

Department of the Treasury

EXTENDED TO MAY 17, 2021

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Open to Public Inspection

		e 2019 calendar year, or tax year beginning JUL 1, 2019 and ending			
_					
Bc	heck if pplicab	C Name of organization	י יין	Employer identific	cation number
_	¬Addre	ss			
<u>_</u>	_ chang	/ SARKANSAS MUSEUM OF FINE ARTS FOUNDATION			
X]Name	Doing business as		23-73374	95
	Initial	Number and street (or P.O. box if mail is not delivered to street address) Room/s	uite E T	elephone number	•
	Final	2510 CANTERT TOAD		(501)372	
	termii			iross receipts \$	24,853,378.
	∏Amen	ded transpoor ap 72202			
H	_jreturr ⊐Applu		H(a)	Is this a group re	
	Applii tion pendi			for subordinates	_ =
		SAME AS C ABOVE	TH / b)	Are all subordinates in	cluded? Yes No
17	ax-ex	empt status X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527	If "No," attach a	list. (see instructions)
JV	Vebsi	te: ► N/A	// H(c)	Group exemption	n number 🕨
KF	orm o	forganization: X Corporation Trust Association Other Ly			State of legal domicile: AR
	irt I	Summary			
_	1	Briefly describe the organization's mission or most significant activities THE ARKA	NSAS	MIISRIM OF	FINE ARMS
ė	l '	FOUNDATION WAS CREATED BY THE ARKANSAS MUSEUM			
ä	ا ا				
Activities & Governance	2	Check this box If the organization discon erations or disposed of m	nore than	25% of its net ass	
Š	3	Number of voting members of the governing body (F a)	`	3	11
5	4	Number of independent voting members of the gove (Part VI, line 16)	()	4	10
ς.	5	Total number of individuals employed in calendar ye	1/a	5	0
jġ.	6	Total number of volunteers (estimate if necessary)	KS.	6	10
i ≩	7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7	7a	-62,467.
ĕ		Total unrelated business revenue from Part VIII, column (C) / 10 (E) 12 Net unrelated business taxable income from Form 990 F, line 39	7-/	7b	-62,467.
2			-	****	
ñ	۱ ـ	Contributions and grants (Part VIII, line 1h) Program service revenue (Part VIII, line 2g) Investment income (Part VIII, column (A), lines 3, 4, and 7d)		Prior Year	Current Year
ē	8	Contributions and grants (Part VIII, line 1h)	31,	031,754.	8,301,528.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-2,	439,272.	1,672,281.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 1, 2		-83,697.	<u>-99,981.</u>
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	34,	508,785.	9,873,828.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		565,380.	5,274,363.
)	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
2	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		629,532.	700,858.
Expenses	13		<u> </u>	025,552.	
Ë	тьа	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>		0.
Ř	b	Total fundraising expenses (Part IX, column (D), line Received in Corres 0.	<u> </u>	200 500	4 404 560
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24-5 - OSC 07	<u></u>	928,580.	1,101,762.
	18	Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	11,	123,492.	7,076,983.
	19	Revenue less expenses. Subtract line 18 from line 12 NOV 24 2021	23,	385,293.	2,796,845.
58			Beginnin	g of Current Year	End of Year
Net Assets	20	Total assets (Part X, line 16)	102.	792,864.	102,714,551.
Ass Ba	21	Total liabilities (Part X, line 26) Ogden, Utah		410,582.	3,203,467.
let	22	Net assets or fund balances. Subtract line 21 from line 20		382,282.	99,511,084.
E P	irt II	Signature Block	1 100,	302,202.	33,311,004.
		ilties of perjury, I declare that I have examined this return, including accompanying schedules and state		=	knowledge and belief, it is
true,	corre	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has ar	ıy knowledge.	
			, ,		
Sigr	1	Signature of officer	11	Date	
Here		VICTORIA RAMIREZ, SECRETARY		4.2	2.21
		Type or print name and title		<u> </u>	•
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN
Do:4		L		0.404	
Paid		MICHELLE MANN MICHELLE MANN	U4/1	9/21 self-employe	
Prep		Firm's name HOGANTAYLOR, LLP		Firm's EIN 🕨	73-1413977
Use	Only	Firm's address 11300 CANTRELL ROAD, SUITE 301		1	
		LITTLE ROCK, AR 72212		Phone no. 5 0	1-227-5800
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

SE

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

LHA For Paperwork Reduction Act Notice, see the separate instructions

Form **990** (2019)

	1990 (2019) ARKANSAS MUSEUM OF FINE ARTS FOUNDATION 23-7337495 Page 2 Till Statement of Program Service Accomplishments
Pa	
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission THE ARKANSAS MUSEUM OF FINE ARTS FOUNDATION WAS CREATED BY THE
	ARKANSAS MUSEUM OF FINE ARTS IN 1972 TO MANAGE AND ADMINISTER AN
	ENDOWMENT FUND FOR THE BENEFIT OF THE MUSEUM AND TO HOLD LEGAL TITLE
	TO THE COLLECTION OF ART OBJECTS.
2	Did the organization undertake any significant program services during the year which were not listed on the
2	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
3	If "Yes," describe these changes on Schedule O
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses
•	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported
4a	(Code) (Expenses \$ 7,076,983. including grants of \$ 5,274,363.) (Revenue \$)
74	THE ARKANSAS MUSEUM OF FINE ARTS FOUNDATION'S MISSION IS TO SUPPORT THE
	OPERATION OF AND TO PROVIDE A STABLE SOURCE OF INCOME TO THE ARKANSAS
	MUSEUM OF FINE ARTS.
4b	(Code) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code) (Expenses \$) (Revenue \$)
4.1	Other and the second of the se
4d	Other program services (Describe on Schedule O)
4-	(Expenses \$ including grants of \$) (Revenue \$) Total program service expenses ▶ 7,076,983.
4e	Total program service expenses ► 7,076,983. Form 990 (2019)
	Form 950 (2019)

Yes No

Form 990 (2019) ARKANSAS MUSEUM OF FINE ARTS FOUNDATION
Part IV Checklist of Required Schedules

1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			l
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		٠,
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	_	v	
_	Schedule D, Part III	8	X	-
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	- 11	
••	as applicable			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		х
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		••	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		v	
	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b		x
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			_v
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? // "Yes,"	40		х
202	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes " complete Schedule I, Parts I and II	21	Х	

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K If "No," go to line 25a	24a		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		<u>X</u>
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			7.7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If		v	
	"Yes," complete Schedule L, Part IV	28a	X	v
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If		v	
00	"Yes," complete Schedule L, Part IV	28c	X	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	_	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation		х	
31	contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	30 31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31	-	
32	· •	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
•	sections 301.7701-2 and 301 7701-3? If "Yes," complete Schedule R. Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	- 		
_	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Note: See the instructions for additional information the organization must report on Schedule O.

b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans

c Enter the amount of reserves on hand

14a Did the organization receive any payments for indoor tanning services during the tax year?

b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O

15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N

Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

14a

14b

15

16

Х

X

13b

13c

Form 990 (2019) ARKANSAS MUSEUM OF FINE ARTS FOUNDATION 23-/33/495 Pag
Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions

