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EXTENSION GRANTED TO 5/16/11

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

Départment of the Treasury Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements

Open to Public Inspection

A	For the	2009 ca	lendar year, or tax year beginning $$	JUN 30, 2010						
В	Check if applicable	e Please use IRS	C Name of organization	D Employer identific	cation number					
	Addres	ss label or e print or	ARKANSAS ARTS CENTER FOUNDATION							
	Name chang	type	Doing Business As	23-7	337495					
	Initial return	See	Number and street (or P.O. box if mail is not delivered to street address) Room/si	uite E Telephone numbe						
	Termir ated	1- Specific Instruc-	P.O. BOX 2137	(501)372-4000						
	Ameno return	ded tions	City or town, state or country, and ZIP + 4	G Gross receipts \$	6,480,922.					
	Applic		LITTLE ROCK, AR 72203	H(a) Is this a group re	eturn					
	pendir	F Nar	ne and address of principal officer JOSEPH LAMPO	for affiliates?	Yes X No					
			IE AS C ABOVE	H(b) Are all affiliates inc	luded? Yes No					
_			us: X 501(c) (3) ◀ (insert no)	if "No," attach a	list (see instructions)					
		te: N /		H(c) Group exemptio						
				ear of formation: 1972 N	State of legal domicile: AR					
P	art I	Summ								
e	1		scribe the organization's mission or most significant activities THE ARKA							
ш			ATION WAS CREATED BY THE ARKANSAS ARTS							
Governance	1		s box Lifthe organization discontinued its operations or disposed of m	1 1						
Ĝ	1		f voting members of the governing body (Part VI, line 1a)	3	13					
•ಕ	1		of independent voting members of the governing body (Part VI, line 1b) iber of employees (Part V, line 2a)	4	13					
itie	1		iber of volunteers (estimate if necessary)	5	<u>0</u> 15					
Activities	1		is unrelated business revenue from Part VIII, column (C), line 12	7a	-4,490.					
ĕ		_	ated business taxable income from Form 990-T, line 34	7b	-4,490.					
) F 11 / I		Prior Year	Current Year					
ام	K	eonth but	ions and grants (Part VIII, line 1h)	437,047.	1,206,118.					
اق	9	Program s	service revenue (Part VIII, line 2g)	0.						
Revenu	MAY	Investme6	Itincome (Part VIII, column (A), lines 3, 4, and 7d)	68,223.	333,334.					
][enue (Partylli, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	31,683.	29,792.					
<u></u>			nue jadd lines 8 through 11 (must equal Part VIII, column (A), line 12)	536,953.	1,569,244.					
	/\3\L	Grants an	distimilar amounts paid (Part IX, column (A), lines 1-3)	1,234,836.	1,311,544.					
_	14	Benefits p	paid to or for members (Part IX, column (A), line 4)							
Se	15		other compensation, employee benefits (Part IX, column (A), lines 5-10)							
Expenses	16a	Profession	nal fundraising fees (Part IX, column (A), line 11e)							
, Š	b`		Iraising expenses (Part IX, column (D), line 25)							
0	17 '		enses (Part IX, column (A), lines 11a-11d, 11f-24f)	967,853.	870,213.					
•			enses. Add lines 13-17 (must equal Part IX, column (A), line 25)	2,202,689.	2,181,757.					
<u>- 8</u>	19	Revenue I	ess expenses. Subtract line 18 from line 12	-1,665,736.	-612,513.					
Net Assets or Fund Balances		T-4-1	As (Dad V. Inc. 40)	Beginning of Current Year	End of Year					
Bake	20		ets (Part X, line 16)	<u>26,479,123.</u>	<u>26,283,020.</u>					
9 E	21		lities (Part X, line 26) s or fund balances Subtract line 21 from line 20	2,160,653. 24,318,470.	1,238,275. 25,044,745.					
P	art II		ture Block	24,318,470.	25,044,745.					
J),		Under pena	Ities of perjury, I declare that I have examined this return, including accompanying schedules and statemen	nts, and to the best of my knowledg	ge and belief, it is true, correct,					
		and comple	te Declaration of preparer (other than officer) is based on all information of which preparer has any knowle	_	 0.					
Sig Her		Sign	Joseph W Commo	5.10.	72011					
пег	e		SEPH LAMPO, SECRETARY	54.0						
			e or print name and title							
Paid	i	Preparer's	Mauriller mare le 5.10.11	self- (see ins	r's identifying number tructions)					
	parer's	Signature Firm's name		employed ▶ Po	0626271					
•	Only	Yours if	DEMS COX, PLLQ	EIN ► 20	-1776739					
	> /	self-employ address, an	d Piece Ciminalia Roll, Boill Soi		04 000 -000					
	- T	ZIP + 4	LITTLE ROCK, ARKANSAS 72212	Phone no. ► 5	01-227-5800					
May	tne iP		s this return with the preparer shown above? (see instructions)	·	X Yes No					

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

	Statement of Program Service Accomplishments Briefly describe the organization's mission. NONE											
2		ny significant program s	ervices during the year which were n	ot listed on	☐Yes X No							
	the prior Form 990 or 990-EZ? If "Yes," describe these new serv	rices on Schedule O.			L Yes LA No							
3	Did the organization cease condu	ucting, or make significa	nt changes in how it conducts, any p	rogram services?	Yes X No							
	If "Yes," describe these changes		he organization's three largest progra	am conuces by evenens								
4			14947(a)(1) trusts are required to rep									
	allocations to others, the total ex	penses, and revenue, if	any, for each program service reporte	ed								
4a	(Code) (Expe		including grants of \$ NDATION'S MISSION)(Revenue \$ IS TO SUPPORT T	······································							
	OPERATIONS OF ANI ARTS CENTER.	D TO PROVIDE	A STABLE SOURCE OF	F INCOME TO THE	ARKANSAS							
		·										
4b	(Code:) (Expe	inses \$	including grants of \$) (Revenue \$								
710) (Heverlue ¢	· · · · · · · · · · · · · · · · · · ·							
			· · · · · · · · · · · · · · · · · · ·									
<u>. </u>												
4c	(Code) (Expe	nses \$	including grants of \$) (Revenue \$)							
												
4d	Other program services (Describ											
70	(Expenses \$ 2,181,75)	7. including grants of	\$) (Revenue \$									

Form 990 (2009) ARKANSAS ARTS CENTER FOUNDATION
Part IV Checklist of Required Schedules

•			Yes	No
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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		Х
5	Section 501(c)(4), 501(c)(5), and 501(c)(6) organizations. Is the organization subject to the section 6033(e) notice and			
	reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts where 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,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	х	İ
9	Did the organization report an amount in Part X, line 21; serve as a custodian for amounts not listed in Part X; or provide			
	credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments?			
	If "Yes," complete Schedule D, Part V	10		x
11	Is the organization's answer to any of the following questions "Yes"? If so, complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable	11	х	
•	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI.			
•	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			l
•	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			
•	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			
•	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X			
•	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? If "Yes," complete Schedule D, Part X.			
12	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI, XII, and XIII.	12	X	
12A	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," completing Schedule D, Parts XI, XII, and XIII is optional			_
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	and program service activities outside the United States? If "Yes," complete Schedule F, Part I	14b		_ X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	į		
	or entity located outside the United States? If "Yes," complete Schedule F, Part II	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Part III	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			
	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? If "Yes,"			
	complete Schedule G, Part III	19_		X
<u>20</u>	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	_20 _		X
		Form	990 (2009)

Form 990 (2009) ARKANSAS ARTS CENTER FOUNDATION

Part IV Checklist of Required Schedules (continued)

•			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the			
	United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX,			
	column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	ļ	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	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			1
	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 25	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Section 501(c)(3) and 501(c)(4) 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		x
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		Х
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified			
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor, or a grant selection committee member, or to a person related to such an individual? If "Yes," complete			İ
	Schedule L, Part III	27		Х
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, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee of the organization (or a family member) was			
	an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	X	
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity?			
	If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34		Х
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?			
	If "Yes," complete Schedule R, Part V, line 2	35	X	
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		X
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		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	X	
		Form	990 (2009)

Form 990 (2009) ARKANSAS ARTS CENTER FOUNDATION 23-7337495 Statements Regarding Other IRS Filings and Tax Compliance Part V Yes No 1a Enter the number reported in Box 3 of Form 1096, Annual Summary and Transmittal of U.S. Information Returns Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? X 1c 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, 0 filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note, If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this return. (see instructions) X 3a Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return? 3a b If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **b** If "Yes," enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. X 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? Х 5b If "Yes," to line 5a or 5b, did the organization file Form 8886-T, Disclosure by Tax-Exempt Entity Regarding Prohibited Tax Shelter Transaction? 5ç 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7с d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, receive any funds, directly or indirectly, to pay premiums on a personal 7e Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? **7**f For all contributions of qualified intellectual property, did the organization file Form 8899 as required? 7g h For contributions of cars, boats, airplanes, and other vehicles, did the organization file a Form 1098-C as required? X 7h Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a b Did the organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter. a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b

Form **990** (2009)

12a

Section 501(c)(12) organizations. Enter a Gross income from members or shareholders

amounts due or received from them)

Gross income from other sources (Do not net amounts due or paid to other sources against

b If "Yes," enter the amount of tax-exempt interest received or accrued during the year

12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?

