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tment of the Freasury al Revenue Service Check box if address changed xempt under section 501(c 3)	For calen	dar year 2018 or other tax ye	nd proxy tax u	nder sect		1.180	ana -	OMB No 1545-0687
Check box if address changed xempt under section 501(c	▶ D	dar year 2018 or other tax ye	ar beginning JUL 1,	2018		1 30 2019	and	2040
Check box if address changed xempt under section 501(c	▶ D	▶ Go to www			, and ending JUN	7 30 2019 Y	Y 11 1 7/1	
Check box if address changed xempt under section 501(c			r.irs.gov/Form990T fo					LU IO
address changed xempt under section 501(c) 3)	٨		ers on this form as it).	Open to Public Inspection fo 501(c)(3) Organizations Only
] 501(c) 3)		Name of organization (Check box if nar	ne changed ar	nd see instructions.)		(Emple	oyer identification number loyees' trust, see ictions)
] 501(c) 3)	Print L	NIVERSITY OF AR	KANSAS FOUNDAT	ION, INC.			,	71-6056774
	TURA	lumber, street, and room			ructions.			ated business activity code instructions)
408(e) 220(e) 408A 530(a)		Oity or town, state or pro	···········		onstal code		-	
529(a)		AYETTEVILLE, AR	-				52300	10
ok value of all assets end of year	_	Group exemption num						
1,378,849,		Check organization typ			501(c) trust		a) trust	Other trust
	-		ousinesses.		-	. ,		than and
			us contonos complet	o Darte Land I				
			us sentence, complet	e rai is i allu i	i, complete a scheout	3 IVI IUI BACII AUUIIIU	iiai li aue	UI
			affiliated group or a c	arent-subsidia	ary controlled group?	D	Ye:	s X No
					,			
e books are in care of	▶ RO	BERT KOSTER				1		
<u>rt∤l</u> ⊎nrelated	Trade	or Business Inc	ome		(A) Income	(B) Expense	38	(C) Net
•	_							
	-		c Balance	1c			5.023	
- · · · · · · · · · · · · · · · · · · ·			100					
			¥ 7		112 146	* 4 BBC 4 60 4 7 4 5 2 7 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	25038648*** 25036.45	112,146
			. 4707)		112,140.	A STANSON OF A VIEW	21/8/1-13	112,140
			14/9/)		, ,	500 00 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	100 mg	
•			ttach statement\		-28 544.	STMT 2	3297 4	-28,544
		p or air 3 corporation (a	itacii statementj			**************************************	22/25/ 1/	
		(Schedule F)				RE	SEIA	LD
		•	organization (Schedul		****			SC
Investment income of	a section	501(c)(7), (9), or (17) o	rganization (Schedule	(G) 9		MAY	13	2020
				10		8		RS
Advertising income (S	chedule J)		11			DEV	LIT'
Other income (See ins	tructions;	attach schedule)		12			<u> </u>	1 9 1
				13				83,602
Compensation of offi	cers, direc	ctors, and trustees (Sche	edule K)				14	
Salaries and wages							15	
Repairs and maintena	ince						16	
Bad debts							17	
Interest (attach sched	lule) (see	instructions)			SEE STATEME	NT 3	18	2,410
Taxes and licenses							19	431
			rules)		1 1			0
							- Silentenina (Allenina (A	1
•	imed on S	chedule A and elsewner	e on return		[22a]			
•		anastias alasa						
		rensation plans						
		dula I)						
	•							
	-							
					•	75	29	2,841
		=	loss deduction. Sub	tract line 29 fr	om line 13		30	80,761
		s arising in tax years be				_	31	
	_	ome. Subtract line 31 fro				<i>-</i> 1 \		80,761
discisi ri Y e nd C L C C C N C II F L II II E A C Triff	e or business here peribe the first in the bliness, then complete Fing the tax year, was to res," enter the name as books are in care of the Unrelated Gross receipts or sales ess returns and allow Cost of goods sold (St. Gross profit. Subtract Capital gain net income (St. Gross profit. Subtract Capital gain net income (Ioss) from a part income (Ioss) from a part income (Schedul Unrelated debt-finance interest, annuities, royanvestment income (Se installed Except for content of the composition of office Salaries and wages Repairs and maintena Bad debts Interest (attach schedul Depreciation (attach Finances Charitable contribution Depreciation (attach Finances Charitable contribution Contributions to defer Employee benefit profix Excess exempt expenit Excess readership control of the deductions. Ad Unrelated business to the control of	e or business here parts lil-V cribe the first in the blank space cribe the first in the blank space cribe the first in the blank space cribes, then complete Parts III-V cring the tax year, was the corpor ces," enter the name and identify books are in care of parts Cost of goods sold Parts Cost of goods sold (Schedule A) Cross profit. Subtract line 2 from Capital gain net income (attach a) Cost of goods sold (Schedule A) Cross profit. Subtract line 2 from Capital gain net income (attach a) Cost of goods sold (Schedule A) Cross profit. Subtract line 2 from Capital loss deduction for trusts income (loss) from a partnershift cent income (Schedule C) Unrelated debt-financed income interest, annuities, royalties, and investment income of a section exploited exempt activity income Advertising income (Schedule J Other income (See instructions; Cotal. Combine lines 3 through the line Deductions Not (Except for contribution Compensation of officers, direct Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see Taxes and licenses Charitable contributions (See in Depreciation (attach Form 456) Less depreciation claimed on S Depletion Contributions to deferred comp Employee benefit programs Excess exempt expenses (Sche Excess readership costs (Sche Cother deductions, Add lines 14 Unrelated business taxable incomp	e or business here SEE STATEMENT 1 cribe the first in the blank space at the end of the previous interest, then complete Parts III-V. Ing the tax year, was the corporation a subsidiary in an 'es," enter the name and identifying number of the parer books are in care of ROBERT KOSTER TIME Unrelated Trade or Business Inc. Gross receipts or sales Less returns and allowances Less returns and allowances Less rotifications of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c Lapital gain net income (attach Schedule D) Wet gain (loss) (Form 4797, Part II, line 17) (attach Form Lapital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled of investment income of a section 501(c)(7), (9), or (17) of exploited exempt activity income (Schedule I) Advertising income (Schedule J) Other income (See instructions; attach schedule) Fotal. Combine lines 3 through 12 Total. Combine lines 3 through 12 Compensation of officers, directors, and trustees (Schessalaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions for limitation Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) Other deductions. Add lines 14 through 28 Unrelated business taxable income before net operating Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating	cribe the first in the blank space at the end of the previous sentence, completeness, then complete Parts III-V. Ing the tax year, was the corporation a subsidiary in an affiliated group or a pros, "enter the name and identifying number of the parent corporation. ▶ books are in care of ▶ ROBERT KOSTER TIME Unrelated Trade or Business Income Gross receipts or sales Less returns and allowances Less returns and allowances Less returns and allowances Less returns and allowance (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c Capital gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach statement) Rent income (Schedule C) Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule Exploited exempt activity income (Schedule I) Advertising income (Schedule J) Other income (See instructions; attach schedule) Total. Combine lines 3 through 12 Total contributions (See instructions) Taxes and maintenance Bad debts Interest (attach schedule) (see instructions for limitation rules) Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return Depletion Contributions to deferred compensation plans Employee benefit programs Excess exempt expenses (Schedule I) Excess readership costs (Schedule I) Total deductions. Add lines 14 through 28 Unrelated business taxable income before net operating loss deduction. Sub	a or business here ► SEE STATEMENT 1 cribe the first in the blank space at the end of the previous sentence, complete Parts I and I ness, then complete Parts III-V. ing the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary in the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary. books are in care of ► ROBERT KOSTER tie Unrelated Trade or Business Income Gross receipts or sales ess returns and allowances cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 2 aprial gain net income (attach Schedule D) Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) aprial loss deduction for trusts income (loss) from a partnership or an S corporation (attach statement) 5 ancet income (Schedule C) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) interest, annuities, royalties, and rents from a controlled organization (Schedule G) particulated debt-financed income (Schedule E) noterest, annuities, royalties, and rents from a controlled organization (Schedule G) particulation (Schedule J) interest (Schedule J) interest (Schedule J) Deductions Not Taken Elsewhere (See instructions for limitation (Except for contributions, deductions must be directly connected with the Compensation of officers, directors, and trustees (Schedule K) Salaries and wages Repairs and maintenance Bad debts Interest (attach schedule) (see instructions) Taxes and licenses Charitable contributions (See instructions) Taxes and incenses Charitable contributions (See instructions) Taxes and licenses Charitable contributions (See instructions) Taxes and bleenses Charitable contributions (See instructions) Taxes and licenses Charitable contributions (See instructions) Taxes and licenses Charitable contributions (See instructions) Taxes and licenses Charitable contributions (See instructions) Taxes readership costs (Schedule I) Couther deductions (Atlanch schedule)	e or business here ▶ SEE STATEMENT 1 If only one cribe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Scheduliness, then complete Parts III-V. Ing the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? es," enter the name and identifying number of the parent corporation. ▶ Toping the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? es," enter the name and identifying number of the parent corporation. ▶ Toping the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? es," enter the name and identifying number of the parent corporation. ▶ Toping the tax year, was the corporation and interest and identifying number of the parent corporation. ▶ Toping the tax year, was the corporation and interest and identifying number of the parent corporation. ▶ Toping the tax year, was the corporation and interest and identifying number of the parent corporation. ▶ Toping the tax year, was the corporation and interest and identifying number of the parent corporation. ▶ Toping the tax year, was the corporation and interest and identifying number of the parent corporation and interest and interest (anticular Schedule C) Toping the tax year, was the corporation and interest (anticular Schedule C) Toping the tax year, was the corporation and interest (anticular Schedule C) Toping the tax year, was the corporation and interest (anticular Schedule C) Toping the tax year, was the corporation and interest (anticular Schedule C) Toping the tax year, was the corporation and interest (anticular Schedule C) Toping the tax year, was the corporation and interest (anticular Schedule C) Toping the tax year, was the corporation (anticular Schedule C) Toping the tax year, was the corporation of the parent subsidiate of the parent subsidiate of the parent subsidiate of the parent subsidiate of the parent	e or business here SEE STATEMENT 1 If only one, complete Parts I-V cribe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each addition mess, then complete Parts III-V. ing the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? • se, enter the name and identifying number of the parent corporation. I books are in care of No. ROBERT KOSTER Telephone number • ROBERT KOSTER Telephone number • (A) Income (B) Expense Gross receipts or sales • cess receipts or sales • cess receipts or sales • cess returns and allowances • cess returns and re	e or business here SEE STATEMENT 1 If only one, complete Parts I-V. If more cribe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade ness, then complete Parts III-V. Ing the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Ses, enter the name and identifying number of the parent corporation. Soboks are in care of IP ROBERT ROSTER Telephone number (4179) The Unrelated Trade or Business Income (A) Income (B) Expenses Toes receipts or sales ass returns and allowances Cost of goods sold (Schedule A, line 7) Torsos profit. Subtract line 2 from line 1c 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2

