Form <b>990-T</b> "	(and proxy tax			mr 20 001	۔ ا	0045
	For calendar year 2015 or other tax year beginning JUL				<u> </u>	2015
epartment of the Treasury	Information about Form 990-T and its		· ·	•	<u> </u>	pen to Public Inspection
Check box if	Do not enter SSN numbers on this form as			zation is a 501(c)(3).	. 5	01(c)(3) Organizations C ver identification number
address changed	Name of organization ( Check box if r	iame changed	and see instructions.)			yees' trust, see
Exempt under section	Print ARKANSAS ARTS CENTE	R FOIIN	DATTON		ŀ	3-7337495
X 501(c)(3)	or Number, street, and room or suite no. If a P			<del> </del>	E Unrelat	ed business activity co
408(e) 220(e)	Type P.O. BOX 2137				(See ins	structions)
408A530(a)	City or town, state or province, country, and	ZIP or foreig	n postal code			
529(a)	LITTLE ROCK, AR 72	203			5259	990
Book value of all assets at end of year	F Group exemption number (See instructions.)	<b></b>				
	G Check organization type ► X 501(c) corp		501(c) trust	401(a) trust		Other trust
	n's primary unrelated business activity. > INVE					<del></del>
·	the corporation a subsidiary in an affiliated group or	a parent-subs	idiary controlled group?	<b>▶</b> L	Yes	X No
	and identifying number of the parent corporation.	አሮ አኮጠ	C CEMBER-		01 2	72 4000
	► LAINE HARBER, ARKANS d Trade or Business Income	AS ART	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale			(A) modile	(b) Expenses		(0) Net
<b>b</b> Less returns and allow	<del></del>	<b>▶</b> 1c		Ì		
2 Cost of goods sold (S		2	<del></del>	<del> </del>	-+	
3 Gross profit. Subtract	,	3		<del> </del>	$\neg \uparrow$	
4a Capital gain net incom		4a				
b Net gain (loss) (Form	4797, Part II, line 17) (attach Form 4797)	4b				
c Capital loss deduction	n for trusts	4c				
5 Income (loss) from page 1	artnerships and S corporations (attach statement)	5				
6 Rent income (Schedu	·	6		<u> </u>		
	ed income (Schedule E)	7	<del> </del>	<b></b>	$\leftarrow$	
	yalties, and rents from controlled organizations (Sch.	·		ļ	<u>`</u>	
	f a section 501(c)(7), (9), or (17) organization (Sched	——————————————————————————————————————	<del></del>	<del> </del>		
<ul><li>Exploited exempt active</li><li>Advertising income (S</li></ul>	vity income (Schedule I)	10		<del></del>		
• ,	structions; attach schedule) STATEMENT		-830.	<del> </del>		
3 Total. Combine lines	,	13	-830.	<del></del>		-830
	ns Not Taken Elsewhere (See instruction	ons for limita	itions on deductions.)	<del></del>		
(Except for o	contributions, deductions must be directly con	nected with	the unrelated busines	s income )		
•	icers, directors, and trustees (Schedule K)	-	JE1/100	\	14	
5 Salaries and wages		RE	the unrelated business	1	15	
6 Repairs and mainten	ance	1 -	D 1 2 5011 10	<u> </u>	16	
7 Bad debts	dula)	13 F	GOEN, UT		17	
<ul><li>8 Interest (attach schere)</li><li>9 Faxes and licenses</li></ul>	aule)	121	SEN. UI	- American I	18	
	ons (See instructions for limitation rules)	1 -	CULLING	}	19	
1 Depreciation (attach			[ 21 ]	1	-20	<del></del>
	aimed on Schedule A and elsewhere on return	_	22a		22b	
3 <b>E</b> Depletion			اب <del>المنظمة</del> المنافقة		23	
4 Contributions to defe	erred compensation plans			t	24	
5 Employee benefit pro				1	25	
Excess exempt exper				1	26	
Excess readership co					27	
Other deductions (at				ļ	28	
<i>y y</i>	Add lines 14 through 28	nahana ee = = =		ļ	29	
	axable income before net operating loss deduction. S	uptract line 29		DMDNM C	30	-830
	eduction (limited to the amount on line 30)	a 21 fram liz-	SEE STAT	EWENI. 7	31	-830
	axable income before specific deduction. Subtract lin Generally \$1,000, but see line 33 instructions for exce		JU	Ì	32	1,000
	taxable income. Subtract line 33 from line 32. If line		than line 32 enter the co	naller of zero or	- 33	1,000
line 32	macoto modine. Oubtract fine 33 from fine 32. If fine	oo io gi catel	מומוז זוווט טב, פוזופו עופ און	IGHOL OL ZOLO UI	34	-830
	erwork Reduction Act Notice, see instructions.			<del></del>		Form <b>990-T</b> (20
		51			(~L	†
			ANSAS ARTS			

