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

Department of the Trass Internal Revenue Service

► Do not enter social security numbers on this form as it may be made public. ☐ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

<u>A</u>	For the	e 2017 calendar year, or tax year beginning M	<u>IAY 1, 2017 and</u>	ending 2	<u>APR 30, 2018</u>	·								
В	Check if applicable	C Name of organization			D Employer identif	cation number								
Γ	Addre	ss . Arkansas bankers assoc	CIATION											
F	Name chang				71-0	004080								
下	Initial	Number and street (or P.O. box if mail is not de	Room/suite											
Ē	Final	1220 WE'CM MUTED CHEEPI	•	, rioomiround	•	376-3741								
_	—Jreturn termir ated			L	G Gross receipts \$	1,493,970.								
Amended LITTLE ROCK, AR 72201 H(a) Is this a group return														
Ē	Application F Name and address of principal officer WILLIAM HOLMES for subordinates? Yes X No													
	pend	1220 WEST THIRD ST., LI		72201	H(b) Are all subordinates									
<u> </u>	Tax-ex	empt status 501(c)(3) X 501(c) (6)	(insert no.) 4947(a)(1)		· ·	list (see instructions)								
		te: WWW.ARKBANKERS.ORG	1	<u></u>	H(c) Group exemption	,								
			ssociation Other	L. Year		VI State of legal domicile: AR								
	art I	Summary		1										
 ا	1	Briefly describe the organization's mission or most	t significant activities TO P	ROMOTI	E THE INTERE	ST, GENERAL								
Governance	-		-											
a E	WELFARE AND USEFULNESS OF FINANCIAL INSTITUTIONS AND THEIR Check this box In the organization discontinued its operations or disposed of more than 25% of its net assets													
« Ā	3	Number of voting members of the governing body			3	24								
7 G	4	Number of independent voting members of the go			4	24								
Uし」 ties &		Total number of individuals employed in calendar			5	0								
⊃ ŧį̃		Total number of volunteers (estimate if necessary)	• • • • • • • • • • • • • • • • • • • •		6	0								
ال Activities	7 a	Total unrelated business revenue from Part VIII, co	olumn (C), line 12		7a	13,508.								
⋖		Net unrelated business taxable income from Form			7b	0.								
:					Prior Year	Current Year								
, a	8	Contributions and grants (Part VIII, line 1h)	OGDEN, UT	——	628,013.	633,766.								
Sevenue	9	Program service revenue (Part VIII, line 2g)	12 TH 183000	_	1,033,763.	801,185.								
- eve	10	Investment income (Part VIII, column (A), lines 3, 4	, and 7d)		33,245.	51,134.								
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8d		207	126,994.	7,885.								
	12	Total revenue - add lines 8 through 11 (must equal	PartVIII. column (A), line 12)	[7]	1,822,015.	1,493,970.								
	13	Grants and similar amounts paid (Part IX, column ((A), lines (T3D A LD COLL)		0.	0.								
	14	Benefits paid to or for members (Part IX, column (A	A), line 4)	[0.	0.								
S	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		848,151.	829,831.								
Expenses	16a	Professional fundraising fees (Part IX, column (A),	line 11e)		0.	0.								
ğ	Ь	Total fundraising expenses (Part IX, column (D), lin	e 25) 🕨	_0.										
Щ	17	Other expenses (Part IX, column (A), lines 11a-11d	, 11f-24e)		1,041,055.	846,780.								
	18	Total expenses Add lines 13-17 (must equal Part I	IX, column (A), line 25)		1,889,206.	1,676,611.								
	19_	Revenue less expenses Subtract line 18 from line	12		-67,191.	-182,641.								
Net Assets or Fund Balances				В	eginning of Current Year	End of Year								
sets	20	Total assets (Part X, line 16)			4,993,750.	4,722,881.								
t As	21	Total liabilities (Part X, line 26)			540,604.	452,376.								
<u> </u>	22	Net assets or fund balances Subtract line 21 from	line 20		4,453,146.	4,270,505.								
P	<u>art II</u>	Signature Block												
Und	ler pena	ilties of perjury, I declare that I have examined this return,	, including accompanying schedule	es and stater	ments, and to the best of m	y knowledge and belief, it is								
true	, correc	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich prepare	r has any knowledge.	1 10								
		2 Seen R H	<u>elm</u>		8/	128/18								
Sig	ın	Signature of officer			Date									
He	re		ENT AND CEO											
		Type or print name and title												
	Print/Type preparer's name Preparer's signature Date Check PTIN													
Pai	Paid JEFF CRONE, CPA CFFC (I) self-employed P01302049													
	parer	Firm's name EGP , PLLC	110		Firm's EIN	71-0519090								
Use	Only	Firm's address 611 MAIN STREET			}									
		NORTH LITTLE ROC	K, AR 72114-539	5	Phone no. 5 0	1-374-2910								
Ma	y the If	RS discuss this return with the preparer shown abo				X Yes No								
7320	01 11-2	8-17 LHA For Paperwork Reduction Act Notice	ce, see the separate instruction	ons.		Form 990 (2017)								

	rt III Statement of Program Service Accomplishments	
T a		_
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission:	
	TO PROMOTE THE GENERAL WELFARE AND USEFULNESS OF BANKING INSTITUTIONS	
	IN ARKANSAS BY OFFERING SCHOOLS, SEMINARS, AND CONFERENCES DESIGNED TO	
	EDUCATE AND TRAIN BANK PERSONNEL AND PROFESSIONALS IN VARIOUS ASPECTS	
	OF BANKING.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	0
	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 X N	0
	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 \$	_)
	AVAILABLE UPON REQUEST.	-
		_
		_
		_
		_
		_
		_
		_
		—
		—
		_
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$	_)
		_
		_
		_
		_
4c	(Code) (Expenses \$	
		- ′
		_
		_
		_
		
		—
		—
4d	Other program services (Describe in Schedule O)	
	(Expenses \$ including grants of \$) (Revenue \$)	
40	Total program service expenses	

Form **990** (2017)

Form	990	(2017)	

orm 990 (2017)	_ ARKANSAS	BANKERS	ASSOCIATION	
Part IV Chacklis	of Doguired Schoo	lulas		

