A CONTRACTOR OF THE PARTY OF TH						29 39	3 ()	5300746
- Go						190		
* 000 T	1 6	EX	TENDED TO M	AY 1	.5, 2020	t.	Ψ,	OMP No. 1545 0507
Form 990-T	1	Exempt Orga	nization Bus	sine	ss income it	ax Return	-	OMB No 1545-0687
	Ear an	اف) lendar year 2018 or other tax ye	nd proxy tax und			NT 30 2010	,	2018
	For ca				ons and the latest informa		<u>-</u>	ZU 10
Department of the Treasury Internal Revenue Service	▶	Do not enter SSN number					5	Open to Public Inspection for 501(c)(3) Organizations Only
A X Check box if address changed		Name of organization (Check box if name	changed	and see instructions.)		Emplo (Emplo	yer identification number byees' trust, see ctions)
B Exempt under section	Print	ARKANSAS AR	TS CENTER F	OUNI	DATION		2:	3-7337495
X 501(cQ23)	or	Number, street, and roor					E Unrela	ited business activity code istructions)
408(e) 220(e)	Туре	2510 CANTRE					(366 III	sudctions)
408A530(a))	City or town, state or pro	ovince, country, and ZIP of	or foreig	n postal code			
529(a)		LITTLE ROCK	, AR 72202				525 <u>9</u>	990
C Book value of all assets at end of year		F Group exemption num		<u> </u>	<u> </u>	<u> </u>		
102,792,8		G Check organization typ		poration	501(c) trust	401(a) 1	trust	Other trust
	•	ition's unrelated trades or	businesses. 🕨	1		the only (or first) unr		
trade or business here						complete Parts I-V. If		
	•	ace at the end of the previo	us sentence, complete P	arts I an	d II, complete a Schedule	M for each additional	l trade	or
business, then complete			<u></u>				7./	. 📆
		poration a subsidiary in an tifying number of the pare:		ent-subsi	diary controlled group?	▶ ∟	Yes	s X No
		LAINE HARBER		ΔΡΠΩ	CENTER Telepho	nne number - 5(<u> </u>	372-4000
		de or Business Inc		ми	(A) Income	(B) Expenses	1	(C) Net
1a Gross receipts or sa				T	(,	دسيسد دا در سدي سد		
b Less returns and allo			c Balance	1c				
2 Cost of goods sold (A, line 7)	,	2				
3 Gross profit. Subtrac		•		3			- 1	
4 a Capital gain net inco	me (attac	ch Schedule D)		4a				
b Net gain (loss) (Forn	n 4797, F	Part II, line 17) (attach Forr	n 4797)	4b				
c Capital loss deduction	n for tru	sts		4c				
5 Income (loss) from a	a partner:	ship or an S corporation (a	ttach statement)	5	-92,244.	STMT 1		
6 Rent income (Sched	ule C)			6				
7 Unrelated debt-finan		• •		7_	-			
	-	ind rents from a controlled	=					
		on 501(c)(7), (9), or (17) o	organization (Schedule G					
10 Exploited exempt act	-	, ,		10				
11 Advertising income (12 Other income (See ii	•	·		11				
13 Total. Combine line				13	-92,244.			-92,244.
		ot Taken Elsewhe	e (See instructions f			· · · · ·	!	
		utions, deductions mus				income)		
14 Compensation of or	fficers, di	rectors, and trustees (Sch	edule K)				14	
15 Salaries and wages							15	
16 Repairs and mainte	nance		REC	CEIV	ED	ļ	16	
17 Bad debts					၂၀၀		17	
18 Interest (attach sch	edule) (s	ee instructions)	FEB	102	2020	-	18	
19 Taxes and licenses				} "	.020	-	19	
	•	e instructions for limitation				-	20	
21 Depreciation (attacl		•	OGD	EN,				
•	laimed o	n Schedule A and elsewhe	re on return		22a		22b	
23 Depletion 24 Contributions to de	forrad oo	mnancation plane				}	23	
25 Employee benefit p		mpensauun pians				}	25	
26 Excess exempt exp	· .	chedule I)					26	
27 Excess readership	•	•				Ţ	27	
28 Other deductions (a		•				Ì	26	
29 Total deductions.		·					29	0.
		ncome before net operatin	g loss deduction. Subtra	ct line 2	9 from line 13		30	-92,244.
31 Deduction for net o	perating	loss arising in tax years be	ginning on or after Janu	ary 1, 20	118 (see instructions)		31	
32 Unrelated business	taxable	ncome Subtract line 31 fr	om line 30			<u> </u>	32	-92,244.
823701 01-09-19 LHA F	or Paper	rwork Reduction Act Notic	e, see instructions.			<i>-</i> 1	١ _	Form 990-T (2018)

