

# Return of Organization Exempt From Income Tax

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

OMB No 1545-0047

**2006**

Open to Public Inspection

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

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

<b>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 <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	Please use IRS label or print or type See Specific Instructions	<b>C</b> Name of organization <b>LIFEQUEST OF ARKANSAS</b>		<b>D</b> Employer identification number <b>71-0554516</b>
		Number and street (or P.O. box if mail is not delivered to street address) Room/suite <b>3805 W. 12TH STREET</b> <b>205</b>		<b>E</b> Telephone number <b>(501) 225-6073</b>
		City or town, state or country, and ZIP + 4 <b>LITTLE ROCK, AR 72204</b>		<b>F</b> Accounting method <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify)

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

H and I are not applicable to section 527 organizations.

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

H(b) If "Yes," enter number of affiliates **N/A**

H(c) Are all affiliates included? **N/A**  Yes  No (If "No," attach a list.)

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

I Group Exemption Number **N/A**

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

**G** Website: **LIFEQUESTOFARKANSAS.ORG**

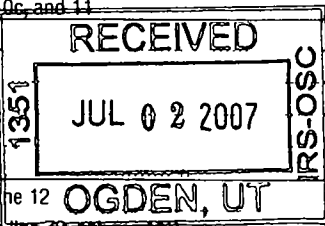
Organization type (check only one)  501(c)(3) (insert no)  4947(a)(1) or  527

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

Gross receipts Add lines 6b, 8b, 9b, and 10b to line 12 **301,332.**

## Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances

Revenue	1	Contributions, gifts, and similar amounts received:			
	a	Contributions to donor advised funds	1a		
	b	Direct public support (not included on line 1a)	1b	187,704.	
	c	Indirect public support (not included on line 1a)	1c		
	d	Government contributions (grants) (not included on line 1a)	1d		
	e	Total (add lines 1a through 1d) (cash \$ <b>187,704.</b> noncash \$ _____)	1e	187,704.	
	2	Program service revenue including government fees and contracts (from Part VII, line 93)	2	96,828.	
	3	Membership dues and assessments	3		
	4	Interest on savings and temporary cash investments	4	3,660.	
	5	Dividends and interest from securities	5	760.	
	6a	Gross rents	6a		
	b	Less: rental expenses	6b		
c	Net rental income or (loss). Subtract line 6b from line 6a	6c			
7	Other investment income (describe _____)	7			
8a	Gross amount from sales of assets other than inventory	(A) Securities	8a		
		(B) Other	8b		
			8c		
d	Net gain or (loss). Combine line 8c, columns (A) and (B)	8d			
9	Special events and activities (attach schedule). If any amount is from gaming, check here <input type="checkbox"/>				
a	Gross revenue (not including \$ <b>0.</b> of contributions reported on line 1b)	9a	12,380.		
b	Less: direct expenses other than fundraising expenses	9b	4,188.		
c	Net income or (loss) from special events. Subtract line 9b from line 9a	9c	8,192.		
10a	Gross sales of inventory, less returns and allowances		10a		
			10b		
			10c		
c	Gross profit or (loss) from sales of inventory (attach schedule). Subtract line 10b from line 10a	10c			
11	Other revenue (from Part VII, line 103)	11			
12	Total revenue Add lines 1e, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and 11	12	297,144.		
Expenses	13	Program services (from line 44, column (B))	13	172,468.	
	14	Management and general (from line 44, column (C))	14	75,525.	
	15	Fundraising (from line 44, column (D))	15	23,730.	
	16	Payments to affiliates (attach schedule)	16		
	17	Total expenses Add lines 16 and 44, column (A)	17	271,723.	
18	Excess or (deficit) for the year. Subtract line 17 from line 12	18	25,421.		
Net Assets	19	Net assets or fund balances at beginning of year (from line 79, column (A))	19	185,103.	
	20	Other changes in net assets or fund balances (attach explanation)	20	4,145.	
	21	Net assets or fund balances at end of year. Combine lines 18, 19, and 20	21	214,669.	



917-19 20

**Part II Statement of Functional Expenses**

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

Do not include amounts reported on line 6b, 8b, 9b, 10b, or 16 of Part I	(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
<b>22a</b> Grants paid from donor advised funds (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>22b</b> Other grants and allocations (attach schedule) (cash \$ <u>0</u> noncash \$ <u>0</u> ) If this amount includes foreign grants, check here <input type="checkbox"/>				
<b>23</b> Specific assistance to individuals (attach schedule)				
<b>24</b> Benefits paid to or for members (attach schedule)				
<b>25a</b> Compensation of current officers, directors, key employees, etc. listed in Part V-A <b>STMT 4</b>	53,518.	34,252.	13,380.	5,886.
<b>b</b> Compensation of former officers, directors, key employees, etc. listed in Part V-B	0.	0.	0.	0.
<b>c</b> Compensation and other distributions, not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>26</b> Salaries and wages of employees not included on lines 25a, b, and c	95,603.	61,186.	23,901.	10,516.
<b>27</b> Pension plan contributions not included on lines 25a, b, and c				
<b>28</b> Employee benefits not included on lines 25a - 27	2,619.	1,676.	655.	288.
<b>29</b> Payroll taxes	11,289.	7,225.	2,822.	1,242.
<b>30</b> Professional fundraising fees				
<b>31</b> Accounting fees	6,959.		6,959.	
<b>32</b> Legal fees				
<b>33</b> Supplies	6,946.	3,473.	3,473.	
<b>34</b> Telephone	3,648.	1,824.	1,824.	
<b>35</b> Postage and shipping	6,148.	4,304.	922.	922.
<b>36</b> Occupancy	1,823.		1,823.	
<b>37</b> Equipment rental and maintenance				
<b>38</b> Printing and publications	14,914.	10,440.	2,237.	2,237.
<b>39</b> Travel	12,993.	12,993.		
<b>40</b> Conferences, conventions, and meetings				
<b>41</b> Interest				
<b>42</b> Depreciation, depletion, etc (attach schedule)	3,464.		3,464.	
<b>43</b> Other expenses not covered above (itemize)				
a _____				
b _____				
c _____				
d _____				
e _____				
f _____				
g <b>SEE STATEMENT 3</b>	51,799.	35,095.	14,065.	2,639.
<b>44 Total functional expenses</b> Add lines 22a through 43g. (Organizations completing columns (B)-(D), carry these totals to lines 13-15)	271,723.	172,468.	75,525.	23,730.