	•		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1		<u>x</u> _
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3		х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	<u> </u>		
7	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	-		
3	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	х	
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	•		X
7		6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_	ļ	X
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_	` Ì	v
^	Schedule D, Part III	_8_		<u>X</u>
9	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? If "Yes," complete Schedule D, Part IV	_		77
40	·	9_		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	40	v	
4.4	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	_10_	X	
11	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	İ		
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	44-	x	
h	Did the organization report an amount for investments · other securities in Part X, line 12 that is 5% or more of its total	11a		
,	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	x	
_	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	1 10		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
ч	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	110		
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	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)? If "Yes," complete Schedule D, Part X	11f	x	
122	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
···	Schedule D, Parts XI and XII	12a		X
b		120		
-	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>x</u> _
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		<u>x</u>
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>x</u>
	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	- 1	ļ	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		\mathbf{x}_{-}
15	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? If "Yes," complete Schedule F, Parts II and IV	15	1	X _
16	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? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	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 ⁹ If "Yes," complete Schedule G, Part I	17	ļ	X_
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
-	1c and 8a? If "Yes," complete Schedule G, Part II	18	}	X _
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19	_	X_
			222	

			1	
00-	Did the eventual variable and or move because if a day of 15 11/20 11 as well as Calendaria 11		Yes	No_
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		<u>X</u> _
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
۷.	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete]]]	'
	Schedule J	23	x	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit		}	l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete		{	
	Schedule L, Part I	25b		
26	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? If "Yes,"			47
	complete Schedule L, Part II	26		<u>X</u>
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial		į	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member		l	X
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		x
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	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? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		<u>X</u>
31	Did the organization liquidate, terminate, or dissolve and cease operations?	1 1		
	If "Yes," complete Schedule N, Part I	31		<u> </u>
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		<u>X</u>
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
_	sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		<u>X</u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
. -	Part V, line 1	34	X	
	Did the organization have a controlled-entity within the meaning of section 512(b)(13)?	35a		<u>X</u> _
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	05.		
26	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(2) organizations. But the organization make any transfers to an exempt non-charitable related organization?	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	20		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	36		
J,	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	~		_ _
	Note. All Form 990 filers are required to complete Schedule O	38	x	_
			990 (2017)

Senior The number reported in Box 3 of Form 1096 Enter 0. if not applicable 1a 0 1b 0 1c 1c 0 1c 1c 0 1c 0 1c 1c		Check if Schedule O contains a response or note to any line in this Part V			
18 Enter the number reported in Box 3 of Form 1096 Enter -9 in not applicable 19 Cold the organization comply with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with moving 10 prize withholding rules for reportable payments to vendors and reportable gamming (gambling) with moving 10 prize with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) with moving 10 prize with backup withholding rules for reportable payments to vendors and reportable gamming (gambling) without the reportable payment of the reportable payment of the reportable payment to vendors and reportable gamming (gambling) without the reportable payment and the reportable payment to vendors and reportable gamming (gambling) without the reportable payment and the reportable payment and reportable gamming (gambling) without the reportable payment and reportable payment and reportable gamming (gambling) without the reportable payment of the reportable payment in the reportable payment of the reportable payment in the payment in the payment in the payment in the reportable payment in the reporta				Yes	No
b Enter the number of Forms W/30 included in the 1a. Enter 0-if not applicable — Did the organization comply with backup witholding ulse for reportable payments to vendors and reportable gamming (gambling) winnings to prize wanners? Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements, like to the calendar year ending with or within the year covered by this return. In a few the calendar year ending with or within the year covered by this return. In a few the calendar year ending with or within the year covered by this return. In a few the calendar year ending with or within the year covered by this return. In a few the calendar year ending with or within the year covered by this return. In a few the calendar year ending with or within the year covered by this return. In a few the calendar year ending with or within the year covered by this return. In a few the calendar year, did the organization the law required feederal engineers on the end of the calendar year. In a few the calendar year, did the organization the few 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 bark account, societies account, or other financial accounts (FBAR) In a few the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a few the organization and it was or is a party to a prohibited fax whether transaction? In the few the organization have annual gross receipt that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? In the organization shall have a routed gross receipt that are normally greater than \$100,000, and did the organization solicit as charitable contributions under section 170(c). In the organization shall have a requirement of the year of the value of the gross promoted of the proparation of the promoted of the p	1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
c Dd the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambing) withings to pure warners? 2. Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, field for the calendar year ending with or within the year covered by this return 3. If the provided in the calendar year ending with or within the year covered by this return 4. If the sum of lines 1s and 2s is greater than 250, you may be required to ender employment tax returns? 5. Note. If the sum of lines 1s and 2s is greater than 250, you may be required to ender employment tax returns? 5. Note. If the sum of lines 1s and 2s is greater than 250, you may be required to ender employment tax returns? 6. If the sum of lines 1s and 2s is greater than 250, you may be required to ender employment tax returns? 8. If the sum of lines 1s and 2s is greater than 250, you may be required to ender the year? 8. If the sum of lines 1s and 2s is greater than 250, you may be required to ender the year? 9. If the sum of lines 1s and 2s is greater than 250, you may be required to ender the year? 9. If the sum of lines 1s and 2s is greater than 250, you may be required to ender the year? 9. If the sum of lines 1s and 2s is greater than 250, you may be required to ender the year? 9. If the sum of lines 1s and 2s is greater than 250, you may be required to ender the year? 9. If the sum of lines 1s and 2s is greater than 250, you may be required to ender than 2s and 2s is greater than 250, you may be required to ender the year? 9. If the 3s is the organization is deep 1s and 2s is greater than 250, you may be required to ender the year? 9. If the 3s is the organization is deep 1s and 2s is greater than 250, you may be required to ender authority over, a financial account; and 2s is greater than 2s is gr		· · · · · · · · · · · · · · · · · · ·			1
2a Enter the number of employees reported on Form W.3, Transmittal of Wage and Tax Statements, Red for the calendar year ending with or within the year covered by this return. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3	С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
the defor the calendary year ending with or within the year covered by this return bit of all least ones reported on line 24, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a. Did the organization have unreliated business gross income of \$1,000 or more during the year? 4a. Alary time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account)? 4b. If "Yes," and it file a Form 990-17 for this year? If "No," to line 80, provide an explanation in Schedule O 5b. X 5c. If "Yes," then the name of the foreign country lock has a bank account, or other financial account)? 4c. If yes, "then the name of the foreign country lock has a bank account, or other financial account)? 5c. If "Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 5c. Did any taxable party notify the organization tile Form 8886-17 6c. Did the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c. The "Yes," to line 5a or 5b, did the organization that, it was or is a party to a prohibition study are into tax deductible? 6c. The property of the organization have annual gross recepts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? 6c. The "Yes," to line 5a or 5b, did the organization file form 8886-17 6c. Did the organization return that deductible contributions under section 170(c). 6c. Did the organization state may receive deductible contributions under section 170(c). 6c. Did the organization return appreciate deductible contributions under section 170(c). 6c. Did the organization return appreciate of the donor of the value of the goods or services provided? 6c. D		(gambling) winnings to prize winners?	1c		l
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Form 990 (2017) ARKANSAS BANKERS ASSOCIATION 71~0004080 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes_ No 1a Enter the number of voting members of the governing body at the end of the tax year 24 1a 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. 24 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? 7b Х Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X b Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O 9 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a Х 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? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 X 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a X b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х in Schedule O how this was done 12c X Did the organization have a written whistleblower policy? 13 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? X The organization's CEO, Executive Director, or top management official 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions) 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X taxable entity during the year? 16a 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? 16b Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed NONE 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 X Upon request → Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 19 statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records

