	
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1 . . . . .	<b>3</b>	
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) . . . . .	<b>4</b>	
<b>5</b>	Net unrealized gains (losses) on investments . . . . .	<b>5</b>	
<b>6</b>	Donated services and use of facilities . . . . .	<b>6</b>	
<b>7</b>	Investment expenses . . . . .	<b>7</b>	
<b>8</b>	Prior period adjustments . . . . .	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O) . . . . .	<b>9</b>	
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) . . . . .	<b>10</b>	

**Part XII Financial Statements and Reporting**Check if Schedule O contains a response or note to any line in this Part XII ☐

	Yes	No
<b>1</b> Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b> Were the organization's financial statements compiled or reviewed by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>b</b> Were the organization's financial statements audited by an independent accountant? . . . . . If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
<b>c</b> If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
<b>3a</b> As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? . . . . .		
<b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Calico Rock Museum Foundation, Inc.  
2016 Donors

Chairman's Circle

**Arkansas Arts Council**  
**Ben and Gloria Sanders**  
**Carl H. Miller, Jr. Foundation**  
**Easton-Spencer Living Trust**  
**First National Bank of Izard Co**  
**Gene Lockie**  
**Mitchell's Park Street Pharmacy**  
**Steven and Sarah Mitchell**

LEADERS

**Dean and Peggy Hudson**  
**Doris Rayburn**  
**Lane Dental Clinic**  
**Mauzel Beale**  
**Robert and Tina Barnes**

FRIENDS of the FOUNDATION

Anne Andrews  
Barbara Flippin  
Barbara Jones  
Betsy Cobb  
Betty and Johnny McCracken  
Betty Lou Olson  
Beverly Reeves  
Bill and Carolyn Wiseman  
Bill and Johnnie Killian  
Bill and Rhoda Doerr  
Bill Lane and Tamme Smith  
Billy and Cathy Bennett  
Bob and Armilda McCormack  
Bob and Barbara Carlson  
Bob and Marilyn Panneman  
Calico Coffee Company  
Carol Grasse  
Chris and Carolyn Eck  
Dale and Connie Martin  
David and Kedra Sugg  
Don Tibbett  
Dr. Max and Jo Cheney  
Dwight and Bettye Wayland  
Ed and Kay Stephens  
Ed and Pat Matthews  
Estate of Wanda Sanders  
Fred and Kathy Blickle

Freda May  
Garry and Ida Duggins  
Glenda Hershberger  
Helen King  
Howard and Carolyn Jeffery  
J.W. and Frances Fountain  
Janie Jenkins  
Jeanine Faith  
Jerry and Pam Meinzer  
Jessica Sanders  
Jim and Kathie Mitchell  
Jimmy and Joannie King  
Karen Jones  
Kathy Trumble  
Kenny and Amanda Thornton  
Kim and Roy Meierdirk  
Kim Duffie  
Lance and Stacy Whiteaker  
Larry and Lela Ashburn  
Linda Boulton  
Liz Moad  
Loretta Tibbits  
Margaret Fielding  
Margaret Wilson  
Marjorie Jones  
Mark Morgan  
Mark Tew

Mauzel Beal  
Mickey and Tam Bevill  
Milford May  
Mitch Arnold  
Mondalyn McCormack  
Nicky Webb  
Pat Foster  
Reed Perryman  
Richard and Judith Augustine  
Richard and Susan Varno  
Rick and Barbara Knowles  
Robert and Sharon Lane  
Ronnie and Betty Guthrie  
Sam and Ginnie Ghianni  
Sam Cook  
Sandie Cloud  
Sandra Collet  
Sasha Morrow  
Shawn Taylor  
Shelter Insurance Co  
Shirley Long  
Stacy Stanford  
Stan and Nadine Sublett  
Stephen and Judy Eldridge  
Terry King  
Waynna Dockins  
Whitfield Pest Co  
Willie & Bailey Whiteaker



---

Calico Rock Museum Foundation

**104 Main Street  
Calico Rock, Arkansas 72519  
870-297-6100  
[www.calicorockmuseum.com](http://www.calicorockmuseum.com)**