Form 990-1	r (2018)	ARKANSAS ARTS CENT	ER FOUNDATION				23-73	3374	195		Page
Part I	<u> </u>	otal Unrelated Business Taxat	ole Income								
33	Total	of unrelated business taxable income compute	ed from all unrelated trades or I	ousinesses (s	see instruc	tions)		3	3 -	-92,2	44.
34		nts paid for disallowed fringes		•		•		3	34		
35		ction for net operating loss arising in tax years	heginning before January 1, 2	D18 (see inst	tructions)	SI	MT 2		15	······································	0.
36		of unrelated business taxable income before s		=					<u> </u>		
30		33 and 34	peome deadedon: Cabacot into	00 11 0111 1110	55111 61			3	16 -	-92,2	44.
27		fic deduction (Generally \$1,000, but see line 3	7 instructions for exceptions\				ໍ		17	1,0	
37				ontor than lin	o 26		· 3	Υ.	' 		-
38		ated business taxable income. Subtract line the smaller of zero or line 36	or from time so, it time or is gr	Batel man im	ie 30,		2	И.		-92,2	44
Dort i		Tax Computation							<u> </u>	72,2	111
			001 040 (0.04)							······································	0.
39	-	izations Taxable as Corporations. Multiply l					,	~ <u>"</u>	19		
40		Taxable at Trust Rates. See Instructions for	•	n the amoun	it on line 3	8 from:		. .			
		Tax rate schedule or Schedule D (For	rm 1041)				ļ	<u> </u>	10		
41		tax. See instructions					J		1		
42	Altern	ative minimum tax (trusts only)	•	•					12		
43		n Noncompliant Facility Income. See instruc					•		13		
44		Add lines 41, 42, and 43 to line 39 or 40, whi	chever applies					4	14		0.
Part \	<u>/ </u>	ax and Payments						r			
45 a	Foreig	n tax credit (corporations attach Form 1118;	trusts attach Form 1116)		45a				ļ		
b	Other	credits (see instructions)			45b				İ		
C	Gener	al business credit. Attach Form 3800			45c						
d	Credit	for prior year minimum tax (attach Form 880	1 or 8827)		45d						
е	Total	credits. Add lines 45a through 45d						4	5e		
46	Subtr	act line 45e from line 44						4	16		0.
47	Other	taxes. Check if from: Form 4255	Form 8611 Form 8697	Form 8	8866	Other (attach schodul	e) 4	17		
48		tax. Add lines 46 and 47 (see instructions)				-			18		0.
49		net 965 tax liability paid from Form 965-A or i	Form 965-B. Part II. column (k)	. line 2				-	19		0.
		ents: A 2017 overpayment credited to 2018		,	50a		,				
	•	estimated tax payments	•		50b				ļ		
		eposited with Form 8868			50c						
		n organizations. Tax paid or withheld at source	e (eee instructions)	•	50d		··········		ĺ		
	-	· · · · · · · · · · · · · · · · · · ·	se (see man acaona)		50e				ł		
		p withholding (see instructions)	· · · /					\dashv			
		for small employer health insurance premiun	•		501			\dashv			
9		· · · · · · -	orm 2439								
			ther	Total 🕨	50g						
51		payments. Add lines 50a through 50g		, .	•				51		
52		ated tax penalty (see instructions). Check if Fo							52		
53		ve. If line 51 is less than the total of lines 48,				-			53		
54	Overp	ayment. If line 51 is larger than the total of li	nes 48, 49, and 52, enter amou	nt overpaid		1	· !	_	54		
55		the amount of line 54 you want. Credited to 2			•		unded	<u> </u>	55		
Part \		Statements Regarding Certain									-T
56		time during the 2018 calendar year, did the o								Yes	No
	over a	i financial account (bank, securities, or other)	ın a foreign country? If "Yes," ti	he organizati	on may ha	ve to file					ł
	FinCE	N Form 114, Report of Foreign Bank and Fina	ncial Accounts. If "Yes," enter th	e name of th	ne foreign	country					
	here	>								_	X
57	Durin	g the tax year, did the organization receive a d	listribution from, or was it the g	rantor of, or	transfero	to, a for	eign trust?				X
	If "Yes	s," see instructions for other forms the organiz	zation may have to file.								
58	Enter	the amount of tax-exempt interest received or	accrued during the tax year	- \$							
	Un	der penalties of nectury. I declare that I have examined	this return including accompanying t	schodules and s	statemente,	and to the	bast of my kno	wludgo	and bollef, it is	s truo,	
Sign	CO	oct, and complete Declaration of proper or (other than	taxpayer) is based on all information	of which propa	rer has any	Knowieago			100 0		44-
Here		Laine Honbe	12-3-2020	SECRET	'ARY				hu IRS discuss oparer shown		WILL
		Signature of officer		tle					ctions)? X	. ,	□ No
		Print/Type preparer's name	Preparer's signature	T r	Date		Check	11	PTIN	<u></u>	
ъ.,			Mechale V	I .		1	self- employ	'"			
Paid		MICHELLE MANN	MICHELLE MANN		1/14		_o vpiv)	~~	P010	64483	}
Prepa	31 61	Firm's name ► HOGANTAYLOR,	LLP			1	Firm's EIN	—		41397	
Use (nly		RELL ROAD, SUI	ብድ <u>3</u> ሀ.	1		7 1111 3 LIN	<u>-</u>			
		Firm's address ► LITTLE ROC			-		Phone no.	50	1-227-	-5800)
		LIIII 20001022 - DIIIIE KOC	IL, DIL 16616				, none no.				