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CARLA BRINKLEY - 501-376-3741

1220 WEST THIRD ST., LITTLE ROCK, AR

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ARKANSAS BANKERS ASSOCIATION

71-0004080

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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 an	v 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

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

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

Collect this box in heldrer the organization in	T arry related	riga	111126	LIOI		npe	11301	ted any current officer, (inector, or trustee	
(A)	(B)	1			C)			(D)	(E)	(F)
Name and Title	Average	- (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	, unie	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	_	cer an	la a a	Tecto	or/trus	Tee)	from	from related	other
	(list any	Individual trustee or director	[ļ	the	organizations	compensation
	hours for	- F	g			ated	l	organization	(W-2/1099-MISC)	from the
	related	ustee	Institutional trustee		, s	Highest compensated employee	1	(W-2/1099-MISC)		organization
	organizations	nal tr	ionai		ploye		l			and related
	below line)	divid	State	Officer	Key employee	ghes	Former	Ì		organizations
		=	트	<u>5</u>	=	로 등	ਾਫ਼	 	<u> </u>	<u> </u>
(1) CATHERINE OWEN	0.50	ł			1		ŀ	1		
CHAIRMAN	ļ	X		X	├_	<u> </u>	ļ	0.	0.	0.
(2) JON HARRELL	0.50	4				ļ		}		1
VICE CHAIRMAN	<u> </u>	X	_	X	_	<u> </u>	<u> </u>	0.	0.	0.
(3) DAVE DICKSON	0.50	ļ				[l	ļ		
PAST CHAIRMAN		X		X			_	0.	0.	0.
(4) ROB ROBINSON	0.50									
CHAIRMAN-ELECT		X		X				0.	0.	0.
(5) JIM CARGILL	0.50								 	
TREASURER		х		X		1		0.	0.	0.
(6) GENE CRAWFORD	0.50	==					_			<u></u>
MEMBER	0.30	x		1		}	l	0.	0.	0.
(7) DAVID DOWD	0.50	127	 	┢─	f	-	<u> </u>		-	
	0.30	x		[0.	0.	0.
MEMBER (8) CRAIG ATWOOD	0.50	23		├─	-	-	┢╌			
	0.30	x			•			0.	0.	0.
MEMBER	0.50	A	-	 	-	├	 -	· · · · · · · · · · · · · · · · · · ·		<u>·</u>
(9) DON GIBSON	0.50	Х		ļ				0.	0.	^
MEMBER	0 50	1	_	 	\vdash	-	-	U .	<u> </u>	0.
(10) CHRIS GOSNELL	0.50			[,						
MEMBER		X	<u> </u>	<u> </u>	<u> </u>		<u> </u>	0.	0.	0.
(11) BARRY LEDBETTER	0.50					1			_	_
MEMBER		X	<u> </u>		<u> </u>			0.	0.	0.
(12) MARNIE OLDNER	0.50									H
MEMBER	<u></u>	X	L			_	L	0.	0.	0.
(13) LANCE LANIER	0.50			1		1		1		
MEMBER		X						0.	0.	0.
(14) WILSON MOORE	0.50	-								
MEMBER	,	X					ļ	0.	0.	0.
(15) MARK ROBERTS	0.50									
MEMBER		X						0.	0.	0.
(16) LYNN WRIGHT	0.50									
MEMBER		X					l	0.	0.	0.
(17) JOHNNY ADAMS	0.50									
MEMBER		X		Ι,			l	0.	0.	0.
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Part VII Section A. Officers, Directors,		ploy	ees			ghe	st C	Compensated Employe					
(A)	(B))) Pos	C)			(D)	(E)		_	(F)	
Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation		I	stimate nount	
	week					ıs bot or/trus		from	from related		I	other	
	(list any	ector						the	organization	s	com	pensa	ation
	hours for related	iğ i	ಕ		Ì	ated		organization	(W-2/1099-MI	SC)	I	om th	
	organizations	rustee	l trust		_ g	mpens		(W-2/1099-MISC)			, .	anızat d relat	
	below	Individual trustee or director	Institutional trustee	5	Key employee	Highest compensated employee	ق ا				1	anızatı	
	line)	횰	T I	Officer	ě	돌를	퉏				<u> </u>		
(18) JEFF BRECKLEIN	0.50				l	ŀ					ĺ		•
<u>MEMBER</u>		X	-		\vdash	 —		0.		0.			0.
(19) RANDY SCOTT	0.50	x						0.		0.	ĺ		0.
MEMBER	0.50		-		\vdash	├	\vdash	<u> </u>		<u> </u>			<u> </u>
(20) CHIP BLANCHARD MEMBER	0.30	X				l		0.		0.	l		0.
(21) LORI ROSS	0.50					Г	T						
MEMBER		X						0.		0.			0.
(22) DAVID JESSUP	0.50												
MEMBER		X	<u> </u>		<u> </u>	<u> </u>		0.		0.	<u>'</u>		0.
(23) JASON TENNANT	0.50				Ì								_
<u>MEMBER</u>	40.00	X	├ -		ļ	 		0.		0.	<u> </u>		0.
(24) WILLIAM HOLMES	40.00	}		x		1		0.	227,8	1 0			0.
PRESIDENT & CEO		_		^		\vdash	-	ļ	221,0	10.			
		1	}		ļ					ı			
								-					
		<u> </u>	<u> </u>			<u> </u>							
1b Sub-total							▶	0.	227,8		<u> </u>		0.
c Total from continuation sheets to Pa	rt VII, Section A							0.		0.	<u> </u>		0.
d Total (add lines 1b and 1c)								0.	227,8		<u> </u>		0.
2 Total number of individuals (including b		ose	liste	ed al	bove	e) wr	no r	eceived more than \$100	,000 of reportab	le			0
compensation from the organization								-				Yes	No
3 Did the organization list any former off	icer, director, or tru	ıste	e. ke	v er	nolo	vee.	. or	highest compensated e	mplovee on				
line 1a? If "Yes," complete Schedule J				•		, ,	,		,		3	1 .	х
4 For any individual listed on line 1a, is the	ne sum of reportab	le co	omp	ensa	atior	and	d ot	her compensation from	the organization				
and related organizations greater than	\$150,000? If "Yes,	" co	mple	ete S	Sche	edule	e J i	for such individual			4	_X_	
5 Did any person listed on line 1a receive	•				•		elat	ted organization or indivi	dual for services				
rendered to the organization? If "Yes,"	complete Schedul	e <i>J f</i>	or s	uch	pers	<u>son</u>					5		X
Section B. Independent Contractors 1 Complete this table for your five highes	et compensated in	dene	nde	nt c	onte	racto	ore 1	that recoved more than	\$100,000 of cor		ation f	rom	
the organization Report compensation										ipens	ationi	10111	
(A)								(B)	,		(0	 >)	
Name and busin	ness address	N	INC	3				Description of s	ervices	C	ompe		n
							_						_
	-						\dashv						
							\dashv						
2 Total number of independent contractor		ot lu	mite	d to		_	stec	d above) who received m	ore than				
\$100,000 of compensation from the or	ganization >				(<u> </u>					Form	000	2017
											- CVM	-1-70 I ()	/III/\

