

Short Form

Return of Organization Exempt From Income Tax

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

OMB No 1545-1150

2010

Open to Public Inspection

Form 990-EZ

Department of the Treasury  
Internal Revenue Service

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

**A** For the 2010 calendar year, or tax year beginning and ending

**B** Check if applicable:  
 Address change  
 Name change  
 Initial return  
 Terminated  
 Amended return  
 Application pending

**C** Name of organization: **LIFEQUEST OF ARKANSAS**  
 Number and street (or P.O. box, if mail is not delivered to street address): **P.O. BOX 251615**  
 City or town, state or country, and ZIP + 4: **LITTLE ROCK, AR 72225**

**D** Employer identification number: **71-0554516**

**E** Telephone number: **(501) 225-6073**

**F** Group Exemption Number: **▶**

**G** Accounting Method:  Cash  Accrual Other (specify) **▶**

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

**I** Website: **LIFEQUESTOFARKANSAS.ORG**

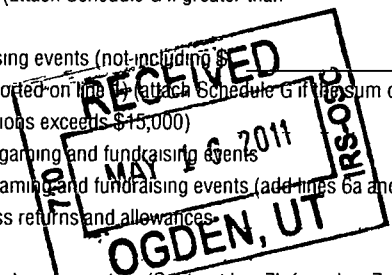
**J** Tax-exempt status (check only one) —  501(c)(3)  501(c) ( ) (insert no.)  4947(a)(1) or  527

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

**L** Add lines 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, line 25, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ **▶ \$ 182,416.**

**Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances** (see the instructions for Part I.)  
 Check if the organization used Schedule O to respond to any question in this Part I

		1	2	3	4	5a	5b	5c	6a	6b	6c	6d	7a	7b	7c	8	9	10	11	12	13	14	15	16	17	18	19	20	21
Revenue	1	Contributions, gifts, grants, and similar amounts received															111,000.												
	2	Program service revenue including government fees and contracts															70,911.												
	3	Membership dues and assessments																											
	4	Investment income																											
	5a	Gross amount from sale of assets other than inventory																											
	5b	Less: cost or other basis and sales expenses																											
	5c	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)																											
	6	Gaming and fundraising events																											
	a	Gross income from gaming (attach Schedule G if greater than \$15,000)																											
	b	Gross income from fundraising events (not including \$ of contributions from fundraising events reported on line 1) (attach Schedule G if the sum of such gross income and contributions exceeds \$15,000)																											
	6c	Less: direct expenses from gaming and fundraising events																											
	6d	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract line 6c)																											
	7a	Gross sales of inventory, less returns and allowances																											
	7b	Less: cost of goods sold																											
	7c	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)																											
	8	Other revenue (describe in Schedule O) SEE SCHEDULE O															505.												
	9	<b>Total revenue.</b> Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8															182,416.												
Expenses	10	Grants and similar amounts paid (list in Schedule O)																											
	11	Benefits paid to or for members																											
	12	Salaries, other compensation, and employee benefits															139,421.												
	13	Professional fees and other payments to independent contractors															8,416.												
	14	Occupancy, rent, utilities, and maintenance															780.												
	15	Printing, publications, postage, and shipping															7,864.												
	16	Other expenses (describe in Schedule O) SEE SCHEDULE O															19,560.												
	17	<b>Total expenses.</b> Add lines 10 through 16															176,041.												
	18	Excess or (deficit) for the year (Subtract line 17 from line 9)															6,375.												
	Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A)) (must agree with end-of-year figure reported on prior year's return)															132,682.											
20		Other changes in net assets or fund balances (explain in Schedule O)															0.												
21		<b>Net assets or fund balances at end of year.</b> Combine lines 18 through 20															139,057.												



SCANNED JUN 10 2011

LHA For Paperwork Reduction Act Notice, see the separate instructions.

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**Part II Balance Sheets.** (see the instructions for Part II.)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year		(B) End of year
22 Cash, savings, and investments	149,428.	22	137,221.
23 Land and buildings		23	0.
24 Other assets (describe in Schedule O) <b>SEE SCHEDULE O</b>	5,940.	24	2,753.
25 Total assets	155,368.	25	139,974.
26 Total liabilities (describe in Schedule O) <b>SEE SCHEDULE O</b>	22,686.	26	917.
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	132,682.	27	139,057.

**Part III Statement of Program Service Accomplishments** (see the instructions for Part III.)

Check if the organization used Schedule O to respond to any question in this Part III

What is the organization's primary exempt purpose? **SEE SCHEDULE O**

Describe what was achieved in carrying out the organization's exempt purposes. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

Expenses  
(Required for section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts; optional for others.)

