						2 / 000		, ,, = 0 0	- '		
T.E	COO T	Exc	empt Organization B			x Return	,	OMB No	1545-0687		
Fo	⋒ <sup>;</sup> 990-T		(and proxy tax ur			190		20	10		
			r 2018 or other tax year beginning				019	20	10		
Denarto	ent of the Treasury		o to www.irs.gov/Form990T for enter SSN numbers on this form as it					Open to Public	Inspection for		
Internal	nent of the Treasury Revenue Service		'501(c)(3) Orgai mployer identific	nzations Only							
Α	Check box if address changed	mployer identific Employees' trust, istructions )	see								
	empt under section		•	40							
	501( C +O3)	or Type	2417 NORTH TYLER - LITTLE ROCK, AR 722		NE HALL			71-60595 Inrelated busine			
H	408(e) 220(d	e)   · · ·					6	See instructions	)		
$\vdash$	408A530(a	۵)						711130			
C Boo		F Groun	exemption number (See instru	uctions	; )►	-	.l	/11130			
at e	C Book value of all assets at end of year 8,921,423.										
H Fr		<del></del>	on's unrelated trades or busines			escribe the only					
	ade or business he	-		5505	<del>*************************************</del>	-	•	ne, complete	Parts I-V		
lf	more than one, de	scribe the first	in the blank space at the end of	of the	previous sentence, com	plete Parts I and	d II, co	mplete a Sc	hedule M		
			ss, then complete Parts III-V		<del></del>			<b>▶</b> □\/	TT No.		
	•	•	ration a subsidiary in an affiliate	-		ry controlled gro	up /	► ∐Yes	XNo		
			ying number of the parent corp	oratio		elephone numbe	r > / /	FO1) CCC	1761		
			STINA LITTLEJOHN Business Income		(A) Income	(B) Expens			-1761 Net		
Part			Business income		(A) IIICOIIIe	Printed at the t	Marie i		Not Martin		
	Gross receipts or s Less returns and allowa		c Balance▶	1 c				74 64 5 Min	, , , ,		
	Cost of goods sold			2	· · · · · · · · · · · · · · · · · · ·	Olla 7 / Salah					
	Gross profit Subtr			3		Contract the "T					
	Capital gain net in			4a		L. Park Me	's gray.		-		
b	Net gain (loss) (Form 4	797, Part II, line 1	7) (attach Form 4797)	4b		は中国の記念はない					
С	Capital loss deduc	tion for trusts		4c		类。在6000000000000000000000000000000000000					
5			or an S corporation	5	r		£ 4.				
6	(attach statement) Rent income (Scho			6		350000000000000000000000000000000000000	- 5.	3	<del> </del>		
	Unrelated debt-fina	•	(Schedule E)	7	<del></del>		-	+			
			om a controlled organization (Schedule F)	8	<u></u>			<del> </del>			
_		•	(9), or (17) organization (Schedule G)	9		f					
_	Exploited exempt			10				1			
	Advertising income			11	26,976.		107.		2,869.		
12	Other income (See	e instructions,	attach schedule)			THE PARTY	as a	i			
				12		Section 1514	3/4/	7			
13	Total. Combine lin			13	26,976.		107.		2,869.		
Par	Deductio	ns Not Tak	<b>en Elsewhere</b> (See instru	uction	ns for limitations or	n deductions.	) (Ex	cept for			
-14			tions must be directly cor ors, and trustees (Schedule K)	инесі	RECEIVI	lea business	14	T			
	Salaries and wage		ors, and trustees (scriedulert)				15	<del></del>			
	Repairs and maint				MAY 2 2 20	,, 181	16	+			
	Bad debts				MAY 2 2 20	020 050	17				
	Interest (attach so	hedule) (see ır	nstructions)			10/1	18	<u> </u>			
	Taxes and license				OGDEN,	บา	19				
	Charitable contribi	utions (See ins	tructions for limitation rules)				20				
	Depreciation (atta				21		- L	5	•		
22	Less depreciation	claimed on Se	hedule A and elsewhere on ret	urn	22a		221	b			
23	Depletion						23				
	Contributions to de		nsation plans				24	<del> </del>			
	Employee benefit	· /-				•	25	<del> </del>			
	Excess exempt ex						26 27	1			
	Excess readership Other deductions						28	<del>- </del>			
	Total deductions.						29	<del> </del>			
			me before net operating loss de	eductio	on Subtract line 29 from	n line 13	30	†	2,869.		
			n tax years beginning on or after Januar			1	31	逐步持有	等の音楽		
	Únrelated busines	s taxable incoi	me Subtract line 31 from line 3				32		2,869.		
= 4 4	E 5 . I 5	A at N	otice coe instructions		TEFA0201L 1/3	1/19		Form (	990-T (2018)		

