For calendar year 2018 or other tax year beginning	For	__ 990-T	E	cempt Organization					rn	OMB N	o 1545-0687
Description	1 011	000 1	Eor sala						n 1 9	୬(
Check board and process changed Do not enter \$58 numbers on that form as a may be made public of your organization in a \$61(c)\$ Demotyper identification on make a stress of the process of the pr			For Cale						" <u>" </u>	<u>&</u> (910
Secretary index section			▶ Do	•					:)(3)	Open to Pu 501(c)(3) O	blic Inspection for
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dose 2000 5000	X	501(C) 0 3.)	Print	Number, street, and room or suite no	lf a P O	box, see instructions		-	26-1	318597	
498											s activity code
FORT SMTTH, AR 72903 FORTOW peemption number (See instructions) D928 T5,580,827 Group exemption number (See instructions) D928 T5,580,827 T5,		408A 530(a)		7301 ROGERS AVENUE					,000	istractions ,	
at end of year 15, 580, 897. G Check organization type ▶ X 501(c) corporation 15, 580, 897. G Check organization type ▶ X 501(c) corporation 15, 580, 897. G Check organization where the transfer of the organizations where the trades or businesses ▶ Describe the only (or first) unrelated trade or business here ▶ If only one, complete Parts I will form the trade or business and the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts I will. Where the name and identifying number of the parent corporation 15 During the tax year, was the corporation a substidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No III *Yes, enter the name and identifying number of the parent corporation 16 During the tax year, was the corporation a substidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No III *Yes, enter the name and identifying number of the parent corporation 17 The books are in care of ₱5RETA WILCHER, YE OF £INANCE Telephone number ▶ 479-314-6000 18 Gross recepts or sales 19 Less number and always are always and the parent corporation		529(a)]		_	ZIP or foreign postal co	ode				
15, 580, 827. G Check organization by € X SOT(c) corporation SOT(c) trust 401(a) trust Other trust H Enter the number of the organizations unrelated trades or businesses here Y B SOT(c) provided trade or businesses here Y If only one, complete Parts I If only one, complete Parts I I only one, complete Parts I only one, complete Parts I I only one, complete Part						- 0000					
HE Einer the number of the organization's unrelated trades or businesses ►							504/-	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	104(5)	404	Other trust
If only one, complete Parts I-V If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V			•				501(c				
first in the blank space at the end of the prewous sentence, complete Paris I and II, complete a Schedule M for each additional trade or business, then complete Paris III. V I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶				inization's unrelated trades or busine	esses		nly one				
Trade or business, then complete Parts III-V During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?				and of the previous sentence, co	molete			•			describe trie
During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶ Yes X No If "Yes," enter the name and identifying number of the parent corporation ▶					IIIpiete	s i arts i ario ii, com	piete a O	chedate in for ca	on additio	· · · ·	
If Yes," enter the name and identifying number of the parent corporation ►					iated o	roup or a parent-su	bsidiary o	controlled group?			Yes X No
The books are in care of ■ GRETA MILCHER, VP OF FINANCE Telephone number 4/9-314-6000											
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3 Gross profit Subtract line 2 from line 1c	t	Less returns and allowa	ances	c Balance ▶	1c						
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27 28 Other deductions (attach schedule)	25	Employee benefit	program	s ည	11.31.	70 10 10 10 10 10 10 10 10 10 10 10 10 10	위		25		
27 28 Other deductions (attach schedule)	Ç 26	Excess exempt ex	φenses (Schedule I)	ińr	Z J CUCII	.		26		
Other deductions (attach schedule)	D 27	Excess readership	costs (S	chedule J)			≠{··		27		
Unrelated business taxable income before net operating loss deduction Subtract line 29 from line 13 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) Unrelated business taxable income Subtract line 31 from line 30	28	Other deductions	(attach s	schedule)	G	BEN. UT.			288	 	
Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)		i otal deductions	. Add IIne	s 14 through 28	-				· · 28	···	
32 Unrelated business taxable income Subtract line 31 from line 30									_ -	1	
			•	• • •	-	•	•				
					e 30 .		· · · ·	<u></u>	32		n 990-T /2010

