| ARN100PF 01/11/2024 11:34 AM |
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| Arkansas National Guard Foundation |
| 2022 Federal Exempt Entity Reporting Returns |
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| ARN100PF 01/11/2024 11:34 AM | |
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| | Arkansas National Guard Foundation PO BOX 663 |
| | North Little Rock, AR 72115 |
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Priddy Holifield Ables, PA 615 Main St North Little Rock, AR 72114 501-374-9241

January 11, 2024

CONFIDENT LADamon Cluck

Arkansas National Guard Foundation Inc 11/01/2024 PO BOX 663 North Little Rock, AR 72115

Dear Damon:

This letter is to confirm and specify the terms of our engagement with you and to clarify the nature and extent of the services we will provide. In order to ensure an understanding of our mutual responsibilities, we ask all clients for whom returns are prepared to confirm the following arrangements.

We will prepare your federal and state exempt organization returns from information which you will furnish to us. We will not audit or otherwise verify the data you submit, although it may be necessary to ask you for clarification of some of the information.

It is your responsibility to provide all the information required for the preparation of complete and accurate returns. You should retain all the documents, cancelled checks and other data that form the basis of these returns. These may be necessary to prove the accuracy and completeness of the returns to a taxing authority. You have the final responsibility for the tax returns and, therefore, you should review them carefully before you sign them.

Our work in connection with the preparation of your tax returns does not include any procedures designed to discover defalcations and/or other irregularities, should any exist. We will render such accounting and bookkeeping assistance as determined to be necessary for preparation of the tax returns.

The law provides various penalties that may be imposed when taxpayers understate their tax liability. If you would like information on the amount or the circumstances of these penalties, please contact us.

Your returns may be selected for review by the taxing authorities. Any proposed adjustments by the examining agent are subject to certain rights of appeal. In the event of such government tax examination, we will be available upon request to represent you and will render additional invoices for the time and expenses incurred.

Our fee for these services will be based upon the amount of time required at standard billing rates plus out-of-pocket expenses. All invoices are due and payable upon presentation.

If the foregoing fairly sets forth your understanding, please sign the enclosed copy of this letter in the space indicated and return it to our office. However, if there are other tax returns you expect us to prepare, please inform us by noting so at the end of the return copy of this letter.

| ARN100PF 01/11/2024 11:34 AM | |
|---|--|
| We want to express our appreciation for this opportunity to work with you. | |
| Very truly yours, | |
| PriddyHolifieldAbles, PA Priddy Holifield Ables, PA | |
| Accepted By: Damon Cluck Damon Cluck (Jan 11, 2024 12:12 CST) Date: 11/01/2024 | |
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Priddy Holifield Ables, PA 615 Main St North Little Rock, AR 72114 501-374-9241

January 11, 2024

CONFIDENTIAL

Arkansas National Guard Foundation Inc PO BOX 663 North Little Rock, AR 72115

Dear Damon:

We have prepared the following returns from information provided by you without verification or audit.

Return of Private Foundation (Form 990-PF)

We suggest that you examine these returns carefully to fully acquaint yourself with all items contained therein to ensure that there are no omissions or misstatements. Attached are instructions for signing and filing each return. Please follow those instructions carefully.

Enclosed is any material you furnished for use in preparing the returns. If the returns are examined, requests may be made for supporting documentation. Therefore, we recommend that you retain all pertinent records for at least seven years.

In order that we may properly advise you of tax considerations, please keep us informed of any significant changes in your financial affairs or of any correspondence received from taxing authorities.

If you have any questions, or if we can be of assistance in any way, please call.

Sincerely,

Priddy Holifield Ables, PA
Priddy Holifield Ables, PA

Filing Instructions

Arkansas National Guard Foundation Inc

Private Foundation Tax Return

Taxable Year Ended June 30, 2023

Date Due: May 15, 2024

Remittance: Your Form 990-PF for the tax year ended 6/30/23 shows a balance due of \$58.

Do not mail a copy of this return, but a payment in the amount of \$58 should be made by a method of Electronic Funds Transfer (EFT) on or before the above date. If using the ACH Debit Remittance Method, contact the EFTPS Financial Agent of the United States Treasury and direct the Agent to initiate a withdrawal from your account. If using the ACH Credit Remittance Method, contact your

financial institution to initiate this tax payment.

