

Form **990-PF**

**Return of Private Foundation**  
or Section 4947(a)(1) Trust Treated as Private Foundation

OMB No. 1545-0047

**2021**

Department of the Treasury  
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Go to [www.irs.gov/Form990PF](http://www.irs.gov/Form990PF) for instructions and the latest information.

Open to Public Inspection

For calendar year 2021 or tax year beginning 7/01/21, and ending 06/30/22

Name of foundation <b>Arkansas National Guard Foundation Inc</b>		<b>A Employer identification number</b> <b>46-3590839</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>PO BOX 663</b>	Room/suite	<b>B Telephone number (see instructions)</b> <b>501-772-1270</b>
City or town, state or province, country, and ZIP or foreign postal code <b>North Little Rock AR 72115</b>		<b>C</b> If exemption application is pending, check here <input type="checkbox"/>
<b>G</b> Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		<b>D</b> 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
<b>H</b> Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		<b>E</b> If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
<b>I</b> Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶ \$ <b>1,444,596</b>	<b>J</b> Accounting method: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	<b>F</b> If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input type="checkbox"/>
(Part I, column (a), must be on cash basis.)		

<b>Part I Analysis of Revenue and Expenses</b> (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
<b>Revenue</b>	<b>1</b> Contributions, gifts, grants, etc., received (attach schedule)	161,532			
	<b>2</b> Check <input type="checkbox"/> if the foundation is not required to attach Sch. B				
	<b>3</b> Interest on savings and temporary cash investments	38	38	38	
	<b>4</b> Dividends and interest from securities	87,131	87,131	87,131	
	<b>5a</b> Gross rents				
	<b>b</b> Net rental income or (loss)				
	<b>6a</b> Net gain or (loss) from sale of assets not on line 10 <u>Stmt 1</u>	40,547			
	<b>b</b> Gross sales price for all assets on line 6a <u>497,924</u>				
	<b>7</b> Capital gain net income (from Part IV, line 2)		0		
	<b>8</b> Net short-term capital gain			0	
	<b>9</b> Income modifications				
	<b>10a</b> Gross sales less returns and allowances				
<b>b</b> Less: Cost of goods sold					
<b>c</b> Gross profit or (loss) (attach schedule)					
<b>11</b> Other income (attach schedule) <u>Stmt 2</u>	750		750		
<b>12 Total.</b> Add lines 1 through 11	289,998	87,169	87,919		
<b>Operating and Administrative Expenses</b>	<b>13</b> Compensation of officers, directors, trustees, etc.	0			
	<b>14</b> Other employee salaries and wages				
	<b>15</b> Pension plans, employee benefits				
	<b>16a</b> Legal fees (attach schedule)				
	<b>b</b> Accounting fees (attach schedule) <u>Stmt 3</u>	4,600			
	<b>c</b> Other professional fees (attach schedule) <u>Stmt 4</u>	76,725	12,576	12,576	
	<b>17</b> Interest				
	<b>18</b> Taxes (attach schedule) (see instructions)				
	<b>19</b> Depreciation (attach schedule) and depletion				
	<b>20</b> Occupancy				
	<b>21</b> Travel, conferences, and meetings				
	<b>22</b> Printing and publications	3,003			
	<b>23</b> Other expenses (att. sch.) <u>Stmt 5</u>	626			
	<b>24 Total operating and administrative expenses.</b> Add lines 13 through 23	84,954	12,576	12,576	0
	<b>25</b> Contributions, gifts, grants paid	72,900			35,400
<b>26 Total expenses and disbursements.</b> Add lines 24 and 25	157,854	12,576	12,576	35,400	
<b>27</b> Subtract line 26 from line 12:					
<b>a</b> Excess of revenue over expenses and disbursements	132,144				
<b>b Net investment income</b> (if negative, enter -0-)		74,593			
<b>c Adjusted net income</b> (if negative, enter -0-)			75,343		

For Paperwork Reduction Act Notice, see instructions.