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

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

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

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

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

What is the organization's primary exempt purpose? ► <u>SEE STATEMENT 5</u>	Program Service Expenses (Required for 501(c)(3) and (4) orgs., and 4947(a)(1) trusts; but optional for others.)
All organizations must describe their exempt purpose achievements in a clear and concise manner. State the number of clients served, publications issued, etc. Discuss achievements that are not measurable (Section 501(c)(3) and (4) organizations and 4947(a)(1) nonexempt charitable trusts must also enter the amount of grants and allocations to others.)	
<b>a</b> <u>TO ASSIST OLDER ADULTS TO LIVE IN THEIR OWN HOMES, TO ENHANCE LIFE SATISFACTION THROUGH LEARNING CLASSES, HEALTH SUPPORT GROUPS, MEALS ON WHEELS, AND MEDICAL TRANSPORTATION.</u>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	<b>172,468.</b>
<b>b</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>c</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>d</b>	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>e</b> Other program services (attach schedule)	
(Grants and allocations \$ ) If this amount includes foreign grants, check here ► <input type="checkbox"/>	
<b>f</b> Total of Program Service Expenses (should equal line 44, column (B), Program services) ►	<b>172,468.</b> Form 990 (2006)

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

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

		(A) Beginning of year	(B) End of year
<b>Assets</b>	45 Cash - non-interest-bearing		45
	46 Savings and temporary cash investments	130,873.	46 154,978.
	47 a Accounts receivable	47a	
	b Less allowance for doubtful accounts	47b	47c
	48 a Pledges receivable	48a	
	b Less allowance for doubtful accounts	48b	48c
	49 Grants receivable		49
	50 a Receivables from current and former officers, directors, trustees, and key employees		50a
	b Receivables from other disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		50b
	51 a Other notes and loans receivable	51a	
	b Less allowance for doubtful accounts	51b	51c
	52 Inventories for sale or use		52
	53 Prepaid expenses and deferred charges		53
	54 a Investments - publicly-traded securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54a
	b Investments - other securities <input type="checkbox"/> Cost <input type="checkbox"/> FMV		54b
55 a Investments - land, buildings, and equipment basis	55a		
b Less accumulated depreciation	55b	55c	
56 Investments - other	SEE STATEMENT 6	48,883.	56 53,789.
57 a Land, buildings, and equipment basis	57a 42,873.		
b Less accumulated depreciation	57b 36,971.	5,347.	57c 5,902.
58 Other assets, including program-related investments (describe <input type="checkbox"/> )			58
59 <b>Total assets</b> (must equal line 74). Add lines 45 through 58		185,103.	59 214,669.
<b>Liabilities</b>	60 Accounts payable and accrued expenses		60
	61 Grants payable		61
	62 Deferred revenue		62
	63 Loans from officers, directors, trustees, and key employees		63
	64 a Tax-exempt bond liabilities		64a
	b Mortgages and other notes payable		64b
	65 Other liabilities (describe <input type="checkbox"/> )		65
66 <b>Total liabilities.</b> Add lines 60 through 65		0.	66 0.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/></b> and complete lines 67 through 69 and lines 73 and 74.		
	67 Unrestricted	173,538.	67 184,135.
	68 Temporarily restricted	11,565.	68 30,534.
	69 Permanently restricted		69
	<b>Organizations that do not follow SFAS 117, check here <input type="checkbox"/></b> and complete lines 70 through 74		
	70 Capital stock, trust principal, or current funds		70
	71 Paid-in or capital surplus, or land, building, and equipment fund		71
	72 Retained earnings, endowment, accumulated income, or other funds		72
73 <b>Total net assets or fund balances.</b> Add lines 67 through 69 or lines 70 through 72. (Column (A) must equal line 19 and column (B) must equal line 21)		185,103.	73 214,669.
74 <b>Total liabilities and net assets/fund balances.</b> Add lines 66 and 73		185,103.	74 214,669.