	Check if Schedule O contains a response or note to any line in this Part VI					X							
Sec	tion A. Governing Body and Management												
					Yes	No							
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	1									
	If there are material differences in voting rights among members of the governing body, or if the governing												
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			-									
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	0	 .								
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other	- 7:		.							
	officer, director, trustee, or key employee?		•	2	X								
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision										
	of officers, directors, trustees, or key employees to a management company or other person?		•	3		x							
4	Did the organization make any significant changes to its governing documents since the prior Form 95	90 was	filed?	4		Х							
5	Did the organization become aware during the year of a significant diversion of the organization's asset			5		х							
6													
7a	Did the organization have members, stockholders, or other persons who had the power to elect or app	noint c	ne or	6_	1	Х							
	more members of the governing body?												
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, sto	nckhol	ders or	7a	1	X							
	persons other than the governing body?	00111101	acis, oi	_{7b}		x							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r hv tha	following:	1.5	+	 							
		טא נווכ	ionowing.	8a	<u> </u>	├ ──							
a	The governing body? Each committee with authority to act on behalf of the governing body?			8b	X	 							
b		had at	tha	1 85	 ^	 							
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be read	ileu ai	uie	9		x							
Sec	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		01-1		.1	1 22							
000	tion B. Policies (This Section B requests information about policies not required by the Internal Rev	enue !	Loae.)		Yes	No							
10a	Did the organization have local chapters, branches, or affiliates?			10a	1	X							
	If "Yes," did the organization have written policies and procedures governing the activities of such characters.	antare	affiliates	100	+	 							
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	артего,	annates,	106									
11a		before	e filing the form?	11a	1	х							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990	Delete	o ming the form.	1,14	 -	 							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	to conf	licts?	12b	1	 							
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y			120	+	 							
·	in Schedule O how this was done	es, ae	scribe	120	x								
13	Did the organization have a written whistleblower policy?			13	x	t							
14	Did the organization have a written document retention and destruction policy?			14	X								
15	Did the process for determining compensation of the following persons include a review and approval	by inc	lenendent	 ''-	 	7" -							
15	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	by inc	ependent		1	ľ							
_	The organization's CEO, Executive Director, or top management official			15a	-	X							
a	Other officers or key employees of the organization			15a	1	X							
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			130	+	† -*							
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangem	ent w	tha	[:		1							
104	taxable entity during the year?	ICIIL WI	шта	16a	X								
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate	a ita na	urticipation	100	· **	1.							
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of evaluation to evaluate requiring the organization of the organization of the organization organizatio		•	ŀ		ľ							
		Zation	3	16b	-	X							
Sec	exempt status with respect to such arrangements? tion C. Disclosure			1 100	1	1 41							
17	List the states with which a copy of this Form 990 is required to be filed AR												
	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, an	4 000	T (Section 501/c)	3\c only) avada	blo							
18	for public inspection. Indicate how you made these available. Check all that apply	G 550.	- (Oecuon 301(c)(oja orily	, availe	NIG.							
		0:	h = -44 = -0 \										
10	, , , , , , , , , , , , , , , , , , ,		,	nd fine-	o o l								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, constant available to the public during the tax year.	mict O	ппетезтропсу, а	na iinar	icial								
00	statements available to the public during the tax year	ko ca 4	rocardo										
20	State the name, address, and telephone number of the person who possesses the organization's boo LAINE HARBER, ARKANSAS MUSEUM OF FINE ARTS FOUNDATI			<u>- 4 n n</u>	0								
	P.O. BOX 2137 LITTLE BOCK AR 72203	214	301-312										

Form 990 (2019)) ARKANSAS	MUSEUM	OF I	FINE	ARTS	FOUNDATION	23-7337495	Page 7
Part VIII Co	repensation of Officers.	Directors, Tr	ustee	es. Kev	Emplo	vees. Highest C	ompensated	

Employees, and Independent Contractors

Check	f Schedu	ile O cor	ntains	a resp	onse or n	ote to any l	line in this	s Part VII			
 		_							 	_	

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above

Check this box if neither the organization in	or any related	orga	nıza	tion	con	npen	sate	ed any current officer, d	rector, or trustee	
(A)	(B)		(C)					(D)	(E)	(F)
Name and title	Average	(do	not c	Pos	more	than o	one	Reportable	Reportable	Estimated
	hours per	box	, unles cer an	ss per dad	son :	s both	nan tee)	compensation	compensation	amount of
	Week	_	1			T	<u> </u>	from the	from related	other
	(list any hours for	arect.				_		organization	organizations (W-2/1099-MISC)	compensation from the
	related	90	stee			nsate		(W-2/1099-MISC)	(** 27 1000 141100)	organization
	organizations	ndividual trustee or director	Institutional trustee		yee	educ		,,		and related
	below	dual	tution	e	Key employee	est co	ē			organizations
	line)	ģ	lnsti	Officer	Key	Highest compensated employee	Former			
(1) WARREN STEPHENS	0.30	Į								
CHAIRMAN	ļ	Х		X			L.	0.	0.	0.
(2) GEORGE O'CONNOR	0.30]					l			
TREASURER		Х	L.,	X			_	0.	0.	0.
(3) JAMES DYKE	0.30								_	
DIRECTOR		X			_		_	0.	0.	0.
(4) BEN HUSSMAN	0.30	1							_	_
VICE - CHAIRMAN		X		X	_		_	0.	0.	0.
(5) CLAIBORNE DEMING	0.30									_
DIRECTOR	<u> </u>	X			_		_	0.	0.	0.
(6) ROBERT TUCKER	0.30									
IMMEDIATE PAST CHAIRMAN	ļ	Х		X		_	_	0.	0.	0.
(7) JOHN ED ANTHONY	0.30									_
DIRECTOR	<u> </u>	X					<u> </u>	0.	0.	0.
(8) MERRITT DYKE	0.30	l						1		
DIRECTOR	2.00	X					_	0.	0.	0.
(9) TERRI ERWIN	0.30									•
DIRECTOR	0 20	X			_		<u> </u>	0.	0.	0.
(10) MIKE MAYTON	0.30	,,					!			0
DIRECTOR	0 30	Х	\vdash		_	<u> </u>	├	0.	0.	0.
(11) VICTORIA RAMIREZ	40.00	.,		х				0.	260 000	•
SECRETARY	40.00	Х		^		-	⊢	<u> </u>	260,000.	0.
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Form 990 (2019)