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	990-T (20						Page Z
Par		Total Unrelated Business Taxable					
33	Total o	unrelated business taxable income com	puted from all unrelated trade	es or businesses (see		
	instructi	ons)			33		
34	Amount	s paid for disallowed fringes			34		
35	Deduction	on for net operating loss arising in t	ax years beginning before Ja	anuary 1, 2018 (see		
		ons)					
36		unrelated business taxable income before					
••		33 and 34					
37	Specific	deduction (Generally \$1,000 but see line 37)	nstructions for exceptions)		37		
38		d business taxable income. Subtract line			· · ·		
30		e smaller of zero or line 36					0.
Da					1 40		
		Tax Computation	0 b., 249/ /0 24\		. ■ 339		
39	-	ations Taxable as Corporations. Multiply line 3	tructions for tax computatio				
40					3 1 1		
		unt on line 38 from Tax rate schedule or					
41	Proxy ta	x. See instructions			. ▶ 41		
42	Alternat	ve minimum tax (trusts only)			42		
43		Noncompliant Facility Income. See instructions					
44	Total, A	dd tines 41, 42, and 43 to line 39 or 40, which	ever applies		. 44		
		Tax and Payments					
45 a	Foreign	tax credit (corporations attach Form 1118, trus	its attach Form 1116) 45	a			
b	Other c	edits (see instructions)	<i>.</i> <u> 4\$</u>	b	}		
c	General	business credit Attach Form 3800 (see instruct	ions) 45	С	1		
đ	Credit fo	or prior year minimum tax (attach Form 8801 or	8827)	d			
e	Total cr	edits. Add lines 45a through 45d			45e		
46		line 45e from line 44					
47		es Check if from Form 4255 Form 8611					
48		x Add lines 46 and 47 (see instructions)					0.
49		t 965 tax liability paid from Form 965-A or Fori					
		ts A 2017 overpayment credited to 2018					
ou a	2019	timated tax payments · · · · · · · · · · · ·	5105	b 29,7	00.		
		osited with Form 8868					
					 		
a	Foreign	organizations Tax paid or withheld at source (s	ee instructions)	<u> </u>			
		withholding (see instructions)					
		or small employer health insurance premiums (a	I 1	<u> </u>	}		
g		edits, adjustments, and payments Form 24	139				
		orm 4136 Other _	Total ▶ 50	9	[20	,700.
51	Total pa	yments Add lines 50a through 50g		: <i>.</i>	51		, 700.
52		ed tax penalty (see instructions). Check if Form					
53	Tax due	. If line 51 is less than the total of lines 48, 49	, and 52, enter amount owed		53	20	,700.
54	Overpa	. If line 51 is less than the total of lines 48, 49 ment. If line 51 is larger than the total of lines amount of line 54 you want. Credited to 2019 esti	48, 49, and 52, enter amount overp	ражі	27 54		
55	Enter the						<u>,700.</u>
Pai	t VI	Statements Regarding Certain A					
56		time during the 2018 calendar year, did					s No
		financial account (bank, securities, or oth					İ
	FinCEN	Form 114, Report of Foreign Bank and	Financial Accounts If "Yes," e	enter the name of	the foreign	country	-
	here 🕨						X
57	During	he tax year, did the organization receive a dist	ribution from, or was it the grantor	of, or transferor to, a	foreign trust?.	🖳	X
		see instructions for other forms the organization		·	-		
58	Enter th	a amount of tax-axempt interest received or ac	crued during the tay year				
	U	der penalties of pegury I decide that I have examined ie. correct, and complete, Declaration of pregargy (other Monta)	this return including accompanying schedul	es and statements, and to	the best of my	knowledge and t	clief it is
Sig	n l ln	e, correct, and complete. Declaration of pregares (other Mari to	expayer) is based on all information of which pr	reparer has any knowledge.	14 · · · · · ·	0 4	
Hei		RETA WILCHER	VP OF	FINANCE		S discuss this reparer shown	
1161	~ i'	gnature of officer	Date Title		- (see instruction		No
		Print/Type preparer's name	Preparer's signature	Date		PTIN	لتنني
Paid	i			06/05/20	Check L if	P012684	in1
_	- parer	JULIE L SPARKS	CLP	1 00/03/20	self-employed	34-656559	
	Only	Firm's name ERNST & YOUNG U.S.		OH 45202	Firm's EIN ▶		
		Firm's address ▶ 221 E. 4TH ST, SU	TE 2900, CINCINNATI,	ОН 45202	Phone no 31.		
157						Form 990-	i (2018)