**Part VI Other Information** (continued) **Yes No**

<b>82 a</b>	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge or at substantially less than fair rental value?		<b>82a</b>	<b>X</b>	
<b>b</b>	If "Yes," you may indicate the value of these items here. Do not include this amount as revenue in Part I or as an expense in Part II (See instructions in Part III)	<b>82b</b> 17,450.			
<b>83 a</b>	Did the organization comply with the public inspection requirements for returns and exemption applications?		<b>83a</b>	<b>X</b>	
<b>b</b>	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?		<b>83b</b>	<b>X</b>	
<b>84 a</b>	Did the organization solicit any contributions or gifts that were not tax deductible?		<b>84a</b>		<b>X</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?	N/A	<b>84b</b>		
<b>85</b>	<b>501(c)(4), (5), or (6) organizations.</b> <b>a</b> Were substantially all dues nondeductible by members?	N/A	<b>85a</b>		
<b>b</b>	Did the organization make only in-house lobbying expenditures of \$2,000 or less? If "Yes" was answered to either 85a or 85b, <b>do not</b> complete 85c through 85h below unless the organization received a waiver for proxy tax owed for the prior year	N/A	<b>85b</b>		
<b>c</b>	Dues, assessments, and similar amounts from members	<b>85c</b> N/A			
<b>d</b>	Section 162(e) lobbying and political expenditures	<b>85d</b> N/A			
<b>e</b>	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices	<b>85e</b> N/A			
<b>f</b>	Taxable amount of lobbying and political expenditures (line 85d less 85e)	<b>85f</b> N/A			
<b>g</b>	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	N/A	<b>85g</b>		
<b>h</b>	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax year?	N/A	<b>85h</b>		
<b>86</b>	<b>501(c)(7) organizations.</b> Enter: <b>a</b> Initiation fees and capital contributions included on line 12	<b>86a</b> N/A			
<b>b</b>	Gross receipts, included on line 12, for public use of club facilities	<b>86b</b> N/A			
<b>87</b>	<b>501(c)(12) organizations</b> Enter: <b>a</b> Gross income from members or shareholders	<b>87a</b> N/A			
<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>87b</b> N/A			
<b>88 a</b>	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or partnership, or an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Part IX		<b>88a</b>		<b>X</b>
<b>b</b>	At any time during the year, did the organization, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Part XI		<b>88b</b>		<b>X</b>
<b>89 a</b>	<b>501(c)(3) organizations.</b> Enter: Amount of tax imposed on the organization during the year under section 4911 <b>0.</b> ; section 4912 <b>0.</b> ; section 4955 <b>0.</b>				
<b>b</b>	<b>501(c)(3) and 501(c)(4) organizations</b> Did the organization engage in any section 4958 excess benefit transaction during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction		<b>89b</b>		<b>X</b>
<b>c</b>	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 <b>0.</b>				
<b>d</b>	Enter: Amount of tax on line 89c, above, reimbursed by the organization <b>0.</b>				
<b>e</b>	<b>All organizations.</b> At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?		<b>89e</b>		<b>X</b>
<b>f</b>	<b>All organizations.</b> Did the organization acquire a direct or indirect interest in any applicable insurance contract?		<b>89f</b>		<b>X</b>
<b>g</b>	<b>For supporting organizations and sponsoring organizations maintaining donor advised funds.</b> Did the supporting organization, or a fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		<b>89g</b>		<b>X</b>
<b>90 a</b>	List the states with which a copy of this return is filed <b>AR</b>				
<b>b</b>	Number of employees employed in the pay period that includes March 12, 2006	<b>90b</b> 4			
<b>91 a</b>	The books are in care of <b>JANE GORDON</b> Telephone no. <b>501 225-6073</b> Located at <b>3805 W. 12TH STREET #205, LITTLE ROCK, AR</b> ZIP + 4 <b>72204</b>				
<b>b</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)? If "Yes," enter the name of the foreign country <b>N/A</b> See the instructions for exceptions and filing requirements for <b>Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts</b>		<b>91b</b>		<b>X</b>

**Part VI Other Information** (continued) Yes No

c At any time during the calendar year, did the organization maintain an office outside of the United States? 91c    
 If "Yes," enter the name of the foreign country N/A

92 Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041- Check here   
 and enter the amount of tax-exempt interest received or accrued during the tax year 92 N/A

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

	Unrelated business income		Excluded by section 512, 513, or 514		(E) Related or exempt function income
	(A) Business code	(B) Amount	(C) Exclu- sion code	(D) Amount	
93 Program service revenue					
a SEE STATEMENT 8					96,828.
b					
c					
d					
e					
f Medicare/Medicaid payments					
g Fees and contracts from government agencies					
94 Membership dues and assessments					
95 Interest on savings and temporary cash investments			14	3,660.	
96 Dividends and interest from securities			14	760.	
97 Net rental income or (loss) from real estate.					
a debt-financed property					
b not debt-financed property					
98 Net rental income or (loss) from personal property					
99 Other investment income					
100 Gain or (loss) from sales of assets other than inventory					
101 Net income or (loss) from special events					8,192.
102 Gross profit or (loss) from sales of inventory					
103 Other revenue					
a					
b					
c					
d					
e					
104 Subtotal (add columns (B), (D), and (E))		0.		4,420.	105,020.
105 Total (add line 104, columns (B), (D), and (E))					109,440.