~;

23-7337495

Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory va	aluation N/A					
1 Inventory at beginning of year	1			Inventory at end of year			6		
2 Purchases	2		7	Cost of goods sold. Su		ine 6			
3 Cost of labor	3			from line 5. Enter here					
4 a Additional section 263A costs			7	line 2		•	7		
(attach schedule)	4a		8	Do the rules of section	263A (with respect to		Yes	No
b Other costs (attach schedule)	4b		7	property produced or a	cquired	for resale) apply to			
5 Total Add lines 1 through 4b	5		7	the organization?	•	,			
Schedule C - Rent Income ((see instructions)	From Real	Property and	l Pers	onal Property L	ease	d With Real Prop	erty		
1. Description of property									
(1)									
(2)					-		_		
(3)									•
(4)		•					-		
	2. Rent receive	ed or accrued				·			
(a) From personal property (if the perconnection personal property is more 10% but not more than 50%)	centage of than	of rent for p	personal į	inal property (if the percentago property exceeds 50% or if id on profit or income)	је	3(a) Deductions directly columns 2(a) a	r connec nd 2(b) (cted with the income in attach schedule)	n
(1)									
(2)									
(3)	•								
(4)									
Total	0.	Total			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	(A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	<u> </u>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	instruc	ctions)					
				. Gross Income from		3. Deductions directly cor to debt-finan	nected ced prop	with or allocable perty	
Description of debt-fire	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	ns
(1)	••••								
(2)									
(3)	•								
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property a schedule)	6	. Column 4 divided by column 5	_	7. Gross income reportable (column 2 x column 6)		8. Allocable deduc (column 6 x total of cc 3(a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%				<u> </u>	
						nter here and on page 1, Part I, line 7, column (A)		Enter here and on pag Part I, line 7, column	
Totals						0			0.
Total dividends-received deductions in	cluded in column	n 8		P 1			•		0.