1 01111 550	TESTS CHIVERDIII OF MICENSIA TOURS INC.	30774			
Part I	III Total Unrelated Business Taxable Income				
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	3	245	,940
34	Amounts paid for disallowed fringes	34	1		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions) STMT 5	35	;	245	940
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of				
•	lines 33 and 34	36	,		
27	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	6 J	_	1	,000
37	• • • • • • • • • • • • • • • • • • • •	² ⊢ " ĭ	-		,
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,]	.		0
Part I	enter the smaller of zero or line 36	38	<u> </u>		
					0
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	► 3 9	<u>'</u>		
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	-			
	Tax rate schedule or Schedule D (Form 1041)	► 4	<u>'</u>		
41	Proxy tax. See instructions	▶ 4			
42	Alternative minimum tax (trusts only)	42	<u> </u>		
43	Tax on Noncompliant Facility Income. See Instructions	43			
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	<u>i </u>		0
Part \	V Tax and Payments				
45 a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
b	Other credits (see instructions) 45b	_			
C	General business credit. Attach Form 3800	_	1		
đ	Credit for prior year minimum tax (attach Form 8801 or 8827)	<u> </u>	_		
е	Total credits. Add lines 45a through 45d	45	e		
46	Subtract line 45e from line 44	46	<u>; </u>		0 ,
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	e) 4 7	,		
48	Total tax. Add lines 46 and 47 (see instructions)	48	3		0 .
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49)_		0
50 a	Payments: A 2017 overpayment credited to 2018				
	2018 estimated tax payments 50b				
	Tax deposited with Form 8868				
	Foreign organizations; Tax paid or withheld at source (see instructions) 50d	\neg			
	Backup withholding (see instructions) 50e	7			
	Credit for small employer health insurance premiums (attach Form 8941) 50f	_			
g.		\neg	-		
y	Form 4136	2			
51	Total payments. Add lines 50a through 50g SEE STATEMENT 4	£1	. 1	2	982.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52			,
		► 1 33			
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed Overnayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overnaid.		<u>'</u>		982
54	Overpayment. If the 51 is larger than the total of the 540, 43, and 52, effect amount overpaid	<u>34</u> ▶ 55	} 		982
Part \	Enter the amount of line 54 you want: Credited to 2019 estimated tax I Statements Regarding Certain Activities and Other Information (see instructions)	7	<u> </u>		, 502
				Т	Ι
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				۱
	here >			_	X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?			-	X.
	If "Yes," see instructions for other forms the organization may have to file.				
58	Enter the amount of tax-exempt interest received or accrued during the tax year >\$			Д	<u> </u>
Cian	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	wledge ar	nd belief, it is tr	ue,	
Sign	Robert Koster 15/u/2020 N CEO	May the	IRS discuss th	nis return :	with
Here	5/4/2020		arer shown be		_
	Signature of officer Date Title	ınstructı	ions)? X	Yes	No
	Print/Type preparer's name Preparer's signature Date Check	l If F	PTIN		
Paid	W. Lyndel Rackay self-employe				
Prepa	Arer W. LYNDEL LACKEY W. LYNDEL LACKEY 04/01/20	L	P0023429		
Use C	I A MOORNING WEAR TER	<u> </u>	73-141	3977	
	688 EAST MILLSAP ROAD, SUITE 203				
	Firm's address FAYETTEVILLE AR 72703 Phone no.	479-	521-9191		