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

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

Line No.	Explain how each activity for which income is reported in column (E) of Part VII contributed importantly to the accomplishment of the organization's exempt purposes (other than by providing funds for such purposes).
▼	SEE STATEMENT 9

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

(A) Name, address, and EIN of corporation, partnership, or disregarded entity	(B) Percentage of ownership interest	(C) Nature of activities	(D) Total income	(E) End-of-year assets
N/A	%			
	%			
	%			
	%			

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

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

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

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

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

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

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

	(A) Name, address, of each controlled entity	(B) Employer Identification Number	(C) Description of transfer	(D) Amount of transfer	Yes	No
a	-----					
b	-----					
c	-----					
<b>Totals</b>						

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

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.

Please Sign Here: Signature of officer *JAN L. ZELNICK* Date *6-21-07*  
 Type or print name and title *JAN L. ZELNICK EXECUTIVE DIRECTOR*

Paid Preparer's Use Only: Preparer's signature *[Signature]* Date *6-19-07* Check if self-employed  Preparer's SSN or PTIN (See Gen Inst X)  
 Firm's name (or yours if self-employed), address, and ZIP + 4 *JEFFREY PHILLIPS MOSLEY & SCOTT, P.A. 11300 CANTRELL ROAD, SUITE 301 LITTLE ROCK, ARKANSAS 72212* EIN   
 Phone no. *(501) 227-5800*



**Part III Statements About Activities** (See page 2 of the instructions.)

		Yes	No
1	During the year, has the organization attempted to influence national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid or incurred in connection with the lobbying activities ► \$ _____ \$ _____ (Must equal amounts on line 38, Part VI-A, or line i of Part VI-B.) Organizations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other organizations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of the lobbying activities		X
2	During the year, has the organization, either directly or indirectly, engaged in any of the following acts with any substantial contributors, trustees, directors, officers, creators, key employees, or members of their families, or with any taxable organization with which any such person is affiliated as an officer, director, trustee, majority owner, or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the transactions )		
a	Sale, exchange, or leasing of property?		X
b	Lending of money or other extension of credit?		X
c	Furnishing of goods, services, or facilities?		X
d	Payment of compensation (or payment or reimbursement of expenses if more than \$1,000)?	X	
e	Transfer of any part of its income or assets?		X
3	Did the organization make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how the organization determines that recipients qualify to receive payments.)		X
a	Did the organization have a section 403(b) annuity plan for its employees?		X
b	Did the organization receive or hold an easement for conservation purposes, including easements to preserve open space, the environment, historic land areas or historic structures? If "Yes," attach a detailed statement		X
c	Did the organization provide credit counseling, debt management, credit repair, or debt negotiation services?		X
4	Did the organization maintain any donor advised funds? If "Yes," complete lines 4b through 4g. If "No," complete lines 4f and 4g		X
a	Did the organization make any taxable distributions under section 4966?		X
b	Did the organization make a distribution to a donor, donor advisor, or related person?		X
c	Enter the total number of donor advised funds owned at the end of the tax year		0
d	Enter the aggregate value of assets held in all donor advised funds owned at the end of the tax year		0.
e	Enter the total number of separate funds or accounts owned at the end of the year (excluding donor advised funds included on line 4d) where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts		0.
f	Enter the aggregate value of assets in all funds or accounts included on line 4f at the end of the tax year		0.

SEE STATEMENT 10

**Part IV Reason for Non-Private Foundation Status** (See pages 4 through 7 of the instructions )

I certify that the organization is not a private foundation because it is: (Please check only **ONE** applicable box.)

- 5  A church, convention of churches, or association of churches Section 170(b)(1)(A)(i).
- 6  A school. Section 170(b)(1)(A)(ii) (Also complete Part V.)
- 7  A hospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).
- 8  A federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).
- 9  A medical research organization operated in conjunction with a hospital Section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state ▶
- 10  An organization operated for the benefit of a college or university owned or operated by a governmental unit. Section 170(b)(1)(A)(iv) (Also complete the **Support Schedule** in Part IV-A.)
- 11a  An organization that normally receives a substantial part of its support from a governmental unit or from the general public. Section 170(b)(1)(A)(vi) (Also complete the **Support Schedule** in Part IV-A.)
- 11b  A community trust. Section 170(b)(1)(A)(vi). (Also complete the **Support Schedule** in Part IV-A.)
- 12  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its charitable, etc., functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Also complete the **Support Schedule** in Part IV-A.)
- 13  An organization that is not controlled by any disqualified persons (other than foundation managers) and otherwise meets the requirements of section 509(a)(3). Check the box that describes the type of supporting organization:  
 Type I                       Type II                       Type III-Functionally Integrated                       Type III-Other

**Provide the following information about the supported organizations** (See page 7 of the instructions.)

(a) Name(s) of supported organization(s)	(b) Employer identification number (EIN)	(c) Type of organization (described in lines 5 through 12 above or IRC section)	(d) Is the supported organization listed in the supporting organization's governing documents?		(e) Amount of support
			Yes	No	
<b>Total</b>					▶

- 14  An organization organized and operated to test for public safety. Section 509(a)(4). (See page 7 of the instructions.)