		Check if Schedule O cont	ains a response	or note to any li	ne 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
nts	1 a	Federated campaigns	1a					
e a	ь	Membership dues	1b	633,766.				
Am Am	С	Fundraising events	1c					
a git	d	Related organizations	1d					į
ž,i	е	Government grants (contribut	ions) 1e					
r tio	f	All other contributions, gifts, gran	ts, and					
혈第		sımılar amounts not ıncluded abo	ve 1f					
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines	1a-1f \$					
<u>5 €</u>	<u>h</u>	Total. Add lines 1a-1f			633,766.			
	_	MIT M T (N)		Business Code		700 000		
, je	2 a		ZENTIE:	611710	782,830.	782,830.	12 500	
ie š	b			541800 519100	13,508. 4,847.	 	13,508.	4,847.
E S	C	CIRCULATION INC	OME	213100	4,84/.			4,847.
Program Service Revenue	d							
P.	e	All other program service reve			 			 -
_	1	Total. Add lines 2a-2f	inde		801,185.			
	<u>ч</u>	Investment income (including	dividends intere	est and	001,103.			
}	Ū	other similar amounts)	arriadriad, intere) (und	51,134.			51,134.
	4	Income from investment of ta	x-exempt bond p	roceeds	31,1310			31/131
ì	5	Royalties	n oxompt boma p	,	·			
ļ	•	,	(ı) Real	(II) Personal				
	6 a	Gross rents	3,750.					
	b	Less rental expenses	0.)		1
ļ	С	Rental income or (loss)	3,750.					
	d	Net rental income or (loss)		.	3,750.			3,750.
-	7 a	Gross amount from sales of	(i) Securities	(II) Other				
Į		assets other than inventory						
	b	Less: cost or other basis		1				
}		and sales expenses			l l			
	C	Gain or (loss)						
Ì	đ	Net gain or (loss)						<u> </u>
e	8 a	Gross income from fundraising	g events (not					
		including \$	of					
Other Rever		contributions reported on line	1c) See					
ĕ		Part IV, line 18	а					
₹		Less direct expenses	. b					
		Net income or (loss) from fund	-					
Į	9 a	Gross income from gaming ac		1:				
	L	Part IV, line 19 Less direct expenses	a b					
		Net income or (loss) from garr	,					
		Gross sales of inventory, less	-					
	10 a	and allowances	a:					
	h	Less cost of goods sold	b					
		Net income or (loss) from sale	- 1	•				
ı		Miscellaneous Revenu		Business Code				
 	11 a	OTHER INCOME	-	900099	26,039.			26,039.
	b	CIRCUIT A DECAME TAKE	OME	519100	-21,904.			-21,904.
]	c							
1	d	All other revenue						
	е	Total. Add lines 11a-11d	•		4,135.			
	12	Total revenue See instructions.			1,493,970.	782,830.	13,508.	63,866.

Sect	ion 501(c)(3) and 501(c)(4) organizations must com			omplete column (A)	_ _
	Check if Schedule O contains a respon		this Part IX	(C)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				<u> </u>
4	Benefits paid to or for members			<u> </u>	
5	Compensation of current officers, directors,	227 010		1	
_	trustees, and key employees	227,810.			
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	454,104.			
7 8	Pension plan accruals and contributions (include	<u> </u>		-	
0	section 401(k) and 403(b) employer contributions)	54,846.]	
9	Other employee benefits	45,369.			
10	Payroll taxes	47,702.			
11	Fees for services (non-employees)			-	
а	Management			į	
b	Legal	1,200.			
С	Accounting	21,025.			
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	<u> </u>			
f	Investment management fees				
g	Other (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	1,586.	- 		
12	Advertising and promotion	2,744.			
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy	78,759.			
17	Travel	10,139.			
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	18,041.			
20	Interest	6,686.			
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	58,264.			
23	Insurance				
24	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.)				
	EDUCATION	493,896.			
b	EQUIPMENT RENTAL & MAIN	80,297.			
c	MISCELLANEOUS EXPENSE	26,150.			
d	AR BANKER MAGAZINE	22,601.			
е	All other expenses	35,531.			
25	Total functional expenses. Add lines 1 through 24e	1,676,611.			
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here I if following SOP 98-2 (ASC 958-720)			1	

Form 990 (2017)
Part X | Balance Sheet

Pa	rt 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
	1	Cash - non-interest-bearing	427,493.	1	717,867.
	2	Savings and temporary cash investments	3,165,648.	2	2,691,184.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net	62,770.	4	52,702.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
		Part II of Schedule L		5	
	6	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			
2	1	employees' beneficiary organizations (see instr) Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	37,313.	7	10,722.
Ë	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	19,246.	9	14,963.
	10a	Land, buildings, and equipment cost or other			
		basis Complete Part VI of Schedule D 10a 1,820,120.			
	b	Less accumulated depreciation 10b 1,009,005.	838,602.	10c	811,115.
	11	Investments · publicly traded securities		11	
	12	Investments - other securities See Part IV, line 11	347,656.	12	325,794.
	13	Investments - program-related See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets See Part IV, line 11	95,022.	15	98,534.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	4,993,750.	16	4,722,881.
	17	Accounts payable and accrued expenses	223,769.	17	180,871.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability Complete Part IV of Schedule D		21	
es es	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons			
Ē		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	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	316,835.	25	271,505.
	26	Total liabilities. Add lines 17 through 25	540,604.	26	<u>452,376.</u>
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
Net Assets or Fund Balances		complete lines 27 through 29, and lines 33 and 34.			
and	27	Unrestricted net assets	4,127,311.		3,944,206.
0	28	Temporarily restricted net assets	25,835.	_28	26,299.
2	29	Permanently restricted net assets	300,000.	29	300,000.
2		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐			
ŏ		and complete lines 30 through 34.			
אָנ ער	30	Capital stock or trust principal, or current funds		30	
Ź	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
ě	32	Retained earnings, endowment, accumulated income, or other funds		32	
_	33	Total net assets or fund balances	4,453,146.	33	4,270,505.
	34	Total liabilities and net assets/fund balances	4,993,750.	34	4,722,881.