11a

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 in Schedule O. See instructions

Sec	tion A. Governing Body and Management				
			_	Yes	No
1a	Enter the number of voting members of the governing body	1a	13		
b	Enter the number of voting members that are independent	1b	13		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	p with any other		ı	
	officer, director, trustee, or key employee?		2	X	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the	e direct supervision			
	of officers, directors or trustees, or key employees to a management company or other person?		3	;	X
4	Did the organization make any significant changes to its organizational documents since the prior Fo	orm 990 was filed?	4		X
5	Did the organization become aware during the year of a material diversion of the organization's asse	ts?	_ 5	;	X
6	Does the organization have members or stockholders?		_6	j ·	X
7a	Does the organization have members, stockholders, or other persons who may elect one or more me	embers of the			ŀ
	governing body?		78	<u>a</u>	X
b	Are any decisions of the governing body subject to approval by members, stockholders, or other per	rsons?	71	.	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken	during the year		1	1
	by the following:				
а	The governing body?		88	X	
b	Each committee with authority to act on behalf of the governing body?		- 8t	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be real	ched at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O		9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenue Code)			
				Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		10	a	X
b	If "Yes," does the organization have written policies and procedures governing the activities of such	chapters, affiliates,			
	and branches to ensure their operations are consistent with those of the organization?		10	b	<u> </u>
11	Has the organization provided a copy of this Form 990 to all members of its governing body before f	iling the form?	1	<u>. </u>	X
11A	Describe in Schedule O the process, if any, used by the organization to review this Form 990				
12a	Does the organization have a written conflict of interest policy? If "No," go to line 13		12	a X	_
b	Are officers, directors or trustees, and key employees required to disclose annually interests that cou	uld give rise			
	to conflicts?		12	b X	
С	Does the organization regularly and consistently monitor and enforce compliance with the policy? If	"Yes," descпbe			
	in Schedule O how this is done		12		
13	Does the organization have a written whistleblower policy?		13		X
14	Does the organization have a written document retention and destruction policy?		14	ı X	-
15	Did the process for determining compensation of the following persons include a review and approve	•		-	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				
	The organization's CEO, Executive Director, or top management official		15	<u>a </u>	X
þ	Other officers or key employees of the organization		15	<u>b </u>	X
40	If "Yes" to line 15a or 15b, describe the process in Schedule O. (See instructions.)			ŀ	
тоа	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	ment with a			
	taxable entity during the year?		16	a X	┼──
D	If "Yes," has the organization adopted a written policy or procedure requiring the organization to eva				
	in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the org	anization's	1,0	.	.
Sac	exempt status with respect to such arrangements?		16	<u>D </u>	<u> X</u>
17	List the states with which a copy of this Form 990 is required to be filed ▶AR				
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-1	[(501(c)(3)e only) ava	lable for		_
.0	public inspection. Indicate how you make these available. Check all that apply.	(COTTO)(C)S OTHY) avai	1010 101		
	Own website X Another's website X Upon request				
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, or	conflict of interest poli	cv and fi	nancial	
	statements available to the public.	ot of interest poir	oy, and II	uu.a.	
20	State the name, physical address, and telephone number of the person who possesses the books a	nd records of the ora:	anization		
	JOSEPH LAMPO - (501)372-4000				
	ARKANSAS ARTS CENTER, LITTLE ROCK, AR 72203				
			Fo	rm 990	(2009)

932006 02-04-10

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

Check this box if the organization did not compensate any current officer, director, or trustee.

- 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. Use Schedule J-2 if additional space is needed.
- 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. 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.

List persons in the following order individual trustees or directors; institutional trustees; officers, key employees; highest compensated employees; and former such persons.

(A)	(B)	(C) Position						(D)	(E)	(F)
Name and Title	Average hours	(ct				ı app	lv)	Reportable compensation	Reportable compensation	Estimated amount of
	per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
WARREN STEPHENS										
CHAIRMAN	0.30	X		X		<u> </u>		0.	0.	0.
GEORGE O'CONNOR									_	_
TREASURER	0.30	X		Х		_	_	0.	0.	0.
JOSEPH LAMPO									_	
SECRETARY	0.30	Х		Х		<u> </u>	<u> </u>	0.	0.	150,000.
JAMES DYKE								_	_	_
DIRECTOR	0.30	X				_	<u> </u>	0.	0.	0.
CURTIS FINCH JR.									_	
DIRECTOR	0.30	X				<u> </u>	<u> </u>	0.	0.	0.
ROBYN HORN		_							_	
DIRECTOR	0.30	Х				ļ	-	0.	0.	0.
PHIL COX	0.00								•	
DIRECTOR	0.30	X				-	_	0.	0.	0.
ROBERT TUCKER	0.20	,,							•	
DIRECTOR	0.30	X				-	-	0.	0.	0.
BEN HUSSMAN	0.30	x						0.	0	_
DIRECTOR	0.30	^				-		J	0.	0.
SANDRA M. CONNOR	0.30	x						0.	0.	_
DIRECTOR	0.30	^				\vdash	\vdash	0.		0.
CLAIBORNE P. DEMING DIRECTOR	0.30	x						0.	0.	0.
JOHN TYSON	0.30						!			
DIRECTOR	0.30	x						0.	0.	0.
BELINDA SHULTS	- 0.00	-			-					
DIRECTOR	0.30	x						0.	0.	0.
TOWNSEND WOLFE						Г				
FORMER EXEC DIRECTOR AAC	0.00						х	150,000.	0.	0.

Form 990 (2009)

Pa	rt VII Section A. Officers, Directors, Tr	1	mplo	yee			ligh	est	1		- 1			
•	(A)	(B) (C)							(D)	(E)	l	_	(F)	
	Name and title	Average hours	Position (check all that apply)						Reportable compensation	Reportable compensatio	.	-	timate rount	
		per week	Individual trustee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organization: (W-2/1099-MIS	s	com fr org and	other pensa om the anizate direlate	ation e tion ted
														
														
													<u>.</u>	
									150,000			4 -	0 0	0.0
1b 2	Total . Total number of individuals (including but is compensation from the organization	not limited to th	nose	liste	ed al	oove	e) wh	no r	150,000. ecceived more than \$100	,000 in reportabl	0. e	12	0,0	00 <u>.</u> 1
													Yes	No
3	Did the organization list any former officer line 1a? If "Yes," complete Schedule J for s	such ındıvıdual										3	х	
4	For any individual listed on line 1a, is the s and related organizations greater than \$15	•		-						tne organization		4		х
5	Did any person listed on line 1a receive or				rom	any	unr/	elat	ted organization for serv	ices rendered to		_		v
Sec	the organization? If "Yes," complete Sched	dule J for such	pers	on								5_		<u> </u>
1	Complete this table for your five highest co	ompensated in	depe	ende	ent c	onti	racto	ors 1	that received more than	\$100,000 of com	pensa	tion 1	rom	
	(A) Name and business	s address							(B) Description of s	ervices	Co)) ompe	c) nsatio	'n
	EPHENS, INC. 1 CENTER STREET, LITTL	E ROCK,	AI	R '	722	20:	1		INVESTMENT S	ERVICES		12	1,5	97.
									_				-	
2	Total number of independent contractors	(including but r	not li	mıte	d to	tho	se li	stec	d above) who received n	nore than	_			
	\$100,000 in compensation from the organ	ization >					1					Form	aan /	2009)

Business Code A Display Displ			(2009) ARKA	NSAS ARTS	CENTER	FOUNDATION		23-7337	495 Page 9
Total Add lines 1a.1f All other program service revenue	Par	t VII	Statement of Reve	nue					
Business Code	•						Related or exempt function	Unrelated business	(D) Revenue excluded from tax under sections 512, 513, or 514
Business Code 2 a	3 2 2 2 2	1 a	Federated campaigns	1a					
Business Code 2 a	g a	b	Membership dues	1b		_			
Business Code 2 a	an, c	С	Fundraising events	1c					
Securities Business Code	<u>a</u>	d	Related organizations	1d		_			
Securities Business Code	S.E	е	Government grants (contribu	rtions) 1e					
Business Code 2 a	ributio other s	f			,206,118,				
Securities Business Code	E D	g	Noncash contributions included in line	s 1a-1f \$					
2 a b	<u>0 6</u>	h	Total. Add lines 1a-1f						
Total, Add lines 2a:2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) c San or (loss) 1 Less cost or other basis and sales expenses and sales expenses 4911678. 252824. 82,448. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a PERPETUAL TRUST INCOME b EMERGY TRANSFER EQUITY c All other revenue e Total. Add lines 11a-11d b 29,792. 1,569,244, -172,282, -4,490, 539,89					Business Code	9			
Total, Add lines 2a:2f 3 Investment income (including dividends, interest, and other similar amounts) 4 Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross Rents b Less rental expenses c Rental income or (loss) d Net rental income or (loss) c San or (loss) 1 Less cost or other basis and sales expenses and sales expenses 4911678. 252824. 82,448. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 19 b Less. direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a PERPETUAL TRUST INCOME b EMERGY TRANSFER EQUITY c All other revenue e Total. Add lines 11a-11d b 29,792. 1,569,244, -172,282, -4,490, 539,89	8	2 a							
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c d All other revenue e Total. Add lines 11a-11d ▶ 29,792. 12 Total revenue. See instructions. ▶ 1,569,244172,2824,490. 539.89						34,282.			34,282.
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12 Total revenue. See instructions. 1,569,244. -172,282. -4,490. 539,89					•		486 65		
	932009 02-04-1		Iotal revenue. See instructions.		> _	1,569,244.	-172,282.	<u>-4,490.</u>	539,898. Form 990 (2009)

Section 501(c)(3) and 501(c)(4) organizations must complete all columns.