		,	Check if Schedule O	cont	ains a respons	e or note to any lin	e in this Part VIII			
						•	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
		_								sections 512 - 514
at a	1	а	Federated campaigns		1a					!
ira Our		b	Membership dues		1b					
S, G		C	Fundraising events		1c					į
art.		d	Related organizations		1d					1
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contr	ibuti	ons) 1e					
ion		f	All other contributions, gifts,	gran	ts, and					
but			similar amounts not included	abo	ve 1f	8,301,528.				
ĮĘ.		g	Noncash contributions included in	lines	1a-1f 1g\$					
Con		h	Total. Add lines 1a-1f			>	8,301,528.			
						Business Code				
ą.	2	а								
Ş		b								
Program Service Revenue		С								
am eye		d								
Be		e								
Pr		f	All other program service	reve	nue	-				
			Total. Add lines 2a-2f							-
	3		Investment income (include	lina	dividends, inte	erest, and				
			other similar amounts)	3		•	1,251,320.			1,251,320.
	4		Income from investment of	of tax	k-exempt bond	proceeds				
	5		Royalties			•				
			,		(i) Real	(ii) Personal		—	-	1
	6	а	Gross rents	6a					1	
Other Revenue		b	Less rental expenses	6b		1				
			Rental income or (loss)	6c	1		1			
			Net rental income or (loss	_	•	•				
	7		Gross amount from sales of	\Box	(i) Securities	(ii) Other			<u> </u>	
	ľ	_	assets other than inventory	 7a	15,400,51		1			
		h	Less cost or other basis	٣	 		1			
		_	and sales expenses	7b	14,979,55	o.				
		c	Gain or (loss)	7c	420,96		1			
ě			Net gain or (loss)		1	<u> </u>	420,961.		37,816.	383,145.
er	R		Gross income from fundraisi	na ev	ents (not	T	,			, , , , , , , , , , , , , , , , , , ,
£	Ū	_	including \$		of					
Ŭ			contributions reported on	line						
			Part IV, line 18		· · · · · · · · · · · · · · · · · · ·	Ba				
		h	Less direct expenses			Bb	1			
			Net income or (loss) from	fund	_					
1	9		Gross income from gamin		· · -	1				
	_	_	Part IV, line 19	J		ea				
		h	Less direct expenses			9b	1			1
			Net income or (loss) from	aam	_	<u> </u>				
	10		Gross sales of inventory, I							
		_	and allowances			0a				1
		h	Less cost of goods sold			0Ь				
			Net income or (loss) from	sale	_	<u> </u>		<u>-</u>		· · · · · · · · · · · · · · · · · · ·
\dashv			pood nom			Business Code			<u> </u>	,
S	11	a	CASH SURRENDER VALUE	E LI	FE INSURAN		5,558.			5,558.
Miscellaneous Revenue	• •		PASSTHROUGH INCOME			211110	-105,539.		-100,283.	-5,256.
že ja		c				· · · · · · · · · · · · · · · · · · ·	,		 	,=:
<u> </u>			All other revenue			·				
Σ			Total. Add lines 11a-11d			•	-99,981.			
—	12		Total revenue. See instruction	ากร			9,873,828.	0.	-62,467.	1,634,767.
			TOTAL TOTAL GOOD IN STRUCTURE	,,,,,	<u> </u>		,,			Farm 990 (2010)

Seci	ion 30 (c)(3) and 30 (c)(4) organizations must comp			ipiete colariir (Py	
	Check if Schedule O contains a respon	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII	Total expenses	Program service expenses	Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		0.,50000	gonoral orponess	
-	and domestic governments. See Part IV, line 21	5,274,363.	5,274,363.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22			1	-
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	1			
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	700,858.	700,858.		
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees)				
а	Management	1 005	1 005		
b	Legal	1,925.	1,925.		
C	Accounting	63,100.	63,100.		
d	, 3		-		
e	Professional fundraising services. See Part IV, line 17	217,657.	217,657.	····································	
f	Investment management fees	217,657.	217,657.		
g	, ,	87,168.	87,168.		
40	column (A) amount, list line 11g expenses on Sch O.)	07,100.	07,100.		
12	Advertising and promotion Office expenses				
13 14	Information technology				
15	Royalties		-		
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates		· ———		
22	Depreciation, depletion, and amortization				
23	Insurance	48,813.	48,813.		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				•
	amount, list line 24e expenses on Schedule O.)		650 000		
а	NEW BUILDING EXPENSE	670,328.	670,328.		
b	AGENCY FEES	10,000.	10,000.		
c	SHIPPING	2,185.	2,185.		
d	BANK CHARGES	400.	400.		
	All other expenses	186.	186.		
<u>25</u>	Total functional expenses. Add lines 1 through 24e	7,076,983.	7,076,983.	0.	0.
26	Joint costs. Complete this line only if the organization	1			
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation. Check here following SOP 98-2 (ASC 958-720)				
	# 10 illowing 50% 98-2 (A5C 936-720)			l l	

					(A) Beginning of year		(B) End of year
					5,035,589.	-	5,188,978.
	1	Cash - non-interest-bearing		•	12,673,281.	1	20,699,241
l	2	Savings and temporary cash investments			12,013,201.	2	20,033,241
	3	Pledges and grants receivable, net			20 220 002	3	24 654 757
	4	Accounts receivable, net	_		38,320,083.	4	24,654,757
	5	Loans and other receivables from any current or			'	1	
		trustee, key employee, creator or founder, substa					
1		controlled entity or family member of any of thes	•	•		5	
	6	Loans and other receivables from other disqualif	•	•	·		
		under section 4958(f)(1)), and persons described	I in section	n 4958(c)(3)(B)		6	
<u>پ</u>	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use		8	<u> </u>		
۲	9	Prepaid expenses and deferred charges			0.	9	61,381
	10a	Land, buildings, and equipment cost or other					
ı		basis Complete Part VI of Schedule D	10a				
	b	Less accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities		45 052 400	11	F1 210 001	
	12	Investments - other securities. See Part IV, line 1	45,953,499.	12	51,310,001		
	13	Investments - program-related. See Part IV, line 1			13		
	14	Intangible assets	010 410	14	000 100		
	15	Other assets See Part IV, line 11	810,412.	15	800,193		
	16	Total assets. Add lines 1 through 15 (must equa	102,792,864.	16	102,714,551		
	17	Accounts payable and accrued expenses	2,410,582.	17	2,677,049		
	18	Grants payable		18			
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
S	22	Loans and other payables to any current or form			 * .	{	,
Liabilities		trustee, key employee, creator or founder, subst			' 	<u> </u>	<u> </u>
<u>ia</u>		controlled entity or family member of any of thes				22	
-	23	Secured mortgages and notes payable to unrela				23	
	24	Unsecured notes and loans payable to unrelated	•			24	
	25	Other liabilities (including federal income tax, pay	•				
		parties, and other liabilities not included on lines	: 17-24) C	omplete Part X		l	E2C 410
		of Schedule D			0.	1	526,418
	26	Total liabilities. Add lines 17 through 25		<u>. छि</u>	2,410,582.	26	3,203,467
ر پر		Organizations that follow FASB ASC 958, che-	ck here	► X		ľ,	,
Net Assets or Fund Balances		and complete lines 27, 28, 32, and 33.			14 720 000	<u>'</u>	10 076 000
틸	27	Net assets without donor restrictions	14,728,990.	27	10,976,888		
<u> </u>	28	Net assets with donor restrictions			85,653,292.	28	88,534,196
š		Organizations that do not follow FASB ASC 99	58, check	here ►	•	ļ,	1
<u> </u>		and complete lines 29 through 33.				<u> </u>	<u> </u>
ر ا و	29	Capital stock or trust principal, or current funds				29	
gg	30	Paid-in or capital surplus, or land, building, or eq				30	
ا کے	31	Retained earnings, endowment, accumulated in	come, or	other funds	100 200 000	31	00 511 001
Š	32	Total net assets or fund balances			100,382,282.	7	99,511,084
- 1	33	Total liabilities and net assets/fund balances			102,792,864.	33	102,714,551

	990 (2019) ARKANSAS MUSEUM OF FINE ARTS FOUNDATION	23	<u>-733749</u>	5 r	age 12
Pa	TXI Reconciliation of Net Assets				X
	Check if Schedule O contains a response or note to any line in this Part XI	Γ I	·		11
_	Tabel reviews (reviet arrive Death //III ask rem (A) line 10)		9.8	73	828.
1 2	Total revenue (must equal Part VIII, column (A), line 12) Total expenses (must equal Part IX, column (A), line 25)	2			983.
3	Revenue less expenses Subtract line 2 from line 1	3			845.
ა 4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	100,3	82	282
5	Net unrealized gains (losses) on investments	5	-3,7		
6	Donated services and use of facilities	6	<u> </u>	••	
7	Investment expenses	7			-
, 8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		98.	157.
0	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,	٣		/	
•	column (B))	10	99,5	11.	084.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Ye	s No
1	Accounting method used to prepare the Form 990				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2	a la	_ X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	ьХ	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis			
	consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis			_	_
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		_ 2	c X	:
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule (>	_	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	dıt			
	Act and OMB Circular A-133?		3	la	X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	dit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			b	
			Fo	_{rm} 99	0 (2019