Add column 8 and 10 Enter here and on page 1, Part I, line 8, column (B) O . O . O . O . O . O . O . O . O . O	Schedule F - Interest,			-,	_	Controlled O				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	tructions	
(1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (8) (8) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	Name of controlled organization		identific	cation		. Net unrelated income loss) (see instructions) 4. Total paym		nents made included in the controlling		olling	connected with income	
(1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (8) (8) (8) (8) (8) (8) (9) (9) (9) (9) (10) (10) (10) (10) (10) (10) (10) (10	(1)											
Add columns & and 10 Description of income Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 601(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 601(c)(7), (9), or (17) Organization (peer instructions) Schedule G - Investment Income of a Section 601(c)(7), (9), or (17) Organization (peer instruction (peer instr												·
Nonexempt Controlled Organizations 7. Table income 8. Net retired from (loss) (see net victions) 9. Total of specified payments made 10. Part of column 8 that a recladed 11. Description of column 10 th 12. Observations (see net victions) 12. Add columns 5 and 10 Earts free and on page 1, Part I, Irre 8, column (see net victions) 13. Description of income 2 Amount of income 2 Amount of income 2 Amount of income 3. Description (see instructions) 1. Description of income 2 Amount of income 2 Amount of income 3. Description (see instructions) 4. Set-asides (coll 3 piles of 1) (coll 4 piles of 1) (coll 5 piles of 1) (coll 6 piles of 1) (coll 6 piles of 1) (coll 7 piles of 1) (coll 8 piles of 1) (coll 9 pil												
8. Net previous (core instructions) 9. Total of secondary grows an occurs of the secondary grows and occurs on occurs of the secondary grows and occurs on occurs of the secondary grows and occurs on occurs on occurs of the sec												
(1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part 1, lims 8, column (9) 1. Dissorption of Income (see instructions) 1. Dissorption of Income (see instructions) 2 Amount of Income (see instructions) 3. Deductions (state Achievable) (state	Nonexempt Controlled Organ	ızatıons										
Add column 8 and 10 Enter here and on page 1, Part I, line 8, column (B) O . O . O . O . O . O . O . O . O . O	7. Taxable Income				9. Total o		nents	10 Part of column in the controlling gross	mn 9 that ng organ s income	is included ization's	11. Dec with	fuctions directly connected income in column 10
Add column 8 and 10 Enter here and on page 1, Part I, line 8, column (B) O . O . O . O . O . O . O . O . O . O	(1)											
Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2 Amount of income 2 Amount of income 2 Amount of income 3. Description of income (it) (2) (3) (4) Enter here and on page 1, Part 1, line 8, column (A) (attach schedule) 5 Total description of income (rate of page 1, Part 1, line 9, column (A) (b) Enter here and on page 1, Part 1, line 9, column (A) (b) Concession of income 2 Amount of income 2 Amount of income 3 Description of income (rate of page 1, Part 1, line 9, column (A) (c) (d) Enter here and on page 1, Part 1, line 9, column (A) (d) Enter here and on page 1, Part 1, line 9, column (A) (d) Enter here and on page 1, Part 1, line 9, column (A) (d) Enter here and on page 1, Part 1, line 9, column (A) (d) Enter here and on page 1, Part 1, line 9, column (A) (d) (e) (1) (2) (3) (4) (5) (4) (5) (5) (6) (6) (7) (7) (8) (8) (8) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (6) (7) (7) (7) (8) (8) (8) (8) (8												
Add columns & and 10 Enter here and on page 1, Part 1, line 8, column (8) O . O	(3)											
Fortists Enter here and on page 1, Part 1, line 8, column (A) Enter here and on page 1, Part 1, line 8, column (B) O O	(4)	<u></u>	<u>-</u> .									
Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of Income 2 Amount of Income 2 Amount of Income 3. Deductions directly connected (gittach schedule) (gitt								Enter here and	on page	1, Part I, \)	Enter he	ere and on page 1, Part I, line 8, column (B)
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1. Description of Income 2 Amount of Income 3. Description of directive connected control of the con			ne of a S	Section	501(c)(7), (9), or (17) Org	anization				
(1) (2) (3) (4) Fotals O. Consider instructions 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Grass uncome directly connected financial production of unrelated uncome from trade or business income with production of unrelated uncome from trade or business income with production of unrelated uncomes from unrelated trade or business income with production of unrelated trade or business income with production of unrelated unusuress income with the production of unrelated unusuress income with unrelated unusuress income unusure activity is not unrelated trade or unusure activity is not unrelated trade or unusure activity is not unrelated trade or unusure activities and unrelated trade or unusure activities is not unrelated trade or unusure activities in not unrelated trade or unusure activities and unrelated trade or unusure activities is not unrelated trade or unusure activities in not unrelated trade or			me			2 Amount of	income	directly conne	cted			and set-asides
(2) (3) (4) Enter here and on page 1, Part 1, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelisted basiness uncome from frade or business uncome from trade or business income from trade or business in the frade	(1)				-			(attach Sched	1010)		•	(coi 3 pius coi 4)
