CLAIM FOR REFUND

2021
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n 	المناسم المناسم					N FORM 2439
Form 990-T	∐ Exempt ໍ່∟ູ່ ໘anization Bເ			ax Return	ì,	OMB No. 1545-0047
<u> </u>	(and proxy tax ur			10	Occ	9040
1.	For calendar year 2019 or other tax year beginning JUL 1,		, and ending JUI	1 30, 2020	-	– ZU 19
Department of the Treasury Internal Revenue Service	► Go to www.irs.gov/Form990T for ► Do not enter SSN numbers on this form as it m					Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if			and see instructions.)	anon 13 a 30 1(0)(3).	D Emp	loyer identification number
address changed	Number of Signification (Shock Goz in Number	o onungoo	and dee monderance,			oloyees' trust, see uctions)
B Exempt under section	Print UNIVERSITY OF ARKANSAS FOUNDATI	ON, IN	c.			71-6056774
X 501(a(13)	or Number, street, and room or suite no. If a P.O.	box, see ır	structions.			lated business activity code instructions.)
408(e) 220(e)	Type 535 RESEARCH CENTER BLVD, NO. 1				-	
408A 530(a) 529(a);	City or town, state or province, country, and ZIF	or foreig	n postal code		5230	00
C Book value of all assets at end of year	F Group exemption number (See instructions.)				P230	
at end of year 1,430,113,	, 011. G Check organization type ► X 501(c) c		501(c) trust	401(a)	trust	Other trust
	organization's unrelated trades or businesses.	5		the only (or first) un		
trade or business here	SEE STATEMENT 1		If only one,	complete Parts I-V.	If more	e than one,
describe the first in the b	lank space at the end of the previous sentence, complete	Parts I an	d II, complete a Schedule	M for each addition	al trade	e or
business, then complete						
	the corporation a subsidiary in an affiliated group or a pa	rent-subsi	diary controlled group?		Y	es X No
	and identifying number of the parent corporation.		Telenh	one number 🕨 (479)	575-5581
	d Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale				10 70 MONTON	***	10 41
b Less returns and allow		► 1c		Line House will be	25	W. S.
2 Cost of goods sold (S	chedule A, line 7)	2		では、「は、」	1	THE PROPERTY OF
3 Gross profit Subtract	•	3		5-4-30	17.1	
· -	ne (attach Schedule D)	4a	2,907.			2,907.
	4797, Part II, line 17) (attach Form 4797)	4b			15.11 .70.20	
c Capital loss deduction		4c 5	4 954	AUG STMT 23		4,954.
5 Income (loss) from a p6 Rent income (Schedul	partnership or an S corporation (attach statement)	6		'IN MOINTE	-	4,554.
·	ed income (Schedule E)	7				
	ralties, and rents from a controlled organization (Schedule F	 			-	
9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule 6	G) 9/				
	vity income (Schedule I)	10	1			
11 Advertising income (S	ichedule J)	11				
	structions; attach schedule)	12		41 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
Part II Deduction	3 through 12 ns Not Taken Elsewhere (See instructions)	13	7,861.			7,861.
(Deductions	must be directly connected with the unrelated bus	iness inc	ome.)			
14 Compensation of offi	icers, directors, and trustees (Schedule RECEI)	<u> </u>	(1)		14	
15 Salaries and wages	XECEIN	revi	Acr		15	
16 Repairs and maintena	ance 4	7004	NO.		16	_
17 Bad debts	ance MAY 1 0	2021/			17	
·	dule) (see instructions)		SEE STATEMEN	T 3	18	271.
19 Taxes and licenses	OGDEN	1.107.	<u> </u>		19	35.
20 Depreciation (attach I		<i>[</i>	20		1. S. S.	
•	nimed on Schedule A and elsewhere on return	<i>.</i>	HECEIVEL	IN CORRES	21b	
22 Depletion23 Contributions to defe	yed compensation plans		ihs-(SC-02	22 23	
24 Employee benefit pro		٠			24	
25 Excess exempt expen	•		JUL I	3 ?02!	25	
26 Excess readership co	•				26	
27 Other deductions (att			ogden,	UTAH .	27	
1	dd lines 14 through 27		•	- 40 6	28	306.
