4		PYMPNT	ED TO MA	ν 1	F 2020	29393	3 3 4	847503
990-T	l E	xempt Organiza	ition Bus	ine	ss Income Ta			OMB No 1545-0687
Form JJJ I		and pr	oxy tax unde	er se	ction 6033(e))	1404	- 1	0040
	For cal	endar year 2018 or other tax year beginn	mg <u>JUL 1,</u>	20:	18 , and ending JUN	30, 201	<u>9</u>	2018
Department of the Treasury					ns and the latest informat		00	pen to Public Inspection for
Internal Revenue Service	•	Do not enter SSN numbers on th				ion is a 501(c)(3).		pen to Public Inspection for 1(c)(3) Organizations Only ar identification number
A Check box if address changed		Name of organization (Ch	eck box if name cl	hanged	and see instructions.)		(Employ	rees' trust, see
B Exempt under section	Print	ARKANSAS COMMUI	NITY FOUR	rACI	ION, INC.		52	-1055743
X 501(c (3)	or	Number, street, and room or sui			structions.			ed business activity code tructions)
408(e) 220(e)	Туре	5 ALLIED DRIVE	NO. 511	110			,	
408A 530(a)		City or town, state or province, o		r foreigi	n postal code		E 22 A	0.0
529(a) C Book value of all assets	L	LITTLE ROCK, AS F Group exemption number (See		_			5230	00
C Book value of all assets at end of year 438,245,3	30.	G Check organization type		oration	501(c) trust	401(a)	trust	Other trust
		tion's unrelated trades or business		1		e only (or first) un		
	-	STHROUGH INVEST				omplete Parts I-V.		nan one,
describe the first in the b	lank spa	ce at the end of the previous sent	ence, complete Pa	rts I and	d II, complete a Schedule N	A for each addition:	al trade o	Г
business, then complete								
	•	oration a subsidiary in an affiliate		it-subsi	diary controlled group?	>	Yes	X No
		ifying number of the parent corpo	ration.		Talanhan	ne number 🕨 (501)	372-1116
J The books are in care of	d Trac	le or Business Income		1	(A) Income	ne number ((B) Expenses		(C) Net
1a Gross receipts or sale					(71) 111001110	(0) 2.4000		(6)
b Less returns and allow		c Bal	ance 	1c				j
2 Cost of goods sold (S		A, line 7)		2				
3 Gross profit. Subtract				3				
4a Capital gain net incon	ne (attac	h Schedule D)		4a				
b Net gain (loss) (Form	4797, P	art II, line 17) (attach Form 4797)		4b			 -∔	
c Capital loss deduction				4c	0.555	GMVM 1	+	0 555
· ·	•	ship or an S corporation (attach st	atement)	5	-8,555.	STMT 1	-	-8,555.
6 Rent income (Schedu	-	na (Sahadula E)		<u>6</u> 7		·		··· - · · · · · · · · · · · · · · · · ·
7 Unrelated debt-financ 8 Interest, annuities, roy		ne (outstaile E) nd rents from a controlled organize	ation (Schedule F)	8			-	
		on 501(c)(7), (9), or (17) organiza						
10 Exploited exempt acti				10		•		
11 Advertising income (S	Schedule	: J) `		11				
12 Other income (See in:	structior	is; attach schedule)		12				
13 Total. Combine lines				13	-8,555.			<u>-8,555.</u>
Part II Deductio	ns No	ot Taken Elsewhere (Se trions, deductions must be dir	e instructions fo	r limita I with t	itions on deductions) he unrelated husi ness i f	Comey		
				With	T RECE!		144	
14 Compensation of off15 Salaries and wages	icers, ui	rectors, and trustees (Schedule K)			112		15	
16 Repairs and mainten	ance				101	s susu S	16	
17 Bad debts					MAY 1 8	3 2020 58	17	
18 Interest (attach sche	dute) (s	ee instructions)			OGDE	NI LIT	18	
19 Taxes and licenses					OGDE	N, U	19	
	•	instructions for limitation rules)					20	
21 Depreciation (attach					21			
•	aimed oi	n Schedule A and elsewhere on ref	urn		22a		22b 23	
23 Deptetion 24 Contributions to defe	erred co	mnensation plans					24	
25 Employee benefit pro		mpondation plane					25	
26 Excess exempt expe	-	chedule I)					26	
27 Excess readership co							27	
28 Other deductions (at	ttach sch	edule)				ΔN	28	
29 Total deductions. A						28	29	0.
		ncome before net operating loss d				30	30	-8,555.
		oss arising in tax years beginning		ry 1, 20	18 (see instructions)	31	31	
		ncome. Subtract line 31 from line				<u> </u>	32	-8,555. Form 990-T (2018)
023/01 01-09-18 LFDA F(vi rapel	work Reduction Act Notice, see i		58		4	47	. 51111 - 50 1 (2010)