	990 (2017) ARKANSAS BANKERS ASSOCIATION	<u>71-</u>	<u>-000408</u>	30	Pag	_{qe} 12
Pa	rt XI Reconciliation of Net Assets					
	. Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,4	193	, 9	<u>70.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,6	76	, 6	11.
3	Revenue less expenses. Subtract line 2 from line 1	3	<u>-1</u>	82	, 6	41.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	4,4	153	,1	46.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				0.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	4,2	270	, 5	<u>05.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
				_ `	Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other			-		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.	j	1]	
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a		_X_
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a	1		}	
	separate basis, consolidated basis, or both.				1	
	Separate basis Consolidated basis Both consolidated and separate basis		1		- 1	
b	Were the organization's financial statements audited by an independent accountant?		2	b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		{	
	consolidated basis, or both.				į	
	Separate basis X Consolidated basis Both consolidated and separate basis			- {		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt	,	-	į	
	review, or compilation of its financial statements and selection of an independent accountant?		_ 2	<u> </u>		_X_
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho	edule C).			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ıgle Au	dıt			
	Act and OMB Circular A-133?		_3	a	[X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			b		
			Fo	rm 9	990 (2017)

SCHEDULE C

(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No 1545-0047

Open to Public

Department of the Treasury Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527 Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Inspection

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

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

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

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

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy

) (see separate instructions), then				
	Section 501(c)(4), (5), or (6) organiza	tions Complete Part III			
van	ne of organization			E	mployer identification number
De	ARKANSA	S BANKERS ASSOCIA	ATION	or is a section EQ	71-0004080
Fè	art I-A Complete if the org	ganization is exempt unde	section 501(c)	or is a section 52.	r organization.
2	Provide a description of the organiz Political campaign activity expendit Volunteer hours for political campai	ures	l campaign activities i		\$
Pa	art I-B Complete if the ord	ganization is exempt unde	er section 501(c)	(3).	
1	Enter the amount of any excise tax				▶ \$
	Enter the amount of any excise tax				> \$
	If the organization incurred a section				Yes No
4 a	Was a correction made?		•		Yes No
Ŀ	If "Yes," describe in Part IV				
Pε	art I-C Complete if the org	ganization is exempt unde	er section $501(c)$,	except section 5	01(c)(3).
1	Enter the amount directly expended	by the filing organization for sect	tion 527 exempt funct	tion activities	> \$
2	Enter the amount of the filing organ	ization's funds contributed to other	er organizations for se	ection 527	
	exempt function activities			•	\$
3	Total exempt function expenditures	Add lines 1 and 2 Enter here an	d on Form 1120-POL,		
	line 17b			•	► \$ No.
4	Did the filing organization file Form	1120-POL for this year?			Yes No
5	Enter the names, addresses and en	nployer identification number (EIN) of all section 527 po	litical organizations to v	which the filing organization
	made payments For each organiza	·			•
	contributions received that were pro-			•	parate segregated fund or a
	political action committee (PAC) If	additional space is needed, provid	te information in Part	IV	
	(a) Name	(b) Address	(c) EIN	(d) Amount paid fro filing organization's funds If none, enter	contributions received and
				 	
				-	
				 	

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

Schedule C (Form 990 or 990-EZ) 2017

Schedule C (Form 990 or 990-EZ) 2017	ARKAN	SAS BA	NKERS ASSOC	CIATION	71-	0004080 Page 2
Part II-A Complete if the org	anizatio	n is exe	mpt under sectio	on 501(c)(3) and file	ed Form 5768 (e	election under
section 501(h)).						
A Check 🕨 💹 If the filing organiza	tion belon	gs to an aff	liated group (and list ii	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share		, -	•			
B Check L if the filing organiza	tion check	ed box A a	nd "limited control" pro	ovisions apply		
		oying Expe eans amou	nditures unts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influ	ience pub	lic opinion (grass roots lobbying)			
b Total lobbying expenditures to influ	-	-				T
c Total lobbying expenditures (add li	nes 1a and	d 1b)				
d Other exempt purpose expenditure	es			İ		
e Total exempt purpose expenditure	s (add line	s 1c and 1c	d)			
f Lobbying nontaxable amount Ente	er the amo	unt from th	e following table in bot	th columns		
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:	- 	
Not over \$500,000		20% of	the amount on line 1e			
Over \$500,000 but not over \$1,000	0,000	\$100,00	00 plus 15% of the exc	cess over \$500,000.	_	
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	00 plus 10% of the exc	cess 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				İ
						<u> </u>
g Grassroots nontaxable amount (en	ter 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zero	o or less, e	nter -0-				
i Subtract line 1f from line 1c If zero	or less, e	nter -0-				<u> </u>
j If there is an amount other than ze	ro on eithe	r line 1h or	line 11, did the organiz	ation file Form 4720		
reporting section 4911 tax for this	year?					Yes No
(Some organizations th	nat made	section 5	eraging Period Under 01(h) election do not ate instructions for li	have to complete all	of the five columns	below.
	Lobb	ying Expe	nditures During 4-Ye	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2	2014	(b) 2015	(c) 2016	(d) 2017	(e) Total
2a Lobbying nontaxable amount						
b Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))		 -				
f Grassroots lobbying expenditures			<u> </u>			

Schedule C (Form 990 or 990 EZ) 2017 ARKANSAS BANKERS ASSOCIATION 71-0004080 Page 3