28 <b>SEE SCHEDULE O</b>		28a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>			
29		29a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>			
30		30a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>			
31 Other program services (describe in Schedule O)		31a	
(Grants \$ ) If this amount includes foreign grants, check here <input type="checkbox"/>			
32 Total program service expenses (add lines 28a through 31a)		32	0.

**Part IV List of Officers, Directors, Trustees, and Key Employees.** List each one even if not compensated (see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV

(a) Name and address	(b) Title and average hours per week devoted to position	(c) Compensation (If not paid, enter -0- )	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
JEANNE ANDREWS	DIRECTOR	0.00	0.	0.
JANE MCCAIN	CHAIR EMERITUS	0.00	0.	0.
MARY ELLEN GUISE	DIRECTOR	0.00	0.	0.
JOHN OSTNER	DIRECTOR	0.00	0.	0.
DON RIGGIN	CHAIRMAN	0.00	0.	0.
DOROTHY SITTON	AIL DIRECTOR	0.00	0.	0.
ANN LEEK	EXECUTIVE DIRECTOR	32.00	58,759.	2,975.
PATRICIA MONOSON	VICE-CHAIRMAN	0.00	0.	0.
STEVE HANCOCK	DIRECTOR	0.00	0.	0.
THOMAS A BRUCE	DIRECTOR	0.00	0.	0.
CATHERINE COCKRILL	DIRECTOR	0.00	0.	0.
JACK HOLT	DIRECTOR	0.00	0.	0.

Part V Other Information (Note the statement requirements in the instructions for Part V)

Check if the organization used Schedule O to respond to any question in this Part V

X

- 33 Did the organization engage in any activity not previously reported to the IRS?
34 Were any significant changes made to the organizing or governing documents?
35 If the organization had income from business activities...
36 Did the organization undergo a liquidation, dissolution, termination...
37a Enter amount of political expenditures...
37b Did the organization file Form 1120-POL for this year?
38a Did the organization borrow from, or make any loans to, any officer...
38b If "Yes," complete Schedule L, Part II and enter the total amount involved
39 Section 501(c)(7) organizations. Enter:
40a Section 501(c)(3) organizations. Enter amount of tax imposed...
40b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage...
40c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax...
40d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax...
40e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction?

Table with columns Yes and No, rows 33 through 40e. Contains 'X' marks in the No column for rows 33, 34, 35a, 36, 37b, 38a, 40b, 40c, 40d, 40e.

41 List the states with which a copy of this return is filed. AR
42a The organization's books are in care of JANE GORDON Telephone no. 501-225-6073
Located at 600 PLEASANT VALLEY DRIVE, LITTLE ROCK, AR ZIP + 4 72227

- 42b 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...
42c At any time during the calendar year, did the organization maintain an office outside of the U.S.?

Table with columns Yes and No, rows 42b and 42c. Contains 'X' marks in the No column for rows 42b and 42c.

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

- 44a Did the organization maintain any donor advised funds during the year?
44b Did the organization operate one or more hospital facilities during the year?
44c Did the organization receive any payments for indoor tanning services during the year?
44d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments?

Table with columns Yes and No, rows 44a through 44d. Contains 'X' marks in the No column for rows 44a, 44b, 44c, and 44d.

	Yes	No
45 Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)?	45	X
a Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ	45a	X
46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	46	X

**Part VI Section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts only.** All section 501(c)(3) organizations and section 4947(a)(1) nonexempt charitable trusts must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI

	Yes	No
47 Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	47	X
48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	48	X
49a Did the organization make any transfers to an exempt non-charitable related organization?	49a	X
b If "Yes," was the related organization a section 527 organization?	49b	

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None."

(a) Name and address of each employee paid more than \$100,000	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
NONE				

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." NONE

(a) Name and address of each independent contractor paid more than \$100,000	(b) Type of service	(c) Compensation

d Total number of other independent contractors each receiving over \$100,000

52 Did the organization complete Schedule A? Note: All section 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed Schedule A  Yes  No

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.