	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).												
Do	Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising												
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses								
1	Grants and other assistance to governments and	4 00											
	organizations in the U.S. See Part IV, line 21	1,311,544.	1,311,544.	- · · · · · · · · · · · · · · · · · · ·									
2	Grants and other assistance to individuals in												
	the U.S. See Part IV, line 22												
3	Grants and other assistance to governments,												
	organizations, and individuals outside the US												
	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		_										
8	Pension plan contributions (include section 401(k)												
_	and section 403(b) employer contributions)	· · · · ·											
9	Other employee benefits												
10	Payroll taxes	:											
11	Fees for services (non-employees)												
a	Management .												
b	Legal	07 700	05 500		<u> </u>								
C	Accounting	27,700.	27,700.										
d	Lobbying	 -											
e	Professional fundraising services. See Part IV, line 17												
f	Investment management fees	14 122	14 122										
g	Other	14,133.	14,133.										
12	Advertising and promotion	··											
13	Office expenses												
14	Information technology				· - · · · · · · · · · · · · · · · · · ·								
15	Royalties												
16	Occupancy												
17	Travel												
18	Payments of travel or entertainment expenses												
40	for any federal, state, or local public officials												
19	Conferences, conventions, and meetings Interest												
20	Payments to affiliates												
21 22	Depreciation, depletion, and amortization	427,375.	427,375.										
23	Insurance	-41,JIJ.	421,313.										
24	Other expenses. Itemize expenses not covered												
24	above. (Expenses grouped together and labeled miscellaneous may not exceed 5% of total												
	expenses shown on line 25 below.)												
а	TRUSTEE AND INVESTMENT	121,597.	121,597.										
b	MISCELLANEOUS	102,648.	102,648.										
C	CONTRACT EXPENSE	99,575.	99,575.										
d	INSURANCE	76,836.	76,836.		<u>-</u>								
е	SHIPPING	349.	349.										
f	All other expenses												
<u>25</u>	Total functional expenses. Add lines 1 through 24f	2,181,757.	2,181,757.	0.	0								
26	Joint costs. Check here if following												
	SOP 98-2. Complete this line only if the organization												
	reported in column (B) joint costs from a combined												
	educational campaign and fundraising solicitation				Form 990 (2000)								

Pą	rt X	Balance Sheet		-		
•		•		(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		200.	1	200.
	2	Savings and temporary cash investments		1,669,681.	2	696,601.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		1,124,974.	4	2,356,480.
	5	Receivables from current and former officers, directors	s, trustees, key			
		employees, and highest compensated employees. Co	mplete Part II			
		of Schedule L		5		
	6	Receivables from other disqualified persons (as define	d under section	, ,		
		4958(f)(1)) and persons described in section 4958(c)(3				
		Part II of Schedule L			6	
S.	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
ĕ	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment, cost or other	ĺ			
		basis Complete Part VI of Schedule D 10a	13,527,712.			
	ь	Less: accumulated depreciation 10b	5,570,212.	8,384,875.	10c	7,957,500.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 11		14,406,893.	12	14,361,336.
	13	Investments - program-related. See Part IV, line 11	-	13		
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11	892,500.	15	910,903.	
	16	Total assets. Add lines 1 through 15 (must equal line	34)	26,479,123.	16	26,283,020.
	17	Accounts payable and accrued expenses		919,347.	17	47,395.
	18	Grants payable		18		
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities			20	
ģ	21	Escrow or custodial account liability. Complete Part IV	of Schedule D		21	
Liabilities	22	Payables to current and former officers, directors, trus	tees, key employees,			
abi		highest compensated employees, and disqualified per	sons Complete Part II			
Ξ		of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated th	ird parties		23	
	24	Unsecured notes and loans payable to unrelated third	parties		24	
	25	Other liabilities. Complete Part X of Schedule D		1,241,306.	25	1,190,880.
	26	Total liabilities. Add lines 17 through 25		2,160,653.	26	1,238,275.
		Organizations that follow SFAS 117, check here	X and complete			
S		lines 27 through 29, and lines 33 and 34.				
Š	27	Unrestricted net assets		19,264,692.	27	19,882,296.
3ala	28	Temporarily restricted net assets		1,134,835.	28	1,158,288.
Ā	29	Permanently restricted net assets		3,918,943.	29	4,004,161.
귤		Organizations that do not follow SFAS 117, check h	ere 🕨 🔲 and			
5		complete lines 30 through 34.			İ	
ets	30	Capital stock or trust principal, or current funds			30	
A SS	31	Paid-in or capital surplus, or land, building, or equipme	nt fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated income,	or other funds		32	
Ž	33	Total net assets or fund balances	[24,318,470.	33	25,044,745.
	34	Total liabilities and net assets/fund balances		26,479,123.	34	26,283,020.

26,283,020. Form **990** (2009)

Pa	rt XI Financial Statements and Reporting			
•			Yes	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a		х
b	Were the organization's financial statements audited by an independent accountant?	2b	Х	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a consolidated basis, separate basis, or both. X Separate basis Consolidated basis Both consolidated and separate basis			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b		
		Form	990 (2009)

932012 02-04-10

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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. ➤ See separate instructions.

Inspection

Name of the organization

Employer identification number

				<u>AS ARTS CENTE</u>						2.	3-7337 4 95
Pa	rt I	Reason	for Public Cha	rity Status (All organiz	ations mu	st comple	te this par	t) See ins	tructions		
Πhe	organ	ization is not a	a private foundation	because it is: (For lines	1 through	11, check	only one b	oox)			
1		A church, co	nvention of churche	s, or association of chur	ches desc	nbed in se	ection 170	(b)(1)(A)(i)).		
2		A school des	cribed in section 1	70(b)(1)(A)(ii). (Attach Sc	hedule E.)						
3		A hospital or	a cooperative hosp	ital service organization (described	n section	170(b)(1)	(A)(iii).			
4		A medical res	search organization	operated in conjunction	with a hos	prtal descr	nbed in se	ection 170	(b)(1)(A)(i	ii). Enter t	he hospital's name,
		city, and stat	е								
5		An organizati	on operated for the	benefit of a college or ur	niversity ov	wned or op	perated by	a governi	mental un	ıt describe	ed in
		section 170	(b)(1)(A)(iv). (Compl	ete Part II.)							
6		A federal, sta	ite, or local governn	nent or governmental unr	t describe	d in sectio	n 170(b)(1)(A)(v).			
7	$\overline{\mathbf{X}}$	An organizati	on that normally red	ceives a substantial part	of its supp	ort from a	governme	ental unit c	or from the	general p	oublic described in
		section 170(b)(1)(A)(vi). (Comple	ete Part II)							
8		A community	trust described in :	section 170(b)(1)(A)(vi).	(Complete	Part II)					
9		An organizati	on that normally red	ceives. (1) more than 33 °	1/3% of its	support f	rom contri	ibutions, n	nembershi	ip fees, an	nd gross receipts from
		activities rela	ted to its exempt fu	nctions - subject to certa	aın excepti	ons, and (2	2) no more	than 33 1	1/3% of its	support	from gross investment
		income and i	unrelated business t	axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	anization a	after June 30, 1975.
		See section	509(a)(2). (Complet	e Part III.)							
10		An organizati	on organized and o	perated exclusively to te	st for publ	c safety. S	See sect io	on 509(a)(4	4).		
11	Ш	An organizati	ion organized and o	perated exclusively for th	ne benefit (of, to perfo	orm the fu	nctions of,	or to carr	y out the	purposes of one or
		more publicly	supported organiz	ations described in secti	on 509(a)([.]	I) or section	on 509(a)(2	2) See sec	ction 509(a)(3). Che	ock the box that
		describes the	e type of supporting	organization and comple		-				,	ī
		a Type		_ ,,		e III - Func	•	•		d	Type III - Other
е		•	•	at the organization is not		-	•			•	
		foundation m	anagers and other	than one or more publicly	y supporte	d organiza	ations des	cribed in s	ection 50	9(a)(1) or s	section 509(a)(2).
f				tten determination from t	the IRS tha	at it is a Ty	pe I, Type	il, or Type	ə III		
			rganızatıon, check t								
g				organization accepted ar			-				
		••	-	directly controls, either al	one or tog	ether with	persons o	described	ın (ıı) and ((III) below,	
		•	• •	upported organization?							11g(i)
		• •	•	n described in (i) above?		_					11g(ii)
		• •	-	person described in (i) o							11g(iii)
h		Provide the f	ollowing information	about the supported or	ganızatıonı	(s).					
			I	(iii) Type of	l		I		1 6.9.1		
(i)		of supported	(ii) EIN	(iii) Type of organization	in col. (i) his	rganization		u notify the	(vi) ls organizati	on in col. Ì	(vii) Amount of
	orga	inization		(described on lines 1-9		document?		r support?	(i) organiz U.S	ed in the	support
				above or IRC section (see instructions))		1					
				(see instructions)/	Yes	No	Yes	No	Yes	No	
_			 -	-	1				 		
									 	1 1	·
_		,,									
								<u> </u>	L		
					<u> </u>						
Tota	aL		<u> </u>					<u>L</u>		1	

932021 02-08-10

Form 990 or 990-EZ.

