33473000	1 .0
1 040 45 4545 0507	

Form <b>990-T</b>	Exempt	Organization Bu	sine	ess Income T	ax Return	L	OMB No 1545-0687		
*	, ,	(and proxy tax under section 6033(e))							
•									
Department of the Treasury Internal Revenue Service	► Do not enter S	SN numbers on this form as it ma	y be m	ade public if your organiz			Open to Public Inspection for to 1(c)(3) Organizations Only		
A L Check box if address change		zation ( L Check box if name of	change	d and see instructions )			yer identification number byees' trust-see ctions )		
B Exempt under section	n Print Family	Service Agency				_ 7:	1-0237511		
X 501(c)(3 0)		and room or suite no. If a P O. bo		instructions	-		ted business activity code structions )		
408(e)220	(e) 020 W.	Broadway, No. 3							
408A530		ate or province, country, and ZIP of ittle Rock, AR		gn postal code 2.1.1.4		531:	120		
529(a)  C Book value of all assets		ition number (See instructions )	<u> </u>	2114		<u> </u>	120		
at end of year		zation type X 501(c) cor	poratio	n 501(c) trust	401(a)	trust	Other trust		
	he organization's unrelated t		1		he only (or first) unr				
trade or business her	▶ See State	ment 1		. If only one, (	complete Parts I-V. I	f more	than one,		
describe the first in th	e blank space at the end of t	he previous sentence, complete P	arts I a	nd II, complete a Schedule	M for each additiona	al trade	or		
business, then compl		<del></del>		<del></del> _		T			
= = = = = = = = = = = = = = = = = = = =		ary in an affiliated group or a pare	nt-subs	sidiary controlled group?	▶ ∟	Yes	X No		
	e and identifying number of  of  Victor W			Telenho	ne number 🕨 ( :	501	372-4242		
	ted Trade or Busine			(A) Income	(B) Expenses	701	(C) Net		
1a Gross receipts or s			<u> </u>	<del> </del>	κ.				
b Less returns and a	llowances	c Balance	1c				· /		
	(Schedule A, line 7)	<del></del>	2						
	act line 2 from line 1c		3						
<u> </u>	come (attach Schedule D)		4a				<del></del>		
	rm 4797, Part II, line 17) (at	tach Form 4797)	4b			+			
	tion for trusts n a partnership or an S corpt	aration (attach statement)	4c 5						
6 Rent income (Sche		Jianon (anach Siglement)	6	<del></del>	<del></del>		<del></del>		
7 Handata d daha tan	inced income (Schedule E)		7	90,011.	95,9	71.	-5,960.		
NJ .	•	ontrolled organization (Schedule F)	8		<del></del>				
9 Investment income	of a section 501(c)(7), (9),	or (17) organization (Schedule G)	9						
10 Exploited exempt a	ctivity income (Schedule I)		10						
11 Advertising incomi	` '		11	<b></b>					
12 Other income (See	instructions, attach schedul	e)	12	90,011.	95,9	71	-5,960.		
10 Exploited exempt a NV 11 Advertising income 12 Other income (See 13 Total. Combine lii Part II Deduct		sewhere (See instructions fo	13		33,3	<u>/ 1 •  </u>	-3,300.		
	er contributions, doductio	one must be directly connected	d with	the unrelated business	income )				
14 Compensation of	officers, directors, and trust	ees (Schedule RECE!)	/=	ח		14			
15 Salaries and wage	es .	KEUE!	<b>₩</b>	<u> </u>		15			
16 Repairs and main	tenance					16			
17 Bad debts		MAY 1 3 OGDEN	ζυζυ		Ļ	17	<del></del>		
· ·	hedule) (see instructions)	الحال			}-	18			
19 Taxes and license 20 Charitable contrib	s utions (See instructions for	OGDEN	I, U		-	19	<del></del>		
21 Depreciation (atta		illititation (dies)		21	-	-20			
	claimed on Schedule A and	elsewhere on return		22a		22b			
23 Depletion		• • • • • • • • • • • • • • • • • • • •		L		23			
24 Contributions to d	eferred compensation plans				F	24			
25 Employee benefit	programs					25			
· ·	penses (Schedule I)					26			
	costs (Schedule J)				ļ.	27			
28 Other deductions	•				-	28			
	Add lines 14 through 28	anaratina long dadisation. Cultura	d line O	0 from line 12	}-	29	-5,960.		
		operating loss deduction. Subtrac years beginning on or after Janual			-	30	-5,300.		
	s taxable income. Subtract li	· • •	iy i,∠(	10 (200 111211 00110112)	31	32	-5,960.		
		Act Notice, see instructions.					Form <b>990-T</b> (2018)		