**Part IV-A Support Schedule** (Complete only if you checked a box on line 10, 11, or 12) **Use cash method of accounting.**  
**Note:** You may use the worksheet in the instructions for converting from the accrual to the cash method of accounting

Calendar year (or fiscal year beginning in)	(a) 2005	(b) 2004	(c) 2003	(d) 2002	(e) Total
15 Gifts, grants, and contributions received. (Do not include unusual grants. See line 28)	146,135.	115,664.	83,377.	86,098.	431,274.
16 Membership fees received					
17 Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose	147,696.	106,108.	83,535.	75,766.	413,105.
18 Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975	8,871.	2,866.	4,544.	4,914.	21,195.
19 Net income from unrelated business activities not included in line 18					
20 Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf					
21 The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge					
22 Other income. Attach a schedule. Do not include gain or (loss) from sale of capital assets					
23 Total of lines 15 through 22	302,702.	224,638.	171,456.	166,778.	865,574.
24 Line 23 minus line 17	155,006.	118,530.	87,921.	91,012.	452,469.
25 Enter 1% of line 23	3,027.	2,246.	1,715.	1,668.	

26 Organizations described on lines 10 or 11: a Enter 2% of amount in column (e), line 24	26a	N/A
b Prepare a list for your records to show the name of and amount contributed by each person (other than a governmental unit or publicly supported organization) whose total gifts for 2002 through 2005 exceeded the amount shown in line 26a. Do not file this list with your return. Enter the total of all these excess amounts	26b	N/A
c Total support for section 509(a)(1) test: Enter line 24, column (e)	26c	N/A
d Add: Amounts from column (e) for lines: 18 _____ 19 _____ 22 _____ 26b _____	26d	N/A
e Public support (line 26c minus line 26d total)	26e	N/A
f Public support percentage (line 26e (numerator) divided by line 26c (denominator))	26f	N/A %

27 Organizations described on line 12: a For amounts included in lines 15, 16, and 17 that were received from a "disqualified person," prepare a list for your records to show the name of, and total amounts received in each year from, each "disqualified person." Do not file this list with your return. Enter the sum of such amounts for each year: (2005) 0. (2004) 0. (2003) 0. (2002) 0.		
b For any amount included in line 17 that was received from each person (other than "disqualified persons"), prepare a list for your records to show the name of, and amount received for each year, that was more than the larger of (1) the amount on line 25 for the year or (2) \$5,000. (Include in the list organizations described in lines 5 through 11b, as well as individuals.) Do not file this list with your return. After computing the difference between the amount received and the larger amount described in (1) or (2), enter the sum of these differences (the excess amounts) for each year: (2005) 15,124. (2004) 568. (2003) 5,000. (2002) 15,331.		
c Add: Amounts from column (e) for lines: 15 431,274. 16 _____ 17 413,105. 20 _____ 21 _____	27c	844,379.
d Add: Line 27a total 0. and line 27b total 36,023.	27d	36,023.
e Public support (line 27c total minus line 27d total)	27e	808,356.
f Total support for section 509(a)(2) test: Enter amount on line 23, column (e)	27f	865,574.
g Public support percentage (line 27e (numerator) divided by line 27f (denominator))	27g	93.3896%
h Investment income percentage (line 18, column (e) (numerator) divided by line 27f (denominator))	27h	2.4487%

28 Unusual Grants: For an organization described in line 10, 11, or 12 that received any unusual grants during 2002 through 2005, prepare a list for your records to show, for each year, the name of the contributor, the date and amount of the grant, and a brief description of the nature of the grant. Do not file this list with your return. Do not include these grants in line 15.

NONE

**Part V Private School Questionnaire** (See page 9 of the instructions.)

N/A

**(To be completed ONLY by schools that checked the box on line 6 in Part IV)**

		Yes	No
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws, other governing instrument, or in a resolution of its governing body?		
30	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its brochures, catalogues, and other written communications with the public dealing with student admissions, programs, and scholarships?		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves? If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)		
	_____		
	_____		
	_____		
32	Does the organization maintain the following:		
a	Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b	
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing with student admissions, programs, and scholarships?	32c	
d	Copies of all material used by the organization or on its behalf to solicit contributions? If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)	32d	
	_____		
33	Does the organization discriminate by race in any way with respect to:		
a	Students' rights or privileges?	33a	
b	Admissions policies?	33b	
c	Employment of faculty or administrative staff?	33c	
d	Scholarships or other financial assistance?	33d	
e	Educational policies?	33e	
f	Use of facilities?	33f	
g	Athletic programs?	33g	
h	Other extracurricular activities? If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	33h	
	_____		
	_____		
34 a	Does the organization receive any financial aid or assistance from a governmental agency?	34a	
b	Has the organization's right to such aid ever been revoked or suspended? If you answered "Yes" to either 34a or b, please explain using an attached statement.	34b	
35	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," attach an explanation	35	

**Part VI-A Lobbying Expenditures by Electing Public Charities** (See page 10 of the instructions) **N/A**

(To be completed ONLY by an eligible organization that filed Form 5768)

Check **a**  if the organization belongs to an affiliated group. Check **b**  if you checked "a" and "limited control" provisions apply.