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Schedule A (Form 990 or 990-EZ) 2009

Schedule A (Form 990 or 990-EZ) 2009 ARKANSAS ARTS CENTER FOUNDATION 23-7337495 Page 2 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) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006 (d) 2008(f) Total (c) 2007 (e) 2009 1 Gifts, grants, contributions, and membership fees received. (Do not 777,450. 1162403. 1392700. 1206118. include any "unusual grants.") 437,047. 4975718. 2 Tax revenues levied for the organization'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 1162403. 1392700. 437,047. 1206118. 4 Total. Add lines 1 through 3 5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 2276801. 2698917. Public support. Subtract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2005 (b) 2006(c) 2007 (d) 2008 (f) Total (e) 2009 7 Amounts from line 4 777,450. 1162403. 1392700. 437,047. 1206118. 4975718. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties 608,733. 704,840. and income from similar sources 581,012. 519,864. 499,101. 2913550. 9 Net income from unrelated business 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 IV) 33,471 31,983 33,258 31,683. 34,282. 164,677. 8053945. 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 33.51 14 Public support percentage for 2009 (line 6, column (f) divided by line 11, column (f)) 14 15 Public support percentage from 2008 Schedule A, Part II, line 14 15 30.08 % 16a 33 1/3% support test - 2009. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization $\triangleright X$ b 33 1/3% support test - 2008. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2009. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization

Schedule A (Form 990 or 990-EZ) 2009

meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization

organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization.

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

b 10% -facts-and-circumstances test - 2008. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the

Sch	edule A (Form 990 or 990-EZ) 2009 irt III Support Schedule for C	Organizations	Described in	Section 509(a)(2) (Complete only	/ If you checked the bo	Page 3
Sec	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization'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 without charge						
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 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
С	Add lines 7a and 7b						
	Public support (Subtract line 7c from line 6)						
	endar year (or fiscal year beginning in)	(a) 2005	(b) 2006	(c) 2007	(d) 2008	(e) 2009	(f) Total
	Amounts from line 6	,					
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses					1	
	acquired after June 30, 1975					1	
C	Add lines 10a and 10b	-					
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
	Total support (Add lines 9, 10c, 11, and 12)		<u> </u>	<u> </u>	<u> </u>		
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	ation,
Sac	check this box and stop here ction C. Computation of Publ	ic Support Pe	rcentage				<u> </u>
					·	45	
	Public support percentage for 2009 (column (1))		15	<u>%</u>
	Public support percentage from 2008 ction D. Computation of Investigation					16	<u>%</u>
				ne 13 column (fi)		17	0/
17 18	Investment income percentage for 20 Investment income percentage from :	-	•	ie io, column (f))		17	<u> </u>
18 10:	33 1/3% support tests - 2009. If the		•	on line 14 and line	a 15 is more than		
138	more than 33 1/3%, check this box a	=					, 19 HOT
h	33 1/3% support tests - 2008. If the	-	=	-	-		and
J	line 18 is not more than 33 1/3%, che	=					
20	Private foundation. If the organization		•	•		_	
						hedule A (Form 99	0 or 990-EZ) 2009

Schedule D

(Form 990)

Department of the Treasury internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

➤ Attach to Form 990. ➤ See separate instructions.

2009
Open to Public Inspection

Name of the organization

ARKANSAS ARTS CENTER FOUNDATION

Employer identification number 23-7337495

Pa	rt I Organizations Maintaining Donor Advise		Is or Accounts. Complete if the				
	organization answered "Yes" to Form 990, Part IV, line						
		(a) Donor advised funds	(b) Funds and other accounts				
1	Total number at end of year						
2	Aggregate contributions to (during year)						
3	Aggregate grants from (during year)						
4	Aggregate value at end of year						
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor adv	used funds				
	are the organization's property, subject to the organization's		Yes No				
6	Did the organization inform all grantees, donors, and donor a	•					
Ū	for charitable purposes and not for the benefit of the donor of	• •					
	impermissible private benefit?		Yes No				
Pa		panization answered "Yes" to Form 990.					
1	Purpose(s) of conservation easements held by the organization						
•	Preservation of land for public use (e.g., recreation or p		istorically important land area				
	Protection of natural habitat		rtified historic structure				
	Preservation of open space		rimod riidiono directaro				
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form	n of a conservation easement on the last				
_	day of the tax year.	iod donoorvalion donaballon in the form	in or a conservation casement on the last				
	day of the tax your.		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 str	ucture included in (a)	2c				
d	Number of conservation easements included in (c) acquired	` '	2d				
3							
	year >		o organization doming the tax				
4	Number of states where property subject to conservation ea	sement is located					
5	Does the organization have a written policy regarding the per		f				
	violations, and enforcement of the conservation easements it	• • • • • • • • • • • • • • • • • • • •	Yes No				
6	Staff and volunteer hours devoted to monitoring, inspecting,						
7	Amount of expenses incurred in monitoring, inspecting, and	enforcing conservation easements durin	g the year ▶ \$				
8	Does each conservation easement reported on line 2(d) above						
	and section 170(h)(4)(B)(ii)?	• •	Yes No				
9	In Part XIV, describe how the organization reports conservati	on easements in its revenue and expens	se statement, and balance sheet, and				
	include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for						
	conservation easements.						
Pa	rt III Organizations Maintaining Collections o	f Art, Historical Treasures, or (Other Similar Assets.				
	Complete if the organization answered "Yes" to Form	990, Part IV, line 8.					
1a	If the organization elected, as permitted under SFAS 116, no	t to report in its revenue statement and l	balance sheet works of art, historical				
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of p	ublic service, provide, in Part XIV, the text of				
	the footnote to its financial statements that describes these	tems					
b	If the organization elected, as permitted under SFAS 116, to	report in its revenue statement and bala	nce sheet works of art, historical treasures.				
	or other similar assets held for public exhibition, education, o	r research in furtherance of public service	ce, provide the following amounts relating to				
	these items	,					
	(i) Revenues included in Form 990, Part VIII, line 1		\$				
	(ii) Assets included in Form 990, Part X		s				
2	If the organization received or held works of art, historical tre-	asures, or other similar assets for financi	ial gain, provide				
	the following amounts required to be reported under SFAS 1		<u>-</u> · · · ·				
а	Revenues included in Form 990, Part VIII, line 1	-	> \$				
b	Assets included in Form 990, Part X		► \$ ► \$				

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Schedule D (Form 990) 2009

	dule D'(Form 990) 2009 ARKANSA † III Organizations Maintaining C	S ARTS CEN				or Oth		23-73			
3,	Using the organization's acquisition, access										
J	(check all that apply).	on, and other recon	33, 01100	ik arry or tire	TONOWING UT	at are a s	igimicant	use of its	Conectio	11 11011	13
а	X Public exhibition	,	4 X	Loan or exc	hange progr	ame					
b	X Scholarly research	Ì		Other	inango progi	umo					
c	X Preservation for future generations	`	<i>,</i>	<u> </u>			_				
4	Provide a description of the organization's co	ollections and expla	ın how ti	hev further t	he organizat	ion's ava	mot nurn	nea in Pai	+ YIV		
5	During the year, did the organization solicit of				_			030 1111 01	t XIV.		
•	to be sold to raise funds rather than to be m					101 31111114	1 433013		Yes	¥	ON [
Pai	t IV Escrow and Custodial Arran					s" to For	m 000 Ps	art IV line			<u> </u>
<u> </u>	reported an amount on Form 990, Pa		0.0 11 01	gamzanoma	115110100 10	3 10 101	111 000, 1 6	21 L 1 V , 111 10	5, 01		
	Is the organization an agent, trustee, custod		diary for	contribution	s or other a	ssets not	ıncluded				
	on Form 990, Part X?		J. J. J. J. J. J. J. J. J. J. J. J. J. J	001111111101101			inoladoa		Yes		□No
h	If "Yes," explain the arrangement in Part XIV	and complete the fo	ollowina	table:	•	•		<u> </u>	_ 163	_	_ 140
•	Too, Oxplain the arrangement in t are xiv	and complete the R	J.10 111.11g	table					Amoun	+	
С	Beginning balance						1c		74110411	-	
ď	Additions during the year						1d				
e	Distributions during the year						1e				
•	Ending balance						1f				
2а	Did the organization include an amount on F	orm 990 Part X line	212				L		Yes		No
	If "Yes," explain the arrangement in Part XIV	01111 000, 1 dit A, iii10							7 162	<u> </u>	_ 140
	Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10										
		(a) Current year		nor year	(c) Two year		(d) Three y	ears back	(e) Four	r vears	hack
1a	Beginning of year balance	(-)	1 1		(0))		(4)	varo baom	107.00.	Joans	Duon
b	Contributions										
c	Net investment earnings, gains, and losses								 		
ď	Grants or scholarships										
e	Other expenditures for facilities	· · · · · · · · · · · · · · · · · · ·							1		
•	and programs										
f	Administrative expenses	•	l								
a	End of year balance								<u> </u>		
2	Provide the estimated percentage of the year	r end balance held a	as.		·						
а	Board designated or quasi-endowment		%								
b	Permanent endowment	%									
c	Term endowment	 .~									
За	Are there endowment funds not in the posse	ssion of the organiz	ation tha	at are held a	nd administe	ered for t	he organiz	zation			
	by	J								Yes	No
	(i) unrelated organizations								3a(i)		<u> </u>
	(ii) related organizations								3a(ii)		
b	If "Yes" to 3a(ii), are the related organizations	s listed as required o	n Sche	dule R?					3b		
4	Describe in Part XIV the intended uses of the	•									
Par	t VI Investments - Land, Building	s, and Equipm	ent. Se	e Form 990,	, Part X, line	10					
	Description of investment	(a) Cost or o	ther	(b) Cost	or other	(c) A	ccumulate	ed	(d) Boo	k valu	е
		basis (investr	nent)	basis	(other)	de	oreciation				
1a	Land										
ь	Buildings	518,	892.				194,0	00.	2	4,8	92.
С	Leasehold improvements	11,982,					049,5		7,93		
d	Equipment										0.
<u>e</u>	Other	1,026,	638.			1,0	026,6	37.			1.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line 1	0(c))				7,95	7,5	