932012 01-20-20

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Total

Name of the organization

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public

Inspection

Employer identification number

ARKANSAS MUSEUM OF FINE ARTS FOUNDATION

23-7337495 Reason for Public Charity Status (All organizations must complete this part) See instructions Part I The organization is not a private foundation because it is (For lines 1 through 12, check only one box) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i), 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 | section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g J Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. ___ Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV. Sections A and D. and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization f Enter the number of supported organizations g Provide the following information about the supported organization(s). (iv) Is the organization tisted (i) Name of supported (III) Type of organization (v) Amount of monetary (vi) Amount of other in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2019 ARKANSAS MUSEUM OF FINE ARTS FOUNDATION 23-7337495 Page 2 Part II | Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	1853380.	5309844.	49642832.	37031754.	8301528.	102139338
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to					•	
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	1853380.	5309844.	49642832.	37031754.	8301528.	102139338
5	The portion of total contributions				-		
	by each person (other than a		1	T.	[9	
	governmental unit or publicly	:			'	,	
	supported organization) included						
	on line 1 that exceeds 2% of the				. '		
	amount shown on line 11,	ι	:			ŧ	
	column (f)	k	ı	_			53075218.
	Public support. Subtract line 5 from line 4					, .	49064120.
Sec	tion B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	1853380.	5309844.	49642832.	<u>37031754.</u>	8301528.	102139338
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	989,528.	723,861.	900,203.	1580121.	1245742.	5439455.
.9	Net income from unrelated business			1			
	activities, whether or not the						
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)	5,039.	848,695.	5,341.	5,475.		870,108.
	Total support. Add lines 7 through 10		<u>. </u>	l	· -	<u> </u>	108448901
12	Gross receipts from related activities,	etc. (see instruction	ns)			12	· · · · · · · · · · · · · · · · · · ·
13	First five years. If the Form 990 is for	_	first, second, thir	d, fourth, or fifth ta	ix year as a section	501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publi	o here c Support Per	centage				
14	Public support percentage for 2019 (li	ıne 6, column (f) dı	vided by line 11, c	olumn (f))		14	45.24 %
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	41.60 %
16a	33 1/3% support test - 2019. If the c	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies	as a publicly suppo	orted organization				ightharpoons X
b	33 1/3% support test - 2018. If the c	organization did no	t check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	upported organiza	ation			▶□
17a	10% -facts-and-circumstances test	- 2019. If the org	anization did not d	check a box on line	e 13, 16a, or 16b, a	ind line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	es" test, check th	is box and stop h	nere. Explain in Pai	rt VI how the organ	nization
	meets the "facts-and-circumstances"	test The organizat	ion qualifies as a į	oublicly supported	organization		ightharpoons
b	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	check a box on line	3 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circur	nstances" test, ch	eck this box and	stop here. Explain	in Part VI how the	e
	organization meets the "facts-and-circ	cumstances" test	The organization q	ualifies as a public	ly supported organ	nization	ightharpoons
18	Private foundation. If the organization	n did not check a l	oox on line 13, 16	a, 16b, 17a, or 17b	, check this box ar	nd see instructions	<u>▶</u>
					Sche	dule A (Form 990	or 990-EZ) 2019

I Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants") 2 Gross receipts from admissions, formed, or feelities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues leved for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 6 Total, add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 1, 2, and 3 received in a received lines and include grain in lines 2, and 4 received in the second lines 4 received 1, and 4 rece	Section A. Public Support	below, please comp					
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more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization	1 Net income from unrelated business activities not included in line 10b; whether or not the business is regularly carried on 2 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI) 3 Total support. (Add lines 9, 10c, 11, and 12) 4 First five years. If the Form 990 is fined this box and stop here ection C. Computation of Pub 5 Public support percentage for 2019 6 Public support percentage from 2019 6 Public support percentage from 2019 7 Investment income percentage from 2019 8 Investment income percentage from 2019 8 Investment income percentage from 2019 9 Investment income percentage from 2019	for the organization's Ilic Support Pere (line 8, column (f), di 8 Schedule A, Part I estment Income 2019 (line 10c, column 2018 Schedule A, F	centage Ivided by line 13, o III, line 15 Percentage Inn (f), divided by line Part III, line 17	column (f)) ne 13, column (f))		15 16 17 18	
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Schedule A (Form 990 or 990 EZ) 2019 ARKANSAS MUSEUM OF FINE ARTS FOUNDATION 23-7337495 Page 4

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V)

Section A. All Supporting Organiz	izations
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- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
 Did the organization have any supported organization that does not have an IRS determination of status.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? [f "Yes," answer (b) and (c) below (if applicable) Also, provide detail in Part VI. including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?

 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
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Pa	rt IV Supporting Organizations (continued)		Т	T
	Line the assessmentian assessment as sufficient and with the form and of the fall assessment as a second of the fall as a second	<u> </u>	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
a	below, the governing body of a supported organization?	11a	·	
h	A family member of a person described in (a) above?	11b	1	╁
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		┢
	etion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		1.00	<u> </u>
-	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the		1	
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	1],
	controlled the organization's activities. If the organization had more than one supported organization,	ŀ		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		r	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	5	1],
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	l	<u> </u>	
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	'		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	:		
	or management of the supporting organization was vested in the same persons that controlled or managed		.	
	the supported organization(s).	1		<u> </u>
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		ŀ	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_1_		₩
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	1		İ
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s)	2	-	├
3	By reason of the relationship described in (2), did the organization's supported organizations have a	ľ		
	significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	İ		ľ
		3		
Sec	supported organizations played in this regard. tion E. Type III Functionally Integrated Supporting Organizations			Ь
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	ıc)		
· a	The organization satisfied the Activities Test. Complete line 2 below	,.		
b	The organization is the parent of each of its supported organizations Complete line 3 below	•		
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see in	structions	.)	
2	Activities Test Answer (a) and (b) below.	.5	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			-
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			1
	those supported organizations and explain how these activities directly furthered their exempt purposes,	ļí	1	l.
	how the organization was responsive to those supported organizations, and how the organization determined			<u> </u>
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the].		
	reasons for the organization's position that its supported organization(s) would have engaged in these	<u> </u>		
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.	(
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	ĺ		
	trustees of each of the supported organizations? Provide details in Part VI.	За		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Vos." describe in Part VI the role played by the organization in this regard	36	1	ı

_	edule A (Form 990 or 990-EZ) 2019 ARKANSAS MUSEUM OF FINE			23-7337495 Page 6
	Type III Non-Functionally Integrated 509(a)(3) Supporting			- D. 11/1\ D. 1
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. Al
Sect	other Type III non-functionally integrated supporting organizations must co	ompiete S	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2	·	
3	Other gross income (see instructions)	3	-	
4	Add lines 1 through 3	4		
5_	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		<u> </u>
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		· -	-
	instructions for short tax year or assets held for part of year)			
а	Average monthly value of securities	1a		
ь	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other	-		T: 1
	factors (explain in detail in Part VI)	_		
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		1.
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	* * * * * * * * * * * * * * * * * * * *	
4	Enter greater of line 2 or line 3.	4	p +	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6	4	
7	Check here if the current year is the organization's first as a non-functional	lly integra	ted Type III supporting or	ganization (see
	instructions)			-