Form 990-T	(2015) ARKANSAS ARTS CENTER FOUNDATION		<u>23-73</u>	33749	5		Page
Part I	Tax Computation						
35	Organizations Taxable as Corporations. See instructions for tax computation.						
	Controlled group members (sections 1561 and 1563) check here  See instructions an	ıd:					
	Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that orde						
_	(1)  \$   (2)  \$   (3)  \$	,,	1				
h	Enter organization's share of: (1) Additional 5% tax (not more than \$11,750)		_{				
U			<b></b>				
_	• • • • • • • • • • • • • • • • • • •			250	ĺ		0.
	Income tax on the amount on line 34		4.5	► 35c			<u> </u>
36	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount	on line 3	4 from:				
	Tax rate schedule or Schedule D (Form 1041)			▶ 36	<u> </u>		
37	Proxy tax. See instructions			▶ 37	<u> </u>		
38	Alternative minimum tax			38			
39	Total. Add lines 37 and 38 to line 35c or 36, whichever applies	-		39			0.
Part I	/ Tax and Payments						
40a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	40a					
	Other credits (see instructions)	40b					
	General business credit. Attach Form 3800	40c	·	7			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	40d		-	ĺ		
	Total credits. Add lines 40a through 40d	1 400 ]		40e			
	Subtract line 40e from line 39			41	<del> </del> -		0.
41		.cc [	ا میں۔۔۔۔	-	<b></b> -		· ·
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 88	100 L	Other (attach schedule				_
	Total tax. Add lines 41 and 42	1		43	<b></b>		0.
	Payments: A 2014 overpayment credited to 2015	44a	<del>_</del>	_			
	2015 estimated tax payments	44b					
С	Tax deposited with Form 8868	44c			j		
d	Foreign organizations: Tax paid or withheld at source (see instructions)	44d					
е	Backup withholding (see instructions)	44e	<del>-</del>		l		
f	Credit for small employer health insurance premiums (Attach Form 8941)	44f			!		
	Other credits and payments: Form 2439			7			
•	Form 4136 Other Total	44g					
45	Total payments. Add lines 44a through 44g			45	!		
	Estimated tax penalty (see instructions). Check if Form 2220 is attached			46			
47	Tax due. If line 45 is less than the total of lines 43 and 46, enter amount owed			► 47			0.
				48			0.