0

Form 990-1		ARKANSAS COMMUNITY		INC.			<u> </u>	<u>5574</u>	: 3		Page 2
Part I	11 7	Total Unrelated Business Taxab	ole Income								
33	Total	of unrelated business taxable income compute	ed from all unrelated trades	or businesses	(see instruc	tions)		33		8,5	<u>55.</u>
34	Amou	ints paid for disallowed fringes						34			
35	Deduc	ction for net operating loss arising in tax years	beginning before January	1, 2018 (see in:	structions)	STM	т 2	35			0.
36		of unrelated business taxable income before s									
		33 and 34					0	36] _	8,5	55.
37		fic deduction (Generally \$1,000, but see line 3	7 instructions for excention	s)			38	87		1,0	
38		ated business taxable income. Subtract line			ine 36		7	,			
30		the smaller of zero or line 36	07 110111 11110 00. 11 11110 07 13	greater than i			ふ (∕هه ا۸	1 -	8,5	55.
Part I		Tax Computation						טע. וי		• , •	
			me 29 by 21% (0.21)					39	1		0.
39	-	nizations Taxable as Corporations. Multiply I		av an tha amau	nt on line 2	0 from:		33			
40		s Taxable at Trust Rates. See instructions for		ax on the annou	iiii uii iiile o	o II UIII.		1 40	-		
		Tax rate schedule or Schedule D (For	rm 1041)					40			
41	•	tax. See instructions						41	_		
42		ative minimum tax (trusts only)						42	-		
43		n Noncompliant Facility Income. See instruc						43			
44		. Add lines 41, 42, and 43 to line 39 or 40, whi	ichever applies					44			0.
Part \		Tax and Payments	1						T		
45 a	Foreig	gn tax credit (corporations attach Form 1118;	trusts attach Form 1116)		45a			_			
b		credits (see instructions)			45b			→			
C	Gener	ral business credit. Attach Form 3800			45c			_			
d	Credit	t for prior year minimum tax (attach Form 880	11 or 8827)		45d			_	.		
е	Total	credits. Add lines 45a through 45d						45e			
46		act line 45e from line 44						46			0.
47	Other	taxes. Check if from: Form 4255	Form 8611 Form 86	97 🔲 Form	8866	Other (atta	ch schedule)	47			
48	Total	tax. Add lines 46 and 47 (see instructions)						48	<u> </u>		0.
49	2018	net 965 tax liability paid from Form 965-A or I	Form 965-B, Part II, column	(k), line 2				49			0.
50 a		ents: A 2017 overpayment credited to 2018		• •	50a						
		estimated tax payments			50b						
		eposited with Form 8868			50c						
		or organizations: Tax paid or withheld at source	ce (see instructions)		50d		•				
		ip withholding (see instructions)	(555		50e			1			
		t for small employer health insurance premiun	ns (attach Form 8941)		501			1			
			orm 2439		1			_			
y			ther	Total	▶ 50g						
E4		payments. Add lines 50a through 50g			304			51	•		
51 50		ated tax penalty (see instructions). Check if Fo	orm 2000 is attached					52	†		
52 50		ue. If line 51 is less than the total of lines 48,		wod				53			
53								54	†		
54		payment. If line 51 is larger than the total of li		ilourit overpaio)			<u> </u>		
Part \		the amount of line 54 you want: Credited to 2 Statements Regarding Certain		r Informat	tion (see	Refund		<u> 55</u>	1		
		<u> </u>	***		•		115)		_	T _v	
56	•	y time during the 2018 calendar year, did the o	-	_						Yes	No
		a financial account (bank, securities, or other)		_	-						
		N Form 114, Report of Foreign Bank and Final	ncial Accounts. If "Yes," ente	er the name of t	the foreign (country					
	here									├	X
57	Durin	g the tax year, did the organization receive a d	listribution from, or was it th	he grantor of, o	r transferor	to, a foreigi	1 trust?			<u> </u>	X
		s," see instructions for other forms the organiz	· · · · · · · · · · · · · · · · · · ·	_	,						
58		the amount of tax-exempt interest received or									
Cia-	Un	der penalties of periury, I declare that I have examined rrect, and oppose Declaration of preparer (other than	this return, including accompany taxpayer) is based on all informa	ing schedules and ition of which prep	i statements, e erer has any k	ind to the best knowledge	of my know	ledge and	belief, it is tru	θ,	
Sign	ی ا	11/2/1/1.	-/ - /				ſ		RS discuss this		vith
Here		//(/a/18/08/02 C	15/12/2020	PRESI	DENT/C	CEO		-	rer shown belo		
_		Signature of officer	Date	Title				instruction	ns)? 💢 Y	es	No
		Print/Type preparer's name	Preparer's signature	\exists	Date	Che	eck	ıf PT	IN		
Paid			michelle.	ment		set	- employe	d			
Prepa	arer	MICHELLE MANN	MICHELLE MAN		05/12/	/20		E	01064	<u>48</u> 3	
Use C		Firm's name ► HOGANTAYLOR,	LLP			Fil	m's EIN		73-141		7
J36 (~y		RELL ROAD, S	UITE 30	1						
		Firm's address ► LITTLE ROC				Pi	one no.	501-	-227-5	800	_
823711 01	1-09-19								Form 9		(2018)