(3) (4) Enter here and on page 1. Part I, line 9, column (A) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gress unrealised business income from trade or business 1. Description of exploited activity 2. Gress unrealised business income from trade or business income from trade or business income from trade or business income (1) (2) (3) (4) Enter here and on page 1. Part I, line 10, cot (A) line 10, cot (B) line 10, cot (B) Totals 2. Gress unrealised business income from page 1. Part I, line 10, cot (B) Interval Income From Periodicals Reported on a Consolidated Basis 7. Excess exempt expenses (column 5 but not more than column 4) Enter here and on page 1. Part I, line 10, cot (B) Income From Periodicals Reported on a Consolidated Basis 7. Excess readership costs (a) (B) (B) (B) (B) (B) (B) (B) (B) (B) (B												
Fotals Finite here and on page 1, Part I, line 6, column (A) Part I, line 10, col (A) Part I, line 10, col (B) Part I, line 10, col (A) Part I, line 10, col (A) Part I, line 10, col (B) Part I, line 10, col (A) Part I, line 10, col (B) Part I, line 10, col (A) Part I, line 10, col (B) Part I,												
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Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity unrelated business income from trade or business in	V4							•				Enter here and on page 1 Part I, line 9, column (B)
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 1. Descript	Totals				•		0.			_ ,		0.
1. Description of exploited activity under the production of the exploited activity with production of the exploited activity with production of the exploited activity the exploited activity the exploited activity the through 7 and the exploited activity the exploited activity the through 7 and the exploited activity the through 7 and the exploited activity that is not unrelated business income from activity that is not unrelated business income at the business income and the exploited activity that is not unrelated business income at the business income and the production of the exploited activity that is not unrelated business income at the business income and the production of the exploited activity that is not unrelated business income at the business income at the production of the produc	•	-	Activity	Incom	e, Other	Than Adv	ertisin/	g Income				
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising an or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Fotals (carry to Part II, line (5)) 0. Characterising Gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 Fotals (carry to Part II, line (5)) 0. Characterising Gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 Fotals (carry to Part II, line (5)) 0. 0. Characterising Gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 Fotals (carry to Part II, line (5))		unrelated	business e from	directly with pr of un	connected roduction related	from unrelated business (co minus colum gain, comput	trade or olumn 2 n 3) If a e cols 5	from activity to is not unrelated	hat ed	attribut	able to	expenses (column 6 minus column 5, but not more than
(2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising an or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Fotals (carry to Part II, line (5)) 0. Characterising Gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 Fotals (carry to Part II, line (5)) 0. Characterising Gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 Fotals (carry to Part II, line (5)) 0. 0. Characterising Gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 Fotals (carry to Part II, line (5))	(1)											
(3) (4) Enter here and on page 1, Part I, line 10, col (A) O. O. Cotals Description of page 1, Part I, line 10, col (B) O. Cotals O. O. Cotals O. O. O. Cotals O. Cotals O. O. O. O. O. O. O. O. O. O		[
Enter here and on page 1, Part I, line 10, col (A) Part II, line 26 Part I									-			
Enter here and on page 1, Part I, line 10, col (A) Totals O. O. O. Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising lincome (see instructions) 2. Gross advertising an or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) Final Part II Inter here and on page 1, Part II, line 26 O. O												
Schedule J - Advertising Income (see instructions) Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Income (see instructions) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4)		page 1,	, Part I, col (A)	page	1, Part I, I, col (B)		1					on page 1, Part II, line 26
Part I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs 3. Direct advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5))		ng Incon		nstructio			_					1 0
1. Name of periodical advertising advertising costs (column 6 minus column 7) advertising costs (column 6 minus column 7) advertising costs (column 6 minus column 4) advertising costs (column 6 minus column 6 minus c			•			solidated	Basis			,		
(2) (3) (4) Fotals (carry to Part II, line (5)) 0. 0. 0.	1. Name of periodical		advertising	adv		or (loss) (c col 3) If a g	ol 2 minus ain, compute					costs (column 6 minus column 5, but not more
(3) (4) Fotals (carry to Part II, line (5)) 0. 0. 0.												
(4) Fotals (carry to Part II, line (5)) ▶ 0. 0. 0.	(2)					_				_		
Fotals (carry to Part II, line (5)) 0. 0.	(3)					_						
	(4)					1						
				_								_
	Totals (carry to Part II, line (5))	>	(0.	0	•		<u> </u>				0 Form 990-T (201