Signature: You are using a Personal Identification Number (PIN) for signing your return

electronically. Form 8879-TE, IRS e-file Signature Authorization for an Exempt

Organization should be signed and dated by an authorized officer of the

organization and returned to:

Priddy Holifield Ables, PA

615 Main St

North Little Rock, AR 72114

Important: Your return will not be filed with the IRS until the signed Form

8879-TE has been received by this office.

Other: Your return is being filed electronically with the IRS and is not required to be

mailed. If you Mail a paper copy of your return to the IRS it will delay the

processing of your return.

Form **8879-TE**

IRS *e-file* Signature Authorization for a Tax Exempt Entity

| 1 | 2022 and anding | 6/30 20 | 2.3 |
|---|-----------------|---------|-----|

7/01 For calendar year 2022, or fiscal year beginning

Department of the Treasury

Do not send to the IRS. Keep for your records.

2022

OMB No. 1545-0047

Go to www.irs.gov/Form8879TE for the latest information. Internal Revenue Service EIN or SSN Name of filer Arkansas National Guard Foundation 46-3590839 Inc Name and title of officer or person subject to tax COL Damon Cluck (RET) Executive Director Part I Type of Return and Return Information Check the box for the return for which you are using this Form 8879-TE and enter the applicable amount, if any, from the return. Form 8038-CP and Form 5330 filers may enter dollars and cents. For all other forms, enter whole dollars only. If you check the box on line 1a, 2a, 3a, 4a, 5a, 6a, 7a, 8a, 9a, or 10a below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, 5b, 6b, 7b, 8b, 9b, or 10b, whichever is applicable, blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than one line in Part I. 1a Form 990 check here b Total revenue, if any (Form 990, Part VIII, column (A), line 12) 1b 2a Form 990-EZ check here b Total revenue, if any (Form 990-EZ, line 9) ______2b 3a Form 1120-POL check here X 4a Form 990-PF check here b Tax based on investment income (Form 990-PF, Part V, line 5) 4b 5a Form 8868 check here b Balance due (Form 8868, line 3c) 5b 6a Form 990-T check here b Total tax (Form 990-T, Part III, line 4) 6b 7a Form 4720 check here 8a Form 5227 check here b FMV of assets at end of tax year (Form 5227, Item D) 8b 9a Form 5330 check here **b** Tax due (Form 5330, Part II, line 19) **9b** Amount of credit payment requested (Form 8038-CP, Part III, line 22) ... 10b 10a Form 8038-CP check here ... Declaration and Signature Authorization of Officer or Person Subject to Tax Under penalties of perjury, I declare that |X| I am an officer of the above entity or I am a person subject to tax with respect to (name of entity) , (EIN) and that I have examined a copy of the 2022 electronic return and accompanying schedules and statements, and, to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the electronic return and, if applicable, the consent to electronic funds withdrawal. PIN: check one box only lauthorize Priddy Holifield Ables, PA to enter my PIN as my signature Enter five numbers, but do not enter all zeros on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen. As an officer or person subject to tax with respect to the entity, I will enter my PIN as my signature on the tax year 2022 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen. Damon Cluck 01/11/24 Signature of officer or person subject to tax **Certification and Authentication** ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN. 71602942943 Do not enter all zeros I certify that the above numeric entry is my PIN, which is my signature on the 2022 electronically filed return indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns. Jeremy T. Ables 01/11/24 ERO's signature ERO Must Retain This Form — See Instructions

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

OMB No. 1545-0047

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 for instructions and the latest information.