Form **990-PF** (2021)

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash – non-interest-bearing	10,039	127,560	127,560
	2 Savings and temporary cash investments			
	3 Accounts receivable			
	Less: allowance for doubtful accounts			
	4 Pledges receivable			
	Less: allowance for doubtful accounts			
	5 Grants receivable			
	6 Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions)			
	7 Other notes and loans receivable (att. schedule)			
	Less: allowance for doubtful accounts	0		
	8 Inventories for sale or use			
	9 Prepaid expenses and deferred charges		10,539	10,539
	10a Investments – U.S. and state government obligations (attach schedule) Stmt 6	22,425	99,491	99,491
	b Investments – corporate stock (attach schedule) See Stmt 7	1,412,457	1,018,629	1,018,629
	c Investments – corporate bonds (attach schedule) See Stmt 8	106,628	188,377	188,377
	11 Investments – land, buildings, and equipment: basis			
Less: accumulated depreciation (attach sch.)				
12 Investments – mortgage loans				
13 Investments – other (attach schedule)				
14 Land, buildings, and equipment: basis				
Less: accumulated depreciation (attach sch.)				
15 Other assets (describe )				
16 Total assets (to be completed by all filers – see the instructions. Also, see page 1, item I)	1,551,549	1,444,596	1,444,596	
Liabilities	17 Accounts payable and accrued expenses	900	300	
	18 Grants payable	39,000	42,000	
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe See Statement 9 )	3,226	3,844	
23 Total liabilities (add lines 17 through 22)	43,126	46,144		
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30. <input checked="" type="checkbox"/>			
	24 Net assets without donor restrictions	374,871	91,317	
	25 Net assets with donor restrictions	1,133,552	1,307,135	
	Foundations that do not follow FASB ASC 958, check here and complete lines 26 through 30. <input type="checkbox"/>			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds			
29 Total net assets or fund balances (see instructions)	1,508,423	1,398,452		
30 Total liabilities and net assets/fund balances (see instructions)	1,551,549	1,444,596		

Part III Analysis of Changes in Net Assets or Fund Balances			
1 Total net assets or fund balances at beginning of year – Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)		1	1,508,423
2 Enter amount from Part I, line 27a		2	132,144
3 Other increases not included in line 2 (itemize)		3	
4 Add lines 1, 2, and 3		4	1,640,567
5 Decreases not included in line 2 (itemize) See Statement 10		5	242,115
6 Total net assets or fund balances at end of year (line 4 minus line 5) – Part II, column (b), line 29		6	1,398,452

**Part IV Capital Gains and Losses for Tax on Investment Income**

(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)		(b) How acquired P – Purchase D – Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	N/A			
b				
c				
d				
e				
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)	
a				
b				
c				
d				
e				
Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69.				(i) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		
a				
b				
c				
d				
e				
2	Capital gain net income or (net capital loss) <span style="font-size: small;">[ If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 ]</span>		2	
3	Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c). See instructions. If (loss), enter -0- in Part I, line 8 <span style="font-size: small;">[ ]</span>		3	

**Part V Excise Tax Based on Investment Income (Section 4940(a), 4940(b), or 4948—see instructions)**

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: <b>(attach copy of letter if necessary—see instructions)</b>	1	1,037
b	All other domestic foundations enter 1.39% (0.0139) of line 27b. Exempt foreign organizations, enter 4% (0.04) of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	2	0
3	Add lines 1 and 2	3	1,037
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	4	0
5	<b>Tax based on investment income.</b> Subtract line 4 from line 3. If zero or less, enter -0-	5	1,037
6	Credits/Payments:		
a	2021 estimated tax payments and 2020 overpayment credited to 2021	6a	
b	Exempt foreign organizations – tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d	7	
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here <input checked="" type="checkbox"/> if Form 2220 is attached	8	26
9	<b>Tax due.</b> If the total of lines 5 and 8 is more than line 7, enter <b>amount owed</b>	9	1,063
10	<b>Overpayment.</b> If line 7 is more than the total of lines 5 and 8, enter the <b>amount overpaid</b>	10	
11	Enter the amount of line 10 to be: <b>Credited to 2022 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	11	