Schedule A - Cost of Goods	s Sold. Enter	method of inver	ntory va	luation > N/A					
1 Inventory at beginning of year 1			6	Inventory at end of yea	ır	<u> </u>	6		
2 Purchases	2 Purchases 2 7 Cost of goods so			Cost of goods sold. St	ubtract l	ine 6			
3 Cost of labor	3		1	from line 5. Enter here					
4a Additional section 263A costs				line 2			7]	
(attach schedule)	8	Do the rules of section	263A (with respect to	,	Yes	No		
b Other costs (attach schedule)	7	property produced or a							
5 Total. Add lines 1 through 4b	5			the organization?					
Schedule C - Rent Income	From Real	Property and	Pers	onal Property L	.ease	d With Real Prop	erty)	
(see instructions)									
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receive	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	` of rent for p	personal	nal property (if the percenta property exceeds 50% or if id on profit or income)	ge	3(a) Deductions directly columns 2(a) a	, connec nd 2(b) (ted with the income attach schedule)	ın
(1)									
(2)									
(3)									
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter 🕨			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		3. Deductions directly con to debt-finance			
Description of debt-fir	nanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule	ons)
(1)			1						
(2)									
(3)									
(4)			Î			•	\neg		
4. Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)	of or a	adjusted basis flocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 8)		8. Allocable deduc (column 6 x total of c 3(a) and 3(b))	olumns
(1)				%					
(2)				%		<u> </u>			
(3)				%					
(4)			1	%		•			
		-	•			nter here and on page 1, Part I, line 7, column (A)		Enter here and on pa Part I, line 7, column	
Totals				•		0			0.
Total dividends-received deductions in	ncluded in column	8				<u> </u>	•		0.
						E		Form 990- 1	

Form 990-T (2018) ARKANSAS COMMUNITY FOUNDATION, INC. 52-10557

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis)

1. Name of periodical		2. Gross advertising income	3. Direct	4. Advertising gain or (loss) (col. 2 minus col. 3) If a gain, compute cols. 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)							_
(2)							
(3)							
(4)							
Totals from Part I	•	0.	0.		•		0.
		Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)		•		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	>	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)	•	%	
Total. Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
CDFP CAPITAL MANAGEMENT - 2006, LP - ORDINARY BUSINESS	
INCOME (LOSS)	702.
NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS) PARK STREET CAPITAL NATURAL RESOURCE FUND IV - ORDINARY	13,606.
BUSINESS INCOME (LOS	3,128.
CAPROCO CORE REAL ESTATE FUND, LP - ORDINARY BUSINESS	•
INCOME (LOSS)	26,310.
FUND FOR ARKANSAS' FUTURE, LLC - ORDINARY BUSINESS INCOME	•
(LOSS)	2,730.
FUND FOR ARKANSAS' FUTURE II, LLC - ORDINARY BUSINESS	•
INCOME (LOSS)	-3,679.
AETHER - ORDINARY BUSINESS INCOME (LOSS)	-35,193.
BLACKSTONE FUND II CAYMAN - ORDINARY BUSINESS INCOME	
(LOSS)	-2,794.
BLACKSTONE FUND II NQLP - ORDINARY BUSINESS INCOME (LOSS)	5,595.
CAPROCQ CORE HOLDINGS LP - ORDINARY BUSINESS INCOME (LOSS) BLACKSTONE FUND II Q L.P ORDINARY BUSINESS INCOME	-24,538.
(LOSS)	5,198.
BLACKSTONE FUND II CAYMAN NO L.P ORDINARY BUSINESS	•
INCOME (LOSS)	-113.
BLACKSTONE FUND II NO L.P ORDINARY BUSINESS INCOME	
(LOSS)	1,001.
BLACKSTONE FUND II CAYMAN L.P ORDINARY BUSINESS INCOME	
(LOSS)	-508.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-8,555.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	8,594.	8,594.	0.	0.
06/30/11	22,152.	22,152.	0.	0.
06/30/14	141,515.	33,672.	107,843.	107,843.
06/30/15	45,519.	0.	45,519.	45,519.
06/30/18	60,186.	0.	60,186.	60,186.
NOL CARRYO	VER AVAILABLE THIS	YEAR	213,548.	213,548.