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 ARKANSAS MUSEUM OF FINE ARTS FOUNDATION 23-7337495 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations Amounts paid to acquire exempt-use assets 4 Qualified set-aside amounts (prior IRS approval required) Other distributions (describe in Part VI) See instructions Total annual distributions. Add lines 1 through 6 7 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions Distributable amount for 2019 from Section C, line 6 Line 8 amount divided by line 9 amount (i) (ii) (iii) **Underdistributions** Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 Distributable amount for 2019 from Section C, line 6 Underdistributions, if any, for years prior to 2019 (reasonable cause required- explain in Part VI) See instructions Excess distributions carryover, if any, to 2019 a From 2014 **b** From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount i Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f Distributions for 2019 from Section D, line 7 a Applied to underdistributions of prior years **b** Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4 Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2 For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI See instructions Excess distributions carryover to 2020. Add lines 3) and 4c Breakdown of line 7 a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c, Part IV, Section B, lines 1 and 2, Part IV, Section C, line 1, Part IV, Section D, lines 2 and 3, Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b, Part V, line 1, Part V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions)
•	
	
- -	
-	
-	

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Name of the organization

ARKANSAS MUSEUM OF FINE ARTS FOUNDATION

Employer identification number 23-7337495

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Accounts. Complete if the
	organization answered Tes Off Offices, Tarriy, line	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	riting that the assets held in donor advise	d funds
	are the organization's property, subject to the organization's ex		Yes No
6	Did the organization inform all grantees, donors, and donor ad	_	sed only
-	for charitable purposes and not for the benefit of the donor or		•
	impermissible private benefit?	,, --	Yes No
Pai		anization answered "Yes" on Form 990, P	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recreate	on or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifie	ed conservation contribution in the form o	f a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
c	Number of conservation easements on a certified historic structure	cture included in (a)	2c
	Number of conservation easements included in (c) acquired af	` '	
	listed in the National Register	,	2d
3	Number of conservation easements modified, transferred, release	ased, extinguished, or terminated by the o	organization during the tax
	year▶		
4	Number of states where property subject to conservation ease	ement is located >	
5	Does the organization have a written policy regarding the period		
	violations, and enforcement of the conservation easements it h	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h		rvation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation	on easements during the year
	▶ \$	3	
8	Does each conservation easement reported on line 2(d) above	satisfy the requirements of section 1700)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	n easements in its revenue and expense s	
	balance sheet, and include, if applicable, the text of the footnot	·	
	organization's accounting for conservation easements	to the organization o linariolal otatomor	no that accombos the
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or Oth	er Similar Assets.
	Complete if the organization answered "Yes" on Form 9		
1a	If the organization elected, as permitted under FASB ASC 958	, not to report in its revenue statement an	d balance sheet works
	of art, historical treasures, or other similar assets held for publi	ic exhibition, education, or research in fur	therance of public
	service, provide in Part XIII the text of the footnote to its finance	cial statements that describes these items	•
ь	If the organization elected, as permitted under FASB ASC 958		
_	art, historical treasures, or other similar assets held for public e	•	
	provide the following amounts relating to these items	, , , , , , , , , , , , , , , , , , , ,	,
	(i) Revenue included on Form 990, Part VIII, line 1		▶ \$
	(ii) Assets included in Form 990, Part X		► \$ ► \$
2	If the organization received or held works of art, historical treas	sures or other similar assets for financial	
_	the following amounts required to be reported under FASB AS		ga, provido
_		O OO TELAUTING TO THESE ITELLIS	▶ €
	Revenue included on Form 990, Part VIII, line 1		\$

		S MUSEUM OF						<u> 37495</u>	
Pai	t III Organizations Maintaining C							(continu	ued)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	ollowing that make s	signifi	cant u	se of its		
	collection items (check all that apply)		(WP)						
а	X Public exhibition	d	Loan or exc	hange program					
ь	X Scholarly research	е	Other						
C	X Preservation for future generations								
4	Provide a description of the organization's co	· ·	=	=		-	e in Part	XIII	
5	During the year, did the organization solicit of				r asse	ets	_	_	
<u> </u>	to be sold to raise funds rather than to be ma							Yes	X No
Pai	rt IV Escrow and Custodial Arran	- ,	ete if the organizatio	n answered "Yes" or	n Forr	m 990,	, Part IV, I	ine 9, or	
	reported an amount on Form 990, Pa								
1a	Is the organization an agent, trustee, custodi	an or other intermed	ary for contributions	s or other assets not	inclu	ded		٦.,	
	on Form 990, Part X?							」 Yes	∟ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table		Г			A 4	
	D halana				- 1			Amount	
c	Beginning balance				H	1c			
d	Additions during the year				⊢	1d			
e	Distributions during the year				٠ ٢	1e			
f O-	Ending balance Did the organization include an amount on Fi	orm 900 Part V Iraa	21 for approve or a	estadial aggregat light	ا دروال	_1f		Yes	□ No
2a	If "Yes," explain the arrangement in Part XIII.				-			_ res	
	t V Endowment Funds. Complete								
		(a) Current year	(b) Prior year	(c) Two years back	1	Three v	ears back	(e) Four	years back
1a	Beginning of year balance	100,357,282.	78,164,070.	27,863,096.			89,724.		729,320.
b	Contributions	8,340,225.	37,031,754.	49,642,832.			09,844.		887,141.
c	Net investment earnings, gains, and losses	-2,313,400.	349,338.	5,978,555.			86,985.		506,248.
d	Grants or scholarships					•	·		<u> </u>
	Other expenditures for facilities		·		T				
_	and programs	6,898,023.	15,187,880.	5,320,413.		5,1	23,457.	4,	820,789.
f	Administrative expenses								
g	End of year balance	99,486,084.	100,357,282.	78,164,070.		27,8	63,096.	24,	289,424.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a)) held as					<u> </u>
а	Board designated or quasi-endowment	11.03	_%						
b	Permanent endowment ► 88.97	%							
С	Term endowment	. %							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	ition that are held ar	nd administered for t	he or	ganıza	tion	_	
	by								Yes No
	(i) Unrelated organizations							3a(i)	<u> </u>
	(ii) Related organizations							3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organization	•			•			3b	
4	Describe in Part XIII the intended uses of the		wment funds						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere								
	Description of property	(a) Cost or o	, , ,	1 ' '		nulate	a	(d) Book	value
	11	basis (investr	nent) Dasis	(other) de	sprec	iation			
	Land								
	Buildings				-				
	Leasehold improvements								
	Equipment								
	Other Add lines 1a through 1e (Column (d) must e	aual Form 990 Port	Y column (P) line 1	Oc.)			•		0.
, , , , ,	eriaa iiilaa ia siiilaagii Ta Tuommii ko Musi e	uudi FUIII 330. FAIL	A. COMBINI IDI. III 🖰 🖯	W			- 1		

Schedule D (Form 990) 2019 ARKANSAS MU	SEUM OF FINE A	ARTS FOUNDATION	23-7337495 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1b See Form 990, Part X, line 1	2.
(a) Description of security or category (including name of security)	(b) Book value		st or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A) EQUITIES	13,390,503.	END-OF-YEAR MA	RKET VALUE
(B) U.S. GOVERNMENT			
(C) OBLIGATIONS	22,133,611.	END-OF-YEAR MAI	RKET VALUE
(D) MUTUAL FUNDS	12,882,204.	END-OF-YEAR MAI	RKET_VALUE
(E) CORPORATE OBLIGATIONS	2,046,200.	END-OF-YEAR MAI	RKET VALUE
(F) ALTERNATIVE INVESTMENTS	857,483.	END-OF-YEAR MAI	RKET VALUE
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	51,310,001.	·	
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 1	3
(a) Description of investment	(b) Book value		st or end-of-year market value
(1)			
(2)			
(3)		•	
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1d See Form 990, Part X, line 1	5
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.	: 15.)		>
Complete if the organization answered "Yes"	on Form 990, Part IV, line 1	1e or 11f See Form 990, Part X	, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) PPP LOAN			526,418.
(3)			
(4)			
(5)			

(7) (8) 526,418. Total. (Column (b) must equal Form 990. Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

23-7337495 Page 4 ARKANSAS MUSEUM OF FINE ARTS FOUNDATION Schedule D (Form 990) 2019 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a Total revenue, gains, and other support per audited financial statements 6,026,825. 2 Amounts included on line 1 but not on Form 990, Part VIII, line 12 -3,766,200. a Net unrealized gains (losses) on investments 38,697. 2b b Donated services and use of facilities c Recoveries of prior year grants 2c 98,157. 2d d Other (Describe in Part XIII.) -3,629,346. e Add lines 2a through 2d 2e 9,656,171. Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1 217,657. a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII) 217,657. c Add lines 4a and 4b 4c 9,873,828. Total revenue Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.) 5 Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a 6,898,023. Total expenses and losses per audited financial statements 1 1 Amounts included on line 1 but not on Form 990, Part IX, line 25 38,697. Donated services and use of facilities 2a 2b **b** Prior year adjustments c Other losses 2c d Other (Describe in Part XIII) 2d 38.697. e Add lines 2a through 2d 26 6,859,326. Subtract line 2e from line 1 3 Amounts included on Form 990, Part IX, line 25, but not on line 1 217,657. a Investment expenses not included on Form 990, Part VIII, line 7b **b** Other (Describe in Part XIII) 4b 217,657. c Add lines 4a and 4b 4c Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.) Part XIII Supplemental Information. Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part XI, line 2, Part XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional information PART III, LINE 1A: THE FOUNDATION'S PERMANENT COLLECTION INCLUDES ART OBJECTS HELD FOR EDUCATIONAL AND CURATORIAL PURPOSES. EACH OF THE ITEMS IS CATALOGED, PRESERVED AND CARED FOR, AND ACTIVITIES VERIFYING THEIR EXISTENCE AND ASSESSING THEIR CONDITION ARE PERFORMED CONTINUOUSLY. THE COLLECTIONS, WHICH HAVE BEEN ACQUIRED THROUGH PURCHASES AND CONTRIBUTIONS SINCE THE FOUNDATION'S INCEPTION, ARE NOT RECOGNIZED AS ASSETS ON THE STATEMENTS OF FINANCIAL POSITION. PURCHASES OF COLLECTION ITEMS ARE RECORDED AS DECREASES IN UNRESTRICTED NET ASSETS IN THE YEAR IN WHICH THE ITEMS ARE ACQUIRED. NET ASSETS THAT ARE TEMPORARILY RESTRICTED FOR THE ACQUISITION OF ART OBJECTS ARE RELEASED FROM RESTRICTION WHEN USED

Schedule D (Form 990) 2019

932054 10-02-19

Schedule D (Form 990) 2019 ARKANSAS MUSEUM OF FINE ARTS FOUNDATION 23-7337495 Page 5 Part XIII Supplemental Information (continued)
TO PURCHASE ITEMS FOR THE PERMANENT COLLECTION. PROCEEDS FROM DEACCESSIONS
OR INSURANCE RECOVERIES ARE RECORDED AS INCREASES IN UNRESTRICTED NET
ASSETS; HOWEVER, THE COLLECTIONS ARE SUBJECT TO A BOARD POLICY THAT
REQUIRES PROCEEDS FROM THEIR SALES TO BE USED TO ACQUIRE OTHER ITEMS FOR
THE COLLECTION.
PART X, LINE 2:
THE FOUNDATION IS A TAX-EXEMPT ORGANIZATION UNDER SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE OF 1986, AS AMENDED (THE CODE) AND IS NOT A PRIVATE
FOUNDATION WITHIN THE MEANING OF SECTION 509(A) OF THE CODE. THE
FOUNDATION HAS ANALYZED THE TAX POSITIONS TAKEN AND HAS CONCLUDED THAT AS
OF JUNE 30, 2020 AND 2019, THERE ARE NO UNCERTAIN POSITIONS TAKEN OR
EXPECTED TO BE TAKEN THAT WOULD REQUIRE THE RECOGNITION OF A LIABILITY (OR
ASSET) OR DISCLOSURE IN THE FINANCIAL STATEMENTS. THE FOUNDATION MAY BE
SUBJECT TO AUDIT BY THE INTERNAL REVENUE SERVICE; HOWEVER THERE ARE
CURRENTLY NO AUDITS FOR ANY TAX PERIODS IN PROGRESS.
PART XI, LINE 2D - OTHER ADJUSTMENTS:
PASSTHROUGH INVESTMENT INCOME NETTED WITH EXPENSES 101,710.
INTEREST DECREASE IN PERPETUAL TRUST -3,553.
TOTAL TO SCHEDULE D, PART XI, LINE 2D 98,157.
-

SCHEDULE (Form 990) Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Open to Public

OMB No 1545-0047

► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990.

Inspection

% ⊠ Employer identification number 23-7337495 TOUNDATION IS TO SUPPORT (h) Purpose of grant or assistance THE MISSION OF THE ___ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any THIS ENTITY Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) 。 (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed ARKANSAS MUSEUM OF FINE ARTS FOUNDATION 5,274,363, (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) Enter total number of other organizations listed in the line 1 table 71-0332820 General Information on Grants and Assistance (P) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization ARKANSAS MUSEUM OF FINE ARTS or government LITTLE ROCK, AR 72202 Name of the organization 2510 CANTRELL ROAD Parti Part

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019)

23-7337495 Schedule I (Form 990) (2019) ARKANSAS MUSEUM OF FINE ARTS FOUNDATION

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

932102 10-26-19

SCHEDULE J (Form 990)

Department of the Treasury

nternal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number ARKANSAS MUSEUM OF FINE ARTS FOUNDATION 23-7337495

Part I' **Questions Regarding Compensation** Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Health or social club dues or initiation fees Tax indemnification and gross-up payments Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain 1b Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, 2 trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation committee During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization a Receive a severance payment or change-of-control payment? 4a b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b X c Participate in, or receive payment from, an equity-based compensation arrangement? 4c If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of X 5a a The organization? X 5b b Any related organization? If "Yes" on line 5a or 5b, describe in Part III 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of X a The organization? 6a X b Any related organization? 6b If "Yes" on line 6a or 6b, describe in Part III 7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III 7 X Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Regulations section 53 4958-6(c)?