**Part VI-A Statements Regarding Activities**

	Yes	No
<b>1a</b> During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign? .....		X
<b>b</b> Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition .....		X
If the answer is "Yes" to <b>1a</b> or <b>1b</b> , attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.		
<b>c</b> Did the foundation file <b>Form 1120-POL</b> for this year? .....		X
<b>d</b> Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: <b>(1)</b> On the foundation. ▶ \$ ..... <b>(2)</b> On foundation managers. ▶ \$ .....		
<b>e</b> Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ▶ \$ .....		
<b>2</b> Has the foundation engaged in any activities that have not previously been reported to the IRS? .....		X
If "Yes," attach a detailed description of the activities.		
<b>3</b> Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .....		X
<b>4a</b> Did the foundation have unrelated business gross income of \$1,000 or more during the year? .....		X
<b>b</b> If "Yes," has it filed a tax return on <b>Form 990-T</b> for this year? .....		N/A
<b>5</b> Was there a liquidation, termination, dissolution, or substantial contraction during the year? .....		X
If "Yes," attach the statement required by <i>General Instruction T</i> .		
<b>6</b> Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: ● By language in the governing instrument, or ● By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument? .....	X	
<b>7</b> Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XIV .....	X	
<b>8a</b> Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ AR		
<b>b</b> If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by <i>General Instruction G</i> ? If "No," attach explanation .....	X	
<b>9</b> Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2021 or the tax year beginning in 2021? See instructions for Part XIII. If "Yes," complete Part XIII .....		X
<b>10</b> Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses .....		X
<b>11</b> At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions .....		X
<b>12</b> Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions .....		X
<b>13</b> Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>www.angf.us</u>	X	
<b>14</b> The books are in care of ▶ <u>COL Damon Cluck (RET)</u> Telephone no. ▶ <u>501-772-1270</u> PO Box 663 Located at ▶ <u>North Little Rock</u> AR ZIP+4 ▶ <u>72115</u>		
<b>15</b> Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> – check here <input type="checkbox"/> and enter the amount of tax-exempt interest received or accrued during the year ▶ <u>15</u>		
<b>16</b> At any time during calendar year 2021, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? .....		X
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶		

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required**

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
<b>1a</b>	During the year, did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		X
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?		X
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		X
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?		X
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?		X
	(6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)		X
<b>b</b>	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b>	Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b>	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2021?	N/A	
<b>2</b>	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
<b>a</b>	At the end of tax year 2021, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2021? If "Yes," list the years ▶ 20 , 20 , 20 , 20		X
<b>b</b>	Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement – see instructions.)	N/A	
<b>c</b>	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. ▶ 20 , 20 , 20 , 20		
<b>3a</b>	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?		X
<b>b</b>	If "Yes," did it have excess business holdings in 2021 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the foundation had excess business holdings in 2021.)	N/A	
<b>4a</b>	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		X
<b>b</b>	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2021?		X

**Part VI-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)**

	Yes	No
<b>5a</b> During the year did the foundation pay or incur any amount to:		
(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?		X
(2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?		X
(3) Provide a grant to an individual for travel, study, or other similar purposes?		X
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d) (4)(A)? See instructions		X
(5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?		X
<b>b</b> If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions	N/A	
<b>c</b> Organizations relying on a current notice regarding disaster assistance, check here <input type="checkbox"/>		
<b>d</b> If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	N/A	
<b>6a</b> Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>b</b> Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.		X
<b>7a</b> At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?		X
<b>b</b> If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?	N/A	
<b>8</b> Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		X

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

**1 List all officers, directors, trustees, and foundation managers and their compensation. See instructions.**

(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Statement 11				

**2 Compensation of five highest-paid employees (other than those included on line 1 – see instructions). If none, enter "NONE."**

(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				

**Total number of other employees paid over \$50,000** 0

**Part VII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)

**3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE."**

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
<b>Total</b> number of others receiving over \$50,000 for professional services		

**Part VIII-A Summary of Direct Charitable Activities**

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.

	Expenses
1 See Statement 12	38,328
2 See Statement 13	36,625
3	
4	

**Part VIII-B Summary of Program-Related Investments** (see instructions)

Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.

	Amount
1 Endowment Fund	1,306,497
2	
All other program-related investments. See instructions.	
<b>Total.</b> Add lines 1 through 3	1,306,497

**Part IX Minimum Investment Return** (All domestic foundations must complete this part. Foreign foundations, see instructions.)

