08121105 795132 ARK044

Form 990-T	Exempt Organization Bu				· -	OMB No 1545-0047
	(and proxy tax unifor calendar year 2019 or other tax year beginning JUL 1			300 CV	ا م	2019
	► Go to www.irs.gov/Form990T for				<u> </u>	2013
Department of the Treasury Internal Revenue Service	Do not enter SSN numbers on this form as it m				50	pen to Public Inspection for 1(c)(3) Organizations Only
A Check box if address changed	Name of organization (Check box if name	changed a	and see instructions.)			er identification number yees' trust, see tions)
B Exempt under section	Print ARKANSAS COMMUNITY FOU	JNDAT	ION, INC.		-	2-1055743
X 501(c)(3 (り	or Number, street, and room or suite no. If a P.O. b		structions.			ed business activity code structions)
408(e) 220(e)	3 ALLIED DRIVE, NO. 3.					
408A530(a) 529(a)	City or town, state or province, country, and ZIP LITTLE ROCK, AR 72202		postal code		5230	000
C Book value of all assets at end of year	F Group exemption number (See instructions.)	<u> </u>				
423,064,0	38. G Check organization type 🕨 🗶 501(c) co	rporation	501(c) trust	401(a)		Other trust
	rganization's unrelated trades or businesses.	<u> 1</u>		the only (or first) un		
	PASSTHROUGH INVESTMENTS			complete Parts I-V.		
	ank space at the end of the previous sentence, complete l	Parts I and	II, complete a Schedule	M for each addition	al trade d	or
business, then complete			han a sakuallad anava0	▶ [Yes	X No
	he corporation a subsidiary in an affiliated group or a par nd identifying number of the parent corporation.	ent-subsid	iary controlled group?			A NO
	COREY MOLINE		Telenho	one number 🕨 (501)	372-1116
	Trade or Business Income	Т	(A) Income	(B) Expenses		(C) Net
1a Gross receipts or sale		T	(77)	(= / =		(4,111)
b Less returns and allow		. 1c			ľ	
2 Cost of goods sold (S		2	'			
3 Gross profit. Subtract	•	3				
4 a Capital gain net incon	e (attach Schedule o)ternal Revenue Service	4a				_
b Net gain (loss) (Form	4797, Part II, line कि श्रिक्तिकेस्टिन की बिराइके अपने - USB	4b				
c Capital loss deduction	222	4c				
5 Income (loss) from a	partnership or an S corporation (attach statement)	5	-7,596.	STMT :	1	-7,596.
6 Rent income (Schedu	ec) NOV 13 2020	6				
7 Unrelated debt-financ	ed income (Schedule E)	7				
	alties, and rents from a controlled of அற்குவர். (Schedule F					
9 Investment income of	a section 501(c)(7), (9), or (17) organization (Schedule (i) 9				
10 Exploited exempt active	ity income (Schedule I)	10	/			
11 Advertising income (S	•	11/			-	
•	tructions; attach schedule)	1/2	7 506		\longrightarrow	-7,596.
13 Total. Combine lines		13	-7,596.	 		<u>-1,590.</u>
(Deductions	ns Not Taken Elsewhere (See instructions must be directly connected with the unrelated bus	iness inc	ome)			
14 Compensation of off	cers, directors, and trustees (Schedule K)		<u> </u>		14	
15 Salaries and wages	oors, anodrors, and a distore (correction ty				15	
16 Repairs and mainten	ance				16	
17 Bad debts					17	
	dule) (see instructions)				18	
19 Taxes and licenses					19	
20 Depreciation (attach	Form 4562)		20			
21 Less depreciation cla	imed on Schedule A and elsewhere on return		21a		21b	_
22 Depletion					22	
23 Contributions to defe	rred compensation plans				23	
24 Employee benefit pro	<u> </u>				24	
25 Excess exempt expe	ises (Schedule I)				25	
26 Excess readership co					26	
27 Other deductions (at					27	
/	dd lines 14 through 27				28	-7,596.
	exable income before net operating loss deduction. Subtra				29	-1,530.
	erating loss arising in tax years beginning on or after Jani	uary 1, 201	8 SEE STAT	ב שואם אם		0.
(see instructions)	syable magne. Cultivast line 20 from time 20		SEE SIAT	EMENI Z	30	-7.596 .
	exable income. Subtract line 30 from line 29 r Paperwork Reduction Act Notice, see instructions.				1 31 1	Form 990-T (2019)
523701 01-27-20 LF174 FC	י ב ביטו אטות ונטפטטנוטון חטו וזטנוטט, סכט וווסנוטטנוטווס.	0 = 0				(2010)