	(
Part II	Income From Periodicals Reported on a Separate Basis	(For each periodical listed in Part II, fill in
	columns 2 through 7 on a line-by-line basis.)	

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	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)		•			1	
(4)						
Totals from Part I	0.	0.		-	•	0.
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)],	-n-		Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	0.	0.				0.

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total Enter here and on page 1, Part II, line 14		•	0.

Form 990-T (2018)

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
ANTERO MIDSTREAM - ORDINARY BUSINESS INCOME (LOSS)	-1,942.
BLACKSTONE GROUP - ORDINARY BUSINESS INCOME (LOSS)	557.
BP MIDSTREAM PARTNERS - ORDINARY BUSINESS INCOME (LOSS)	-754.
BUCKEYE PARTNERS - ORDINARY BUSINESS INCOME (LOSS)	-3,161.
DOMINION ENERGY MIDSTREAM PARTNERS - ORDINARY BUSINESS	
INCOME (LOSS)	-1,336.
ENERGY TRANSFER - ORDINARY BUSINESS INCOME (LOSS)	-18,235.
ENLINK MIDSTREAM - ORDINARY BUSINESS INCOME (LOSS)	-7,901.
ENTERPRISE PRODUCTS PARTNERS - ORDINARY BUSINESS INCOME	
(LOSS)	-10,204.
EQGP HOLDINGS - ORDINARY BUSINESS INCOME (LOSS)	-1,132.
EQM MIDSTREAM PARTNERS - ORDINARY BUSINESS INCOME (LOSS)	-2,043.
ENERGY TRANSFER PARTNERS - ORDINARY BUSINESS INCOME (LOSS)	-4,126.
GENESIS ENERGY - ORDINARY BUSINESS INCOME (LOSS)	-16,076.
MAGELLAN MIDSTREAM - ORDINARY BUSINESS INCOME (LOSS)	-2,655.
MPLX - ORDINARY BUSINESS INCOME (LOSS)	-6,375.
PHILLIPS 66 - ORDINARY BUSINESS INCOME (LOSS)	-2,535.
PLAINS ALL AMERICAN PIPELINE - ORDINARY BUSINESS INCOME	
(LOSS)	-3,055.
SHELL MIDSTREAM - ORDINARY BUSINESS INCOME (LOSS)	-3,833.
VALERO ENERGY - ORDINARY BUSINESS INCOME (LOSS)	-478.
WESTERN GAS - ORDINARY BUSINESS INCOME (LOSS)	-6,960.
TOTAL INCLUDED ON FORM 990-T, PAGE 1, LINE 5	-92,244.

FORM 990-T	NET	OPERATING LOSS I	EDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/09	2,677.	2,677.	0.	0.
06/30/10	4,490.	1,905.	2,585.	2,585.
06/30/11	9,189.	0.	9,189.	9,189.
06/30/12	8,674.	0.	8,674.	8,674.
06/30/13	1,802.	0.	1,802.	1,802.
06/30/14	353.	0.	353.	353.
06/30/16	830.	0.	830.	830.
06/30/17	8,725.	0.	8,725.	8,725.
06/30/18	4,424.	0.	4,424.	4,424.
NOL CARRYO	VER AVAILABLE THIS	YEAR	36,582.	36,582.