Schedule A - Cost of Good	s Sold Enter	method of inver	ntory valuation N/A					
1 Inventory at beginning of year	1	metriod of inver	6 Inventory at end of y		<u> </u>	6		
2 Purchases	2		7 Cost of goods sold.		line 6			
3 Cost of labor	3		from line 5. Enter her		i			
4a Additional section 263A costs	<u> </u>		line 2	0 4.10 11.	,	7		
(attach schedule)	4a		8 Do the rules of section	on 263A (with respect to	<u> </u>	Yes	No
b Other costs (attach schedule)	4b		property produced or					
5 Total. Add lines 1 through 4b	5		the organization?		то т			
Schedule C - Rent Income		Property and		Lease	d With Real Prope	erty)		
(see instructions)		· •			· .			
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 more 10% but not more than 50%)	e than	of rent for ;	and personal property (if the percen personal property exceeds 50% or it nt is based on profit or income)	tage f	3(a) Deductions directly of columns 2(a) and	connected with the ii d 2(b) (attach schedu	ile)	
(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		Income (see	instructions)					
			2. Gross income from		Deductions directly conn to debt-finance		ole	
Description of debt-fit	nanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other d (attach so		s
(1)								
(2)								
(3)								
(4)			1					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property h schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	8. Allocable (column 6 x to 3(a) ar		
(1)			%			1		
(2)			%					
(3)			%					
(4)			%					
					inter here and on page 1, Part I, line 7, column (A)	Enter here and Part I, line 7,		
Totals			•	•	0.	.]		0.
Total dividends-received deductions in	ncluded in column	n 8	•		•			0.