			L-6059542	Page 2
-	Par	বালি Total Unrelated Business Taxable Income		
	33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	3β	2,869.
	34	Amounts paid for disallowed fringes	34	
	35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	<del>      -   -                            </del>	
		instructions) SEE STATEMENT 1	35	2,869.
	36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum		
		of lines 33 and 34	36	0.
	37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	
	38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,		
		enter the smaller of zero or line 36	38	0.
١	<b>IPar</b>	t{IM Tax Computation		
Į	·39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	39	0.
	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)	40	
	41	Proxy tax. See instructions	41)	
	42	Alternative minimum tax (trusts only)	421	
	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	0.
١	Par	Tax and Payments	<u> </u>	
$^{\prime\prime}$		Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
'	٠,	Other credits (see instructions) 45 b	<b>⊣</b>	
		General business credit Attach Form 3800 (see instructions) 45 c	7	
		Credit for prior year minimum tax (attach Form 8801 or 8827)		
		Total credits. Add lines 45a through 45d	45 e	0.
		Subtract line 45e from line 44 .	46	0.
	47	Other taxes Check if from. Form 4255 Form 8611 Form 8697 Form 8866		
		Other (attach schedule)	47	
	48	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	
	50 =	Payments: A 2017 overpayment credited to 2018		
		2018 estimated tax payments	-	
		Tax deposited with Form 8868	<b>- </b>	
		d Foreign organizations: Tax paid or withheld at source (see instructions)	<b>-       </b>	
		Backup withholding (see instructions) 50 e		
		Credit for small employer health insurance premiums (attach Form 8941)  50 f	- <b>         </b>	
		Other credits, adjustments, and payments Form 2439		
	•	□ Form 4136 □ Other □ Total ► 50 g		
	51	Total payments. Add lines 50a through 50g	51	0.
	52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	
	53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
	54.	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	
	54	Enter the amount of line 54 you want. Credited to 2019 estimated tax		
	PDo	Statements Regarding Certain Activities and Other Information (see instructions)	133	
			horsty over a	Yes No
	56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other autifinancial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCEN		Yes No
			1,0,,,,,,	V
		Report of Foreign Bank and Financial Accounts If 'Yes,' enter the name of the foreign country here		X
	57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a	a ioreign trust/	X
		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 ▶ \$ 0.	at at mu kanuladan and	
	٥.	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the belief, it if true, correct, and complete accompanying schedules and statements, and to the belief, it if true, correct, and complete accompanying schedules and statements, and to the belief, it if true, correct, and complete accompanying schedules and statements, and to the belief, it if true, correct, and complete accompanying schedules and statements, and to the belief, it if true, correct, and complete accompanying schedules and statements.	any knowledge	
	Sig	$\sim$ 1	May the IRS discuss the the preparer shown bel	is return with ow (see
	Her	Signature of officer Date Title	instructions)? X Ye	
		Print/Type preparer's name   Preparer's Septime   Date   Check   d	LOTIN L	<u>ا</u>
	Pai	d   second	'	-
	Pre	ROCKY GOODMAN, CPA ROCKY GOODMAN, CPA   7/15/1000   seff-employee		<u>/</u>
	par		32-0362145	
	Use			
	Onl	Y LITTLE ROCK, AR 72217-7347 Phone no	501 280-02	
	BAA	TEFA02021 01/24/19	Form 90	<b>90-T</b> (2018)

101111 330 1 (E010) 111(11111D110	DIMINONI ONCHEDIN	11 DOCTOT	<u> </u>	1 0000012		-9		
Schedule A — Cost of Goo	<b>ds Sold.</b> Enter method of in	ventory valuation						
1 Inventory at beginning of year	ar 1	6 Invento	ory at end of year	6	-			
2 Purchases	2		f goods sold. Subtract					
3 Cost of labor	3		rom line 5 Enter here Part I, line 2	<del>  7</del>				
4 a Additional section 263A costs (attack	' I I	and iii	· • • • • • • • • • • • • • • • • • • •					
<b>b</b> Other costs	4a 4b					1		
(attach sch)  5 Total. Add lines 1 through 4b			ty produced or acquired for organization?	or resale) apply	-	'		
Schedule C — Rent Income (F				(see instructions)	1			
1 Description of property		<u> </u>						
(1)								
(2)		•						
(3)			·					
(4)								
	2 Rent received or accrued		2(a) Dadustia	no divostili sonno				
(a) From personal prope (if the percentage of rent for property is more than 10% more than 50%)	personal (if the perbut not property	real and personal property reentage of rent for persona exceeds 50% or if the rent ed on profit or income)	the income	Enter here  2  7  Yes No  Ction 263A (with respect to or acquired for resale) apply 1?  X  If Property) (see instructions)  3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)  Fotal deductions Enter and on page 1, Part e 6, column (B)  Ions directly connected with or allocable to debt-financed property  traight line ion (attach sch)  Coss income on a selection of the column 2 x  Selection (Column 2 x  Selection (Column 6 x total of the column 6 x total of the col				
(1)				•				
(2)								
(3)	<u>-</u>							
(4)								
Total	Total							
(c) Total income. Add totals of columere and on page 1, Part I, line 6,		-	here and on page 1, Pa l, line 6, column (8)					
Schedule E - Unrelated Do	ebt-Financed Income (s	ee instructions)						
1 Description of debt	-financed property	2 Gross income from or allocable to debt-			allocab	le to		
1 Description of descr	maneed property	financed property	(a) Straight line depreciation (attach sc					
(1)								
(2)								
(3)								
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of allocable to debt-financed property (attach schedule)	d divided by column 5	7 Gross income reportable (column 2 : column 6)	x (column 6	x total	of		
(1)		96	<u> </u>					
(2)	<u> </u>	96						
(3)		8						
(4)		%						
			Enter here and on page Part I, line 7, column (/		d on pa columi	age 1, n (B)		
Totals		•	•					
Total dividends-received deduction	ns included in column 8		<u> </u>	<b>•</b>	-			
BAA		TEEA0203L 01/30/19		Form	990-T	(2018)		

Schedule F - Interest, A	nnuitie				ents Fro			Orga	anizations	(see II	nstruction	s)	
organization ident		mployer tification umber	tification inco		et unrelated ome (loss) instructions)		4 Total of specified payments made		5 Part of column that is included in the controlling organization's gross income		n c		
(1)													
(2)													
(3)													
(4)							•						
Nonexempt Controlled Organiza	itions												
7 Taxable Income 8 Net incom		et unrelated ome (loss) instructions)	(loss) paymer		nts made included ii		column 9 that is n the controlling on's gross income			connected	tions directly d with income dumn 10		
(1)			1										
(2)					,								
(3)													
(4)													
							Add columns here and on p 8, co		, Part I, line		and on p	6 and 11 Enter age 1, Part I, line lumn (B)	
Totals			••	E01		ل	(17) 0			<u> </u>			
1 Description of income	it inco	2 Amount of			3 direc	De	ductions connected schedule)		ttach schedule) set-as			I deductions and sides (column 3 us column 4)	
(1)					(atte	-	- Scriedale)				P''	33 00.0	
(1)													
(3)			-										
(4)					<u> </u>						ļ-·		
Totals Schedule I — Exploited E	•	Enter here an Part I, line 9, <b>t Activity I</b> i	colur	nn (A)	her Tha	n	Advertising	Inco	ome (see in:	structio	Part I, II	re and on page 1 ne 9, column (B)	
1 Description of exploited a	<del>-</del>	2 Gross unrelate busines income fro trade or busines	d s om r	3 Expension connection of u	ises directly ected with duction nrelated ess income	4 fro or 2	Net income (loss) om unrelated trade business (column minus column 3) f a gain, compute lumns 5 through 7	5 Gros	is income from ity that is not ated business income	6 Exp	penses utable to umn 5	7 Excess exempt expenses (column 6 minus column 5, bu not more than column 4)	
(1)						Г							
(2)													
(2)													
(4)						Γ							
		Enter here on page Part I, line column (	1, e 10,	on p Part	here and page 1, I, line 10, mn (B).		, ,		,	4	•	Enter here and on page 1, Part II, line 26	
Totals		1		ــــــــــــــــــــــــــــــــــــــ	_		' F				<del></del> -	L	
Schedule J – Advertisin						_		_					
Part I Income From Pe	riodic					•							
1 Name of periodical		<b>2</b> Gross advertisii income	ng	adve	Direct ertising osts	10	Advertising gain or loss) (col 2 minus col 3). If a gain, compute cols 5 through 7		irculation ncome		adership osts	7 Excess readership costs (col. 6 minus col. 5, but not more than col. 4)	
(1)				ļ <u> </u>		↓	-v					4	
(2)				ļ		١.	1, 1					4	
(3)		<del>. </del>				1	•					Ⅎ	
(4)		<del> </del>		ļ		╀		ļ				<del> </del>	
Totals (carry to Part II, line (5))		-											

Part II Income From Period 7 on a line-by-line basis )	lica	s Reported o	n a Separate	Basis (For each p	periodical listed in	Part II, fill in col	umns 2 through
1 Name of periodical		<b>2</b> Gross advertising income	advertising advertising (loss) (col 2 minus income costs		6 Readership costs	7 Excess readership costs (col 6 minus col. 5, but not more than col 4)	
(1) CONCERT PROGRAMS		26,976.	24,107.	2,869.			
(2)							
(3)							
(4)							
Totals from Part I	•			-	•	,	
		Enter here and on page 1, Part I, line 11, column (A)	Enter here and on page 1, Part I, line 11, column (B).				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	<b>&gt;</b>	26,976.	24,107.		F		
Schedule K - Compensatio	n of	Officers, Dire	ectors, and Tr	<b>'ustees</b> (see instr	uctions)		
1 Name				2 Title	3 Percent of time devoted to business	d to unrela	ation attributable ated business
					9	8	
	,				3	ő	
						8	
		· · · —			,	8	
Total. Enter here and on page 1, Pa	art II,	line 14		_		<b>&gt;</b>	
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2018

## **FEDERAL STATEMENTS**

PAGE 1

## ARKANSAS SYMPHONY ORCHESTRA SOCIETY

71-6059542

STATEMENT 1 FORM 990-T, PART III, LINE 35 NET OPERATING LOSS DEDUCTION

LOSS YEAR ENDING	0	RIGINAL LOSS	LOSS PREVIOUSLY USED	Υ	LOSS AVAILA	
6/30/11 6/30/12 6/30/13 6/30/14 6/30/16 6/30/17 6/30/18	\$	6,283. 6,418. 8,302. 3,752. 5,905. 6,317. 8,724.	<b>\$</b>	0. 0. 0. 0. 0.	\$ *	6,283. 6,418. 8,302. 3,752. 5,905. 6,317. 8,724.
NET OPERATING LOSS TAXABLE INCOME NET OPERATING LOSS		(LIMITED TO T	AXABLE INCOME)		\$ \$	45,701. 2,869. 2,869.