| 2022 |
|---------------------------|
| Open to Public Inspection |
| |

| For | calend | dar year 2022 or tax year beginning $07/01/22$, a | and ending 06/3 | 0/23 | | | |
|----------------|-----------|--|------------------------|------------------|----------------|---|---------------------------|
| | | foundation | | | A Empl | loyer identification num | ber |
| A | rkaı | nsas National Guard Foundatio | on | | | | |
| | nc | | | , ., | | -3590839 | |
| | | and street (or P.O. box number if mail is not delivered to street add $OX - 663$ | dress) R | oom/suite | | whone number (see instru $1-772-1270$ | ctions) |
| — E | tv or tov | wn, state or province, country, and ZIP or foreign postal code | | | | | |
| | - | h Little Rock AR 72115 | | | C If exe | emption application is pen | ding, check here |
| | | | n of a former public c | harity | D 1. Fo | oreign organizations, chec | k here |
| | | Final return Amended | • | | | oreign organizations meet | |
| | | Address change Name cha | | | | 5% test, check here and a | _ |
| | Shook t | type of organization: X Section 501(c)(3) exempt private | | | - If nois | rata formulation atatus was | torminated under |
| | | n 4947(a)(1) nonexempt charitable trust Other taxable | | | | vate foundation status was on 507(b)(1)(A), check he | |
| | | rket value of all assets at J Accounting method: | $\overline{}$ | erual | 1 | foundation is in a 60-more | |
| | | l — • | | | | r section 507(b)(1)(B), ch | |
| | ne 16) | \$ 1,667,192 (Part I, column (d), must | he on cash basis) | | | | |
| | art I | Analysis of Revenue and Expenses (The total of | (a) Revenue and | | 1 | | (d) Disbursements |
| • | u | amounts in columns (b), (c), and (d) may not necessarily equal | expenses per | (b) Net invincor | | (c) Adjusted net income | for charitable purposes |
| | | the amounts in column (a) (see instructions).) | books | | | | (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 319,717 | | | | |
| | 2 | Check if the foundation is not required to attach Sch. B | | | | | |
| | 3 | Interest on savings and temporary cash investments | | | | | |
| | 4 | Dividends and interest from securities | 96,675 | | 96,675 | 96,675 | |
| | 5a | Gross rents | | | | | |
| ē | b | Net rental income or (loss) | | | | | |
| e) | 6a | Net gain or (loss) from sale of assets not on line 10 Stmt 1 | -41,939 | | | | |
| Revenue | b | Gross sales price for all assets on line 6a 564,780 | | | - | | |
| œ | 7 | Capital gain net income (from Part IV, line 2) | | | 0 | | |
| | 8 | Net short-term capital gain | | | | 0 | |
| | 9 | Income modifications | | | | | |
| | 10a | Gross sales less returns and allowances | | | | | |
| | b | Less: Cost of goods sold | | | | | |
| | C | Gross profit or (loss) (attach schedule) | 42,500 | | | 42,500 | |
| | 11 12 | Other income (attach schedule) Stmt 2 Total. Add lines 1 through 11 | 416,953 | | 96,675 | | |
| | 13 | Compensation of officers, directors, trustees, etc. | 410,000 | | 70,013 | 137,173 | |
| benses | 14 | Other employee salaries and wages | 0 | | | | |
| ŠŲ | 15 | Pension plans, employee benefits | | | | | |
| | 16a | Legal fees (attach schedule) | | | | | |
| Ĕ | b | Accounting fees (attach schedule) Stmt 3 | 7,600 | | | | |
| Administrative | C | Other professional fees (attach schedule) Stmt 4 | 93,726 | | 10,787 | 10,787 | |
| rat | 17 | | , | | , | 2,1.0.1 | |
| ist | 18 | Taxes (attach schedule) (see instructions) Stmt 5 | 1,063 | | | | |
| Ë | 19 | Depreciation (attach schedule) and depletion | | | | | |
| þ | 20 | Occupancy | | | | | |
| ₹ | 21 | Travel, conferences, and meetings | 3,067 | | | | |
| and | 22 | Printing and publications | 454 | | | | |
| | 23 | Printing and publications Other expenses (att. sch.) Stmt 6 | 22,033 | | | | <u> </u> |
| Operating | 24 | Total operating and administrative expenses. | | | | | |
| era | | Add lines 13 through 23 | 127,943 | | 10,787 | 10,787 | 0 |
| ğ | 25 | Contributions, gifts, grants paid | 100,823 | | | | 100,823 |
| _ | 26 | Total expenses and disbursements. Add lines 24 and 25 | 228,766 | | 10,787 | 10,787 | 100,823 |
| | 27 | Subtract line 26 from line 12: | | | | | |
| | а | Excess of revenue over expenses and disbursements | 188,187 | | | | |
| | b | Net investment income (if negative, enter -0-) | | | 85,888 | | |
| _ | С | Adjusted net income (if negative, enter -0-) | | | | 128,388 | 000 == |
| For | Paper | work Reduction Act Notice, see instructions. | | | | | Form 990-PF (2022) |