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. Se	e Form 990, Part X, line	12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) f	Method of valua end-of-year mar	
Financial derivatives				
Closely-held equity interests				
Other				
U.S. GOVERNMENT OBLIGATIONS				
(SEE STATEMENTS C AND D)	5,305,638	. END-OF-YEAF	MARKET	VALUE
MUTUAL FUNDS (SEE STATEMENTS				
C AND D)	8,174,263	. END-OF-YEAR	MARKET	VALUE
CORPORATE OBLIGATIONS (SEE				
STATEMENTS C AND D)	159,840	. END-OF-YEAF	MARKET	VALUE
EQUITIES (SEE STATEMENTS C				
AND D)	721,544	. END-OF-YEAF	MARKET	VALUE
	44 264 226			
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.)	14,361,336			
Part VIII Investments - Program Related. Se	e Form 990, Part X, line	1		
(a) Description of investment type	(b) Book value		Method of valua and-of-year mar	
				
				· · · · · · · · · · · · · · · · · · ·
				
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.)				
Part IX Other Assets. See Form 990, Part X, line	15			
	Description			(b) Book value
				(4) - 5511 14.05
		· · · · · · · · · · · · · · · · · · ·		
	.			
			-	
Total. (Column (b) must equal Form 990, Part X, col (B) line	15)		>	
Part X Other Liabilities. See Form 990, Part X,	line 25.			
1 (a) Description of liability		(b) Amount		
Federal income taxes				
RETIREMENT OBLIGATION		1,190,880.		
Total. (Column (b) must equal Form 990, Part X, col (B) line	<i>.</i> 25.) ▶	1,190,880.		

^{2.} FIN 48 Footnote In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48. SEE PART XIV FOR CONTINUATIONS
932053
02-01-10

	dule D'(Form 990) 2009 ARKANSAS ARTS CENTER FOUNDA				7337495 Page 4
	t XI Reconciliation of Change in Net Assets from Form 990 to	Audi		emen	
1•	Total revenue (Form 990, Part VIII, column (A), line 12)		1		1,569,244.
2	Total expenses (Form 990, Part IX, column (A), line 25)		2		2,181,757.
3	Excess or (deficit) for the year. Subtract line 2 from line 1		3		-612,513.
4	Net unrealized gains (losses) on investments		4		
5	Donated services and use of facilities .		5		.
6	Investment expenses		6		-
7	Pnor period adjustments		7		
8	Other (Describe in Part XIV)		8		1,338,789.
9	Total adjustments (net). Add lines 4 through 8		9		<u>1,338,789.</u>
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and		10		726,276.
Pai	t XII Reconciliation of Revenue per Audited Financial Statemen	nts W	ith Revenue per	Retun	•
1	Total revenue, gains, and other support per audited financial statements			1	2,923,845.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1			
а	Net unrealized gains on investments	2a	1,413,723	<u>. </u>	
b	Donated services and use of facilities	2b		_	
C	Recoveries of prior year grants	2c		_	
d	Other (Describe in Part XIV)	2d	23,446	<u>.</u>	
е	Add lines 2a through 2d			2e	1,437,169.
3	Subtract line 2e from line 1			3	1,486,676.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIV.)	4b	82,567		
c	Add lines 4a and 4b			4c	82,567.
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)			5	1,569,243.
	t XIII Reconciliation of Expenses per Audited Financial Stateme	ents \	With Expenses pe		
1	Total expenses and losses per audited financial statements			1	2,197,570.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25				
a	Donated services and use of facilities	2a	1		
	Prior year adjustments	2b		7	
b	Other losses	2c		╡	
ب د	Other (Describe in Part XIV.)	2d	98,380	-	
d	•	_2u	30,300	7	98,380.
e	Add lines 2a through 2d			2e	2,099,190.
3	Subtract line 2e from line 1			3	2,033,130.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1	I		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	92 567	-	
	Other (Describe in Part XIV)	_4b_	82,567	┑.	00 567
	Add lines 4a and 4b			4c	82,567.
	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18) t XIV Supplemental Information			5	2,181,757.
			4	4 L	Ob. Dad M. bas A. Dad
	olete this part to provide the descriptions required for Part II, lines 3, 5, and 9, Part III				
	e 2; Part XI, line 8, Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also comp				
PAI	RT III, LINE 1A: THE FOUNDATION'S PERMANENT	r cc	LLECTION IN	CLUD	ES ART
<u> </u>			oana niau	~	IMDVA IA
OB	JECTS HELD FOR EDUCATIONAL AND CURATORIAL I	PURE	OSES. EACH	OF T	HE ITEMS IS
~ ~ ~ ·	TALOGED DEGERATED AND GARED HOD AND AGMIT	, T M T	DO VEDTEVIN	~ mii	TETD
CA'	ALOGED, PRESERVED AND CARED FOR, AND ACTIV	<u> </u>	ES VERIFYIN	TH ق	EIR
			1001100 COM		A 17
EX.	STENCE AND ASSESSING THEIR CONDITION ARE I	PERF	ORMED CONTI	NUOU	SLY.
					_
THI	COLLECTIONS, WHICH HAVE BEEN ACQUIRED THE	ROUG	H PURCHASES	AND	l
COI	TRIBUTIONS SINCE THE FOUNDATION'S INCEPTION	ON.	ARE NOT REC	OGNI	ZED AS
AS:	SETS ON THE STATEMENTS OF FINANCIAL POSITION	JN •	PURCHASES O		LLEC'I'1 ON dule D (Form 990) 2009
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Schedule D'(Form 990) 2009

THE COLLECTION.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

PASSTHROUGH INVESTMENT INCOME NETTED WITH EXPENSES: 82567.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

ACQUISITIONS OF WORKS OF ART: 98380.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

PASSTHROUGH INVESTMENT INCOME NETTED WITH EXPENSES: 82567.

Schedule D (Form 990) 2009

Part VII Investments - Other Securities. See Form 990, Part X, line 12 (a) Description of security or category	(h) Pagirustus	(c) Method of valuation:
(including name of security)	(b) Book value	Cost or end-of-year market value
CERTIFICATES OF DEPOSIT (SEE STATEMENTS C		
AND D)	51.	FMV
-		<u> </u>
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		·
		
		
932421 08-02-09		Schedule D (Form 990) 20

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service
Name of the organization

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▶ Attach to Form 990.

•	•	
2009	Open to Public	Inspection

OMB No 1545-0067

Employer identification number

Part (ARKANSAS ARTS CEN	ARTS CENTER and Assistance	ER FOUNDATION	NO				23-73	23-7337495
1 Doe	Does the organization maintain records to substantiate the amount of	to substantiate the	e amount of the grants	or assistance, the	grantees' eligibility	y for the grants or ass	the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	tion	
cnte	cntena used to award the grants or assistance?	stance?						☐ Yes	% ×
2 Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	ocedures for monit	toring the use of grant	funds in the United	l States				
PartII	Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any	Governments and	d Organizations in the	e United States. C	omplete if the orga	anization answered "Y	es" to Form 990, Part	IV, line 21, for any	
	recipient that received more than \$5,000 Check this box if no one recipient received more than \$5,000. Use Part IV and Schedule I-1 (Form 990) if additional space is needed	\$5,000 Check this	s box if no one recipier	nt received more th	an \$5,000. Use Pa	art IV and Schedule I-1	(Form 990) if addition	al space is needed	
1 (a) l	1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance	grant Se
ARKANSAS ARTS P.O. BOX 2137 LITTLE ROCK	ARKANSAS ARTS CENTER P.O. BOX 2137 LITTLE ROCK AR 72203	71-0332820	11.5	1 311 544	G	Λ.W.L.	N .	THE MISSION OF THE FOUNDATION IS TO SUPPORT	HESUPPORT
	j i								
:									
2 Ente	Enter total number of section 501(c)(3) and government organizations	nd government or	ganizations					•	1.
-1	Enter total number of other organizations							•	0
LHA For	For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990.	ction Act Notice,	see the Instructions	for Form 990.				Schedule I (Form 990) 2009	n 990) 2009

(f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) (Form 990) 2009 ARKANSAS ARTS CENTER FOUNDATION

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Use Part IV and Schedule I-1 (Form 990) if additional space is needed Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, 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

Schedule I (Form 990) 2009

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932102 02-02-10

· Page 2

23-7337495

Schedule I (Form 990) 2009

Part III

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

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

 Complete if the organization answered "Yes" to Form 990, Part IV, line 23. 2009

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

➤ Attach to Form 990. ➤ See separate instructions

ARKANSAS ARTS CENTER FOUNDATION

Employer identification number 23-7337495

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in 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			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., 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		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
				
3	Indicate which, if any, of the following the organization uses to establish the compensation of the organization's			
	CEO/Executive Director Check all that apply			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	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) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		<u> </u>
	If "Yes" to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of.			
а	The organization?	6a		<u>X</u>
b	Any related organization?	6b		_X_
	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2009

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Schedule J (Form 990) 2009 ARKA

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space is needed

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii).