Form 990-T (2018)

Schedule F - Interest,	Annuitie	s, Royan	ties, and		Controlled O			tions	see ins	struction	s)
1. Name of controlled organizat	tion	2. Em identifi num	cation	3. Net unr	related income e instructions)	4 . To	otal of specified ments made	ınclud	rt of column 4 led in the contr cation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organi	zations										
7. Taxable Income		nrelated incom see instructions		9 . Total	of specified payr made	ments	10. Part of colur in the controlli gross	nn 9 tha ng orgar income	nization's		ductions directly connected income in column 10
(1)					-						
(2)											
(3)											
(4)											
							Add colum Enter here and Jine 8, c		o 1, Part I, A)	Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)
Totals						<u> </u>	L		0.		0.
Schedule G - Investme (see insti		ne of a S	Section ————	501(c)(7 	7), (9), or (17) Org	· 				
1. Desc	cription of inco	me			2. Amount of	ıncome	3. Deduction directly conne (attach sched	cted	4. Set- (attach s	asides chedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)											
(4)								-2- 64		C 34447.70	
Tatala					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited	·=	Activity	Income	, Other	Than Adv		ng Income	z marn yr	<u> </u>	* " " () " ! !	<u> </u>
(see instru	uctions)	1			T		· · · · · · · · · · · · · · · · · · ·		1		1
1. Description of exploited activity	unrelated incom	Gross business e from business	3. Exp directly c with pro of unro business	onnected duction elated	4. Net incomfrom unrelated business (cominus colum gain, compute through	I trade or Numn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6. Exp attribut: colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)											
(2)			-								
(3)											
(4)	1										
		e and on , Part I, col (A)	Enter her page 1 line 10,	, Part I,							Enter here and on page 1, Part II, line 26
Totals Schedule J - Advertision	na Incor		netruction		1. 12 Me 1	M 19-3889	S. S	2 14 5	1 1988 - 1884 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	in the state of	<u></u>
Part Income From					solidated	Basis					
1. Name of periodical		2. Gross advertising income		3. Direct	or (toss) (c				6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						K X	S				
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	•	-	0.).						0.
	- 1						_1				200 T

Form 990-T (2018) UNIVERSITY OF ARKANSAS TOUNDATION, INC.

Partill 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)							
(3)					-		
(4)							
Totals from Part I	▶	0.	0.	44			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.	建一个工作。			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 DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY

STATEMENT 1

UNRELATED BUSINESS INCOME PASSED THROUGH FROM INVESTMENT PARTNERSHIP K-1'S

TO FORM 990-T, PAGE 1

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION	NET INCOME OR (LOSS)
MARYLAND PROTON TREATMENT HOLDINGS - ORDINARY BUSINESS	
INCOME (LOSS)	19,290.
MARYLAND PROTON TREATMENT HOLDINGS - OTHER INCOME (LOSS)	-3,559.
PARK STREET CAPITAL NATURAL RESOURCE FUND III, LP -	
ORDINARY BUSINESS INCOME	-1,011.
PARK STREET CAPITAL NATURAL RESOURCE FUND III, LP - OTHER	
INCOME (LOSS)	-183.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - ORDINARY	
BUSINESS INCOME (-1,931.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - INTEREST	
INCOME	14.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP -	
ROYALTIES	-14.
PARK STREET CAPITAL NATURAL RESOURCE FUND V, LP - OTHER	
INCOME (LOSS)	-1,868.
PARK STREET CAPITAL NATURAL RESOURCE FUND, LP - ORDINARY	
BUSINESS INCOME (LO	91.
PARK STREET CAPITAL NATURAL RESOURCE FUND, LP - ROYALTIES	-29.
PARK STREET CAPITAL NATURAL RESOURCE FUND, LP - OTHER	
INCOME (LOSS)	-214.
PARK STREET CAPITAL PRIVATE EQUITY FUND IX, LP - ORDINARY	
BUSINESS INCOME (L	2,298.
PARK STREET CAPITAL PRIVATE EQUITY FUND IX, LP - INTEREST	
INCOME	26.
PARK STREET CAPITAL PRIVATE EQUITY FUND IX, LP - DIVIDEND	
INCOME	2.
PARK STREET CAPITAL PRIVATE EQUITY FUND IX, LP - ROYALTIES	3.
PARK STREET CAPITAL PRIVATE EQUITY FUND IX, LP - OTHER	
INCOME (LOSS)	-244.
PARK STREET CAPITAL PRIVATE EQUITY FUND V, LP - ORDINARY	
BUSINESS INCOME (LO	-193.
PARK STREET CAPITAL PRIVATE EQUITY FUND VII, LP - ORDINARY	
BUSINESS INCOME (13,758.
PARK STREET CAPITAL PRIVATE EQUITY FUND VII, LP - INTEREST	
INCOME	21.
PARK STREET CAPITAL PRIVATE EQUITY FUND VII, LP - OTHER	
INCOME (LOSS)	-181.
PAUL CAPITAL PARTNERS IX, LP - ORDINARY BUSINESS INCOME	
(LOSS)	13.
SPO PARTNERS II, LP - ORDINARY BUSINESS INCOME (LOSS)	-8,442.
THE BLACKSTONE GROUP - ORDINARY BUSINESS INCOME (LOSS)	2,490.
THE BLACKSTONE GROUP - DIVIDEND INCOME	58.
THE BLACKSTONE GROUP - OTHER INCOME (LOSS)	-2,159.
PASSIVE LOSS CARRYFORWARD FROM 2017 - OTHER INCOME (LOSS)	-46,580.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-28,544.