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 ARKAN

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii) Do not list any individuals that aren't listed on Form 990, Part VII

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Trtle		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(a)-(i)(B)	in column (B) reported as deferred on prior Form 990
(1) VICTORIA RAMIREZ	2		0	0	0	0.	0	0.
SECRETARY	<u> </u>	260,00	0	0.	0	0.	260,000.	0
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932112 10-21-19							Schedu	Schedule J (Form 990) 2019

Schedule J (Form 990) 2019 ARKANSAS MUSEUM OF FINE ARTS FOUNDATION	23-7337495 Pé	Page 3
Part III Supplemental Information		
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information	this part for any additional information	
	Schedule J (Form 990) 2019	0) 2019

SCHEDULE L

Department of the Treasury

Transactions With Interested Persons

(Form 990 or 990-EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

➤ Attach to Form 990 or Form 990-EZ.

Internal Revenue Service Name of the organization ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No 1545-0047

Open To Public Inspection

Employer identification number

ARKANSAS MUSEUM OF FINE ARTS FOUNDATION 23-7337495 Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b (b) Relationship between disqualified (d) Corrected? (a) Name of disqualified person (c) Description of transaction person and organization Yes No 2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under 3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26, or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22 (h) Approved (d) Loan to or (a) Name of (b) Relationship (c) Purpose (e) Original (i) Written (f) Balance due (g) In by board or principal amount interested person with organization of loan default? agreement? organization? committee? From То Yes No Yes Yes No

<u>Total</u> Grants or Assistance Benefiting Interested Persons. Part III

alata if the average at an anguiared "Vac" on Form 000. Dort IV, line 27

(a) Name of interested person (b) Relationship between interested person and the organization (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance	_

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule L (Form 990 or 990-EZ) 2019

Schedule L (Form 990 or 990-EZ) 2019 ARKANSAS MUSEUM OF FINE ARTS FOUNDATION 23-7337495 Page 2 Part IV | Business Transactions Involving Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c. (e) Sharing of (a) Name of interested person (b) Relationship between interested (c) Amount of (d) Description of organization's person and the organization transaction transaction revenues? Yes No 217,657. AMFAF PAID WARREN STEPHENS DIRECTOR OF AMFAF X Part V Supplemental Information. Provide additional information for responses to questions on Schedule L (see instructions). SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS: (A) NAME OF PERSON: WARREN STEPHENS (B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION: DIRECTOR OF AMFAF AND OWNERSHIP INTEREST IN STEPHENS INC. (D) DESCRIPTION OF TRANSACTION: AMFAF PAID STEPHENS INC FOR INVESTMENT MANAGEMENT FEES.

SCHEDULE M

Noncash Contributions

OMB No 1545-0047

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

Go to www.irs.gov/Form990 for instructions and the latest information.

ARKANSAS MUSEUM OF FINE ARTS FOUNDATION

Employer identification number 23-7337495

Types of Property Part I (a) (d) (b) (c) Check if Number of Noncash contribution Method of determining contributions or amounts reported on items contributed Form 990, Part VIII, line 1g noncash contribution amounts applicable X 46 Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 5 Clothing and household goods Cars and other vehicles 6 7 Boats and planes 8 Intellectual property 9 Securities - Publicly traded Securities - Closely held stock 10 Securities - Partnership, LLC, or trust interests 12 Securities - Miscellaneous Qualified conservation contribution -13 Historic structures Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 17 Real estate - Other 18 Collectibles 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts Scientific specimens 23 24 Archeological artifacts 25 Other Other 26 Other 27 Other > 28 Number of Forms 8283 received by the organization during the tax year for contributions 29 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash X contributions? 32a b If "Yes," describe in Part II 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2019

Schedule M	(Form 990) 2019	ARKANSAS	MUSEUM	OF FIN	E ARTS	FOUNDA'	TION	<u>23-73</u> 37495	Page 2
Part II	Supplemental is reporting in Parthis part for any actions and the supplemental in the	I Information. t I, column (b), the dditional informati	Provide the in number of co on	nformation required	uired by Pai e number of	t I, lines 30b, i f items receive	32b, and 33 d, or a com	B, and whether the organiz bination of both Also com	ation iplete
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SCHEDULE O

(Form-990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

2019
Open to Public Inspection

Name of the organization

ARKANSAS MUSEUM OF FINE ARTS FOUNDATION

Employer identification number 23-7337495

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: TO MANAGE AND ADMINISTER AN ENDOWMENT FUND FOR THE BENEFIT OF THE MUSEUM AND TO HOLD LEGAL TITLE TO THE COLLECTION OF ART OBJECTS. FORM 990, PART VI, SECTION A, LINE 2: ROBERT TUCKER, CHAIRMAN OF THE BOARD, WORKS AT STEPHENS INC FOR WARREN STEPHENS, A DIRECTOR OF THE BOARD. FORM 990, PART VI, SECTION B, LINE 11B: A COPY OF THE FORM 990 WILL BE REVIEWED BY THE INVESTMENT COMMITTEE AND DISCUSSED AMONGST THE ENTIRE BOARD. FORM 990, PART VI, SECTION B, LINE 12C: REGULAR BOARD MEETINGS AND DISCLOSURE WITHIN MEETINGS. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST, THE INFORMATION WILL BE MADE AVAILABLE. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: INTEREST INCREASE IN PERPETUAL TRUST -3,553. 101,710. PASSTHROUGH INVESTMENT INCOME TOTAL TO FORM 990, PART XI, LINE 9 98,157.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2019 Open to Public Inspection

OMB No 1545-0047

► Go to www.irs.gov/Form990 for instructions and the latest information.

Employer identification number 23-7337495 Ξ 9 € Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33 <u></u> ARKANSAS MUSEUM OF FINE ARTS FOUNDATION Ξ (a) Department of the Treasury Internal Revenue Service
Name of the organization Part

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) ne End-of-year assets		(f) Direct controlling entity	
	3 1						
Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year	ations. Complete if the organization a	nswered "Yes" on Form 990,	Part IV, line 34, be	scause it had one c	r more related tax-exer	npt	1
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public chanty status (if section	(f) Direct controlling entity	(g) Section 512(bX13) controlled entity?	(61
				501(c)(3))		Yes	ا
ARKANSAS MUSEUM OF FINE ARTS - 71-0332820 2510 CANTRELL ROAD LITTLE ROCK, AR 72202	MUSEUM	ARKANSAS	115	GOVERNMENT		×	I
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	ns for Form 990.				Schedule R	Schedule R (Form 990) 2019	919

23-7337495

Page 2

Schedule R (Form 990) 2019 ARKANSAS MUSEUM OF FINE ARTS FOUNDATION

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

3	General or Percentage managing ownership partne?										
s	ieral or naging rtner?	V Ses No					•		ļ		
_	B a g	ě	 			-		_	 		
9	amount in box 20 of Schedule	2001 1001) 1.4									
		g 2									
Ξ	Disproportionale allocations?	, se	 						 \vdash	 	
(6)	Share of end-of-year assets										
(J)	ਲੂ _										
(e)	Predominant income (related, unrelated, excluded from tax under	35500113 315-314)									
(p)	Direct controlling entity										
စ	Legal domicile (state or foreign	county)			., .						
(q)	Primary activity										
(a)	Name, address, and EIN of related organization										

Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year Part IV

ı			ı	1	ı		1							ı	
	Ξ	(b)(13)	Cylin 7	N S					L	_		L	 		
		2. 5. g	₫	Yes							_				
	£	Percentage 512(b)(13)	di isiano								_				
	(6)	Share of	assets												
	ε	Share of total													
	(e)	Type of entity	or trust)	(
	(0	Direct controlling	chility												
	<u>©</u>	Legal domicile	foreign	country)											
ing the tax year	(q)	Primary activity													
Urganizations treated as a corporation of trust during the tax year	(a)	Name, address, and EIN	Of refered organization												