<b>Limits on Lobbying Expenditures</b> (The term "expenditures" means amounts paid or incurred.)		(a) Affiliated group totals	(b) To be completed for all electing organizations
		<b>N/A</b>	
<b>36</b> Total lobbying expenditures to influence public opinion (grassroots lobbying)	<b>36</b>		
<b>37</b> Total lobbying expenditures to influence a legislative body (direct lobbying)	<b>37</b>		
<b>38</b> Total lobbying expenditures (add lines 36 and 37)	<b>38</b>		
<b>39</b> Other exempt purpose expenditures	<b>39</b>		
<b>40</b> Total exempt purpose expenditures (add lines 38 and 39)	<b>40</b>		
<b>41</b> Lobbying nontaxable amount. Enter the amount from the following table -			
<b>If the amount on line 40 is -</b>	<b>The lobbying nontaxable amount is -</b>		
Not over \$500,000	20% of the amount on line 40	}	<b>41</b>
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000		
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000		
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000		
Over \$17,000,000	\$1,000,000		
<b>42</b> Grassroots nontaxable amount (enter 25% of line 41)	<b>42</b>		
<b>43</b> Subtract line 42 from line 36. Enter -0- if line 42 is more than line 36	<b>43</b>		
<b>44</b> Subtract line 41 from line 38. Enter -0- if line 41 is more than line 38	<b>44</b>		

**Caution:** If there is an amount on either line 43 or line 44, you must file Form 4720

**4-Year Averaging Period Under Section 501(h)**

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 45 through 50 on page 13 of the instructions.)

Calendar year (or fiscal year beginning in)	Lobbying Expenditures During 4-Year Averaging Period				N/A
	(a) 2006	(b) 2005	(c) 2004	(d) 2003	(e) Total
<b>45</b> Lobbying nontaxable amount					0.
<b>46</b> Lobbying ceiling amount (150% of line 45(e))					0.
<b>47</b> Total lobbying expenditures					0.
<b>48</b> Grassroots nontaxable amount					0.
<b>49</b> Grassroots ceiling amount (150% of line 48(e))					0.
<b>50</b> Grassroots lobbying expenditures					0.

**Part VI-B Lobbying Activity by Nonelecting Public Charities** (For reporting only by organizations that did not complete Part VI-A) (See page 13 of the instructions.) **N/A**

During the year, did the organization attempt to influence national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:

- a** Volunteers
- b** Paid staff or management (Include compensation in expenses reported on lines c through h )
- c** Media advertisements
- d** Mailings to members, legislators, or the public
- e** Publications, or published or broadcast statements
- f** Grants to other organizations for lobbying purposes
- g** Direct contact with legislators, their staffs, government officials, or a legislative body
- h** Rallies, demonstrations, seminars, conventions, speeches, lectures, or any other means
- i** Total lobbying expenditures (Add lines c through h )

Yes	No	Amount
		0.

If "Yes" to any of the above, also attach a statement giving a detailed description of the lobbying activities.



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FORM 990	SPECIAL EVENTS AND ACTIVITIES	STATEMENT	1
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DESCRIPTION OF EVENT	GROSS RECEIPTS	CONTRIBUT. INCLUDED	GROSS REVENUE	DIRECT EXPENSES	NET INCOME
DINNER CRUISE	12,380.		12,380.	4,188.	8,192.
TO FM 990, PART I, LINE 9	12,380.		12,380.	4,188.	8,192.

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FORM 990	OTHER CHANGES IN NET ASSETS OR FUND BALANCES	STATEMENT	2
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DESCRIPTION	AMOUNT
UNREALIZED GAIN/LOSS ON INVESTMENTS	4,145.
TOTAL TO FORM 990, PART I, LINE 20	4,145.

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FORM 990	OTHER EXPENSES	STATEMENT	3
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DESCRIPTION	(A) TOTAL	(B) PROGRAM SERVICES	(C) MANAGEMENT AND GENERAL	(D) FUNDRAISING
AIL CLASS EXPENSE	35.	35.		
DUES	3,397.	1,699.	985.	713.
INSURANCE	4,764.		4,764.	
MEALS	19,840.	15,872.	3,968.	
REPAIRS	688.	344.	344.	
EDUCATION - TRAVEL	678.	339.	339.	
COMPUTER EXPENSE	5,848.	2,924.	2,924.	
BUILDING MAINTENANCE	760.	760.		
MARKETING	9,631.	7,705.		1,926.
SERVICE EXPENSES	9.	9.		
EDUCATION CLASS EXPENSE	5,247.	5,247.		
BANK CHARGES	43.		43.	
ANNIVERSARY CELEBRATION	161.	161.		
MISCELLANEOUS	698.		698.	
TOTAL TO FM 990, LN 43	51,799.	35,095.	14,065.	2,639.

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 FORM 990 PART V-A - LIST OF CURRENT OFFICERS, DIRECTORS, TRUSTEES AND KEY EMPLOYEES STATEMENT 7
 

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NAME AND ADDRESS	TITLE AND AVRG HRS/WK	COMPEN- SATION	EMPLOYEE BEN PLAN CONTRIB	EXPENSE ACCOUNT
JEANNE ANDREWS 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
JANE MCCAIN 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	PRESIDENT 0.00	0.	0.	0.
MARY ELLEN GUISE 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
JOHN OSTNER 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
DON RIGGIN 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
DOROTHY SITTON 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
JAN ZELNICK 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	EXECUTIVE DIRECTOR 40.00	51,959.	1,559.	0.
ROBERT LANE 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
AUSTIN MCCASKILL 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	VICE PRESIDENT 0.00	0.	0.	0.
SUE MOSLEY 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	TREASURER 0.00	0.	0.	0.
EMILY WENGER 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.