FORM 990-T		INTEREST PAI	D	STATEMENT 3					
DESCRIPTION	1			AMOUNT					
PARK STREET	- C CAPITAL NATURAL F	RESOURCE FUND V.	LP	9					
	ARK STREET CAPITAL PRIVATE EQUITY FUND IX, LP								
	ARK STREET CAPITAL PRIVATE EQUITY FUND VII, LP								
THE BLACKTO	ONE GROUP			2,377					
TOTAL TO FO	ORM 990-T, PAGE 1,	LINE 18		2,410					
FORM 990-T	OTH	ER CREDITS AND PA	VMFNITC	STATEMENT 4					
FORM 990-1		ER CREDITS AND PA	IMPMID	STATEMENT 4					
DESCRIPTION	1			TRUOMA					
FORM 8827,	LINE 8C			2,982					
TOTAL INCLU	JDED ON FORM 990-T,	PAGE 2, PART V,	LINE 50G	2,982,					
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT 5					
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR					
06/30/08	276,410.	276,410.	0.	0.					
06/30/09	786,374.	4. 614,039. 172,335		172,335.					
06/30/10	820,927.	0,	820,927.	820,927.					
06/30/11	112,895.	0.	112,895.	112,895.					
06/30/18	60,626.	0.	60,626.	60,626.					
NOL CARRYOV	VER AVAILABLE THIS	1,166,783.	1,166,783.						

Unit ated Business Taxable Income for **Unrelated Trade or Business**

For calendar year 2018 or other tax year beginning ____JUL__1_, __2018

, and ending JUN 30 , 2019

Department of the Treasury Internal Revenue Service (99) Name of the organization ▶ 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).

ENTITY OMB No 1545-0687

Open to Public Inspection for 50 (c)(3) Organizations Only

Employer identification number

	UNIVERSITY OF ARKANSAS FOUNDATION,	INC.		71-6056774	
·	Inrelated business activity code (see instructions) > 900099				
	Describe the unrelated trade or business • UAF FUND - HF	CLAS	S SERIES		1
Ŗā	টাৰ্ছ্খি Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c			
2	Cost of goods sold (Schedule A, line 7)	2			
3	Gross profit. Subtract line 2 from line 1c	3			12
4 a	Capital gain net income (attach Schedule D)	4a			*
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
С	Capital loss deduction for trusts	4c		-74% CO.VAV.	^/ {
5	Income (loss) from a partnership or an S corporation (attach	_	160 214		160 214
	statement) STATEMENT 6	5	169,314.		169,314.
6	Rent income (Schedule C)	6			<u> </u>
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled]	
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)	l			
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11		F . Fine ######## 5 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	7
12	Other income (See instructions; attach schedule)	12	150.011		150 014
<u>13</u>	Total. Combine lines 3 through 12	13	169,314.	<u> </u>	169,314.
Pai	Deductions Not Taken Elsewhere (See instruction deductions must be directly connected with the undertaken between the connected with the connecte				for contributions,
14	Compensation of officers, directors, and trustees (Schedule K)			14	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)		SEE STATEME	NT 7 18	301.
19	Taxes and licenses			. 19	4,207.
20	Charitable contributions (See instructions for limitation rules)			_20_	
21	Depreciation (attach Form 4562)		21		ਹੈ ≈
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28			29	4,508.
30	Unrelated business taxable income before net operating loss deduce	ction. S	Subtract line 29 from line		164,806.
31	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see		<u> </u>
	instructions)		-	31	
32	Unrelated business taxable income Subtract line 31 from line 30			32	164,806.
I Ш Л	For Panaryark Reduction Act Notice can instructions			School	Ile M (Form 990-T) 2018

301.

TOTAL TO SCHEDULE M, PART II, LINE 18

FORM 990-T (M) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 6
DESCRIPTION	NET INCOME OR (LOSS)
UAF FUND, LP - HF CLASS SERIES - ORDINARY BUSINESS INCOM	
(LOSS) UAF FUND, LP - HF CLASS SERIES - INTEREST INCOME	175,841 156
UAF FUND, LP - HF CLASS SERIES - INTEREST INCOME UAF FUND, LP - HF CLASS SERIES - DIVIDEND INCOME	143
PASSIVE LOSS CARRYFORWARD FROM 2017 - OTHER INCOME (LOSS	-6,826
TOTAL INCLUDED ON SCHEDULE M, PART I, LINE 5	169,314
FORM 990-T (M) INTEREST PAID	STATEMENT 7
DESCRIPTION	AMOUNT
UAF FUND - HF CLASS SERIES	301

United Business Taxable Income for **Unrelated Trade or Business**

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

Department of the Treasury Internal Revenue Service (99)

► 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).

501(c)(3) Organizations Only

OMB No. 1545-0687

ENTITY

Employer identification number Name of the organization 71-6056774 UNIVERSITY OF ARKANSAS FOUNDATION, INC. Unrelated business activity code (see instructions) ▶ UAF FUND - PE CLASS SERIES Describe the unrelated trade or business **Unrelated Trade or Business Income** (C) Net (A) Income (B) Expenses Part 1a Gross receipts or sales b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 477,265 477,265. 4a Capital gain net income (attach Schedule D) 4a b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach -451,976. statement) STATEMENT 8 -451,976. 5 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 **气影的激酶激光和**气度 Other income (See instructions, attach schedule) 12 25,289. 25,289 Total. Combine lines 3 through 12 [Rart[1]] Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K) 15 15 Salaries and wages Repairs and maintenance 16 16 17 Bad debts 17 SEE STATEMENT 9 53,217. 18 Interest (attach schedule) (see instructions) 18 33,360. 19 19 Taxes and licenses Charitable contributions (See instructions for limitation rules)