	o-[(2019) ARKANSAS COMMUNITY FOUNDATION, INC.	52-1055/43 Page 2
Parl	Total Unrelated Business Taxable Income	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	$\frac{32}{2}$ -7,596.
33	Amounts paid for disallowed fringes $0, -1$	39
34	Charitable contributions (see instructions for limitation rules)	34 0.
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	-7,596.
36	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	36 0.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37 -7,596.
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38 1,000.
39	Unrelated husiness tayable income. Subtract line 38 from line 37. If line 38 is greater than line 37.	
	enter the smaller of zero or line 37	39 -7,596.
Pari		1
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40 0.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from	
71	Tax rate schedule or Schedule D (Form 1041)	41
42	Proxy tax. See instructions	42
43	Alternative minimum tax (trusts only)	43
	Tax on Noncompliant Facility Income See instructions	44
44	Notal. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45 0.
45 Part		1 0 0
		T
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a 46b	1
D	Other credits (see instructions)	1
C	General business credit. Attach Form 3800	┨
đ		
	Total credits. Add lines 46a through 46d	46e
47	Subtract line 46e from line 45	
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48
49	Total tax Add lines 47 and 48 (see instructions)	49 0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50 0.
	Payments A 2018 overpayment credited to 2019	-{
	2019 estimated tax payments	-{
	Tax deposited with Form 8868	4
d	Foreign organizations: Tax paid or withheld at source (see instructions) 51d	-{
	Backup withholding (see instructions)	4
	Credit for small employer health insurance premiums (attach Form 8941)	- a
9	Other credits, adjustments, and payments. Form 2439	14
	Form 4136 Other Total >	- -
52	Total payments. Add lines 51a through 51g	52
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56
Par		
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or other authority	Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file	
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	
	here	X
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?	X
	If "Yes," see instructions for other forms the organization may have to file.	
59	Enter the amount of tax-exempt interest received or accrued during the tax year \(\) \$	
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowle correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	dge and belief, it is true,
Sign		flay the IRS discuss this return with
Here		ne preparer shown below (see
		nstructions)? X Yes No
	Print/Type preparer's name Preparer's signature Date Check	ıf PTIN
Paid	self- employed	í
	MICHELLE MANNI (Michelle Mann 10/28/20)	P01064483
•	parer - NOCANIMANT OR LIED	
use	Only Firm's name HOGANTAYLOR, LLP Firm's EIN P	
		501-227-5800
022711	01-27-20	Form 990-T (2019)

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Schedule A - Cost of Goods	Sold. Enter	method of inver	ntory va	aluation >	N/A		· · · · · · · · · · · · · · · · · · ·		-	
1 Inventory at beginning of year	1		6	Inventory at en	d of year			6		
2 Purchases	2		7 Cost of goods sold. Subtract lin			ne 6				
3 Cost of labor	3		7	from line 5. Ent	er here a	and in P	art I,			
4 a Additional section 263A costs			7	line 2				7		
(attach schedule)	4a		8	Do the rules of	section 2	263A (v	vith respect to		Yes	No
b Other costs (attach schedule)	4b					•	for resale) apply to			
5 Total. Add lines 1 through 4b	5			the organization		•	,,		·	
Schedule C - Rent Income (From Real	Property and	Pers	sonal Prope	erty Le	eased	With Real Prop	erty)		
(see instructions)		<u> </u>								
1. Description of property										
(1)	-									
(2)										
(3)										
(4)										
		ed or accrued					O(a) Dadwatana dwaath		d with the manner	_
(a) From personal property (if the perconnection personal property is more 10% but not more than 50%)	centage of than	or rent for	personai	onal property (if the property exceeds 5 ad on profit or incon	U% OF IT	je	3(a) Deductions directly columns 2(a) ar	connecte nd 2(b) (at	ach schedule)	
(1)										
(2)										
(3)									<u> </u>	
(4)										
Total	0.	Total	_			0.				
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column		ter >				0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)						
			2	. Gross income fro	om		3. Deductions directly con to debt-finance			
1 Description of debt-fir	nanced property			or allocable to deb financed property	t-	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	าร
(1)										
(2)	•									
(3)										
(4)										
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis alocable to niced property n schedule)	6	Column 4 divide by column 5	d		7 Gross income reportable (column 2 x column 6)		8. Allocable deduct plumn 6 x total of co 3(a) and 3(b))	
(1)					%					
(2)					%					
(3)					%		-			
(4)					%					
							nter here and on page 1, Part I, line 7, column (A)		iter here and on pag art I, line 7, column	
Totals							0			0.
Total dividends-received deductions in	icluded in column	n 8						•		0.
		-							Form 990-T	(2019)