<b>1</b>	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
<b>a</b>	Average monthly fair market value of securities	<b>1a</b>	1,438,008
<b>b</b>	Average of monthly cash balances	<b>1b</b>	43,886
<b>c</b>	Fair market value of all other assets (see instructions)	<b>1c</b>	10,539
<b>d</b>	<b>Total</b> (add lines 1a, b, and c)	<b>1d</b>	1,492,433
<b>e</b>	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation)	<b>1e</b>	0
<b>2</b>	Acquisition indebtedness applicable to line 1 assets	<b>2</b>	0
<b>3</b>	Subtract line 2 from line 1d	<b>3</b>	1,492,433
<b>4</b>	Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see instructions)	<b>4</b>	22,386
<b>5</b>	<b>Net value of noncharitable-use assets.</b> Subtract line 4 from line 3	<b>5</b>	1,470,047
<b>6</b>	<b>Minimum investment return.</b> Enter 5% (0.05) of line 5	<b>6</b>	73,502

**Part X Distributable Amount** (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations, check here  and do not complete this part.)

<b>1</b>	Minimum investment return from Part IX, line 6	<b>1</b>	73,502
<b>2a</b>	Tax on investment income for 2021 from Part V, line 5	<b>2a</b>	1,037
<b>b</b>	Income tax for 2021. (This does not include the tax from Part V.)	<b>2b</b>	
<b>c</b>	Add lines 2a and 2b	<b>2c</b>	1,037
<b>3</b>	Distributable amount before adjustments. Subtract line 2c from line 1	<b>3</b>	72,465
<b>4</b>	Recoveries of amounts treated as qualifying distributions	<b>4</b>	
<b>5</b>	Add lines 3 and 4	<b>5</b>	72,465
<b>6</b>	Deduction from distributable amount (see instructions)	<b>6</b>	
<b>7</b>	<b>Distributable amount</b> as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, line 1	<b>7</b>	72,465

**Part XI Qualifying Distributions** (see instructions)

<b>1</b>	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
<b>a</b>	Expenses, contributions, gifts, etc. – total from Part I, column (d), line 26	<b>1a</b>	35,400
<b>b</b>	Program-related investments – total from Part VIII-B	<b>1b</b>	1,306,497
<b>2</b>	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	<b>2</b>	
<b>3</b>	Amounts set aside for specific charitable projects that satisfy the:		
<b>a</b>	Suitability test (prior IRS approval required)	<b>3a</b>	
<b>b</b>	Cash distribution test (attach the required schedule)	<b>3b</b>	
<b>4</b>	<b>Qualifying distributions.</b> Add lines 1a through 3b. Enter here and on Part XII, line 4	<b>4</b>	1,341,897



**Part XII Undistributed Income** (see instructions)

	(a) Corpus	(b) Years prior to 2020	(c) 2020	(d) 2021
1 Distributable amount for 2021 from Part X, line 7				72,465
2 Undistributed income, if any, as of the end of 2021:				
a Enter amount for 2020 only				
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2021:				
a From 2016				
b From 2017				
c From 2018				
d From 2019				
e From 2020				
f <b>Total</b> of lines 3a through e				
4 Qualifying distributions for 2021 from Part XI, line 4: ► \$ <u>1,341,897</u>				
a Applied to 2020, but not more than line 2a				
b Applied to undistributed income of prior years (Election required – see instructions)				
c Treated as distributions out of corpus (Election required – see instructions)				
d Applied to 2021 distributable amount				72,465
e Remaining amount distributed out of corpus	1,269,432			
5 Excess distributions carryover applied to 2021 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6 <b>Enter the net total of each column as indicated below:</b>				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,269,432			
b Prior years' undistributed income. Subtract line 4b from line 2b				
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
d Subtract line 6c from line 6b. Taxable amount – see instructions				
e Undistributed income for 2020. Subtract line 4a from line 2a. Taxable amount – see instructions				
f Undistributed income for 2021. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2022				0
7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8 Excess distributions carryover from 2016 not applied on line 5 or line 7 (see instructions)				
9 <b>Excess distributions carryover to 2022.</b> Subtract lines 7 and 8 from line 6a	1,269,432			
10 Analysis of line 9:				
a Excess from 2017				
b Excess from 2018				
c Excess from 2019				
d Excess from 2020				
e Excess from 2021	1,269,432			

**Part XIII Private Operating Foundations** (see instructions and Part VI-A, question 9)

**1a** If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2021, enter the date of the ruling

**b** Check box to indicate whether the foundation is a private operating foundation described in section  4942(j)(3) or  4942(j)(5)