## LIFEQUEST OF ARKANSAS

71-0554516

BETTY FRENCH 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	SECRETARY 0.00	0.	0.	0.
TOM GOODGAME 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
STEVE HANCOCK 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
SCOTT LEE 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
BOB MOORE 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
JAN SHOREY 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
DAVID SINK 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
JOHN SUTTON 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
GARY BURRIS 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
MARY FRANCES COTHAM 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
GERALDINE RAYFORD 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
CHESTER STORTHZ 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
ROBIN SUDDERTH 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.

LIFEQUEST OF ARKANSAS

71-0554516

ASHVIN VIBHAKAR 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
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KAREN COBB 3805 W. 12TH STREET, #205 LITTLE ROCK, AR 72204	DIRECTOR 0.00	0.	0.	0.
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TOTALS INCLUDED ON FORM 990, PART V-A		<u>51,959.</u>	<u>1,559.</u>	<u>0.</u>
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FORM 990	PROGRAM SERVICE REVENUE	STATEMENT	8
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DESCRIPTION	BUS CODE	UNRELATED BUSINESS INC	EXCL CODE	EXCLUDED AMOUNT	RELATED OR EXEMPT FUNC- TION INCOME
MEALS					22,908.
REGISTRATIONS					47,486.
TRIPS					13,398.
AIL CLASS FEE					8,529.
CARING WHEELS					1,505.
COMPUTER COMFORT					1,850.
HANDY HANDS					1,130.
OTHER SERVICES					22.
TO FORM 990, PART VII, LINE 93					<u>96,828.</u>

FORM 990	PART VIII - RELATIONSHIP OF ACTIVITIES TO ACCOMPLISHMENT OF EXEMPT PURPOSES	STATEMENT	9
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LINE	EXPLANATION OF RELATIONSHIP OF ACTIVITIES
93	MEALS - INCOME FROM HOT LUNCHESES SERVED TO MEMBERS WHO ATTEND THE ADVENTURES IN LEARNING SESSIONS HELD EACH WEDNESDAY.
93	REGISTRATIONS - INCOME RECEIVED FROM THE FEES CHARGED FOR MEMBERS TO ATTEND ADVENTURES IN LEARNING CLASSES HOSTED BY THE ORGANIZATION.
93	TRIPS - INCOME RECEIVED TO COVER EXPENSES FROM ENRICHMENT TRIPS TAKEN BY MEMBERS A FEW TIMES EACH YEAR.
93	AIL CLASS FEE - INCOME RECEIVED FROM MEMBERS TO COVER ANY CLASSES WHERE THE INSTUCTOR CHARGES THE ORGANIZATION TO TEACH THE CLASS.
93	CARING WHEELS - ONE ON ONE TRANSPORTATION SERVICE TO MEDICAL APPOINTMENTS. LIFEQUEST VOLUNTEERS TAKE PEOPLE WHO ARE OVER 55 AND UNABLE TO DRIVE TO THEIR MEDICAL APPOINTMENT FOR A \$10 DONATION PER ROUND TRIP.
93	COMPUTER COMFORT - BASIC HOME COMPUTER HELP AND TECHNICAL SUPPORT IS OFFERED TO PEOPLE OVER 55 FOR \$10 DONATION PER HOUR OF SERVICE.
93	HANDY HANDS - PROVIDES MINOR HOME REPAIR FOR PEOPLE OVER 55 FOR \$10 DONATION PER HOUR OF HELP.
93	COMMUNITY SEMINAR - PROVIDES SEMINARS ON ISSUES AND NEEDS FACING THE

ELDERLY.