Schedule R (Form 990) 2019

Page 3

Yes

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Part V | Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

- During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?
- a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity
- b Gift, grant, or capital contribution to related organization(s)
- c Gift, grant, or capital contribution from related organization(s)
 - d Loans or loan guarantees to or for related organization(s)
- e Loans or loan guarantees by related organization(s)
- Dividends from related organization(s)
- Sale of assets to related organization(s)
- Purchase of assets from related organization(s)
- Exchange of assets with related organization(s)
- Lease of facilities, equipment, or other assets to related organization(s)
- k Lease of facilities, equipment, or other assets from related organization(s)
- Performance of services or membership or fundraising solicitations for related organization(s)
- m Performance of services or membership or fundraising solicitations by related organization(s)

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- n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)
- Sharing of paid employees with related organization(s)
- Reimbursement paid to related organization(s) for expenses
- q Reimbursement paid by related organization(s) for expenses
- r Other transfer of cash or property to related organization(s)
- s. Other transfer of cash or property from related organization(s)

			: •
(a)	<u>a</u>	(<u>o</u>	(p)
Name of related organization	Transaction	Amount involved	Method of determining amount involved
	type (a.e)		

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a)	9	<u>(c)</u>	(p)
Name of related organization	Transaction type (a·s)	Amount involved	Method of determining amount involved
ARKANSAS MUSEUM OF FINE ARTS FOUNDATION (1) GRANTS FUNDS TO THE ARKANSAS MUSEUM	В	5,274,363.COST	COST
(2) OF FINE ARTS.		0	
(3) DOES NOT HAVE ANY EMPLOYEES	М	0	
ALL THE SERVICES PERFORMED FOR THE (4) FOUNDATION ARE PERFORMED		0	
BY THE ARKANSAS MUSEUM OF FINE ARTS (5) EMPLOYEES		0	
(6) DOES NOT HAVE ANY EMPLOYEES	N	0.	

23-7337495

ARKANSAS MUSEUM OF FINE ARTS FOUNDATION

Schedule R (Form 990) ARKANSAS MUSEUM OF FINE ARTS FOUNDATION

[Part V] Continuation of Transactions With Related Organizations (Schedule R (Form 990), Part V, line 2)

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
OR A FACILITY. IT UTILIZES THE (7) FACILITIES OF THE ARKANSAS MUSEUM OF		0	
(8) FINE ARTS TO CONDUCT ITS OPERATIONS		0.	
(9) DOES NOT HAVE ANY EMPLOYEES	0	700,858.	
ALL THE SERVICES PERFORMED FOR THE (10) FOUNDATION ARE PERFORMED		0	
BY THE ARKANSAS MUSEUM OF FINE ARTS (11) EMPLOYEES		0	
(12)			
(13)			
(14)			
(15)			
(16)			
(17)	:		
(18)			
(19)			
(20)			
(21)			
(22)			
(23)			
(24)			
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Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue). That was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(p) (d) (e)	(p)	(3)	(P)	(e)	9	(5)	3	(I)	8	(K)
		· ·	2	Se se		6	}	6.7	€ .	£ .
Name, address, and EIN of entity	Frimary activity	Legal domicile (state or foreign	redominant incom (related, unrelated,	501(c)(3)	Share of total	Share of end-of-year	UISPIODOI- TONATE Affocations?	Uspropol CODE V-UB1 General of Percentage allocations and Contract of Contract	General c managing partner?	Percentage ownership
		country)	excided from tax und sections 512-514)	Yes No		assets	Yes No	(Form 1065)	Yes No	
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Schedule R	(Form 990) 2019	<u>ARKANSAS</u>	MUSEUM	OF	FINE	ARTS	FOUNDATION	<u>23-7337495</u>	Page 5
Part VII	(Form 990) 2019 Supplemental Infor	mation							
	Provide additional inform		to questions	on Scl	hedule R.	See instru	ctions		
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Schedule R (Form 990) 2019

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STATE OF ARKANSAS



John Thurston ARKANSAS SECRETARY OF STATE

To All to Whom These Presents Shall Come, Greetings:

I, John Thurston, Arkansas Secretary of State of Arkansas, do hereby certify that the following and hereto attached instrument of writing is a true and perfect copy of

Articles of Amendment

of

THE ARKANSAS ARTS CENTER FOUNDATION

changing the name to

ARKANSAS MUSEUM OF FINE ARTS FOUNDATION

filed in this office January 27, 2021.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 27th day of January, 2021.

Arkansas Secretary of State



CERTIFICATE OF AMENDMENT OF ARTICLES OF INCORPORATION

OF THE ARKANSAS MUSEUM OF FINE ARTS FOUNDATION (f/k/a the Arkansas Arts

Center Foundation)

We, Vance Attaches and White Killing. President and Secretary of the Arkansas Museum of Fine Arts Foundation (f/k/a the Arkansas Arts Center Foundation), a corporation organized and existing under and by virtue of Act 176 of 1963 of the General Assembly of the State of Arkansas, do hereby certify that on January 26, 2021, at a meeting of the Board of Directors, pursuant to waiver and notice, held at the office of the corporation in Little Rock, Arkansas, the following resolution was adopted by nine (9) votes in favor and no votes against by the directors present, and that said directors constituted a quorum of the Board of Directors at the time of such vote:

BE IT RESOLVED, that the Articles of Incorporation of the Arkansas Museum of Fine Arts Foundation (f/k/a the Arkansas Arts Center Foundation) are hereby amended by the Amendment to the Articles of Incorporation of the Arkansas Museum of Fine Arts Foundation (f/k/a the Arkansas Arts Center Foundation) attached as <u>Exhibit A</u> hereto (the "Amendment") and such Amendment is hereby approved by the Board of Directors.

BE IT FURTHER RESOLVED, that the Secretary of the Corporation is hereby authorized and directed to execute the Amendment and file it with the Arkansas Secretary of State and to execute all other documents and instruments and do all other acts necessary to consummate the Amendment as contemplated herein.

IN WITNESS THEREOF, the Arkansas Museum of Fine Arts Foundation (f/k/a the Arkansas Arts Center Foundation) has caused this certificate of Amendment to its Articles of Incorporation to be executed by its President and attested by its Secretary this 26th day of January, 2021.

THE ARKANSAS MUSEUM OF FINE ARTS FOUNDATION

By:	Warren	Stopens	
		 , President	

ATTEST:

John The

, Secretary

AMENDED AND RESTATED ARTICLES OF INCORPORATION

OF

THE ARKANSAS MUSEUM OF FINE ARTS FOUNDATION

(f/k/a the Arkansas Arts Center Foundation)

The undersigned, being the secretary of the herein named non-profit corporation (the "Corporation") certifies that the board of directors of the Corporation have adopted the following Amendment to the Articles of Incorporation for such corporation at a duly held meeting of the board of directors on January 26, 2021 in the City of Little Rock, Arkansas:

The name of the corporation is: THE ARKANSAS MUSEUM OF FINE ARTS FOUNDATION.

The foregoing Amendment to the Articles of Incorporation for the Corporation have been duly approved at a meeting of the board of directors of the Corporation.

Secretary

EXHIBIT A

[Adopted Amendment to Articles of Incorporation]