EXTENDED TO MAY 15, 2017

Form 990-T Exempt Organization Business Income Tax Return	OMB No 1545-0687
(and proxy tax under section 6033(e))	0045
For calendar year 2015 or other tax year beginning JUL 1, 2015, and ending JUN 30, 201	<u> 16</u> 2015
Department of the Treasury Internal Revenue Service Information about Form 990-T and its instructions is available at www.irs.gov/form990t. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)	Open to Public Inspection for 501(c)(3) Organizations Only
A Check box if address changed Name of organization (Check box if name changed and see instructions.)	DEmployer identification number (Employees' trust, see instructions)
B Exempt under section Print ARKANSAS ARTS CENTER FOUNDATION	23-7337495
X 501(c)(3) or Number, street, and room or suite no. If a P.O. hox, see instructions	E Unrelated business activity codes (See instructions.)
408(e) 220(e) Type P.O. BOX 2137	(See instructions)
408A 530(a) City or town, state or province, country, and ZIP or foreign postal code LITTLE ROCK, AR 72203	525990
C Book value of all assets	
at end of year 30, 975, 587. G Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust	Other trust
H Describe the organization's primary unrelated business activity. > INVESTMENT	
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?	Yes X No
If "Yes," enter the name and identifying number of the parent corporation.	
J The books are in care of ► LAINE HARBER, ARKANSAS ARTS CENTERTelephone number ► !	
Part I Unrelated Trade or Business Income (A) Income (B) Expense	es (C) Net
Ta Gloss receipts of sales	3"
b Less returns and allowances c Balance	
2 Cost of goods sold (Schedule A, line 7) 2 Cost of goods sold (Schedule A, line 7)	
3 Gross profit. Subtract line 2 from line 1c 3	
4a Capital gain net income (attach Schedule D) 4a About gain (leas) (Farm 4707, Bort II, Iran 47) (ethab Farm 4707)	
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b	
c Capital loss deduction for trusts 5 Income (loss) from partnerships and S corporations (attach statement) 5	
6 Rent income (Schedule C)	
7 Unrelated debt-financed income (Schedule E) 7	-
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. 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)	
11 Advertising income (Schedule J)	
12 Other income (See instructions; attach schedule) STATEMENT 1 12 -830.	
13 Total. Combine lines 3 through 12 13 -830.	-830.
Part II Deductions Not Taken Fisewhere (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 Salaries and wages 16 Repairs and maintenance 17 Bad debts 18 Interest (attach schedule) 19 Faxes and licenses 20 Charitable contributions (See instructions for limitation rules)	
14 Compensation of officers, directors, and trustees (Schedule K)	14
15 Salaries and wages RECT 10	15
16 Repairs and maintenance	16
17 Bad debts Q FEB 1 0	17
17 Bad debts 18 Interest (attach schedule) 10 States and Interest (attach schedule)	18
19 Faxes and licenses	19
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
23 Depletion	23
24 Contributions to deferred compensation plans	24
25 Employee benefit programs	25
Excess exempt expenses (Schedule I)	26
Excess readership costs (Schedule J)	27
Other deductions (attach schedule)	28
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 -830.
31 Net operating loss deduction (limited to the amount on line 30) SEE STATEMENT 2	31
Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32 -830.
Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33 1,000.
Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or	-830.
line 32 523701 01-06-16 LHA For Paperwork Reduction Act Notice, see instructions.	34 -830. Form 990-T (2015)