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SCHEDULE A

EXPLANATION OF TRANSACTIONS  
PART III, LINE 2D

STATEMENT 10

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SEE 990, PART V



LifeQuest Depreciation Schedule		2006		2006		2006		2006		2007		
Asset	Year	Cost	Additions	Retire	Ending Balance	Life	Ending Balance	Dep Exp	(Retr)	Ending Balance	Net Book Value	Depreciation
Steel 2 dr. File Cabinet	1982	35 00			35 00	7	35 00			35 00	0 00	
Kodak Carousel 4200 Proj	1982	300 00			300 00	5	300 00			300 00	0 00	
Kodak #1220 ShowKing Proj. Table	1982	35 00			35 00	7	35 00			35 00	0 00	
Soundcraft Systems Lecternette	1983	451 00			451 00	7	451 00			451 00	0 00	
Lecternette Cart	1983	142 00			142 00	7	142 00			142 00	0 00	
Welt Safe-lock Projection Stand	1984	103 00			103 00	7	103 00			103 00	0 00	
2 metal lecterns	1986	121 00			121 00	7	121 00			121 00	0 00	
Audio-visual stand	1988	156 00			156 00	7	156 00			156 00	0 00	
48 brown folding chairs	1988	302 00			302 00	7	302 00		(302 00)	0 00	0 00	
Soundcraft Systems Lecternette	1989	510 00			510 00	7	510 00			510 00	0 00	
Lecternette Cart	1989	110 00			110 00	7	110 00			110 00	0 00	
2 shelf rolling metal kitchen cart	1989	375 00			375 00	7	375 00			375 00	0 00	
8 card tables	1992	211 00			211 00	7	211 00			211 00	0 00	
Secretarial Chair (burgundy)	1993	237 00			237 00	7	237 00			237 00	0 00	
Walnut laminate sec Desk/L	1995	600 00			600 00	7	600 00			600 00	0 00	
Walnut laminate 3 shelf bookcase	1995	170 00			170 00	7	170 00			170 00	0 00	
Office chair-executive	1996	214 00			214 00	7	214 00			214 00	0 00	
two drawer lateral file	1995	200 00			200 00	7	200 00			200 00	0 00	
three drawer lateral file	1995	300 00			300 00	7	300 00			300 00	0 00	
walnut conference desk	1995	500 00			500 00	7	500 00			500 00	0 00	
copier and cabinet	1997	2,682 00			2,682 00	5	2,682 00			2,682 00	0 00	
two Zip back-up drives	2000	339 56			339 56	3	339 56			339 56	0 00	
3 power strips	2000	280 00			280 00	5	280 00			280 00	0 00	
Computer desk	2000	127 34			127 34	7	109 15		18 19	127 34	0 00	18 19
Sharp Video/Data Projector	2001	5,429 00			5,429 00	3	5,429 00			5,429 00	0 00	
ELMO Visual Presenter	2001	3,018 00			3,018 00	3	3,018 00			3,018 00	0 00	
Walnut Desk	12/02	580 72			580 72	7	248 88		82 96	331 64	248 88	82 96
Laser Printer	5/02	2,524 19			2,524 19	3	2,524 19			2,524 19	0 00	
Computer Software	9/02	711 22			711 22	3	711 22			711 22	0 00	
3 Gateway computers	1/03	6,521 21			6,521 21	3	6,340 06		181 15	6,521 21	0 00	
Laptop Computer	2/03	2,305 24			2,305 24	3	2,177 17		128 07	2,305 24	0 00	
LCD Data Proj #2	7/03	2,129 65			2,129 65	3	1,774 71		354 94	2,129 65	0 00	
Color Copier/Scanner/Fax	7/03	2,793 88			2,793 88	3	2,328 24		465 64	2,793 88	0 00	
Learnina's Computer	7/04	1,797 99			1,797 99	3	849 05		599 33	1,448 38	349 61	349 61
LCD #3	10/05	3,183 00			3,183 00	3	265 23		1,061 00	1,326 25	1,856 75	1,061 00
HP laptop & printer	5/06	1,389 82			1,389 82	3	1,499 99		270 24	270 24	1,119 58	463 27
Computer for Charlie Crow	7/06	1,499 99			1,499 99	3	208 33		208 33	208 33	1,291 66	500 00
Computer for 2d Pres Office	9/06	1,129 63			1,129 63	3	94 14		94 14	94 14	1,035 49	376 54
<b>TOTAL</b>		43,514 44	0 00	(641 56)	42,872 88		34,148 47	3,463 99	(641 56)	36,970 90	5,901 98	2,851 57
<b>2006 Adjusting Entries</b>												
6140 Depreciation Expense		813 65										
1110 - Accumulated Depreciation			813 65									
(To adjust 2006 depreciation to actual)												
1100 - Furniture & Equip		4,019 44										
6030 - Computer Expense			4,019 44									
(To record 2006 Additions)												
1110 - Accumulated Depreciation		641 56										
1100 - Furniture & Equip				641 56								
(To record 2006 retirements)												



# Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.

- If you are filing for an **Automatic 3-Month Extension**, complete only Part I and check this box
- If you are filing for an **Additional (not automatic) 3-Month Extension**, complete only Part II (on page 2 of this form).

**Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868**

**Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

Section 501(c)(3) corporations required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns*

**Electronic Filing (e-file).** Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for section 501(c)(3) corporations required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on e-file for Charities & Nonprofits

Type or print	Name of Exempt Organization <b>LIFEQUEST OF ARKANSAS</b>	Employer identification number <b>71-0554516</b>
File by the due date for filing your return See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions <b>600 PLEASANT VALLEY DRIVE</b>	
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LITTLE ROCK, AR 72227</b>	

Check type of return to be filed (file a separate application for each return):

- |  |  |                                    |
|--|--|------------------------------------|
| <input checked="" type="checkbox"/> Form 990 | <input type="checkbox"/> Form 990-T (corporation)                | <input type="checkbox"/> Form 4720 |
| <input type="checkbox"/> Form 990-BL         | <input type="checkbox"/> Form 990-T (sec 401(a) or 408(a) trust) | <input type="checkbox"/> Form 5227 |
| <input type="checkbox"/> Form 990-EZ         | <input type="checkbox"/> Form 990-T (trust other than above)     | <input type="checkbox"/> Form 6069 |
| <input type="checkbox"/> Form 990-PF         | <input type="checkbox"/> Form 1041-A                             | <input type="checkbox"/> Form 8870 |

- The books are in the care of ▶ **JANE GORDON**  
 Telephone No. ▶ **501 225-6073** FAX No ▶ \_\_\_\_\_
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_ If this is for the whole group, check this box ▶ . If it is for part of the group, check this box ▶  and attach a list with the names and EINs of all members the extension will cover.

1 I request an automatic 3-month (6-months for a section 501(c)(3) corporation required to file Form 990-T) extension of time until **AUGUST 15, 2007**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:  
 ▶  calendar year **2006** or  
 ▶  tax year beginning \_\_\_\_\_ and ending \_\_\_\_\_

2 If this tax year is for less than 12 months, check year(s)  Initial return  Final return  Change in accounting period

3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits See instructions	3a	\$	
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	
c <b>Balance Due.</b> Subtract line 3b from line 3a. Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions.	3c	\$	N/A

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions