150

Form	1 990 <sup>'</sup> -1	(2018) ARKANSAS SYMPHONY ORCHESTRA SOCIETY	71-60	59542	ſ	Page 2
Par	t III	Total Unrelated Business Taxable Income				
33		of unrelated business taxable income computed from all unrelated trades or businesses (see ctions)	1 1 33		2.	869.
34	Amou	ints paid for disallowed fringes	34			
35		ction for net operating loss arising in tax years beginning before January 1, 2018 (see	1			
		ctions) SEE STATEMENT 1	35	ļ	<u>2,</u>	<u>869.</u>
36	Total	of unrelated business taxable income before specific deduction. Subtract line 35 from the sum es 33 and 34.	   36			0.
27			37	<u> </u>		
		fic deduction (Generally \$1,000, but see line 37 instructions for exceptions) .  ated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36,	3/			
-	enter	the smaller of zero or line 36	38			0.
Par	ŧ iv i	Tax Computation	7	<u>'</u>		
		nizations Taxable as Corporations. Multiply line 38 by 21% (0 21)	▶ 39			0.
40	Trust	s Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount				
	on lin	e 38 from: Tax rate schedule or Schedule D (Form 1041)	<b>►</b> 40			
41	Proxy	v tax. See instructions	<b>►</b> 4			
42	Alterr	native minimum tax (trusts only)	42			
43	Tax o	n Noncompliant Facility Income. See instructions	43			
44	Total.	Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44			0.
Par	€V	Tax and Payments	<del>-  </del>	·		
45 a	Fore	gn tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a	T			
b	Other	credits (see instructions) 45 b				
c	Gene	ral business credit. Attach Form 3800 (see instructions)				
		t for prior year minimum tax (attach Form 8801 or 8827)				
		credits. Add lines 45a through 45d	45 e			<u>    0 .                               </u>
_		act line 45e from line 44	46			0.
47		taxes Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
48	_	ther (attach schedule) tax. Add lines 46 and 47 (see instructions)	48		-	
49		net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49			0.
			73			
	•	estimated tax payments . 50 b				
		estimated tax payments . 50 b eposited with Form 8868				
		gn organizations Tax paid or withheld at source (see instructions)				
		up withholding (see instructions)	$\dashv$			
		t for small employer health insurance premiums (attach Form 8941)				
		credits, adjustments, and payments Form 2439				
	ΠF	orm 4136 Other Total ► 50 g	ı,			
51	Total	payments. Add lines 50a through 50g	51			0.
52	Estim	nated tax penalty (see instructions) Check if Form 2220 is attached	52		-	
53	Tax d	ue. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	▶ 53			
54	over <sub>l</sub>	payment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	▶ 54			
55	Enter	the amount of line 54 you want Credited to 2019 estimated tax ► Refunde	d ► 155			
Par	t VI	Statements Regarding Certain Activities and Other Information (see instructions)				
56	At an	y time during the 2018 calendar year, did the organization have an interest in or a signature or other a	authority o	ver a	Yes	No
	financ	cial account (bank, securities, or other) in a foreign country? If 'Yes,' the organization may have to file FinCl	EN Form	114,		1
	Repo	rt of Foreign Bank and Financial Accounts. If 'Yes,' enter the name of the foreign country here 🕨		- <b></b>		X
57	Durin	g the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to	o, a foreig	n trust?		Х
	If 'Ye	s,' 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	_			
	-	Under penalties of perjury. I declare that I have examined this return, including accompanying schedules and statements, and to the belief, if it true, correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has	best of my	nowledge and		
Sign	1	15/15/2020 EXECUTIVE DIRECTO	May the	e IRS discuss th	is retu	rn with
Here	е	Signature of officer Date Title	the pre	parer shown be	ſ	
				XY	:5	No
Paid	1	Print/Type preparer's name Preparer's signature Date Check	1"	TIN		
Pre-		ROCKY GOODMAN, CPA ROCKY GOODMAN, CPA self-emplo		0132079	7	
pare	er	Firm's name MCILROY KEEN GOODMAN LLP Firm's EIN	32-	0362145		
Use		Firm's address PO BOX 7347				
Only	<u>y</u>	LITTLE ROCK, AR 72217-7347 Phone no	50	1 280-02		
BAA		TEEA0202L 01/24/19		Form 99	90-T	(2018)

Schedule A — Cost of Goo	ods Sold. Enter method of in	ventory valuation		<u> </u>				
1 Inventory at beginning of ye	6 Invent	ory at	at end of year 6					
2 Purchases			sold. Subtract					
3 Cost of labor	3			ne 5 Enter here , line 2	7			
4 a Additional section 263A costs (attac	ch schedule)	and in	r art i,	, IIIIC Z	<u></u>	L	Yes	No
	_4a		rulos	of coction 263A (w	ith roca	act to	100	INO 1
b Other costs (attach sch)	8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply							
5 Total. Add lines 1 through 4	5			zation? '		, ,,,		Х
Schedule C - Rent Income (F	rom Real Property and Per	sonal Property Lease	d With	Real Property)	(see ins	tructions)		
1 Description of property								
(1)								
(2)								
(3)	<del></del>			<u> </u>				
(4)								
	2 Rent received or accrued	<u> </u>		3/a) Deduction	ne dire	ctly connec	rted wit	th
(a) From personal prop (if the percentage of rent for property is more than 10% more than 50%)	personal (if the perd but not property e	real and personal propert centage of rent for person xceeds 50% or if the rent d on profit or income)	ıai	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)		<del>`</del>						
(2)					-			
(3)								
(4)								
Total	Total		•					
(c) Total income. Add totals of col here and on page 1, Part I, line 6,				(b) Total deductions. here and on page 1, Pa I, line 6, column (B)	Enter art			
Schedule E - Unrelated D		e instructions)		,				
1 Description of debt	-financed property	2 Gross income from or allocable to debt-	3 D	eductions directly o			allocab	le to
T bescription of desc	-infanced property	financed property		(a) Straight line depreciation (attach sch)		(b) Other deductions (attach schedule)		
(1)			1					
(2)								
(3)			7					
(4)								
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property (attach schedule)	6 Column 4 divided by column 5	rep	7 Gross income ortable (column 2 column 6)	<	Allocable of (column 6 olumns 3(a)	x total	of _
(1)		%				·		
(2)		8	1					
(3)	<u> </u>	%						
(4)	<u></u>	8			$\bot$			
			Enter Part	r here and on page I, line 7, column (A	1, Ent 3) Pa	er here and rt I, line 7,	d on pa columr	ige 1, 1 (B).
Totals .			`	<u>.</u>		- <u>-</u> -		
Total dividends-received deduction	ns included in column 8 .				<b>P</b>			
BAA	π	EA0203L 01/30/19				Form	990-T (	2018)

Schedule F – Interest, A		,yull	<del>i</del>		trolled Or	_		~.9		,300		/	
1 Name of controlled organization		2 Employer identification number		3 Net unrelated income (loss) (see instructions)		4 Total of specified payments made		fied de	5 Part of colun that is include the controllir organization gross incom		in c	eductions directly connected with come in column 5	
(1)													
(2) (3) (4)													
(3)						$\perp$	<del> </del>						
							· · ·						
Nonexempt Controlled Organiza		<del> </del>							<u> </u>	_	44.5		
<b>7</b> Taxable Income	7 Taxable Income 8 Net u income (see ins		paymen		ents made		10 Part of column included in the c organization's gro		controlling		connecte	ctions directly d with income olumn 10	
(1)							_						
(2)													
(3)													
(4)													
							Add columns here and on p 8, co		, Part I, line		and on p	s 6 and 11 Enter page 1, Part I, line lumn (B)	
Totals		<u> </u>		- F04	· \ /=> //	$\perp$	42.0		· · · · · · · · · · · · · · · · · · ·	<u> </u>		<del></del> -	
Schedule G - Investmen	it Inco	me of a Se	ectio	n 501(				nıza					
1 Description of income	_	2 Amount	of inco	ome	direc	ctly	uctions connected schedule)	(а	4 Set-asides ttach schedu		set-a	al deductions and sides (column 3 us column 4)	
(1)									-				
(2)													
(3)								<u> </u>					
(4)	<del></del>	Fatau basa aa			<b></b>			L			Cata di		
Totals .	•	Enter here an Part I, line 9,	colur	nn (A) í							Part I, I	ere and on page 1, ine 9, column (B)	
Schedule I - Exploited I	Exemp	t Activity I	ncor	ne, Ot	her Tha	an A	Advertising	Inco	me (see ins	tructio	ns)		
1 Description of exploited activity		2 Gross unrelate busines income fro trade of busines	d s om r	connected with production of unrelated		from or b 2 m	from unrelated trade		5 Gross income from activity that is not unrelated business income		penses itable to imn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)		<u> </u>											
(2)													
(3)													
(4)													
		Enter here on page Part I, line column (	1, = 10,	on p Part I	here and page 1, , line 10, mn (B)							Enter here and on page 1, Part II, line 26	
Totals  Schedule J - Advertisin	a Inco	me /222 :===	w c. k			<u> </u>						<u> </u>	
					ncolida	ator	1 Pacie	_					
Part I Income From Pe	riodica	2 Gross			onsonua				I-t T	<u> </u>		126	
1 Name of periodical		advertisii	ng	adve	ertising osts	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 (col. 6 minus col. 5, but not more than col. 4)	
(1)						Γ	,						
(2)		ļ				1						.j	
(3)		<del>                                     </del>				-						- !	
(4)	<del>-</del>	<del> </del>			<del></del>	$\vdash$						<del>                                     </del>	
Totals (carry to Part II, line (5))	•	•											
RAA					E40204 I	12/21	/10		<del></del>			orm 990-T (2018)	

26,976.

Page 5

Thumbild bi	THE HOME OF CHILL	TIME DOCTEL	±		71 0000012	
Rartill Income From Periodic 7 on a line-by-line basis )	cals Reported o	n a Separate	Basis (For each p	periodical listed i	n Part II, fill in col	umns 2 through
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 (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	<b>-</b>					
	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

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)									
1 Name	2 Title	3 Percent of time devoted to business	4 Compensation attributable to unrelated business						
		′'! %							
		%							

24,107.

Total. Enter here and on page 1, Part II, line 14

Totals, Part II (lines 1-5)

TEEA0204 L 12/31/18

Form **990-T** (2018)

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 PREVIOUSI USED	Υ	LOSS AVAILABLE
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.	\$	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		· · · · · · · · · · · · · · · · · · ·	AXABLE INCOME)		\$ 45,701. \$ 2,869. \$ 2,869.