Sign Here  *Ann C. Leek* Signature of officer  *May 11, 2011* Date  
 *Ann C. Leek, Executive Director* Type or print name and title

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	<i>Lindsay M. Thomas</i>	<i>Lindsay M. Thomas</i>	<i>5/10/11</i>		
	Firm's name <input type="checkbox"/> <i>L. COTTON THOMAS &amp; CO.</i>	Firm's EIN <input type="checkbox"/>	Firm's address <input type="checkbox"/> <i>620 WEST THIRD ST., STE 400 LITTLE ROCK, AR 72201</i>	Phone no. <input type="checkbox"/> <i>(501) 375-9187</i>	

May the IRS discuss this return with the preparer shown above? See instructions  Yes  No



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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>4 Total.</b> Add lines 1 through 3						
<b>5</b> The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
<b>6 Public support.</b> Subtract line 5 from line 4						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>7</b> Amounts from line 4						
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)						
<b>11 Total support.</b> Add lines 7 through 10						
<b>12</b> Gross receipts from related activities, etc. (see instructions)					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2010 (line 6, column (f) divided by line 11, column (f))	14	%
<b>15</b> Public support percentage from 2009 Schedule A, Part II, line 14	15	%
<b>16a 33 1/3% support test - 2010.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 33 1/3% support test - 2009.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>17a 10% -facts-and-circumstances test - 2010.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>b 10% -facts-and-circumstances test - 2009.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>		
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>		

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	187,704.	191,620.	109,791.	137,719.	111,000.	737,834.
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	96,828.	134,640.	120,872.	90,688.	70,911.	513,939.
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge						
<b>6 Total.</b> Add lines 1 through 5	284,532.	326,260.	230,663.	228,407.	181,911.	1251773.
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
<b>c</b> Add lines 7a and 7b						0.
<b>8 Public support</b> (Subtract line 7c from line 6)						1251773.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
<b>9</b> Amounts from line 6	284,532.	326,260.	230,663.	228,407.	181,911.	1251773.
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	4,420.	2,217.	2,210.	4,922.	505.	14,274.
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
<b>c</b> Add lines 10a and 10b	4,420.	2,217.	2,210.	4,922.	505.	14,274.
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
<b>12</b> Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV)	8,192.	12,825.	11,559.	3,244.		35,820.
<b>13 Total support</b> (Add lines 9, 10c, 11, and 12)	297,144.	341,302.	244,432.	236,573.	182,416.	1301867.

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2010 (line 8, column (f) divided by line 13, column (f))	15	96.15 %
<b>16</b> Public support percentage from 2009 Schedule A, Part III, line 15	16	95.89 %

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2010 (line 10c, column (f) divided by line 13, column (f))	17	1.10 %
<b>18</b> Investment income percentage from 2009 Schedule A, Part III, line 17	18	1.59 %

**19a 33 1/3% support tests - 2010.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2009.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

**20 Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

**LIFEQUEST OF ARKANSAS**

Employer identification number

**71-0554516**

**FORM 990-EZ, PART I, LINE 8, OTHER REVENUE:**

DESCRIPTION OF OTHER REVENUE:	AMOUNT:
INTEREST INCOME	505.

**FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES:**

DESCRIPTION OF OTHER EXPENSES:	AMOUNT:
INSURANCE	2,545.
MARKETING	1,154.
SERVICE EXPENSE	106.
EVENT EXPENSES	2,465.
CLASS FEE EXPENSE	1,607.
TRAVEL	238.
MISCELLANEOUS EXPENSE	1,389.
OFFICE SUPPLIES	2,448.
COMMUNICATIONS	3,806.
DEPRECIATION	3,186.
DUES	125.
REPAIRS	491.
<b>TOTAL TO FORM 990-EZ, LINE 16</b>	<b>19,560.</b>

**FORM 990-EZ, PART II, LINE 24, OTHER ASSETS:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
OTHER DEPRECIABLE ASSETS	5,940.	2,753.

**FORM 990-EZ, PART II, LINE 26, OTHER LIABILITIES:**

DESCRIPTION	BEG. OF YEAR	END OF YEAR
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**SCHEDULE O**  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

**Supplemental Information to Form 990 or 990-EZ**

Complete to provide information for responses to specific questions on  
Form 990 or 990-EZ or to provide any additional information.  
▶ Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

**2010**

Open to Public  
Inspection

Name of the organization

LIFEQUEST OF ARKANSAS

Employer identification number

71-0554516

UNEARNED INCOME	15,839.	392.
ACCRUED PAYROLL LIABILITIES	6,847.	525.
TOTAL TO FORM 990-EZ, LINE 26	22,686.	917.

FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - TO ENHANCE LIFE'S JOURNEY THROUGH THE MIDDLE AND LATER YEARS THROUGH LIFE-LONG LEARNING AND MEANINGFUL VOLUNTEERISM WITHIN A COMMUNITY OF PEERS.

FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:  
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.

FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:  
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY, OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.  
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY, OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.