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a.

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(0)	(D)	(E)	(F)
(A) Name		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	Retirement and other deferred compensation	Nontaxable benefits	Total of columns (B)(i)-(D)	Compensation reported in prior Form 990 or Form 990-EZ
	€	0	0	150,000.	0	0	150,000.	0
TOWNSEND WOLFE		0	0.	0	0	0.	0.	0
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				ŗ			Schedule	Schedule J (Form 990) 2009

SCHEDULE L

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Transactions With Interested Persons

► 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.

OMB No 1545-0047

Open To Public Inspection

Name of the organization

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Employer identification number 23-7337495 ARKANSAS ARTS CENTER FOUNDATION Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) 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. 1 (c) Corrected? (a) Name of disqualified person (b) Description of transaction Yes No 2 Enter the amount of tax imposed on the organization managers or disqualified persons during the year under section 4958 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, Part IV, line 26, or Form 990-EZ, Part V, line 38a (f) Approved (a) Name of interested (b) Loan to or from (c) Original principal (e) in (g) Written (d) Balance due by board or person and purpose the organization? amount default? agreement? committee? To From No Yes Yes No Yes No <u>Total</u> **Grants or Assistance Benefiting Interested Persons.** Part III Complete if the organization answered "Yes" on Form 990, Part IV, line 27 (a) Name of interested person (b) Relationship between interested person and (c) Amount and type of the organization assistance 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 (c) Amount of (a) Name of interested person (b) Relationship between interested (d) Description of organization's person and the organization transaction transaction revenues? No WARREN STEPHENS 121.597. AACF PAID CHAIRMAN OF AACF AN X BOBBY TUCKER SERVES ON AACF AND 0 X BELINDA SHULTS SERVES ON AACF AND 0 X PHIL COX DIRECTOR OF AACF AN 5,000 AACF PAID

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

Schedule L (Form 990 or 990-EZ) 2009

SEE SCHEDULE O FOR SCHEDULE L CONTINUATIONS

SCHEDULE M (Form 990)

Department of the Treasury Internal Revenue Service **Noncash Contributions**

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

➤ Attach to Form 990.

OMB No 1545-0047

2009

Name of the organization

Inspection

Employer identification number

Schedule M (Form 990) 2009

23-7337495 ARKANSAS ARTS CENTER FOUNDATION Types of Property (a) (b) (c) (d) Check if Number of Revenues reported on Method of determining applicable contributions Form 990, Part VIII, line 1g revenues 12 X Art - Works of art 0. 2 Art - Historical treasures 3 Art - Fractional interests 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 10 Securities - Closely held stock Securities - Partnership, LLC, or 11 trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other 15 Real estate - Residential 16 Real estate - Commercial Real estate - Other 17 18 Collectibles Food inventory 19 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgment 29 Yes No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? 30a Х b If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? 31 X 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? X 32a b If "Yes," describe in Part II If the organization did not report revenues in column (c) for a type of property for which column (a) is checked, describe in Part II.

LHA

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

SCHEDULE O

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

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

Attach to Form 990.

2009
Open to Public Inspection

Name of the organization

ī,

ARKANSAS ARTS CENTER FOUNDATION

Employer identification number 23-7337495

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
AND ADMINISTER AN ENDOWMENT FUND FOR THE BENEFIT OF THE CENTER AND TO
HOLD LEGAL TITLE TO THE COLLECTION OF ART OBJECTS.
FORM 990, PART VI, SECTION A, LINE 2: ROBERT TUCKER, DIRECTOR, WORKS AT
STEPHENS INC FOR WARREN STEPHENS, THE CHAIRMAN OF THE BOARD.
FORM 990, PART VI, SECTION B, LINE 11: 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.
PART XI, LINE 2C
RESPONSIBILITY OF BOARD FOR AUDIT AND SELECTION OF ACCOUNTANT.
AT THE RECOMMENDATION OF THE INVESTMENT COMMITTEE THE AUDITORS ARE
CHOSEN. THE INVESTMENT COMMITTEE WITH FURTHER ACCEPTANCE BY THE ENTIRE
BOARD, REVIEWS AND DISCUSSES THE ANNUAL AUDIT.
SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:
(A) NAME OF PERSON: WARREN STEPHENS

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. 932211 02-03-10

Schedule O (Form 990) 2009

SCHEDULE O

(Form 990)

Department of the Treasury

Supplemental Information to Form 990

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

OMB No 1545-0047 Open to Public Inspection

Attach to Form 990. Internal Revenue Service Name of the organization

Employer identification number 23-7337495

ARKANSAS ARTS CENTER FOUNDATION	23-7337495
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
CHAIRMAN OF AACF AND OWNERSHIP INTEREST IN STEPHENS INC.	
(D) DESCRIPTION OF TRANSACTION: AACF PAID STEPHENS INC \$1	21,597 FOR
INVESTMENT MANAGEMENT FEES.	
(A) NAME OF PERSON: BOBBY TUCKER	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
SERVES ON AACF AND AAC BOARDS	
(A) NAME OF PERSON: BELINDA SHULTS	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
SERVES ON AACF AND AAC BOARDS	
(A) NAME OF PERSON: PHIL COX	
(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATI	ON:
DIRECTOR OF AACF AND OWNERSHIP INTEREST IN JPMS COX, PLLC	
(D) DESCRIPTION OF TRANSACTION: AACF PAID JPMS COX, PLLC	\$5,000 FOR TAX
PREPARATION SERVICES.	

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

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

2009 Open to Public : Inspection

OMB No 1545-0047

Employer identification number

23-7337495

ARKANSAS ARTS CENTER FOUNDATION Name of the organization

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

Part

Direct controlling entity Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.) End-of-year assets **e** Total Income € Legal domicile (state or foreign country) Primary activity Name, address, and EIN of disregarded entity Part

Direct controlling entity status (if section Public charity 501(c)(3)) GOVERNMENT ENTITY Exempt Code section Legal domicile (state or foreign country) ARKANSAS Primary activity MUSEUM ARKANSAS ARTS CENTER - 71-0332820 Name, address, and EiN of related organization LITTLE ROCK, AR 72203 P.O. BOX 2137

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

932181 02-04-10

Schedule R (Form 990) 2009

23-7337495

•Page 2

Schedule R (Form 990) 2009 ARKANSAS ARTS CENTER FOUNDATION

Part III

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

N/A N/A Percentage ownership managing partner? Yes Seneral or Schedule R (Form 990) 2009 Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.) Ξ Code V-UBI amount in box 20 of Schedule 4.5 (Form 1065) N/A N/A Share of end-of-year assets \equiv 6 ate allocations? Disproportion-Yes No N/A N/A Ξ Share of total income Share of end-of-year assets N/A N/A G Type of entity (C corp, S corp, or trust) <u>e</u> Share of total income N/A N/A Direct controlling entity Predominant income (related, unrelated, excluded from tax under sections 512-514) ₤ N/A N/A **e** Legal domicile (state or foreign country) <u>ပ</u> 38 Direct controlling entity N/A N/A Primary activity Ð 9 Legal domicile (state or foreign country) Primary activity INVESTMENTS OIL AND GAS Name, address, and EIN of related organization ENERGY TRANSFER EQUITY, LP 20-3482783, P.O. BOX 3507 30-0108820, 3738 OAK LAWN Name, address, and EIN of related organization Œ 72203 STEPHENS AGS DEBT LLC 75219 LITTLE ROCK, AR Ž 932162 07-21-10 DALLAS Part IV

Yes No

Schedule R (Form 990) 2009 ARKANSAS ARTS CENTER FOUNDATION

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35, or 36)

Note. Complete line I if any entity is listed in Parts II, III, of IV of this schedule			Yes	ŝ
1 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		1a		×
b Gift, grant, or capital contribution to other organization(s)		1b	X	
c Gift, grant, or capital contribution from other organization(s)		1c		×
d Loans or loan guarantees to or for other organization(s)		7		×
		4		×
f Sale of assets to other organization(s)		* =		×
g Purchase of assets from other organization(s)		-		×
		ŧ		×
i Lease of facilities, equipment, or other assets to other organization(s)		; =		×
		:		
j Lease of facilities, equipment, or other assets from other organization(s)		įF		×
k Performance of services or membership or fundraising solicitations for other organization(s)		1k		×
I Performance of services or membership or fundraising solicitations by other organization(s)		=	X	
m Shanng of facilities, equipment, mailing lists, or other assets		£	X	
n Sharing of paid employees		£	×	
o Reimbursement paid to other organization for expenses		우		×
	•	5		×
q Other transfer of cash or property to other organization(s)		5	×	
r Other transfer of cash or property from other organization(s)		+	X	
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.	ansaction thresholds.			
(a) Name of other organization(s)	(b) Transaction type (a-r)	(c) Amount involved) Oevlovr	73
(1) ARKANSAS ARTS CENTER FOUNDATION GRANTS FUNDS TO THE ARTS	Д	1,311	5	44.
(2) CENTER				0
(3) ARKANSAS ARTS CENTER FOUNDATION DOES NOT HAVE ANY EMPLOYEES	Ļ	:		0
(4) ALL THE SERVICES PERFORMED FOR THE FOUNDATION ARE PERFORMED				0
(5) BY THE ARTS CENTER EMPLOYEES				0
6) ARKANSAS ARTS CENTER FOUNDATION DOES NOT HAVE ANY EMPLOYEES	М			0
932163 02-04-10	Sch	Schedule R (Form 990) 2009	(066 u	2009