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description			(t))
	lobbying activity	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state or		-		
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of	1			
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?				
С	Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	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 similar means?				
i	Other activities?				
j	Total Add lines 1c through 1i				
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
b	If "Yes," enter the amount of any tax incurred under section 4912				
С	If "Yes," enter the amount of any tax incurred by organization managers under section 4912	l l _			
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Part	III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		X
	Did the organization make only in-house lobbying expenditures of \$2,000 or less?		2		X
	Did the organization agree to carry over lobbying and political campaign activity expenditures from the	ne prior vear?	3		X
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."		· ·		3,766
	Dues, assessments and similar amounts from members		1	033	, /00.
	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenditures (do not include amounts of political expenditures).	cai			
	expenses for which the section 527(f) tax was paid).				
	Current year		2a		
	Carryover from last year		2b		
	Total		2c		
	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
	•				
	, , ,	oontical			
			. 5		
	Supplemental Information le the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, line 5, Part II-A (affiliated group				
5			5		

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

ARKANSAS BANKERS ASSOCIATION

Employer identification number 71-0004080

Pa	rt I Organizations Maintaining Donor Advis	ed Funds or Other Similar Fund:	s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, II		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year	L	
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advis	sed funds
	are the organization's property, subject to the organization's	s exclusive legal control?	└── Yes No
6	Did the organization inform all grantees, donors, and donor	advisors in writing that grant funds can be	used only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any other purpose	
=	impermissible private benefit?		YesNo
Ра	rt II Conservation Easements. Complete if the or		Part IV, line 7
1	Purpose(s) of conservation easements held by the organiza		
	Preservation of land for public use (e.g., recreation or		torically important land area
	Protection of natural habitat	Preservation of a cert	tified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form	
	day of the tax year		Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic st	· ·	2c
d	. , .	aπer //25/06, and not on a historic struct	
_	listed in the National Register		[_2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or terminated by the	e organization during the tax
	year ►	accompant to located	
4 5	Does the organization have a written policy regarding the pe		
3	violations, and enforcement of the conservation easements	-	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting		
Ü	Land volunteer mound devoted to morntoning, inspecting	, rianding of violations, and emoleting com	iservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conserva	ation easements during the year
•	> \$	aming or relations, and officioning contours	and oddenione during the year
8	Does each conservation easement reported on line 2(d) abo	eve satisfy the requirements of section 170	O(h)(4)(B)(i)
-	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conserva	tion easements in its revenue and expense	e statement, and balance sheet, and
-	include, if applicable, the text of the footnote to the organization	· · · · · · · · · · · · · · · · · · ·	
	conservation easements		3
Pa	rt III Organizations Maintaining Collections	of Art, Historical Treasures, or C	Other Similar Assets.
	Complete if the organization answered "Yes" on Forr	n 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (A	SC 958), not to report in its revenue state	ment and balance sheet works of art,
	historical treasures, or other similar assets held for public ex	chibition, education, or research in furthera	ance of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that desc	ribes these items.	
b	If the organization elected, as permitted under SFAS 116 (A	SC 958), to report in its revenue statemen	t and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, e	education, or research in furtherance of pu	iblic service, provide the following amounts
	relating to these items		
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical tre	easures, or other similar assets for financia	al gain, provide
	the following amounts required to be reported under SFAS	116 (ASC 958) relating to these items	
а	Revenue included on Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990. Part X		▶ \$

		S BANKERS .						<u>71-00</u>			ge 2
Pai	t III Organizations Maintaining C	collections of A	rt, His	torical Tr	easures, o	r Othe	r Simil	ar Asse	ts(contin	ued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, chec	k any of the	following that	are a sig	gnificant	use of its	collection	ıtems	
	(check all that apply)										
а	Public exhibition	d		Loan or exc	hange prograr	ns					
ь	Scholarly research	е		Other	0.0						
С	Preservation for future generations	_									
4	Provide a description of the organization's co	ollections and explain	n how th	nev further t	he organizatio	n's exen	nnt nurne	ose in Par	t XIII		
5	During the year, did the organization solicit o							300 mm ai			
Ŭ	to be sold to raise funds rather than to be ma				· ·	Jirmai	455015	_	Yes		No
Pai	t IV Escrow and Custodial Arran					/os" on	Form 990	Dart IV			110
	reported an amount on Form 990, Pa		ote ii tile	Giganizatio	ii alisweled	1 0 5 011	1 01111 330	J, Fait IV,	iii e 9, 0i		
			lion, for		o or other see	oto not					
ıa	Is the organization an agent, trustee, custod	an or other intermed	nary for	contribution	is or other ass	ets not i	ncluaea		٦.,	X	
	on Form 990, Part X?							<u>L</u> .	∐ Yes	نكا	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table							—
									Amount		
С	Beginning balance						1c				
đ	Additions during the year						1d				
е	Distributions during the year						1e				
f	Ending balance										
	Did the organization include an amount on Fe						ty?	\	」Yes	\square	No
	If "Yes," explain the arrangement in Part XIII										
Pai	t V Endowment Funds. Complete	f the organization an	swered	"Yes" on Fo	rm 990, Part I	V, line 1	0				
		(a) Current year	<u>(b)</u> F	rior year	(c) Two years	back (d) Three y	ears back	(e) Four	years b	ack
1a	Beginning of year balance	325,835.		325,210.	326	889.	3	00,000.		263,9	<u>958.</u>
b	Contributions	464.		625.	-1	679.		26,889.		36.0	042.
С	Net investment earnings, gains, and losses										
d	Grants or scholarships										
е	Other expenditures for facilities		•								
	and programs					- 1			ŀ		
f	Administrative expenses										_
g	End of year balance	326,299.		325,835.	325	210.		26,889.		300.0	000
2	Provide the estimated percentage of the curi		e (line 1			. 210.1		20,000.	<u> </u>	300,0	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
~ a	Board designated or quasi-endowment	one your one balance	%	g, coloiiii (c	iji ricia as						
ь	Permanent endowment	%	_′0								
	Temporarily restricted endowment	% %									
C	The percentages on lines 2a, 2b, and 2c sho										
2-	-	•	stion the	ما اماما میماد		ما دم علم					
Sa	Are there endowment funds not in the posse	ssion of the organiza	ation tria	at are rieid a	na aaministere	ea for th	e organiz	ation	Г	<u></u>	
	(i) unrelated organizations									Yes X	No
	.,								3a(i)	^	- -
	(ii) related organizations								3a(ii)	$-\!+$	<u>X</u>
	If "Yes" on line 3a(ii), are the related organiza								3b		
4	Describe in Part XIII the intended uses of the		wment	funds							
Pai											
	Complete if the organization answered					Part X, I	ine 10				
	Description of property	(a) Cost or ot		(b) Cost	· ·		cumulate	ı	(d) Book	value	
		basis (investm		basis	(other)	dep	reciation				
1a	Land	110,0					_			0,00	
b	Buildings	1,445,	715.			7	93,6	69.	652	2,04	16.
С	Leasehold improvements										
d	Equipment	264,	405.			2	15,3	36.	49	9,06	9.
е	Other										
	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, colun	nn (B), line 1	0c)			▶	811	1,11	<u> </u>