Schedule F - Interest, A	nnuitie	s, Royal	ties, an					itions	(see ins	struction	ns)
				Exempt (Controlled O	rganization	ons				
Name of controlled organization	ion	2 . Em Identifi num	cation		elated income instructions)		al of specified nents made			6. Deductions directly connected with income in column 5	
(1)		ļ———		 							
(2)											
(3)		<u> </u>									
(4)											
Nonexempt Controlled Organia	zations										
7. Taxable Income		inrelated incon see instruction		9. Total	of specified payi made	nents	10 Part of colu in the controll gross	mn 9 that ing organ s income	ization's	11. De witt	eductions directly connected h income in column 10
(1)											
(2)						ĺ					
(3)					· ·						
(4)											
							Add colum Enter here and line 8, (1, Part I,		dd columns 6 and 11 here and on page 1, Part I, line 8, column (B)
Totals						▶			0.		0.
Schedule G - Investme (see instr		ne of a S	Section	501(c)(7	'), (9), or (17) Org	janization				
, 1. Desc	ription of inco	me		-	2 Amount of	income	3 Deduction directly connected (attach scheduler)	cted	4. Set- (attach s	asides schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)											
(2)											
(3)										-	
(4)											
					Enter here and Part I, line 9, co						Enter here and on page 1 Part I, line 9, column (B)
Totals					!	0.] 0.
Schedule I - Exploited (see instru	-	Activity	Income	e, Other	Than Adv	ertisin/	g Income				
Description of exploited activity	unrelated incom	Gross business ne from business	directly of with pro	penses connected oduction related s income	4. Net incomfrom unrelated business (cominus colum gain, comput through	trade or olumn 2 n 3) If a e cols 5	5. Gross inco from activity is not unrela- business inco	that ted	attribut	oenses lable to mn 5	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)								_			
(2)	Ì										
(3)											
(4)	page 1	re and on I, Part I, col (A)	page 1	re and on 1, Part I, , col (B)							Enter here and on page 1, Part II, line 25
Totals Schedule J - Advertisir	l og lpcor	0.		0.						-	0.
Part I Income From I					hatchilae	Raeie					
Income From		ais nep			Jonablea	Dasis	4				· · · · · · · · · · · · · · · · · · ·
1 Name of periodical		2 Gross advertising income		3. Direct ertising costs		tising gain of 2 minus ain, comput nrough 7	5. Circula income		6 Read cost		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)											
(2)											1
(3)											1
(4)					ļ						
Totals (carry to Part II, line (5))	•	-	0.	0							0
											Form 990-T (2019

Form 990-T (2019) ARKANSAS COMMUNITY FOUNDATION, INC. 52-10557

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.)

outermite E windlegitt out	,	<u></u>				
1. Name of periodical	2 Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col 2 minus col 3) if a gain, compute cols 5 through 7	5. Circulation income	6 Readership costs	Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.		·		0
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 26
Totals, Part II (lines 1-5)	0.	0.				0
Schodulo K - Compensatio	n of Officers		Tructoes (see in	etructione)		<u> </u>

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

Form 990-T (2019)

FORM 990-T INC	COME (LOSS) FROM PA	ARTNERSHIPS	STATEMENT 1
			NET INCOME
DESCRIPTION			OR (LOSS)
CDFP CAPITAL MANAGEMENT - 2	2006, LP - ORDINARY	BUSINESS	
INCOME (LOSS)			-15,136
NORTHGATE IV, LP - ORDINAR			148
PARK STREET CAPITAL NATURAL	RESOURCE FUND IV	- ORDINARY	10.066
BUSINESS INCOME (LOS		DVIGTNING C	12,966
CAPROCQ CORE REAL ESTATE FU	JND, LP - ORDINARY	BUSINESS	33,613
INCOME (LOSS)	II C ODDINADY DUC	TINECC INCOME	33,013
FUND FOR ARKANSAS' FUTURE, (LOSS)	LLC - ORDINARI BUS	SINESS INCOME	-67
(LOSS) FUND FOR ARKANSAS' FUTURE I	VARNITARO - D.I.I.	RUSTNESS	07
INCOME (LOSS)	ii, lie ondinami	DODINEDD	-3,385
AETHER - ÓRDINARY BUSINESS	INCOME (LOSS)		-65,475
BLACKSTONE FUND II CAYMAN		SINCOME	
(LOSS)			7,418
BLACKSTONE FUND II NQLP - (ORDINARY BUSINESS I	NCOME (LOSS)	11,164
CAPROCQ CORE HOLDINGS LP - BLACKSTONE FUND II Q L.P	ORDINARY BUSINESS	INCOME (LOSS)	-7,018
(LOSS)			4,174
BLACKSTONE FUND II CAYMAN 1	NQ L.P ORDINARY	BUSINESS	
INCOME (LOSS)			-1,179
BLACKSTONE FUND II CAYMAN 1	L.P ORDINARY BUS	SINESS INCOME	
(LOSS)			1,280
BTO NINEZERO DC L.P ORD			13,834
DAVIDSON KEMPNER INSTITUTION	ONAL PARNERS L.P	- ORDINARY	C
BUSINESS INCOME (LOSS			67
TOTAL INCLUDED ON FORM 990	T, PAGE 1, LINE 5		-7,596
FORM 990-T NI	ET OPERATING LOSS I	DEDUCTION	STATEMENT 2
	LOSS	TOGG	3173 TT 3 DT D
TAX YEAR LOSS SUSTAINED	PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/19 8,555.	0.	8,555.	8,555.
	8,555.		

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/10	8,594.	8,594.	0.	0.
06/30/11	22,152.	22,152.	0.	0.
06/30/14	141,515.	33,672.	107,843.	107,843.
06/30/15	45,519.	0.	45,519.	45,519.
06/30/18	60,186.	0.	60,186.	60,186.
NOL CARRYOV	VER AVAILABLE THIS	YEAR	213,548.	213,548.