| Part II Balance Sheets Attached schedules and amounts in the description column | | Beginning of year | End of year | | |
|---|---|--|----------------|----------------|-----------------------|
| | | should be for end-of-year amounts only. (See instructions.) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| П | 1 | Cash – non-interest-bearing | 127,560 | 368,524 | 368,524 |
| | 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 | | | |
| ß | 8 | Inventories for sale or use | | | |
| Assets | 9 | Prepaid expenses and deferred charges | 10,539 | 4,429 | 4,429 |
| Ass | 10a | Investments – U.S. and state government obligations (attach schedule) Stmt 7 | 99,491 | 71,550 | • |
| 1 | b | Investments – corporate stock (attach schedule) See Stmt 8 | 1,018,629 | 1,033,926 | |
| | c | Investments – corporate bonds (attach schedule) See Stmt 9 | 188,377 | 188,763 | |
| | 11 | Investments – land, buildings, and equipment: basis | 2007077 | 2007.00 | 2007.00 |
| | | 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) | 1,444,596 | 1,667,192 | 1,667,192 |
| ٦ | 17 | Accounts payable and accrued expenses | 300 | | 270017252 |
| | 18 | Grants payable | 42,000 | 49,500 | |
| S | 19 | Deferred revenue | 12,000 | 12,7000 | |
| Liabilities | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| abi | 21 | Mortgages and other notes payable (attach schedule) | | | |
| Ë | 22 | Other liabilities (describe See Statement 10) | 3,844 | 4,724 | |
| | 23 | Total liabilities (add lines 17 through 22) | 46,144 | 54,224 | |
| ٦ | | Foundations that follow FASB ASC 958, check here | 10,111 | 31,221 | |
| ses | | and complete lines 24, 25, 29, and 30. | | | |
| ည | 24 | Net assets without donor restrictions | 91,317 | 152,687 | |
| Net Assets or Fund Baland | 25 | Net assets with donor restrictions | 1,307,135 | 1,460,281 | |
| ã | | Foundations that do not follow FASB ASC 958, check here | | | |
| ဋ | | and complete lines 26 through 30. | | | |
| 屲 | 26 | Capital stock, trust principal, or current funds | | | |
| ō | 27 | Paid-in or capital surplus, or land, bldg., and equipment fund | | | |
| ets | 28 | Retained earnings, accumulated income, endowment, or other funds | | | |
| SS | 29 Total net assets or fund balances (see instructions) | | 1,398,452 | 1,612,968 | |
| <u>*</u> | 30 | Total liabilities and net assets/fund balances (see | | | |
| ž | | instructions) | 1,444,596 | 1,667,192 | |
| | Part I | | | · | |
| 1 | Total | net assets or fund balances at beginning of year - Part II, column (a), line 29 (must | st agree with | | |
| | end-c | of-year figure reported on prior year's return) | | 1 | 1,398,452 |
| 2 | | | | | 188,187 |
| 3 | Other | amount from Part I, line 27a increases not included in line 2 (itemize) See Statement 11 | | 3 | 26,329 |
| 4 | Add I | ines 1, 2, and 3 | | 4 | 1,612,968 |
| 5 | Decre | eases not included in line 2 (itemize) | | 5 | |
| 6 | Total | net assets or fund halances at end of year (line 4 minus line 5) – Part II. column (h | a) line 29 | 6 | 1.612.968 |