20	Charitable contributions (See instructions for limitation rules)		20	<u> </u>
21	Depreciation (attach Form 4562)	21	27%	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	22b	
23	Depletion		23	
24	Contributions to deferred compensation plans		24	
25	Employee benefit programs	25		
26	Excess exempt expenses (Schedule I)	26		
27	Excess readership costs (Schedule J)	27	==	
28	Other deductions (attach schedule)		28	
29	Total deductions. Add lines 14 through 28		29	86,577.
30	Unrelated business taxable income before net operating loss deduction. Sui	btract line 29 from line 13	30	-61,288.
31	Deduction for net operating loss arising in tax years beginning on or after Ja	nuary 1, 2018 (see	<u> </u>	
	instructions)		31 🗓 🖰	
32	Unrelated business taxable income. Subtract line 31 from line 30		32	-61,288.
LHA	For Paperwork Reduction Act Notice, see instructions.		Schedule M (Form 990-T) 2018

53,217.

TOTAL TO SCHEDULE M, PART II, LINE 18

FORM 990-T (M) INCOM	E (LOSS) FROM PARTNERSHIPS	STATEMENT 8
DESCRIPTION		NET INCOME OR (LOSS)
UAF FUND, LP - PE CLASS SERIE	S - ORDINARY BUSINESS INCOME	
(LOSS)		-1,037,3
UAF FUND, LP - PE CLASS SERIE		15,8 9.7
JAF FUND, LP - PE CLASS SERIE JAF FUND, LP - PE CLASS SERIE		3,8
JAF FUND, LP - PE CLASS SERIE JAF FUND, LP - PE CLASS SERIE		*,*
(LOSS)		-4,1
JAF FUND, LP - PE CLASS SERIE	S - OTHER INCOME (LOSS)	-384,3
PASSIVE LOSS CARRYFORWARD FRO		
OTHER INCOME (LOSS)		-1,162,5
PASSIVE LOSS CARRYFORWARD TO OTHER INCOME (LOSS)	6/30/20 - SEE FORM 8810 -	2,106,9
POTAL INCLUDED ON SCHEDULE M,	PART I, LINE 5	-451,9
FORM 990-T (M)	INTEREST PAID	STATEMENT 9
DESCRIPTION		AMOUNT
JAF FUND - PE CLASS SERIES		53,2

Unrelated Business Taxable Income for **Unrelated Trade or Business**

For calendar year 2018 or other tax year beginning ___JUL_1, _2018

, and ending <u>JUN</u> 30, 2019

Department of the Treasury Internal Revenue Service (99) ► 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).

ENTITY 3

OMB No 1545-0687

Open to Public Inspection for 501(c)(3) Organizations Only

Name	of the organization UNIVERSITY OF ARKANSAS FOUNDATION,	Employer identificat	Employer identification number 71-6056774		
	Unrelated business activity code (see instructions) 900099 Describe the unrelated trade or business INVESTMENT IN		- KKR & CO., LP		_
Partil Unrelated Trade or Business Income (A) Income (B) Expe					(C) Net
1 a	Gross receipts or sales				
b	Less returns and allowances c Balance ▶	1c		\$ \tag{1}	
2	Cost of goods sold (Schedule A, line 7)	2	<u> </u>		
3	Gross profit. Subtract line 2 from line 1c	3		100 A	
4 a	Capital gain net income (attach Schedule D)		TANKS CONTROL OF THE PARTY OF T		
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b_		**************************************	
C	Capital loss deduction for trusts	4c	<u>.</u>	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
5	Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 10	5_	373.		373.
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9			
10	Exploited exempt activity income (Schedule I)	10	<u> </u>		
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	373.		373.
14	Deductions Not Taken Elsewhere (See Instruction deductions must be directly connected with the uncompensation of officers, directors, and trustees (Schedule K)	nrela	ted business incon	ne.)	
15	Salaries and wages			15	
16	Repairs and maintenance			16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19	
20	Charitable contributions (See instructions for limitation rules)			20	
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	22b	
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	
29	Total deductions. Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss deduction	ction. S	Subtract line 29 from line	e 13 <u>30</u>	373.
31	Deduction for net operating loss arising in tax years beginning on o	r after	January 1, 2018 (see		
	instructions)			31	
32	Unrelated business taxable income Subtract line 31 from line 30		_	32	373.

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 10
DESCRIPTION		NET INCOME OR (LOSS)
KKR & CO., LP - ORDINA	ARY BUSINESS INCOME (LOSS)	373
TOTAL INCLUDED ON SCH	EDULE M, PART I, LINE 5	373

Unrelated Business Taxable Income for Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 , and ending JUN 30, 2019

JUN 30, 2019 **20**

Open to Rublic Inspection for 50 (c)(3),Organizations Only

OMB No 1545-0687

ENTITY

Department of the Treasury Internal Revenue Service (99) 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).