	Tax year				(e) Total
	(a) 2021	(b) 2020	(c) 2019	(d) 2018	
<b>2a</b> Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part IX for each year listed					
<b>b</b> 85% (0.85) of line 2a					
<b>c</b> Qualifying distributions from Part XI, line 4, for each year listed					
<b>d</b> Amounts included in line 2c not used directly for active conduct of exempt activities					
<b>e</b> Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:					
<b>a</b> "Assets" alternative test – enter:					
<b>(1)</b> Value of all assets					
<b>(2)</b> Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</b> "Endowment" alternative test – enter 2/3 of minimum investment return shown in Part IX, line 6, for each year listed					
<b>c</b> "Support" alternative test – enter:					
<b>(1)</b> Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)					
<b>(2)</b> Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)					
<b>(3)</b> Largest amount of support from an exempt organization					
<b>(4)</b> Gross investment income					

**Part XIV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year – see instructions.)**

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)  
N/A

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.  
N/A

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here  if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc., to individuals or organizations under other conditions, complete items 2a, b, c, and d. See instructions.

**a** The name, address, and telephone number or email address of the person to whom applications should be addressed:  
N/A

**b** The form in which applications should be submitted and information and materials they should include:  
N/A

**c** Any submission deadlines:  
N/A

**d** Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:  
N/A

**Part XIV Supplementary Information (continued)**

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
National Guard Association of AR P.O. Box 663 North Little Rock AR 7211	Supports	Junior Officer	Development	10,000
Enlisted Association of the AR NG BLD 8100 Arkansas Ave North Little Rock AR 7219	Supports		Enlisted Conference	23,740
Arkansas Survivor Outreach Services Camp Joseph T. Robinson North Little Rock AR 7219	Supports		Gold Star Christmas	687
AR NG Child & Youth Program 7301 Kansas Street North Little Rock AR 7219	None	Supplies	Childrens Summer Camp	973
<b>Total</b>				<b>▶ 3a</b> 35,400
<b>b Approved for future payment</b>				
Veronica Alexander P.O. Box 663 North Little Rock AR 7211	None		Scholarship	750
Ella Atwell P.O. Box 663 North Little Rock AR 7211	None		Scholarship	750
Brienne Barron P.O. Box 663 North Little Rock AR 7211	None		Scholarship	750
<b>Total</b>				<b>▶ 3b</b> 37,500





**Part XIV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p><b>a</b> <i>Paid during the year</i> N/A</p>				
<b>Total</b>				▶ <b>3a</b>
<p><b>b</b> <i>Approved for future payment</i> Hailiey Beardon P.O. Box 663 North Little Rock AR 72111</p> <p>Joylyn Broadway P.O. Box 663 North Little Rock AR 72111</p> <p>Sydney Brooks P.O. Box 663 North Little Rock AR 72111</p>	<p>None</p> <p>None</p> <p>None</p>		<p>Scholarship</p> <p>Scholarship</p> <p>Scholarship</p>	<p>750</p> <p>750</p> <p>750</p>
<b>Total</b>				▶ <b>3b</b>

**Part XIV Supplementary Information** *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> N/A				
<b>Total</b>				<b>▶ 3a</b>
<b>b</b> <i>Approved for future payment</i> Gregory Burks P.O. Box 663 North Little Rock AR 72111  Adrian Carranco III P.O. Box 663 North Little Rock AR 72111  Brent Clark P.O. Box 663 North Little Rock AR 72111	None  None  None		Scholarship  Scholarship  Scholarship	750  750  750
<b>Total</b>				<b>▶ 3b</b>

**Part XIV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> N/A				
<b>Total</b>				▶ 3a
b <i>Approved for future payment</i> Hope Coffman P.O. Box 663 North Little Rock AR 72111  Jennifer Crisel P.O. Box 663 North Little Rock AR 72111  Jakell Daniels P.O. Box 663 North Little Rock AR 72111	None  None  None		Scholarship  Scholarship  Scholarship	750  750  750
<b>Total</b>				▶ 3b



**Part XIV Supplementary Information** *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> N/A				
<b>Total</b>				▶ <b>3a</b>
<b>b</b> <i>Approved for future payment</i> Noah Eggensperger P.O. Box 663 North Little Rock AR 72111  Mackenzie Fresneda P.O. Box 663 North Little Rock AR 72111  Colton Grace P.O. Box 663 North Little Rock AR 72111	None  None  None		Scholarship  Scholarship  Scholarship	750  750  750
<b>Total</b>				▶ <b>3b</b>