Form 990-T	(2015) ARKANSAS AF	RTS CENTER FO	UNDATION		23-73	3749	5		Page 2
Part II	i , Tax Computation					_			
`35	Organizations Taxable as Corpora	ations. See instructions for t	ax computation.						
	Controlled group members (sectio			and:					
	Enter your share of the \$50,000, \$	•							
	(1) \$	(2) \$	(3) \$						
	Enter organization's share of: (1)								
	(2) Additional 3% tax (not more th	·	\$						
	Income tax on the amount on line	·	Ψ			35c			0.
		= :	tation. Incomo tou on the aure	ent on line Od frame		330			<u> </u>
36	Trusts Taxable at Trust Rates. Se	1	lation income tax on the amot	int on line 34 from:		امما			
		Schedule D (Form 1041)				36			
	Proxy tax. See instructions					37			
	Alternative minimum tax					38			
	Total. Add lines 37 and 38 to line 3	35c or 36, whichever applies				39			0.
	/ Tax and Payments								
40a	Foreign tax credit (corporations att	tach Form 1118; trusts attacl	n Form 1116)	40a		_			
b	Other credits (see instructions)			40b					
C	General business credit. Attach Foi	rm 3800		40c		٦ '			
d	Credit for prior year minimum tax ((attach Form 8801 or 8827)		40d		٦ '			
е	Total credits. Add lines 40a through	gh 40d				40e			
41	Subtract line 40e from line 39					41			0.
42	Other taxes. Check if from: F	form 4255 Form 8611	Form 8697 Form	8866 Other (at	tach schedule)				
	Total tax. Add lines 41 and 42			0000 00101 (2.	14077 5011044107	43			0.
	Payments: A 2014 overpayment c	credited to 2015		44a		-			
	2015 estimated tax payments	ordited to 2015		44b					
	· ·					,			
	Tax deposited with Form 8868			44c					
	Foreign organizations Tax paid or		uctions)	44d					
	Backup withholding (see instruction	•		44e		- '			
	Credit for small employer health in		orm 8941)	44f		_ '			
g	Other credits and payments:	Form 2439							
	Form 4136		Total	► 44g		_ '			
45	Total payments. Add lines 44a thre	ough 44g				45			
46	Estimated tax penalty (see instruct	tions) Check if Form 2220 is	attached ▶			46			
47	Tax due. If line 45 is less than the	total of lines 43 and 46, ente	r amount owed		>	47			0.
48	Overpayment. If line 45 is larger th	han the total of lines 43 and 4	46, enter amount overpaid		>	48			0.
49	Enter the amount of line 48 you wa	ant: Credited to 2016 estima	ited tax	Refu	nded 🕨	49			
Part V	Statements Regardi	ing Certain Activitie	es and Other Informa	ation (see instruct	ions)				
	ny time during the 2015 calendar yo					ccount (hank	Yes	No
	rities, or other) in a foreign country								
					Durin aria i iii	unolui			х
2 Durin	ounts. If YES, enter the name of the g the tax year, did the organization received, see instructions for other forms the org	ve a distribution from, or was it the	e grantor of, or transferor to, a foreig	n trust?					$\frac{1}{X}$
	s, see instructions for other forms the org r the amount of tax-exempt interes							\vdash	-23
	ule A - Cost of Goods S			/7					Ь
		T T T T T T T T T T T T T T T T T T T		/A					
	ntory at beginning of year		6 Inventory at end of	=		6			
_	hases	2	7 Cost of goods sold						
3 Cost	of labor	3	from line 5. Enter h	ere and in Part I, line	2	7	L		
4a Addii	cional section 263A costs (att_schedule)	4a	8 Do the rules of sec	tion 263A (with respe	ct to			Yes	No
b Othe	r costs (attach schedule)	4b	property produced	or acquired for resale	e) apply to				l
5 Tota	I. Add lines 1 through 4b	5	the organization?						Ĺ
	Under penalties of perjury, I declare to correct, and complete Declaration of	that I have examined this return, in	ncluding accompanying schedules a	nd statements, and to th	e best of my kr	owledge a	ınd belief, it is	true,	
Sign	correct, and complete Declaration of	preparer biller than taxpayer) is	based on an information of which pr	eparer has any knowledg		_	S discuss this		with
Here	1011 (1: 8	Ven 12.	J3·17 DIRECT	ror		-	er shown belo		
	Signature of officer	Date	Title				s)? X Ye		No
	Print/Type preparer's name	Preparer's	sinnature	Date C	heck	ıf PTI			
	Trinit 13 po proparor 3 manto	1 ' .	· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·	elf- employe	1	••		
Paid	MARY ELLEN IF	RONS XIMM	llendurg	02/08/17	on omployer		00626	271	
Prepa	TOMC	· · · · / / · _			Eirmin EIM N		0-177		
Use O		300 CANTRELL	DOND CITTURE 2	01	Firm's EIN		0-111	0/3	
		•	•		Dh	E 0 1	227 F	900	
	Filli 5 address 🕨 LTT	TTLE ROCK, AR	14414	<u>_</u> _	Phone no.	20T-	441-5	000	

523711 01-06-16

Form **990-T** (2015)

FORM' 990-T		OTHER INCOME	OTHER INCOME		
DESCRIPTIO	AMOUNT -830.				
ENERGY TRA					
TOTAL TO F	-830.				
FORM 990-T	NET	OPERATING LOSS D	EDUCTION	STATEMENT	2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR	
06/30/09 06/30/10 06/30/11 06/30/12 06/30/13 06/30/14	2,677. 4,490. 9,189. 8,674. 1,802. 353.	2,677. 1,905. 0. 0. 0.	0. 2,585. 9,189. 8,674. 1,802. 353.	2,58 9,18 8,67 1,80	
NOL CARRYO	VER AVAILABLE THIS	YEAR	22,603.	22,60	— 3.