Schedule D (Form 990) 2017

Part VII Investments - Other Securities.	n Form 000 Bort II	/ line 11h Con Form 000	Dort V. Inn. 10	
Complete if the organization answered "Yes" o (a) Description of security or category (including name of security)	(b) Book value		aluation Cost or end	of-vear market value
(1) Financial derivatives		(4)		
(2) Closely-held equity interests				···
(3) Other				
(A) INVESTMENT IN ABA				
(B) SERVICES, INC.	325,7	94. COST		
_ (C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	325,7	94.		
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" or				
(a) Description of investment	(b) Book value	(c) Method of v	aluation Cost or end	of year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(8)				
(9)				
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Part IX Other Assets.				
Complete if the organization answered "Yes" o	n Form 000 Port IV	/ line 11d See Form 000	Dort V. lino 15	
	escription	v, line i la See Foim 990,	Part A, line 13	(b) Book value
(1)				(0) 00000
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col (B) line	15.)		•	
Part X Other Liabilities.				
Complete if the organization answered "Yes" o	n Form 990, Part IV	/, line 11e or 11f See Forn	n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) DEFERRED MEMBERSHIP DUES		121,909.		
(3) DEFERRED EDUCATION PROG. F	EES	38,975.		
(4) DEFERRED SUBSCRIPTIONS		2,333.		
(5) DEFERRED COMPENSATION		102,080.		
(6) NONCURRENT CAPITAL LEASE				
(7) OBLIGATIONS		6,208.		
(8)				
(9)			n	
Total. (Column (b) must equal Form 990, Part X, col (B) line	25)	271,505.		

^{2.} Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Sche	dule D (Form 990) 2017 ARKANSAS BANKERS ASSOCIAT	rion	71-0004080 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Revenue per	r Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1	1 1
а	Net unrealized gains (losses) on investments		
p	Donated services and use of facilities	2b	
C	Recoveries of prior year grants	2c	<u>-</u> -}
ď	Other (Describe in Part XIII)	2d	\dashv \downarrow
e	Add lines 2a through 2d Subtract line 2e from line 1		2e
3 4	Amounts included on Form 990, Part VIII, line 12, but not on line 1		3
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	•	5
Pai	t XII Reconciliation of Expenses per Audited Financial State	ements With Expenses p	er Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 1	2a	
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII)	4b	
c	Add lines 4a and 4b		4c
5 Da	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIII Supplemental Information.		5
	de the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, P	lort IV lines 1h and 2h Port IV lin	no 4 Port V lino 2 Port VI
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any a		rie 4, rait A, iirie 2, rait Ai,
PAF	RT V, LINE 4:		
INC	COME FROM ENDOWMENT TO BE USED FOR SCHOLA	ARSHIPS.	
		 	
PAL	RT X, LINE 2:		
mii	ACCOUNTION IC EVENDE EDON BEDERNI INCC	We mayed intoep	SECUTON
1111	E ASSOCIATION IS EXEMPT FROM FEDERAL INCO	DME TAXES UNDER	SECTION
501	(C)(6) OF THE INTERNAL REVENUE CODE AND	ADDITOADIE COANT	E LAW. THE
<u> </u>	C/(U) OF THE INTERNAL REVENUE CODE AND	AFFBICABLE SIAII	L DAW. INE
FTN	NANCIAL ACCOUNTING STANDARDS BOARD (FASB)	ACCOUNTING STAN	NDARDS
	TENCHIE TOCCONTENCE DITENDENCE DOING (11100)	MCCCOMITMO DIM	
COI	DIFICATION (ASC) 740, INCOME TAXES (FORMS	ERLY FASB INTERP	RETATION 48 (FIN
48)	ACCOUNTING FOR UNCERTAINTY IN INCOME TA	XES) REQUIRES CH	ERTAIN
DIS	CLOSURES ABOUT UNCERTAIN INCOME TAX POSI	TIONS. WHEN TAX	X RETURNS ARE
<u>FII</u>	ED, IT IS PROBABLE THAT MOST TAX POSITION	ONS WOULD BE SUST	TAINED UPON
	NAME OF THE OWNER OWNER OF THE OWNER OW		241212 01112 401-
	MINATION BY TAXING AUTHORITIES. HOWEVER	C, IT IS ALSO POS	
732054	10-09-17		Schedule D (Form 990) 2017

Schedule D (Form 990) 2017 ARKANSAS BANKERS ASSOCIATION 71-0004080 Page Part XIII Supplemental Information (continued)
. POSITIONS MIGHT BE SUBJECT TO UNCERTAINTY AND RESULT IN A LOSS CONTINGENCY
IF THE AMOUNT CAN BE REASONABLY ESTIMATED. THE AMOUNT RECOGNIZED IS
SUBJECT TO ESTIMATION AND THE AMOUNT ULTIMATELY SUSTAINED FOR AN
INDIVIDUAL UNCERTAIN TAX POSITION OR FOR ALL UNCERTAIN TAX POSITION IN THE
AGGREGATE COULD DIFFER FROM THE AMOUNT RECOGNIZED. CURRENTLY, MANAGEMENT
DOES NOT BELIEVE THAT ANY UNCERTAIN TAX POSITIONS EXIST UNDER THE
PROVISIONS OF ASC 740 OR ASC 450, CONTINGENCIES.
•

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

► Attach to Form 990.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2017

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

ARKANSAS BANKERS ASSOCIATION

Employer identification number 71-0004080

Schedule J (Form 990) 2017

Pá	art I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	First-class or charter travel Housing allowance or residence for personal use	i		
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as, maid, chauffeur, chef)			
			l .	
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or)	'	
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's	ļi		
	CEO/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III			
	Compensation committee Written employment contract			
	Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee		1	
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization.			
а	Receive a severance payment or change-of-control payment?	4a		<u>X</u>
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		_X_
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	·			,
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of			
а	The organization?	5a		
b	Any related organization?	5b		
	If "Yes" on line 5a or 5b, describe in Part III			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.	1		
а	The organization?	6a		
b	Any related organization?	6b		
	If "Yes" on line 6a or 6b, describe in Part III			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 67 lf "Yes," describe in Part III	7		
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Populations postion 53 4959 6(a)2			

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2017

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed ARKANSAS BANKERS ASSOCIATION