**Part XIV Supplementary Information** *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> N/A				
<b>Total</b>				<b>▶ 3a</b>
<b>b</b> <i>Approved for future payment</i> McKenzie Harris P.O. Box 663 North Little Rock AR 72111  Sydney Harris P.O. Box 663 North Little Rock AR 72111  Vivian Howerton P.O. Box 663 North Little Rock AR 72111	None  None  None		Scholarship  Scholarship  Scholarship	750  750  750
<b>Total</b>				<b>▶ 3b</b>

**Part XIV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> Paid during the year N/A				
<b>Total</b>				▶ <b>3a</b>
<b>b</b> Approved for future payment Perry Hunter P.O. Box 663 North Little Rock AR 72111  Magon James P.O. Box 663 North Little Rock AR 72111  Isabel Jara P.O. Box 663 North Little Rock AR 72111	None  None  None		Scholarship  Scholarship  Scholarship	750  750  750
<b>Total</b>				▶ <b>3b</b>

**Part XIV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p><b>a</b> <i>Paid during the year</i> N/A</p>				
<b>Total</b>				▶ <b>3a</b>
<p><b>b</b> <i>Approved for future payment</i> Patricio Jara P.O. Box 663 North Little Rock AR 72111</p> <p>Kathryn Kita P.O. Box 663 North Little Rock AR 72111</p> <p>Ashley Koehler P.O. Box 663 North Little Rock AR 72111</p>	<p>None</p> <p>None</p> <p>None</p>		<p>Scholarship</p> <p>Scholarship</p> <p>Scholarship</p>	<p>750</p> <p>750</p> <p>750</p>
<b>Total</b>				▶ <b>3b</b>

**Part XIV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p><b>a</b> <i>Paid during the year</i> N/A</p>				
<b>Total</b>				▶ <b>3a</b>
<p><b>b</b> <i>Approved for future payment</i> Lauren Koehler P.O. Box 663 North Little Rock AR 72111</p> <p>John Lawson P.O. Box 663 North Little Rock AR 72111</p> <p>Kristine Lynch P.O. Box 663 North Little Rock AR 72111</p>	<p>None</p> <p>None</p> <p>None</p>		<p>Scholarship</p> <p>Scholarship</p> <p>Scholarship</p>	<p>750</p> <p>750</p> <p>750</p>
<b>Total</b>				▶ <b>3b</b>

**Part XIV Supplementary Information** *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> N/A				
<b>Total</b>				<b>▶ 3a</b>
<b>b</b> <i>Approved for future payment</i> Ty McClean P.O. Box 663 North Little Rock AR 72111  Kennedi McClinton P.O. Box 663 North Little Rock AR 72111  Klara McElroy P.O. Box 663 North Little Rock AR 72111	None  None  None		Scholarship  Scholarship  Scholarship	750  750  750
<b>Total</b>				<b>▶ 3b</b>

**Part XIV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p><b>a</b> <i>Paid during the year</i> N/A</p>				
<b>Total</b>				▶ <b>3a</b>
<p><b>b</b> <i>Approved for future payment</i> Anette Navarette P.O. Box 663 North Little Rock AR 72111</p> <p>Thomas Osborn P.O. Box 663 North Little Rock AR 72111</p> <p>Walker Payne P.O. Box 663 North Little Rock AR 72111</p>	<p>None</p> <p>None</p> <p>None</p>		<p>Scholarship</p> <p>Scholarship</p> <p>Scholarship</p>	<p>750</p> <p>750</p> <p>750</p>
<b>Total</b>				▶ <b>3b</b>

**Part XIV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> Paid during the year N/A				
<b>Total</b>				▶ <b>3a</b>
<b>b</b> Approved for future payment Shelby Peek P.O. Box 663 North Little Rock AR 72111  Sierra Rohauer P.O. Box 663 North Little Rock AR 72111  Emilee Roy P.O. Box 663 North Little Rock AR 72111	None  None  None		Scholarship  Scholarship  Scholarship	750  750  750
<b>Total</b>				▶ <b>3b</b>