Employer identification number Name of the organization UNIVERSITY OF ARKANSAS FOUNDATION, INC. 71-6056774 Unrelated business activity code (see instructions) ▶ INVESTMENT IN PTP - MARTIN MIDSTREAM PARTNERS, LP Describe the unrelated trade or business Part | Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales b Less returns and allowances c Balance 2 Cost of goods sold (Schedule A, line 7) Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a (MODELE STATE OF THE PARTY) b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 11 5 6 Rent income (Schedule C) 6 7 7 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) 9 organization (Schedule G) 9 10 Exploited exempt activity income (Schedule I) 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 12 13 Total. Combine lines 3 through 12 Partiliand Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 Repairs and maintenance 16 16 17 17 Bad debts Interest (attach schedule) (see instructions) 18 18 19 Taxes and licenses 19 20 Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 22b Less depreciation claimed on Schedule A and elsewhere on return 22 23 Depletion 24 24 Contributions to deferred compensation plans 25 Employee benefit programs 25 26 Excess exempt expenses (Schedule I) 26 27 Excess readership costs (Schedule J) 27 28 28 Other deductions (attach schedule) 0. Total deductions. Add lines 14 through 28 29 29 0. 30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see 31 Forty Alberta Unrelated business taxable income Subtract line 31 from line 30

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Schedule M (Form 990-T) 2018

FORM 990-T (M)	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 11
DESCRIPTION		NET INCOME OR (LOSS)
MARTIN MIDSTREAM PARTNE	RS, LP - ORDINARY BUSINESS INCOME	-362.
(LOSS)	ORWARD FROM 2017 - OTHER INCOME	-686.
(LOSS)	ORWARD TO 2019 - OTHER INCOME	1,048.
TOTAL INCLUDED ON SCHED	ULE M, PART I, LINE 5	0.

Unit ated Business Taxable Income for **Unrelated Trade or Business**

and ending JUN 30, 2019

ENTITY

50 1(c)(3) Organizations

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99)

▶ 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).

For calendar year 2018 or other tax year beginning $-JUL \ 1\,, \ 2018$

Employer identification number Name of the organization UNIVERSITY OF ARKANSAS FOUNDATION, INC. 71-6056774 900099 Unrelated business activity code (see instructions) ► INVESTMENT IN PTP -PHILLIPS 66 PARTNERS, LP Describe the unrelated trade or business Partil Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales b Less returns and allowances c Balance 10 Cost of goods sold (Schedule A, line 7) 2 2 TO MEST POST OF THE PERSON NAMED IN Gross profit. Subtract line 2 from line 1c 3 A STATE OF THE STA 4a 4a Capital gain net income (attach Schedule D) **数据的**类(2) / 74 4b b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4c c Capital loss deduction for trusts Income (loss) from a partnership or an S corporation (attach 5 statement) STATEMENT 12 5 6 6 Rent income (Schedule C) 7 Unrelated debt-financed income (Schedule E) 7 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 9 Investment income of a section 501(c)(7), (9), or (17) g organization (Schedule G) Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 Other income (See instructions, attach schedule) 12 12 Total. Combine lines 3 through 12 13 Partill Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 14 14 15 Salaries and wages 15 16 16 Repairs and maintenance 17 17 Bad debts 18 Interest (attach schedule) (see instructions) 18 19 19 Taxes and licenses 20 Charitable contributions (See instructions for limitation rules) 20 21 Depreciation (attach Form 4562) Less depreciation claimed on Schedule A and elsewhere on return 22b 22 23 23 Depletion 24 24 Contributions to deferred compensation plans 25 Employee benefit programs 25 26 26 Excess exempt expenses (Schedule I) 27 27 Excess readership costs (Schedule J) 28 28 Other deductions (attach schedule) 0. 29 Total deductions. Add lines 14 through 28 29 0. Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13 30 30

LHA For Paperwork Reduction Act Notice, see instructions.

Unrelated business taxable income. Subtract line 31 from line 30

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see

Schedule M (Form 990-T) 2018

31

31

	STATEMENT 12
DESCRIPTION	NET INCOME OR (LOSS)
PHILLIPS 66 PARTNERS, LP - ORDINARY BUSINESS INCOME (LOSS) PTP PASSIVE LOSS CARRYFORWARD FROM 2017 - OTHER INCOME (LOSS)	-807. -990.
PTP PASSIVE LOSS CARRYFORWARD TO 2019 - OTHER INCOME (LOSS)	1,797.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L,
 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.
 ► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Employer identification number

UNIVERSITY OF ARKANSAS FOUNDATION. INC. 71-6056774 Short-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g) to enter on the lines below. (g) Adjustments to gain or loss from Form(s) 8949, (d) This form may be easier to complete if you round off cents to whole dollars. (sales price) (or other basis) Part I, line 2, column (g) 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b 1b Totals for all transactions reported on Form(s) 8949 with Box A checked 2 Totals for all transactions reported on Form(s) 8949 with Box B checked 3 Totals for all transactions reported on -1,322. Form(s) 8949 with Box C checked 4 4 Short-term capital gain from installment sales from Form 6252, line 26 or 37 5 Short-term capital gain or (loss) from like-kind exchanges from Form 8824 5 6 6 Unused capital loss carryover (attach computation) 7 Net short-term capital gain or (loss). Combine lines 1a through 6 in column h -1,322, 7 Rartill Long-Term Capital Gains and Losses (See instructions.) See instructions for how to figure the amounts (d) (g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g) (h) Gain or (loss) Subtract to enter on the lines below. Proceeds column (e) from column (d) and ombine the result with column (g) This form may be easier to complete if you round off cents to whole dollars. (sales price) 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to 8b Totals for all transactions reported on Form(s) 8949 with Box D checked Totals for all transactions reported on Form(s) 8949 with Box E checked 10 Totals for all transactions reported on 80,306. Form(s) 8949 with Box F checked 510,427. 11 Enter gain from Form 4797, line 7 or 9 12 12 Long-term capital gain from installment sales from Form 6252, line 26 or 37 13 Long-term capital gain or (loss) from like-kind exchanges from Form 8824 13 14 14 Capital gain distributions 590,733. 15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h 15 Part III Summary of Parts I and II 16 Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15) 16 589,411. 17 17 Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7) 589,411. 18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. 18

Note: If losses exceed gains, see Capital losses in the instructions.