Form 990	ramer pervises ingener		/1-02:	3 / 5 T T	Page
Part	II Total Unrelated Business Taxable Income	<del>- 4</del>			·
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (s	ee instructions)		33	-5,960.
34	Amounts paid for disallowed fringes			34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instr	ructions)		35	0.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the	sum of			
	lines 33 and 34		- ^	36	-5,960.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		38	281	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36 If line 37 is greater than line	: 36,	- ^		
_	enter the smaller of zero or line 36		<u> 39</u>	38	-5,960.
Part I	V Tax Computation				
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		<b>•</b>	39	0.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount	on line 38 from			
	Tax rate schedule or Schedule D (Form 1041)			40	
41	Proxy tax. See instructions		<b>•</b>	41	
42	Alternative minimum tax (trusts only)			42	
43	Tax on foncompliant Facility Income See instructions			43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies			44	0.
Part \		······	<del></del>	·	
	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116)	45a		T. ,. T	
	Other credits (see instructions)	45b			
С	General business credit Attach Form 3800	45c			
	Credit for prior year minimum tax (attach Form 8801 or 8827)	45d			
	Total credits. Add lines 45a through 45d			45e	
46	Subtract line 45e from line 44			46	0.
47	Other taxes Check if from Form 4255 Form 8611 Form 8697 Form 88	366 Other (attac	ch schedule)	47	
48	Total tax Add lines 46 and 47 (see instructions)	,00 0.,101 (a.n.a.		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49	0.
	Payments. A 2017 overpayment credited to 2018	50a		<del>  "</del>	<del>-</del>
	2018 estimated tax payments	50b		·	
	Tax deposited with Form 8868	50c			
	·			<b> .</b> ∙	
	Foreign organizations. Tax paid or withheld at source (see instructions)	50d			
	Backup withholding (see instructions)	50e			
	Credit for small employer health insurance premiums (attach Form 8941)	501	·	1 1	
g	Other credits, adjustments, and payments Form 2439	_		l·	
	Form 4136 Other Total	50g		1	
51	Total payments Add lines 50a through 50g			51	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached		_	52	·
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			53	
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	1		54	
	Enter the amount of line 54 you want Credited to 2019 estimated tax	Refund		55	
Part V			ns)		I V I N.
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	•			Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	•			. <u>.</u>
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the	toreign country			.
	here >				_   X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or ti	ansferor to, a foreigr	i trust?		X
	If "Yes," see instructions for other forms the organization may have to file				1 11
58	Enter the amount of tax-exempt interest received or accrued during the tax year > \$				
O:	Under penalties of befury I declare that I have examined this return, including accompanying schedules and correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer	statements, and to the b irer has any knowledge	est of my knov	vledge and bo	lief, It is true
Sign	1 At TAX		_		cuss this return with
Here	MAC/1-1 9/1/2/20 CEO			_	wn below (see
	Signature of officer Date / Title		ins	tructions)?	X Yes No
	Print/Type preparer's name Preparer's signature Da	te Che	ckif	PTIN	
Paid			- employed		
Prepa	rer Randy L. Milligan   Mully Mully   5	T-8-20			943582
Use O	Inly Firm's name > Landmark PLC, CPAs \	Fir	m's EIN 🕨	71-	0355269
	201 E. Markham, Suite 500				
	Firm's address ► Little Rock, AR 72201	Ph	one no 5	<u>01-37</u>	<u>5-2025</u>
823711 01	09-19			Fo	rm <b>990-T</b> (2018)