**Part XIV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a <i>Paid during the year</i> N/A				
<b>Total</b>				▶ 3a
b <i>Approved for future payment</i> Holly Smith P.O. Box 663 North Little Rock AR 72111  Olivia Smith P.O. Box 663 North Little Rock AR 72111  Brooke Smothers P.O. Box 663 North Little Rock AR 72111	None  None  None		Scholarship  Scholarship  Scholarship	750  750  750
<b>Total</b>				▶ 3b

**Part XIV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p><b>a</b> <i>Paid during the year</i> N/A</p>				
<b>Total</b>				▶ <b>3a</b>
<p><b>b</b> <i>Approved for future payment</i> Anna Stuff P.O. Box 663 North Little Rock AR 72111</p> <p>Claire Tebbutt P.O. Box 663 North Little Rock AR 72111</p> <p>John Tebbutt P.O. Box 663 North Little Rock AR 72111</p>	<p>None</p> <p>None</p> <p>None</p>		<p>Scholarship</p> <p>Scholarship</p> <p>Scholarship</p>	<p>750</p> <p>750</p> <p>750</p>
<b>Total</b>				▶ <b>3b</b>

**Part XIV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<p><b>a</b> Paid during the year N/A</p>				
<b>Total</b>				▶ <b>3a</b>
<p><b>b</b> Approved for future payment Luke Thurlby P.O. Box 663 North Little Rock AR 72111</p> <p>Rachelle Wheeler P.O. Box 663 North Little Rock AR 72111</p> <p>Zachary Wheeler P.O. Box 663 North Little Rock AR 72111</p>	<p>None</p> <p>None</p> <p>None</p>		<p>Scholarship</p> <p>Scholarship</p> <p>Scholarship</p>	<p>750</p> <p>750</p> <p>750</p>
<b>Total</b>				▶ <b>3b</b>

**Part XIV Supplementary Information** *(continued)*

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> N/A				
<b>Total</b>				▶ <b>3a</b>
<b>b</b> <i>Approved for future payment</i> Jennasis Whisenant P.O. Box 663 North Little Rock AR 72111  Daja Williams P.O. Box 663 North Little Rock AR 72111  James Williams P.O. Box 663 North Little Rock AR 72111	None  None  None		Scholarship  Scholarship  Scholarship	750  750  750
<b>Total</b>				▶ <b>3b</b>

**Part XIV Supplementary Information** (continued)

**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a</b> <i>Paid during the year</i> N/A				
<b>Total</b>				▶ <b>3a</b>
<b>b</b> <i>Approved for future payment</i> Isaac Wolter P.O. Box 663 North Little Rock AR 72111  Johanna Wolter P.O. Box 663 North Little Rock AR 72111	None  None		Scholarship  Scholarship	750  750
<b>Total</b>				▶ <b>3b</b>

**Federal Statements**

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**Statement 1 - Form 990-PF, Part I, Line 6a - Sale of Assets**

Whom Sold	Description	Date Acquired	Date Sold	How Received		Expense	Depreciation	Net Gain / Loss
				Sale Price	Cost			
See Schedule				Purchase				
		12/01/20	6/30/22	\$ 497,924	\$ 457,377	\$	\$	\$ 40,547
Total				\$ 497,924	\$ 457,377	\$ 0	\$ 0	\$ 40,547

**Statement 2 - Form 990-PF, Part I, Line 11 - Other Income**

Description	Revenue per Books	Net Investment Income	Adjusted Net Income
Miscellaneous	\$ 750	\$	\$ 750
Total	\$ 750	\$ 0	\$ 750

**Statement 3 - Form 990-PF, Part I, Line 16b - Accounting Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Total	\$ 4,600	\$ 0	\$ 0	\$ 0

**Federal Statements**

**Statement 4 - Form 990-PF, Part I, Line 16c - Other Professional Fees**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Professional Fundraiser Management Fee	\$ 60,000	\$	\$	\$
Administrative Fee	3,149			
Investment Management	12,576	12,576	12,576	
<b>Total</b>	<b>\$ 76,725</b>	<b>\$ 12,576</b>	<b>\$ 12,576</b>	<b>\$ 0</b>

**Statement 5 - Form 990-PF, Part I, Line 23 - Other Expenses**

Description	Total	Net Investment	Adjusted Net	Charitable Purpose
Expenses	\$	\$	\$	\$
Insurance	626			
<b>Total</b>	<b>\$ 626</b>	<b>\$ 0</b>	<b>\$ 0</b>	<b>\$ 0</b>