| 1 01111 | 330 11 (2022) 111 11 ATTDA | b Nacional Gaara i | Odildacion | 10 3370037 | | i agc c |
|---------|---------------------------------------|--|--|--|--|---|
| Pa | rt IV Capital Gains a | nd Losses for Tax on Investi | ment Income | | | |
| | | e kind(s) of property sold (for example, rea house; or common stock, 200 shs. MLC C | | (b) How acquired P – Purchase D – Donation | (c) Date ac (mo., day, | |
| 1a | N/A | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| | | | | | | |
| | (e) Gross sales price | (f) Depreciation allowed (or allowable) | | r other basis ense of sale | | (h) Gain or (loss) e) plus (f) minus (g)) |
| а | | | | | | |
| b | | | | | | |
| С | | | | | | |
| d | | | | | | |
| e | | | | | | |
| | Complete only for assets showing | g gain in column (h) and owned by the | e foundation on 12/31/ | 69. | (I) Ga | ins (Col. (h) gain minus |
| | (i) FMV as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | , , , | ss of col. (i) l. (j), if any | col. (k), | but not less than -0-) or basses (from col. (h)) |
| a | | | | | | |
| b | | | | | | |
| c | | | | | | |
| d | | | | | | |
| e | | | | | | |
| 3 N | gain, also enter in Part I, line 8 | ss) as defined in sections 1222(5) and s, column (c). See instructions. If (loss) | in Part I, line 7 I (6): I, enter -0- in | | 2 | |
| | rt V Excise Tax Bas | ed on Investment Income (S | ection 4940(a) 4 | 940(b) or 4948– | | uctions) |
| | | described in section 4940(d)(2), check | | ter "N/A" on line 1. | 7 | |
| ıa | | | | | ons) 1 | 1,194 |
| _ | | letter: (attach co | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 1,191 |
| b | | enter 1.39% (0.0139) of line 27b. Exe | | · | | |
| • | Taxanada a a tian 544 (danaa | 2, col. (b) | In farm defense auch en al | | | 0 |
| 2 | | tic section 4947(a)(1) trusts and taxab | ole roundations only; of | tners, enter -0-) | | |
| 3 | Add lines 1 and 2 | | | | 3 | 1,194 |
| 4 | | stic section 4947(a)(1) trusts and taxab | | thers, enter -0-) | | 1 104 |
| 5 | | come. Subtract line 4 from line 3. If ze | ro or less, enter -0- | | 5 | 1,194 |
| 6 | Credits/Payments: | | . 1 . | 1 | | |
| а | | and 2021 overpayment credited to 202 | | a | | |
| b | Exempt foreign organizations - | tax withheld at source | <u>6</u> | | | |
| С | | tension of time to file (Form 8868) | | | ,194 | |
| d | Backup withholding erroneously | | | d | | |
| 7 | Total credits and payments. Ac | dd lines 6a through 6d | | | 7 | |
| 8 | Enter any penalty for underpay | yment of estimated tax. Check here | X if Form 2220 is atta | iched | 8 | 58 |
| 9 | | and 8 is more than line 7, enter amou l | | | 9 | 58 |
| 10 | Overpayment. If line 7 is more | e than the total of lines 5 and 8, enter t | the amount overpaid | | 10 | |
| 11 | | be: Credited to 2023 estimated tax | | Refunded | I | |

| Pa | rt VI-A Statements Regarding Activities | | | |
|----|--|------|------|----|
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it | | Yes | No |
| | participate or intervene in any political campaign? | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the | | | |
| | instructions for the definition | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials | | | |
| | published or distributed by the foundation in connection with the activities. | | | |
| С | Did the foundation file Form 1120-POL for this year? | 1c | | X |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: | | | |
| | (1) On the foundation. \$ (2) On foundation managers. \$ | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed | | | |
| | on foundation managers. \$ | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IRS? | 2 | | X |
| | If "Yes," attach a detailed description of the activities. | | | |
| 3 | 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 | 3 | | X |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or more during the year? | 4a | | X |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? N/A | 4b | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction during the year? | 5 | | X |
| | If "Yes," attach the statement required by General Instruction T. | | | |
| 6 | 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? | 6 | X | |
| 7 | 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 | 7 | Х | |
| 8a | Enter the states to which the foundation reports or with which it is registered. See instructions. | | | |
| | AR | | | |
| 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 General Instruction G? If "No," attach explanation | 8b | X | |
| 9 | 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 2022 or the tax year beginning in 2022? See instructions for Part XIII. If "Yes," | | | |
| | complete Part XIII | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their | | | |
| | names and addresses | 10 | | X |
| 11 | 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 | 11 | | X |
| 12 | 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 | 12 | | X |
| 13 | Did the foundation comply with the public inspection requirements for its annual returns and exemption application? | 13 | Χ | |
| | Website address www.angf.us | | | |
| 14 | The books are in care of COL Damon Cluck (RET) Telephone no. 501-7 | 72-1 | 1270 | 0 |
| | PO Box 663 | | | |
| | Located at North Little Rock AR ZIP+4 72115 | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 – check here | | | |
| | and enter the amount of tax-exempt interest received or accrued during the year | | | |
| 16 | At any time during calendar year 2022, did the foundation have an interest in or a signature or other authority | | Yes | No |
| | over a bank, securities, or other financial account in a foreign country? | 16 | | X |
| | See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of | | | |
| | the foreign country | | | |