Schedule A - Cost of Goods	Sold. Enter method of inver	ntory valuation > N/A				
1 Inventory at beginning of year	1	6 Inventory at end of year		6		
2 Purchases	2	7 Cost of goods sold. Si	ubtract line 6			
3 Cost of labor	3	from line 5 Enter here and in Part I,				
4 a Additional section 263A costs		line 2		7		
(attach schedule)	4a	8 Do the rules of section	263A (with respect to	Yes No		
b Other costs (attach schedule)	4b	property produced or a	acquired for resale) apply to			
5 Total. Add lines 1 through 4b	5	the organization?				
Schedule C - Rent Income (F	rom Real Property an	d Personal Property	Leased With Real P	roperty)		
(see instructions)	, ,					
1 Description of property						
(1)				<del></del>		
(2)	<del>" "</del>					
(3)		····				
(4)	<del></del>					
<del></del>	2 Rent received or accrued					
(a) From personal property (if the percen rent for personal property is more than 10% but not more than 50%)	an of rent for p	and personal property (if the percents personal property exceeds 50% or if nt is based on profit or income)	age 3(a) Deductions directions 2(	ectly connected with the income in a) and 2(b) (attach schedule)		
(1)						
(2)						
(3)						
(4)						
Total	O . Total		0.			
(c) Total income Add totals of columns 2(a here and on page 1, Part I, line 6, column (A			(b) Total deductions Enter here and on page Part I, line 6, column (B)	1, ,		
Schedule E - Unrelated Debt-	Financed Income (see	instructions)	<del></del>			
	<del></del>		3 Deductions directly	connected with or allocable		
		2 Gross income from or allocable to debt-	(a) Straight line depreciation			
1 Description of debt-finance	ced property	financed property	(attach schedule)	(attach schedule)		
			Statement 6	Statement 7		
(1)Office Space		90,011.	36,78	59,191.		
(2)	<del></del>					
(3)						
(4)						
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5 Average adjusted basis of or allocable to debt-financed property	6 Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
Statement 8	Statement 9					
(1) 491,499.	307,702.	100.00%	90,01	95,971.		
(2)		%%				
(3)		%				
(4)		%				
Statement 4	Statement 5		Enter here and on page 1 Part I line 7, column (A)	Enter here and on page 1 Part I, line 7, column (B)		
Totals		<b>▶</b> [	90,01	95,971.		
Total dividends-received deductions include	ded in column 8			▶ 0.		

Schedule F - Interest,		1	<u>-</u>		Controlled O							
- 1 Name of controlled organiza	- 1 Name of controlled organization		1 Name of controlled organization 2 Employer identification number		Net unrelated income (loss) (see instructions)     payi		yments made Includ		5. Part of column 4 that is included in the controlling organization's gross income		6 Deductions directly connected with income in column 5	
(1)		+	· · · · · · · · · · · · · · · · · · ·	<del> </del>							<del></del>	
(2)				1								
(3)												
(4)		+		<del> </del>						-+		
	rations	<del></del>					<del></del>	<u> </u>				
Nonexempt Controlled Organ		<del></del>	<del></del>	1 0 -			140			44 =	<del></del>	
7. Taxable Income	8. Net	unrelated inco (see instruction		9 Total	of specified payi made	nents	10. Part of colur in the controlli gross	mn 9 tha ng orgar i income	nization's	11, De	eductions directly connected h income in column 10	
(1)	<del>                                     </del>			<del> </del>								
(2)												
(3)	<del>                                     </del>			<del>                                     </del>			1					
	+			+								
_(4)	J			<u> </u>			Add colum Enter here and	on page	1, Part I,		dd columns 6 and 11 here and on page 1, Part I	
							line 8, c	olumn (A			line 8, column (B)	
Totals									0.		0	
Schedule G - Investme (see inst	ent Inco	ome of a	Section	n 501(c)( 	7), (9), or (	(17) Oı	rganization			·		
1. Desc	cription of inc	come			2. Amount of	ncome	3 Deduction directly connect (attach schedi	cted	4. Set-	asıdes chedule)	5 Total deductions and set-asides (col 3 plus col 4)	
(1)								-			1,000,000,000	
(2)					<del></del>			$\neg \dashv$			<del></del>	
											<del></del>	
(3)											<del> </del>	
(4)								i			<u></u>	
					Enter here and o Part I, line 9, col			,			Enter here and on page 1 Part I, line 9, column (B)	
Totals				•		0.					1 0.	
Schedule I - Exploited		t Activity	/ Incom	e, Othe	r Than Ad	vertis	ing Income				- <del> </del>	
(see instru	T T										<del> </del>	
1 Description of exploited activity	unrefate incoi	Gross d business me from r business	directly of with proof un	penses connected oduction related is income	4 Net incom from unrelated business (col minus column gain compute through	trade or umn 2 3) If a cols 5	5 Gross incor from activity the is not unrelate business incor	nat ed	6. Exp attributa colun	able to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)											<del></del>	
(2)	<del> </del>								<del></del>		<del> </del> -	
<del></del>	<del> </del>										<del></del>	
(3)									··			
(4)	L										<del></del>	
	page	ere and on 1, Part I,	page 1	re and on I, Part I, col (B)				,			Enter here and on page 1, Part II line 26	
	ine it	), col (A)	iine iu,									
Totals -		0.		0.							]0.	
Schedule J - Advertisi												
Part I Income From	Periodi	cals Rep	orted o	n a Con	solidated	Basis						
1. Name of periodical		2. Gross advertising income		3 Direct ertising costs	4 Advertis or (loss) (col col 3) If a gai cols 5 thr	2 minus n, comput	5. Circulation	on	6. Reade		7 Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)				·								
(2)												
(3)					7			$\neg \uparrow$				
(4)			<del>                                     </del>	<del></del>	┪ .							
· /					+	<del></del>	1					
Totals (carry to Part II, line (5))	<b>•</b>		0.	0				$\bot$			0.	