**Statement 6 - Form 990-PF, Part II, Line 10a - US and State Government Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Government Cash Reserves	\$ 22,425	\$ 99,491	Market	\$ 99,491
<b>Total</b>	<b>\$ 22,425</b>	<b>\$ 99,491</b>		<b>\$ 99,491</b>

**Federal Statements**

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**Statement 7 - Form 990-PF, Part II, Line 10b - Corporate Stock Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Exchange Traded Products	\$ 308,112	\$ 191,065	Market	\$ 191,065
Equities	1,104,345	827,564	Market	827,564
Total	\$ 1,412,457	\$ 1,018,629		\$ 1,018,629

**Statement 8 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments**

Description	Beginning of Year	End of Year	Basis of Valuation	Fair Market Value
Total	\$ 106,628	\$ 188,377	Market	\$ 188,377
	\$ 106,628	\$ 188,377		\$ 188,377



**Federal Statements**

**Statement 9 - Form 990-PF, Part II, Line 22 - Other Liabilities**

Description	Beginning of Year	End of Year
Due to Others	\$ 3,226	\$ 3,844
Total	\$ 3,226	\$ 3,844

**Statement 10 - Form 990-PF, Part III, Line 5 - Other Decreases**

Description	Amount
Unrealized Loss	\$ 242,115
Total	\$ 242,115

**Federal Statements**

Public Inspection Copy

**Statement 11 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.**

<u>Name and Address</u>	<u>Title</u>	<u>Average Hours</u>	<u>Compensation</u>	<u>Benefits</u>	<u>Expenses</u>
Paul Jara P.O. Box 663 North Little Rock AR 72115	President	5.00	0	0	0
Brian Mays P.O. Box 663 North Little Rock AR 72115	Vice Preside	2.00	0	0	0
Adam Warford P.O. Box 663 North Little Rock AR 72115	Secretary	2.00	0	0	0
Russel Betts P.O. Box 663 North Little Rock AR 72115	Director	1.00	0	0	0
Gary Wynn P.O. Box 663 North Little Rock AR 72115	Director	1.00	0	0	0
Derrick Young P.O. Box 663 North Little Rock AR 72115	Director	1.00	0	0	0
COL Damon Cluck (RET) PO Box 663 North Little Rock AR 72115	Executive Di	20.00	0	0	0
Elizabeth Jara P.O. Box 663 North Little Rock AR 72115	Director	1.00	0	0	0

**Statement 12 - Form 990-PF, Part VIII-A, Line 1 - Summary of Direct Charitable Activities**

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Description

50 Scholarships of \$750 each to members of the National Guard and members of National Guard Association of Arkansas or Enlisted Association of Arkansas National Guard and/or their dependents.

**Statement 13 - Form 990-PF, Part VIII-A, Line 2 - Summary of Direct Charitable Activities**

Description

Contributions were made to Arkansas National Guard Association and the Enlisted Association to enhance support activities of these organizations, while increasing junior officer and NCO development during the state and national conventions.

Schedule B (Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

Name of the organization: Arkansas National Guard Foundation Inc. Employer identification number: 46-3590839

Organization type (check one):

- Filers of: Form 990 or 990-EZ, Form 990-PF. Section: 501(c)( ) (enter number) organization, 4947(a)(1) nonexempt charitable trust not treated as a private foundation, 527 political organization, 501(c)(3) exempt private foundation, 4947(a)(1) nonexempt charitable trust treated as a private foundation, 501(c)(3) taxable private foundation.

Check if your organization is covered by the General Rule or a Special Rule.

Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

- [X] For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- [ ] For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test... [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor... [ ] For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor...

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

Name of organization <b>Arkansas National Guard Foundation</b>	Employer identification number <b>46-3590839</b>
---	---

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	Arkansas National Guard Museum Missouri Street Camp Robinson North Little Rock AR 72199	\$ 18,500	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	National Guard Association of AR PO Box 663 North Little Rock AR 72115	\$ 19,831	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	Benjamin Moore 101 Paragon Drive Montvale NJ 07645	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	Arkansas Department of the Military Camp Joseph T. Robinson North Little Rock AR 72199	\$ 100,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	Nabholz Construction 612 Garland Street Conway AR 72032	\$ 10,000	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
.....	.....	\$ .....	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)