JSA

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Form 990-T (2018)									F	Page 3
Schedule A - Cost of G		iter method	-				7.			
1 Inventory at beginning of y		· - -	-			ar	6			—
2 Purchases					_	id Subtract line				
3 Cost of labor						iter here and in	1 - 1			
4a Additional section 263A c							7		Yes	No
(attach schedule)	li l					section 263A (v		· .	162	NO
b Other costs (attach schedu						or acquired for				x
5 Total Add lines 1 through						Vide Deel Drope				
Schedule C - Rent Income	e (From Real P	roperty a	na Person	ai Property	Leased v	vitn Real Prope	rty)			
(see instructions)										
Description of property						<u>.</u>				
(1)					·					
(2)								-		
(3)	***									
(4)						· · ·				
	2. Rent recei	ved or accrue	ed							
(a) From personal property (if the for personal property is more th more than 50%)	nan 10% but not	percenta	age of rent for	personal property personal property pased on profit or	exceeds	3(a) Deductions d in columns 2				жпе
(1)										
(2)										
(3)										
(4)	•									
Total		Total								
(c) Total income. Add totals of c	, ,	•				(b) Total deduction Enter here and or Part I, line 6, column	n page 1,			
Schedule E - Unrelated D	ebt-Financed I	ncome (se	e instructio	ns)						
1 Description of del	ht-financed property			ncome from or debt-financed		Deductions directly co debt-finance			e to	
- Description of del			t .	perty		nt line depreciation ch schedule)		o) Other deduct (attach sched		
(1)										
(2)										
(3)										
(4)										
4 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adju- of or alloca debt-financed (attach sche	ble to property	4 d	Column Iivided olumn 5		income reportable n 2 x column 6)		Allocable dedu nn 6 x total o 3(a) and 3(b	f colum	
(1)]	%	**********					
(2)	<u> </u>			%	·					
(3)				%						
(4)				%						
Totals						re and on page 1, ne 7, column (A)		here and or I, line 7, colu		
Total dividends-received deduct	tions included in co	olumn 8	<u> </u>	<u> </u>	<u> </u>	▶				

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Schedule F-Interest, Anni	unition, moyunition				ntrolled Or							
Name of controlled organization	2 Employer identification numb	per			ated income	4 Total	of spec		ıncluded	f column 4 th in the control ion's gross in	olling	6 Deductions directly connected with income in column 5
(1)												
(2)	· 											
(3)												ļ
(4)		ļ										<u></u>
Nonexempt Controlled Organi	zations		,									
7 Taxable Income	8 Net unrelated in (loss) (see instruc				otal of specifical of specific		ine	clude	t of column d in the co ation's gross	ntrolling		Deductions directly nnected with income in column 10
(1)												
(2)			ļ									
(3)			ļ					_				
(4)			J						olumns 5 a	<u>-</u>		dd columns 6 and 11
Totals	ncome of a Sec	ction 50)1(c)	(7),			P	art I,	ere and on line 8, colui	mn (A)		ter here and on page 1, art I, line 8, column (B)
1 Description of income	2 Amount of	f income			3 Deduction directly con (attach sch	nnected				t-asides schedule)		5 Total deductions and set-asides (col. 3 plus col. 4)
(1)												··
(2)				_								
(3)										•		
	Enter here and	1										Enter here and on page 1
Totals ▶ Schedule I – Exploited Exe	Part I, line 9, c		Othe	r Th	an Advert	ising Ir	ncom	e (s	ee instru	ctions)		Part I, line 9, column (B)
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dıı conne produ	menses rectly cted w uction of related ss inco	nth of	4 Net incor from unrelat or business 2 minus co If a gain, c cols 5 thre	ted trade (column lumn 3) ompute	fron	n act	s income livity that nrelated s income	6 Expe attributa colum	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)												
(2)												-
(3)												
(4)												
	Enter here and on page 1, Part I, line 10, col (A)	Enter he page line 10	1, Part	1,							_	Enter here and on page 1, Part II, line 26
Totals												
Schedule J- Advertising Ir					data d D-	-:-						
Part I Income From Per	iodicals Report	ted on a	Col	nsoli	dated Bas	SIS				<u> </u>		
1 Name of periodical	2 Gross advertising income	3 adverti	Direct sing co	ests	4 Adver gain or (los 2 minus o a gain, co cols 5 thr	ss) (col ol 3) If mpute	5	Circ	ulation ome	6 Reado	•	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)												
(2)]							
(3)]							
(4)												
Totals (carry to Part II, line (5))					<u> </u>							Form 990-T (2018

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

1 Name of periodical	2 Gross advertising income	3 Direct advertising costs	4 Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5 Circulation income	6 Readership costs	7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶					1	
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1 Part I, line 11, col (B)				Enter here and on page 1, Part II line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

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

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