Page 4

Schedule R (Form 990) 2009 ARKANSAS ARTS CENTER FOUNDATION

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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.

that was not a related organization. See instructions regarding exclusion for certain investment partnerships.	Usion for certain investment partners						
(a)	(q)	(၁)	9	(e)	E	(6)	E
Name, address, and EIN	Primary activity	Legal domicile	Are all partners section 501(c)(3)	ഗ	Dispropor- tionate	Code V-UBI	General or managing
or entity		(state or foreign country)	Yes No	year assets	Yes No	of Schedule K-1 (Form 1065)	1-
							-
			-				
	-						_
			•				
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							<u></u>
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					_		

Schedule R (Form 990) 2009

Schedule R-1 (Form 990) 2009 ARKANSAS ARTS CENTER 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-r)	(c) Amount involved
(7) OR A FACILITY. IT UTILIZES THE FACILITIES OF THE ARTS CENTER		0
(8) TO CONDUCT ITS OPERATIONS		0.
(9) ARKANSAS ARTS CENTER FOUNDATION DOES NOT HAVE ANY EMPLOYEES	N	0.
(10) ALL THE SERVICES PERFORMED FOR THE FOUNDATION ARE PERFORMED		0
(11) BY THE ARTS CENTER EMPLOYEES		0.
(12) ARKANSAS ARTS CENTER FOUNDATION HAS INVESTMENTS IN ENERGY	Ø	0.
(13) TRANSFER EQUITY, LP. CONTRIBUTIONS INTO THAT ENTITY AND	Ж	21,949.
(14) DISTRIBUTIONS FROM THAT ENTITY OCCURRED IN 2008 AND ADDITIONAL		0.
(15) DISTRIBUTIONS WERE RECEIVED IN 2010.		0
(16)		
(17)		
(18)		
(19)		
(20)		:
(21)		
(23)		
(24)		
	Schedu	Schedule R-1 (Form 990) 2009

THE ARKANSAS ARTS CENTER FOUNDATION SCHEDULE OF INVESTMENTS JUNE 30, 2010

	PAR VALUE		
	OR NUMBER		MARKET
	OF SHARES	COSTS	VALUE
MUTUAL FUNDS			
WILLIAM BLAIR SM CAP GWTH CL I	8,376	180,000.00	166,849.70
DODGE AND COX INTL STOCK FD	19,378	646,415.10	550,150.53
AMERICAN GROWTH FD CLASS F	24,926	747,480.92	622,649.16
VANGUARD FIXED INCOME SECS INT	52,139	572,463.73	605,851.97
ISHARES IBOXX INV CPBD	5,600	600,153.68	607,376.00
ISHARES BARCLAYS 7-10 YEAR TREAS	2,040	169,344.89	195,166.80
ISHARES MSCI EAFE INDEX FUND	15,590	886,547.42	725,090.90
ISHARES RUSSELL MIDCAP INDX FUND	12,150	1,143,072.00	977,224.50
ISHARES RUSSELL 1000 VALUE	17,500	1,196,980.75	948,675 00
ISHARES RUSSELL 1000 GROWTH	27,950	1,416,631.78	1,280,948.50
ISHARES RUSSELL 2000 INDX FD	9,675	642,360.98	591,239.25
ISHARES BARCLAYS 7-10 YEAR TREAS	540	49,825.80	51,661.80
ISHARES MSCI EAFE INDEX FUND	1,260	66,490 20	58,602.60
ISHARES RUSSELL MIDCAP INDX FUND	2,640	199,568.80	212,335.20
ISHARES RUSSELL 1000 VALUE	3,660	199,526.22	198,408.60
ISHARES RUSSELL 1000 GROWTH	3,330	149,749 43	152,613.90
ISHARES RUSSELL 2000 INDX FD	310	18,054.40	18,944 10
ISHARES BARCLAYS 7-10 YEAR TREASURY	2,200	200,068.00	210,474 00
TOTAL MUTUAL FUNDS	_,	9,084,734.10	8,174,262.51 🗸
			
U.S. GOVERNMENT OBLIGATIONS	• • • •	222 424 27	***
ISHARES BARCLAYS 1-3 YR TREAS BD FD	3,360	269,464.27	282,643.20
ISHARES BARCLAYS INT CREDIT BOND	1,180	117,271 80	124,254.00
ISHARE BARCLAYS 1-3 YR CREDIT	1,370	137,305.72	142,343.00
ISHARES BARCLAYS 1-3 YR TREAS BD	1,190	99,864 80	100,102.80
ISHARES BARCLAYS INT CREDIT BOND	2,500	260,620.00	263,250 00
ISHARES BARCLAYS 1-3 YR TREAS BD	290	24,099.00	24,394 80
ISHARES BARCLAYS 1-3 YR CREDIT	230	23,945.30	23,897.00
ISHARES BARCLAYS 1-3 YR CREDIT	4,280	433,555.79	444,692 00
ISHARES BARCLAYS 1-3 YR TREAS BD	4,770	399,964 50	401,252.40
ISHARES BARCLAYS 1-3 YR TREAS BD	3,680	307,936 60	309,561.60
FEDERAL HOME LOAN MORTGAGE CORP	80,000	78,659.20	80,100.00
FEDERAL NATIONAL MORTGAGE ASSN	80,000	82,083.20	80,600.00
FEDERAL NATIONAL MORTGAGE ASSN	80,000	81,950.00	82,875.20
FEDERAL HOME LOAN BANK	40,000	40,304.40	41,100.00
FEDERAL HOME LOAN MTGE CORP	75,000	73,289.25	81,633.00
UNITED STATES TREASURY BOND	100,000	100,484.38	108,023.00
FEDERAL HOME LOAN BANK	65,000	65,873.60	72,312.50
FEDERAL HOME LOAN BANK	75,000	77,004.00	78,914.25
UNITED STATES TREASURY NOTE	55,000	56,267.58	58,540.90
UNITED STATES TREASURY NOTE	92,000	88,348 52	100,876.16
FEDERAL NATIONAL MTGE ASSN	80,000	75,763.75	87,350.40
FEDERAL NATIONAL MORTGAGE ASSN	85,000	84,983.00	94,828.55
UNITED STATES TREASURY NOTE	40,000	39,681.25	40,590 80
FEDERAL HOME LOAN MORTGAGE CORP	100,000	98,324 00	100,125.00
FEDERAL NATIONAL MORTGAGE ASSN	175,000	179,590.00	176,312 50
FEDERAL HOME LOAN MORTGAGE CORP	100,000	100,454.00	101,500.00

UNITED STATES TREASURY NOTE	20,000	19,955.47	20,079.60	
FEDERAL HOME LOAN BANK	175,000	179,676.00	184,133.25	
FEDERAL HOME LN MTGE CORP	50,000	48,734.38	55,000 00	
FEDERAL HOME LOAN MORTGAGE CORP	25,000	25,365.08	25,921.75	
FEDERAL HOME LOAN MORTGAGE CORP	88,000	85,607.29	97,240.00	
FEDERAL NATIONAL MTGE ASSN	100,000	96,439.50	109,188.00	
FEDERAL NATIONAL MORTGAGE ASSN	75,000	71,418 00	83,672 25	
FEDERAL HOME LN MTGE CORP	110,000	110,891.00	121,996.60	
FEDERAL NATIONAL MORTGAGE ASSN	100,000	103,666.00	114,094.00	
ISHARES BARCLAYS INT CREDIT BOND	4,820	471,598.28	507,546.00	
ISHARE BARCLAYS 1-3 YR CREDIT	4,665	465,114.39	484,693.50	
TOTAL U.S. GOVERNMENT OBLIGATIONS		5,075,553	5,305,638	J
SPECIAL INVESTMENT				
Stephens AGS Debt LLC		205,433	205,433	
	TOTAL	15,109,593	14,566,718	
			14,566,718	

(Continued)