,	axable income before net operating loss deduction. Subtra			<i>.</i>	29	7,555.
,	erating loss arising in tax years beginning on or after Janu	uary 1, 20	18			•
(see instructions)	nyahla inaama. Cuharees lees 20 francisco 00				30	7,555.
	axable income. Subtract line 30 from line 29		· · · · · · · ·		31	Form 990-T (2010)

		UNIVERSITY OF ARKANSAS DATION, INC.		71-60	56774 Page 2
		Total Unrelated Business kable Income			
32	otal	unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	Ï	A2 _	288,814.
33		nts paid for disallowed fringes		- 33	
34		able contributions (see instructions for limitation rules) STMT 6	ہر	34	0.
35		nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of lines 3	2 and 33	35.	288,814.
36		tion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		786	288,814.
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	· W	37-	
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	" \	3B	1,000:
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	0	-111	
•		he smaller of zero or line 37		39_	0.
Part		Tax Computation		-	
40		zations Taxable as Corporations. Multiply line 39 by 21% (0.21)		- 40	0.
41	_	Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 39 from:	. •	- == -	
71		ax rate schedule or Schedule D (Form 1041)	>	41	
42		tax. See instructions	6	42	
43	-	tive minimum tax (trusts only)	5	43	
44		Noncompliant Facility Income. See instructions	•	44	
45_		Add lines 42, 43, and 44 to line 40 or 41, whichever applies		45	0.
		Tax and Payments		1 10-1	· · · · · · · · · · · · · · · · · · ·
		tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a		1,	
b	-	eredits (see instructions) 46b			
c		I business credit. Attach Form 3800		7 .	
4		for prior year minimum tax (attach Form 8801 or 8827)		¬ , 1;	
e		redits. Add lines 46a through 46d		46e !	
47		ct line 46e from line 45		47	0.
48		axes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach	- schedule)		····
49		ax. Add lines 47 and 48 (see instructions)	,	49	0.
50		et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
		nts: A 2018 overpayment credited to 2019			
	-	stimated tax payments		⊣. "∦	
_		posited with Form 8868		7, 3	
		organizations: Tax paid or withheld at source (see instructions) 51d			
	_	withholding (see instructions)			
		or small employer health insurance premiums (attach Form 8941) 511 -			
		redits, adjustments, and payments: X Form 2439 7,918.		7-3	
y			L3,094		
52		ayments. Add lines 51a through 51g		52	13,094.
53	-	ed tax penalty (see instructions). Check if Form 2220 is attached	••	53	
		e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	.	54,	
		yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	OP	55-	13,094.
		ne amount of line 55 you want: Credited to 2020 estimated tax	d É	56	13,094.
Part		Statements Regarding Certain Activities and Other Information (see instructions			
		time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
		inancial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			国内
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here	>			X
58	Durina	the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign true	st?		х
	_	see instructions for other forms the organization may have to file.			11-1-1-1
	Enter t	e amount of tax-exempt interest received or accrued during the tax year 🕒 💲			
	U	nder penalties of be up, I declard that I have examined this return, including accompanying schedules and statements, and to the best of precia, and complete. Occupanting of preparer has any knowledge.	my knowl	ledge and belief, it	ls true,
Sign		medi, and complete, declaration of preparati (other than taxpayer) is based on all information of which preparati has any knowledge.	Г	May the IRS discus	e this return with
Here		x - CP4 Marc x5/3/7/ 6 CFO		the preparer shows	
		Signature of officer Date Title	,	instructions)? X	Yes No
		Print/Type preparer's name Preparer's signature Date Check		if PTIN	
Paid			employed	d ·	
Prep		W. LYNDEL LACKEY W. LYNDIA LACKEY 04/07/21		P00234	298
-	Only		's EIN 🕨	73-1	113977
~~ ~		688 EAST MILLSAP ROAD, SUITE 203			
		Firm's address FAYETTEVILLE, AR 72703 ,Phos	ie no.	479-521-91	91
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