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	1 =
(A) Name and Title	·	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation		(a)-(i)(a)	in column (b) reported as deferred on prior Form 990
(1) WILLIAM HOLMES	3	0	0	0	0	0	0.	0
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							Schedu	Schedule J (Form 990) 2017

SCHEDULE O

(Form 990 or 990-EZ)

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number 71-0004080

Schedule O (Form 990 or 990-EZ) (2017)

ARKANSAS BANKERS ASSOCIATION	71-0004080
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	SION:
SUBSIDIARIES LOCATED IN ARKANSAS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
ALL MEMBERS OF THE BOARD RECEIVE A PACKAGE OF THE AUDITED	FINANCIAL
STATEMENTS AND RELATED TAX RETURNS APPROXIMATELY A WEEK B	EFORE THE BANK
MANAGEMENT SEMINAR. THE BOARD MEMBERS REVIEW THE FINANCI	AL STATEMENTS AND
TAX FORMS SO THAT ANY QUESTIONS OR CONCERNS CAN BE ADDRES	SED AT THE BANK
MANAGEMENT SEMINAR.	
FORM 990, PART VI, SECTION B, LINE 12C:	
THE CONFLICT OF INTEREST POLICY IS DISCUSSED ANNUALLY AT	THE PLANNING AND
ORIENTATION MEETING FOR THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15A:	
THE CHARIMAN OF THE BOARD AND EXECUTIVE COMMITTEE ANALYZE	A COMPENSATION
STUDY WHICH INCLUDES ALL COMPENSATION FIGURES FOR THE SAM	E POSITION ACROSS
THE COUNTRY. THE COMPENSATION AMOUNTS FOR PRESIDENT'S AND	D CEO'S OF THE 7
STATES BORDERING OR WITHIN CLOSE PROXIMITY OF ARKANSAS AR	E USED TO PROVIDE
A MINIMUM AND MAXIMUM SALARY RANGE. THE CURRENT CHAIRMAN	OF THE BOARD
DISCUSSES THE APPROPRIATE COMPENSATION WITH THE EXECUTIVE	COMMITTEE WHO
PRESENTS THE SUGGESTED SALARY TO THE BOARD OF DIRECTORS FO	OR APPROVAL.
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTER	EST POLICY AND
FINANCIAL STATEMENTS CAN BE OBTAINED BY THE PUBLIC UPON CA	ALLING OR WRITTNO

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

Schedule O (Form 990 or 990-EZ) (2017)		Page 2
Name of the organization ARKANSAS BANKERS ASSOC	CIATION	loyer identification number $71-0004080$
THE ORGANIZATION TO REQUEST SUCH IN	FORMATION.	
		
		
	 	
	·	
	<u> </u>	
		
	·	
		

(g) Section 512(b)(13) controlled Schedule R (Form 990) 2017 ટ Employer identification number 71-0004080 Open to Public Inspection OMB No 1545-0047 entity? 2017 Direct controlling Yes Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year entity Direct controlling entity End-of-year assets Public charity status (if section <u>e</u> 501(c)(3)) Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Total income Related Organizations and Unrelated Partnerships Exempt Code € Go to www.irs.gov/Form990 for instructions and the latest information. section ਉ Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 Legal domicile (state or Legal domicile (state or foreign country) foreign country) ▶ Attach to Form 990. ARKANSAS BANKERS ASSOCIATION Primary activity Primary activity For Paperwork Reduction Act Notice, see the Instructions for Form 990. Name, address, and EIN (if applicable) Name, address, and EIN of related organization of disregarded entity a) Name of the organization SCHEDULE R (Form 990) Part II Part

71-0004080 Page 2

1

Schedule R (Form 990) 2017 ARKANSAS BANKERS ASSOCIATION

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year Part III

1

General or Percentage managing ownership ड Code V-UBI General or Pranagung or 20 of Schedule K-1 (Form 1065) 9 Disproportionate Yes No allocations? Ξ Share of end-of-year assets **6** Share of total income Predominant income (related, unrelated, excluded from tax under sections 512-514) <u>@</u> (d)
Direct controlling
entity (c)
Legal
domicile
(state or
foreign
country) Primary activity <u>@</u> Name, address, and EIN of related organization

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

(a)	(2)	(2)	(p)	(e)	(J)	(6)	(H)	(j)	
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp,	Share of total income	Share of end-of-year	ਲੁ≱	Section 6 512(b)(13) controlled entity?	on (13) (2)
		country)		(lens)		desers		Yes No	S _N
ABA SERVICES, INC, - 71-0683464									1
1220 WEST THIRD STREET									
LITTLE ROCK, AR 72201	INSURANCE	AR		C CORP	5.594.	336,515,	100,008	×	
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Schedule R (Form 990) 2017

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule				Yes No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	is with one or more r	elated organizations listed	ın Parts II-IV?	-
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>			1a X
b Gift, grant, or capital contribution to related organization(s)				1b X
c Gift, grant, or capital contribution from related organization(s)				1c X
d Loans or loan guarantees to or for related organization(s)				1d X
e Loans or loan guarantees by related organization(s)				Je X
6 Dundands from related arganization(s)				*
				†
_				ф Х
i Exchange of assets with related organization(s)				1. X
j Lease of facilities, equipment, or other assets to related organization(s)				1j.
k Lease of facilities, equipment, or other assets from related organization(s)				¥ X
I Performance of services or membership or fundraising solicitations for related organization(s)	anization(s)			1 X
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)			1m X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	(s)uoı			th X
 Sharing of paid employees with related organization(s) 				10 X
				d i
q Heimbursement paid by related organization(s) for expenses				PL PL
r Other transfer of cash or property to related organization(s)				1t X
s Other transfer of cash or property from related organization(s)				ts X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	who must complete t	his line, including covered	relationships and transaction thresholds	
(a) Name of related organization	(b) Transaction type (a·s)	(c) Amount involved	(d) Method of determining amount involved	nvolved
(1)				
(2)				
(3)				
(4)				
(9)				
(6)			In page 250	Schedule R (Form 990) 2017

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships

Commence of the commence of th	(4)	(4)		9		1		5	
Name, address, and EIN	Primary activity	Legal domicile	Predominant income partiers sec (related, innelated 501(c)(3)	0)	Share of	Disproper- tionate	Code V-UBI	General or	Percentage
or ennity		(state or loreign country)	excluded from tax under sections 512-514) Yes No	No Income	end-or-year assets	Yes No	allocations? Of Schedule K-1 partner? Ownership	Yes No	ownersnip
					, -				
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							Schedule	R (Forn	Schedule R (Form 990) 2017