D Employer identification number

71-0568795

E Unrelated business activity code

(Employees' trust, see

instructions)

1966

JUN 30,

EXTENDED TO MAY 15, 2020

For calendar year 2018 or other tax year beginning JUL 1, 2018

ARKANSAS CHILDREN'S FOUNDATION

Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

Go to www.irs.gov/Form990T for instructions and the latest information.

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Name of organization (Check box if name changed and see instructions.)

29

31 32

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Form 990-T (2018)

Total deductions. Add lines 14 through 28

Unrelated business taxable income. Subtract line 31 from line 30

823701 01-09-19 LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

29

30

Forig 990-T

Department of the Treasury

Check box if

B Exempt under section

address changed

Print

Form 980-1		5687	95			Page 2
Part I	ii Total Unrelated Business Taxable Income					
33	Total of unrelated husiness taxable income computed from all unrelated trades or businesses (see instructions)		38			0.
34	Amounts paid for disallowed fringes		34			
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		35			
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of	··· Ի				
•	lines 33 and 34	٦l	36			
27		29	37			000.
37	apacinic deduction (denerally \$1,000, but see line at instructions for exceptions)	7	4			
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line 36,		1			•
Dort.I	enter the smaller of zero or line 36	·L	38	<u> </u>		<u>0.</u>
	V Tax Computation		.} _			
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	>	38			0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	. 1				
	Tax rate schedule or Schedule D (Form 1041)		40			
41	Proxy tax. See instructions	▶↓	41			
42	Alternative minimum tax (trusts only)	. -	42			
43	Tax on Noncompliant Facility Income See instructions	L	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichover applies	<u></u>	44			0.
Part \	/ Tax and Payments					
45 a	Foreign lax credit (corporations attach Form 1118; trusts attach Form 1116)					
b	Other credits (see instructions)					
c	General business credit. Attach Form 3800		11			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	\Box				
_	Total cradits. Add lines 45a through 45d	\neg	45B			
	Subtract line 45e from line 44		46			0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (ullach school	idos	47			
	Total tax. Add lines 46 and 47 (see instructions)		48			0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49			0.
	Payments: A 2017 overpayment credited to 2018	·· Ի	7			
		\dashv				
0	2018 estimated tax payments	\dashv	11			
	Tax deposited with Form 8868		11			
	Foreign organizations: Tax paid or withheld at source (see instructions)	—	11			
	Backup withholding (see instructions)		11			
	Credit for small employer health insurance premiums (attach Form 8941)		11			
g	Other credits, adjustments, and payments* Form 2439		H			
	Form 4136 Other Total ► 50g		11			
51	Total payments. Add lines 50a through 50g	L	51			
	Estimated tax penalty (see instructions) Check if Form 2220 is attached	. <u>L</u>	52			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	►L	53			
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ L	54			
	Enter the amount of line 54 you want: Credited to 2019 estimated tax	▶□	55			
Part V	I Statements Regarding Certain Activities and Other Information (see instructions)		1			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority				Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file					
	FINCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country			1	Ì	
	here			ł	- 1	x
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			├	\rightarrow	×
				······· ├	\dashv	
	If "Yes," see instructions for other forms the organization may have to file				- 1	
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$ Under parapher of paker, I declare that I have exempted this return, including accompanying schedules and statements, and to the best of my king.		and bala			
Sign	correct, and controlled Declaration of propagatory of the han taxpayer) is based on all information of which prepare has any knowledge.	Owieoge	s en a bein			
Here	5.4.2°ZON PRESIDENT	May	the IRS d	iscuss thin r	olum w	ith
				hown below		_
	Alignature olyofficer Date Title	เปลดไ		X Yes	<u>:</u>	No
	Print/Type preparer's name Preparer's signature Date Check	ıſ	PTIN			
Paid	Starment superior self-emplo	yed	1			
Prepar	SHANNON KIRKPATRICK		P009	566467		
Use O	nly Hrm's name ► KPMG, LLP Firm's Elf	•	13	-55652	07	
	301 MAIN ST, ONE AMERICAN PL, STE 2150					
	Firm's addiess BATON ROUGE, LA 70801-1705 Phone no	225	-344-	4000		
823711 01-0					Ω-Τ «	2040)

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation N/A	<u> </u>				
1 Inventory at beginning of year	1		6	Inventory at end of yea	r		6		
2 Purchases	2		_ 7	Cost of goods sold. Su	ıbtract l	ine 6	, ,~.		
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,	<u></u>		
4a Additional section 263A costs				line 2		Į	7		
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to		Yes	No
Other costs (attach schedule)	4b		_	property produced or a	cquired	for resale) apply to		<u> </u>	لئنا
5 Total. Add lines 1 through 4b	5		l	the organization?					
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Pers	sonal Property L	ease	d With Real Prop	erty)		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is mor 10% but not more than 50%	e than	` 'of rent for	personal	onal property (if the percentag property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	d 2(b) (a	ed with the income in ttach schedule)	1
(1)									
(2)	_ _								
(3)									
(4)	J								
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)	▶		0.
Schedule E - Unrelated Del	bt-Financed	Income (see	ınstru	ctions)		**			
			2	. Gross income from		Deductions directly conr to debt-finance			
1. Description of debt-fi	inanced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)							1		
(2)								·	
(3)									
(4)							l		
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or a	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(4	8. Allocable deducti column 6 x total of co 3(a) and 3(b))	
(1)				%					
(2)	1		1	%					
(3)		•		%					
(4)				%				·	
			-			nter here and on page 1, Part I, line 7, column (A)		nter here and on pag Part I, line 7, column (
Totals						0			0.
Total dividends-received deductions	ncluded in column	ı 8							0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1 Description of income 2, Amount of income 2, Amount of income 3, Deductions directly connected (stach schedule) (stach sched				Exempt	Controlled O	rganızatı	ons				
23	1. Name of controlled organizat	ıde	ntification					included in the control		olling	connected with income
3) 4) Onexempt Controlled Organizations 7, Total of specified payments 8, Net consider forems (biss) (pice instructions) (pice	(1)										·-·
According of purchased and the second of the position of the	(2)										
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Income From Periodicals Reported on a Consolidated Basis 2. Gross advertising income 3. Direct advertising costs or (loss) (col 2 minus cols 5 through 7 5. Circulation income 6. Readership costs (column 6 minus column 5, but not more than column 4) 7. Excess readership costs (column 5, but not more than column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4)		1			一点網における	I MENT	J. 14 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	i in the	4470.2. EMP	1887、上海1	ଧି ଓ
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3) 4)	Name of periodical	 advertisin 	ig adv		or (loss) (co	ol 2 minus ain, comput					costs (column 6 minus column 5, but not more
3) 4)	1\		 -		STEET KARNETU	. (1967 X	-				THE SECTION OF HEALT
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tale (carry to Part II, line (5))			,							Ī	
	stals (carry to Part II, line (5))	•	0.	•	o .					ŀ	C

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 advertising costs	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)		- -		<u> </u>			
(3)							
(4)							
Totals from Part I	▶	0.	0.	1 .		•	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	PARENT	CORPORATION'	s	NAME	AND	IDENTIFYING	NUMBER	STATEMENT 1
CORPORATION'S	S NAME							IDENTIFYING N
ARKANSAS CHILDREN'S, INC.					81-0801296			