JWA

Form **8949**

Name(s) shown on return

Department of the Treasury Internal Revenue Service

Sales ar Other Dispositions of Capital ssets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information.
 ▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

OMB No 1545-0074

2078
Attachment 12A

Social security number or taxpayer identification no.

71-6056774 UNIVERSITY OF ARKANSAS FOUNDATION, INC. Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a, you aren't required to report these transactions on Form 8949 (see instructions) You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS Х (C) Short-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss. If you enter an amount (d) (h) (c) (e) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in column (f). See instructions. (sales price) basis. See the Subtract column (e) (Example 100 sh. XYZ Co.) disposed of (Mo, day, yr) from column (d) & Note below and (Mo., day, yr.) (g) Amount of combine the result see *Column (e)* ın Code(s) with column (g) the instructions adjustment 32. FORM 6781, PART I PARK STREET CAPITAL PRIVATE EOUITY FUND 1. 121. THE BLACKSTONE GROUP UAF FUND, LP - PE CLASS 1,056. US RESEARCH EQUITY EXTENDED FUND, LP <2,532.> 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 1b (if Box A above is checked), line 2 (if Box B <1.322.> above is checked), or line 3 (if Box C above is checked)

Note: If you checked Box A above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

UNIVERSITY OF ARKANSAS FOUNDATION, INC	UNIVERSITY	OF	ARKANSAS	FOUNDATION,	INC
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71-6056774

Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which b	ntion as Form 10 box to check	99-B Either will :	show whether you	r basıs (usually you	r cost) was	reported to the IF	RS by your
Part II Long-Term. Transaction see page 1 Note: You may aggregate all							
codes are required. Enter the	totals directly on t	Schedule D, line 8a	, you aren't required	to report these transa	actions on F	orm 8949 (see instru	ctions)
You must check Box D, E, or F below. O							each applicable box
(D) Long-term transactions rep							
(E) Long-term transactions rep	•	•	•			,	
(E) Long-term transactions not	•		_				
1 (a)	(b)	(c)	(d)	(e)	Adjustme	nt, if any, to gain or	(h)
Description of property (Example. 100 sh. XYZ Co)	Date acquired (Mo., day, yr.)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis. See the Note below and	loss. If y in column column (f	ou enter an amount (g), enter a code in). See instructions.	Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of	combine the result with column (g)
EODY 6791 DARM T				trio matractions		adjustment	47.
FORM 6781, PART I PARK STREET CAPITAL NATURAL							47.
RESOURCE FUN		_					4.
							4.
PARK STREET CAPITAL PRIVATE							2 402
EQUITY FUND				ļ			2,483.
PARK STREET CAPITAL PRIVATE				 		<u></u>	-75
EQUITY FUND				ļ			<75.>
THE BLACKSTONE GROUP						<u> </u>	1,824.
UAF FUND, LP - PE CLASS							70 310
SERIES							70,319.
US RESEARCH EQUITY EXTENDED							5 704
FUND, LP							5,704.
				_			
					<u>-</u>		
	_						
			_				
2 Totals. Add the amounts in columnegative amounts). Enter each tot Schedule D, line 8b (if Box D about 100 pm.)	al here and inclu ive is checked),	ide on your line 9 (if Box E					90 205
above is checked), or line 10 (if B	ox F above is ch	necked) 🕒		1		l	80,306.

Form **8827**

Department of the Treasury

Internal Revenue Service

Name

Creat for Prior Year Minimum Tax - Corporations

Attach to the corporation's tax return.
 Go to www.irs.gov/Form8827 for the latest information.

OMB No. 1545-0123

2018

Employer identification numbe

71-6056774 UNIVERSITY OF ARKANSAS FOUNDATION, INC. 1 Alternative minimum tax (AMT) for 2017. Enter the amount from line 14 of the 2017 Form 4626 8,158. 2 Minimum tax credit carryforward from 2017. Enter the amount from line 9 of the 2017 Form 8827 3 Enter any 2017 unallowed qualified electric vehicle credit (see instructions) 3 8,158. 4 Add lines 1, 2, and 3 5 Enter the corporation's 2018 regular income tax liability minus allowable tax credits (see 0. 4,079. 6 Enter the refundable minimum tax credit (see instructions) 6 4,079. 7 7 Add lines 5 and 6 8a Enter the smaller of line 4 or line 7. If the corporation had a post-1986 ownership change or has 2,982. pre-acquisition excess credits, see instructions 8a b Current year minimum tax credit. Enter the smaller of line 4 or line 5 here and on Form 1120, Schedule J, Part I, line 5d (or the applicable line of your return). If the corporation had a post-1986 ownership change or has pre-acquisition excess credits, see instructions. If you made an entry on line 6, go to line 8c. Otherwise, skip line 8c 86 0. c Subtract line 8b from line 8a. This is the current year refundable minimum tax credit. Include this 2,982. amount on Form 1120, Schedule J, Part II, line 20c (or the applicable line of your return) 8c 9 Minimum tax credit carryforward to 2019. Subtract line 8a from line 4. Keep a record of this 5,176. amount to carry forward and use in future years