THE ARKANSAS ARTS CENTER FOUNDATION SCHEDULE OF INVESTMENTS JUNE 30, 2010

	PAR VALUE OR NUMBER OF SHARES	costs	MARKET VALUE
CORPORATE OBLIGATIONS			
Stephens Inc - ACCT 80010024			
TYSON FOODS INC	148,000	151,052.50	159,840.00
TOTAL CORPORATE OBLIGATIONS		151,053	159,840
EQUITIES			
Stephens Inc - ACCT 80014041			
ENERGY TRANSFER EQUITY LP	3,910	82,110.00	131,962.50
WINDSTREAM CORP	4,755	54,497.06	50,212.80
Stephens Inc - ACCT 114530819	.,	- 7,100.00	30,2.2.00
AARON'S INC.	427	7,847.09	7,288.89
ACTIVISION BLIZZARD INC	620	4,554.84	6,503.80
ADVISORY BOARD CO	240	10,661.51	10,310.40
AFFILIATED MANAGERS GROUP INC	105	6,242.16	6,380 85
AKAMAI TECHNOLOGIES	185	6,136 89	7,505.45
ALLIANCE DATS SYSTEMS CORP	135	6,557.47	8,035 20
ANSYS INC	245	6,146.16	9,939.65
ARM HOLDINGS PLC	1,065	6,626.11	13,206.00
BJ'S RESTAURANTS INC	280	6,521 20	6,608.00
BLACKBAUD INC	275	5,217.03	5,986.75
BLUE NILE INC	140	9,356.56	6,591 20
CAPELLA EDUCATION CO	55	2,957 35	4,474 25
CARMAX GROUP INC	325	7,071.85	6,467.50
CERNER CORP	120	5,352.00	9,106.80
CONCEPTUS INC	345	6,393.22	5,375.10
CONCUR TECHNOLOGIES	140	4,206.20	5,975.20
COSTAR GROUP INC	185	8,880.57	7,178.00
COVANCE INC	115	5,496.15	5,901.80
DOLBY LABORATORIES INC	145	6,487 75	9,090.05
EAST WEST BANCORP INC	275	4,208.74	4,193.75
EXPRESS SCRIPTS INC	200	3,788.89	9,404.00
EZCORP	265	3,772.91	4,915.75
FMC TECHNOLOGIES INC	115	3,657.30	6,055.90
FTI CONSULTING INC	135	7,576.41	5,884.65
FACTSET RESEARCH SYSTEMS INC	125	5,558.75	8,373.75
GEN PROBE INCORPORATED	180	7,974.00	8,175.60
GLOBAL PAYMENTS INC	210	9,079.69	7,673.40
GUESS ? INC	200	8,571.84	6,248.00
HMS HOLDING CORP	175	6,160.40	9,488.50
HOLOGIC INC	280	5,005.90	3,900.40
ICON PLC ADR	345	10,450.20	9,967.05
IDEXX LABS	170	7,100.30	10,353.00
IHS INC CLASS A	125	6,114 33	7,302.50
ILLUMINA INC	180	6,423.56	7,835.40
INTERSIL HOLDING CORP	340	7,761 80	4,117.40
INTUITIVE SURGICAL INC	20	1,956.40	6,312.40
IRON MOUNTAIN INC ITRON INC	380	10,742.09	8,534.80
TITON INC	80	4,675.00	4,945.60

•			
LKQ CORP ,	370	7,053.37	7,133 60
LIFE TECHNOLOGIES CORP	115	4,434.28	5,433.75
MSC INDUSTRIAL DIRECT CO	120	5,696.95	6,079.20
MCAFEE INC	115	4,849.39	3,532.80
MEDIDATA SOLUTIONS INC	390	5,979.01	6,041 10
MICROS SYSTEMS INC	180	3,689.26	5,736.60
MICROCHIP TECHNOLOGY	305	10,232.57	8,460.70
NATIONAL CINEMEDIA	490	7,064.74	8,163.40
NATIONAL INSTRUMENTS CORP	215	5,342.75	6,832.70
NATIONAL OILWELL	175	4,881.63	5,787 25
NEOGEN CORP	330	5,276.62	8,596.50
NETFLIX	50	5,660.00	5,432.50
NUANCE COMMUNICATIONS INC	480	4,962.05	7,176.00
NUVASIVE INC	240	7,493.99	8,510.40
OCEANEERING INTL INC	155	9,158.78	6,959 50
PORTFOLIO RECOVERY ASSOC	195	7,607.99	13,022.10
PRECISION CASTPARTS	50	5,882.65	5,146 00
PSYCHIATRIC SOLUTIONS INC	150	4,264.93	4,908.00
RANGE RESOURCES CORP	235	6,638.81	9,435.25
RED HAT INC	245	6,989.20	7,090.30
RESMED INC	170	6,966.20	10,337.70
ROSS STORES	150	5,461.50	7,993.50
SALESFORCE.COM	85	5,313.63	7,294.70
SOUTHWESTERN ENERGY COMPANY	220	3,567.63	8,500 80
STERICYCLE INC	145	4,577.51	9,509.10
STRAYER EDUCATION INC	35	4,340.57	7,276.15
TOWER GROUP INC	230	4,481 97	4,951.90
UNITED NATURAL FOODS	270	8,049.15	8,067.60
VCA ANTECH INC	275	7,458.00	6,809.00
VARIAN SEMICONDUCTOR EQUIP ASSOC INC	192	3,536.96	5,502.72
VOCUS INC	325	7,770.19	4,966.00
WHOLE FOODS MARKET INC	160	4,481.90	5,763.20
ASML HOLDING NV	266	5,545.11	7,307.02
CORE LABORATORIES INC	95	5,239.08	14,022.95
QIAGEN NV	325	4,551.53	6,246.50
VISTAPRINT NV	205	8,422.98	9,735 45
TOTAL EQUITIES	- -	592,821	721,544 /

Form **8868**

(Rev. April 2009)

Department of the Treesury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

					
	ou are filing for an Automatic 3-Month Extension, complete only Part I and check this box				
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).					
Do no	ot complete Part II unless you have already been granted an automatic 3-month extension on a previously file	led For	m 8868.		
Par	Automatic 3-Month Extension of Time. Only submit original (no copies needed).				
A con	poration required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete			
	only	-		▶ □	
	ner corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an				
to file	income tax returns.				
noted (not a	ronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensic below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electroni utomatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consust submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file in signed page 2 (Part II) of Form 8868. For more details on the electronic file in signed page 2 (Part II) of Form 8868.	cally if nsolida	(1) you want the ted Form 990-T.	additional	
Туре	or Name of Exempt Organization	Empl	oyer identificati	on number	
print	ADVIAGO A ADMA COMMOD DOUBLE ATOM	ĺ ,		_	
file by t	ARKANSAS ARTS CENTER FOUNDATION	2.	3-733749!		
due dat filing yo					
return. S instructi	586				
	LITTLE ROCK, AR 72203				
Check	k type of return to be filed (file a separate application for each return):				
		200			
	Form 990 Form 990-T (corporation) Form 47 Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 52				
=	Form 990-EZ Form 990-T (trust other than above) Form 60				
=	Form 990-PF				
<u> </u>	10111 3501 1		.		
	LAINE HARBER				
	e books are in the care of ARKANSAS ARTS CENTER - LITTLE ROCK, AR				
	rephone No. ► (501)372-4000 FAX No. ►			. —	
	he organization does not have an office or place of business in the United States, check this box			▶	
	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If thi If it is for part of the group, check this box and attach a list with the names and ElNs of all				
box J	If it is for part of the group, check this box	membe	ers the extension	will cover.	
1	I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time unti	1)			
•	FEBRUARY 15, 2011 , to file the exempt organization return for the organization named a		The extension		
	is for the organization's return for:				
	calendar year or				
	► X tax year beginningJUL_1, 2009, and ending _JUN_30, 2010		_ ·		
		г .	N !		
2	If this tax year is for less than 12 months, check reason: Initial return Final return	ш,	Change in accou	ming period	
	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentatival as less and				
	nonrefundable credits. See instructions.	3a	\$		
b	If this application is for Form 990-PF or 990-T, enter any refundable reduce an estimated				
	tax payments made. Include any prior year overpayment allowed as a bredit. \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\ \\	3b	\$		
С	Balance Due, Subtract line 3b from line 3a. Include your payment with this for the driver it required	Trans			
	deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment ട്രിയ്ക്ക്)."				
	See instructions.	3c	\$	N/A	
Cauti	on. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	8879-E	O for payment in	nstructions.	
LHA	For Privacy Act and Paperwork Reduction Act Notice, see Instructions.			(Rev. 4-2009)	
	the transport of the tr			-	

Form	8868 (Rev. 4-2009)		Page 2			
• If	you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this	box	▶ X			
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 886B.						
If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).						
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).						
Туре	Name of Exempt Organization	Em	oloyer identification number			
print File by	ARRANSAS ARTS CENTER FOUNDATION		23-7337495			
extend due da filing ti	Number, street, and room or suite no. If a P.O. box, see instructions.	For	IRS use only			
return	See City, town or post office, state, and ZIP code. For a foreign address, see instructions.					
	ck type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 990-BL Form 990-PF Form 990-T (trust other than above) Form 4720		orm 5227 Form 8870 orm 6069			
STO	P! Do not complete Part II if you were not already granted an automatic 3-month extension on a previo	usly fil	ed Form 8868.			
Te ● If	LAINE HARBER ne books are in the care of ► ARKANSAS ARTS CENTER - LITTLE ROCK, AR elephone No. ► (501)372-4000 FAX No. ► the organization does not have an office or place of business in the United States, check this box	 hıs is fo	r the whole group, check this			
4	request an additional 3-month extension of time until MAY 15, 2011 .					
5	For calendar year, or other tax year beginning JUL 1, 2009 , and ending	JUN	30, 2010 .			
6	If this tax year is for less than 12 months, check reason: Initial return Final return		Change in accounting period			
7	State in detail why you need the extension		g accessg p			
	ADDITIONAL TIME IS REQUESTED TO GATHER INFORMATION REPARTIES WHICH IS NECESSARY TO FILE A COMPLETE AND ACC					
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any					
	nonrefundable credits. See instructions.	8a	\$			
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated		***			
	tax payments made. Include any prior year overpayment allowed as a credit and any amount paid					
	previously with Form 8868.	8b	\$			
С	Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, if required, deposit					
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	. 8c	\$ N/A			
	Signature and Verification					
Under	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the correct, and complete, and that I am authorized to prepare this form.	ne best o	f my knowledge and belief,			
	Signature \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\					
			Form 8868 (Rev. 4-2009)			