48	Overpayment. If line 45 is larger than the total of lines 43 and 46, enter amount overpaid		Defineded by				<u> </u>
	Enter the amount of line 48 you want: Credited to 2016 estimated tax  Statements Regarding Certain Activities and Other Informati	OB (see	Refunded •	<b>►   49</b>	L		
Part V					L1:	1	
	ny time during the 2015 calendar year, did the organization have an interest in or a signature or o				oank,	Yes	No
	irities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114,		f Foreign Bank and F	inancial			
Acc	ounts. If YES, enter the name of the foreign country here.  If YES, enter the name of the foreign country here.  If YES, enter the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trees, see instructions for other forms the organization may have to file.	LIGHT.					X
2 Durir If YE	ig the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign to S, see instructions for other forms the organization may have to file	ustr					X
	r the amount of tax-exempt interest received or accrued during the tax year 🟲 🕏						
Sched	ule A - Cost of Goods Sold. Enter method of inventory valuation ▶ N/I	7					
1 Inve	ntory at beginning of year 1 6 Inventory at end of ye	ar		6			
2 Pur	chases 2 7 Cost of goods sold. S	Subtract I	ine 6		·		
3 Cos	t of labor 3 from line 5. Enter here	e and in F	Part I. line 2	7			
_	tional section 263A costs (att schedule) 4a 8 Do the rules of section					Yes	No
	er costs (attach schedule)  4b property produced or	-				H-00	
		acquirou	rior resale, apply to				
5 Tota	II. Add lines 1 through 4b 5 the organization?  Under penalties of perjury, I declare that I have penalties the organization of the organization o	etatement	s and to the hest of my	knowledge a	and belief it is	s true	<u> </u>
Sign	correct, and complete Declaration of preparer bether than taxpayer) is based on all information of which prepare	rer has an	y knowledge	www.cage c			
Here	12.13.17 DIRECTO	\D			RS discuss thi		with
Here	July C. Herry	JK			er shown belo	· -	٦
	Signature of officer Date Title				ıs)? XY	es	∐No
	Print/Type preparer's name Preparer's signature Da	ate	Check	lf PT	ıN.		
Paid	MARY ELLEN IRONS MAKULENDER 0:		self- employ				
Prepa		2/08	<u>/17 </u>	1	00626		
Use C	Inly Firm's name JPMS COX, PLLC / /		Firm's EIN	<b>▶</b> 2	0-177	673	9
U36 C	11300 CANTRELL ROAD, SUITE 303						
	Firm's address ► LITTLE ROCK, AR 72212		Phone no.	501-	227-5	800	
					Form 9		

FORM 990-1	<u> </u>	OTHER INCOME		STATEMENT
DESCRIPTIO	DN			AMOUNT
ENERGY TRA	MANSFER PARTNERS LP			-830
TOTAL TO F	FORM 990-T, PAGE 1,	LINE 12		-830
<del></del>	<del></del>			
FORM 990-1	NET	OPERATING LOSS D	EDUCTION	STATEMENT
FORM 990-1	LOSS SUSTAINED	LOSS DE PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
TAX YEAR 06/30/09	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED 2,677.	LOSS REMAINING	AVAILABLE THIS YEAR
TAX YEAR 06/30/09 06/30/10	LOSS SUSTAINED 2,677. 4,490.	LOSS PREVIOUSLY APPLIED 2,677. 1,905.	LOSS REMAINING  0. 2,585.	AVAILABLE THIS YEAR 0.
TAX YEAR 06/30/09 06/30/10 06/30/11	2,677. 4,490. 9,189.	LOSS PREVIOUSLY APPLIED  2,677. 1,905. 0.	LOSS REMAINING 0. 2,585. 9,189.	AVAILABLE THIS YEAR  0. 2,585. 9,189.
TAX YEAR  06/30/09 06/30/10 06/30/11 06/30/12	2,677. 4,490. 9,189. 8,674.	LOSS PREVIOUSLY APPLIED  2,677. 1,905. 0. 0.	LOSS REMAINING 0. 2,585. 9,189. 8,674.	AVAILABLE THIS YEAR  0. 2,585. 9,189. 8,674.
06/30/09 06/30/10 06/30/11 06/30/12 06/30/13	2,677. 4,490. 9,189. 8,674. 1,802.	LOSS PREVIOUSLY APPLIED  2,677. 1,905. 0. 0. 0.	LOSS REMAINING 0. 2,585. 9,189. 8,674. 1,802.	AVAILABLE THIS YEAR  0. 2,585. 9,189. 8,674. 1,802.
TAX YEAR 06/30/09 06/30/10 06/30/11	2,677. 4,490. 9,189. 8,674.	LOSS PREVIOUSLY APPLIED  2,677. 1,905. 0. 0.	LOSS REMAINING 0. 2,585. 9,189. 8,674.	AVAILABLE THIS YEAR  0. 2,585. 9,189. 8,674.