Form 990-T (2018) Family Service Agency 71-02375

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	- ▶	0.	0.	,- ,- ,- ,-		- 1, 4 - 2 1 - 4 - 2 h	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 27
Totals, Part II (lines 1-5)	<b>•</b>	0.	0.				0

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

	1 Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)			%	
(2)			%	
(3)			%	
(4)			%	
Total. Enter here ar	nd on page 1, Part II, line 14		<b></b>	0.

Form 990-T (2018)

Form 990-T	Description of	of Organization's	Primary	Unrelated	Statement	1
	_	Business Activit	ty			

Debt Financed Real Property Rental

To Form 990-T, Page 1

Footnotes	Statement 2
990-T, Schedule E, Line 4, Average Acquisition Debt:     July 1, 2018     August 1, 2018     September 1, 2018     October 1, 2018     November 1, 2018     December 1, 2018     January 1, 2019     February 1, 2019     March 1, 2019     April 1, 2019     May 1, 2019     June 1, 2019	502,546. 500,596. 498,639. 496,604. 494,629. 492,578. 490,586. 488,586. 486,376. 484,358. 482,265. 480,229.
Total	5,897,991.
Divided by 12	491,499.
990-T, Schedule E, Line 5, Average Adjusted Basis: Adjusted Basis, Beginning of Year Adjusted Basis, End of Year Average Adjusted Basis	326,092. 289,312. 307,702.

Form 990-T	Net	Statement 3		
Tax Year	Loss Sustained	Loss Previously Applied	Available This Year	
06/30/18	19,401.	0.	19,401.	19,401.
NOL Carryov	er Available This	Year	19,401.	19,401.

<del></del>						
Form 990-T	Schedule E -	Unrelated	Debt-Financed	Income	Statement	4
	Aver	age Acquis	sition Debt			

Description of Debt-Financed Property	Activity Number	Amount of Outstanding	
Office Space	1	Debt	
Beginning first month Beginning second month Beginning third month Beginning fourth month Beginning fifth month Beginning sixth month Beginning seventh month Beginning eighth month Beginning ninth month Beginning tenth month Beginning tenth month Beginning twelfth month		502,546. 500,596. 498,639. 496,604. 494,629. 492,578. 190,586. 488,586. 486,376. 484,358. 482,265. 480,229.	
Total of All Months Number of Months in Year		5,597,992.	
Average Aquisition Debt		466,499.	

Totals to Form 990-T, Schedule E, Column 4

<del></del>			<del></del>	
Form 990-T Schedule E - Unrelate Average Adju		l Income	Statement	5
Description of Debt-Financed Propert	ty	Activit Number	-	
Office Space	1	Amount		
Average adjusted basis of property first day of year Average adjusted basis of property last day of year Average adjusted basis of property for the year			326,092. 289,312.	
			307,70	02.
Total to Form 990-T, Schedule E, Col	lumn 5			
Form 990-T Schedule E - Depr	reciation Deducti	on	Statement	6
Description	Activity Number	Amount	Total	
Depreciation - SubTot	al - 1	36,780.	36,7	80.
Total of Form 990-T, Schedule E, Col	36,7	80.		
Form 990-T Schedule E - C	Other Deductions		Statement	7
Description	Activity Number	Amount	Total	
Lawn Care Pest Control Repairs and Maintenance Security Insurance Interest Utilities		2,514. 520. 7,107. 60. 3,138. 25,019. 20,833.	EQ. 1	
- SubTot			59,1	
Total of Form 990-T, Schedule E, Col	umn 3(D)		59,1	<del>"</del> 1•

Form 990-T Average Acquisit Allocable to Debt-			Statement	
Description	Activity Number	Amount	Total	
Average Acquisition Debt - SubTota	1 - 1	491,499.	491,4	99.
Total of Form 990-T, Schedule E, Column 4			491,4	99.

Form 990-T	Average Adjusted Basis of or Allocable to Debt-Financed Property			Statement
Description		Activity Number	Amount	Total
Average Adjusted	Basis - SubTotal -	- 1	307,702.	307,702
Total of Form 990-T, Schedule E, Column 5				307,702