| Pa | art 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 |
| 1a | 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? | | | Χ |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified | 1a(1) | | |
| | person? | 1a(2) | | X |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | 1a(3) | | X |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | 1a(4) | | Χ |
| | (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)? | 1a(5) | | Χ |
| | (6) Agree to pay money or property to a government official? (Exception. 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.) | 1a(6) | | X |
| b | If any answer is "Yes" to 1a(1)-(6), did any 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 | 1b | | |
| С | Organizations relying on a current notice regarding disaster assistance, check here | | | |
| d | 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 2022? N/A | 1d | | |
| 2 | 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)): | | | |
| а | At the end of tax year 2022, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for | | | |
| | tax year(s) beginning before 2022? | 2a | | X |
| | If "Yes," list the years 20 , 20 , 20 , 20 | | | |
| b | Are there any years listed in 2a for which the foundation is not 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 | | | |
| | all years listed, answer "No" and attach statement – see instructions.) N/A | 2b | | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. | | | |
| | 20 , 20 , 20 , 20 | | | |
| 3a | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time | | | |
| | during the year? | 3a | | Χ |
| b | If "Yes," did it have excess business holdings in 2022 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 2022.) N/A | 3b | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable | | | |
| | purposes? | 4a | | Χ |
| 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 2022? | 4b | | X |

| Pa | rt VI-B Statements Regarding Activities for Which Form | 4720 May Be F | Required (con | tinued) | | | J. |
|-----|---|---|---|--|-------|------------------------|----|
| 5a | During the year did the foundation pay or incur any amount to: | | | | | Yes | No |
| | (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 4945(e))? | | | 5a(1) | | Х |
| | (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or | | | | | | |
| | indirectly, any voter registration drive? | | | | 5a(2) | | X |
| | (3) Provide a grant to an individual for travel, study, or other similar purposes? | | | | 5a(3) | | Х |
| | (4) Provide a grant to an organization other than a charitable, etc., organization | | | | | | |
| | (4)(A)? See instructions | | | | 5a(4) | | X |
| | (5) Provide for any purpose other than religious, charitable, scientific, literary, of | r educational purpo | ses, or for | | | | |
| | the prevention of cruelty to children or animals? | | | | 5a(5) | | X |
| b | If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify und | ler the exceptions of | described | | | | |
| | in Regulations section 53.4945 or in a current notice regarding disaster assistant | nce? See instruction | ns | N/A | 5b | | |
| С | Organizations relying on a current notice regarding disaster assistance, check h | | | | | | |
| d | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from | | | - | | | |
| | maintained expenditure responsibility for the grant? | | | N/A | 5d | | |
| | If "Yes," attach the statement required by Regulations section 53.4945–5(d). | | | | | | |
| 6a | Did the foundation, during the year, receive any funds, directly or indirectly, to p | ay premiums on a p | personal | | | | |
| | benefit contract? | | | | 6a | | X |
| b | Did the foundation, during the year, pay premiums, directly or indirectly, on a pe | ersonal benefit cont | ract? | | 6b | | Х |
| | If "Yes" to 6b, file Form 8870. | | | | | | |
| 7a | At any time during the tax year, was the foundation a party to a prohibited tax s | helter transaction? | | | 7a | | X |
| b | If "Yes," did the foundation receive any proceeds or have any net income attribu | itable to the transac | ction? | N/.A | 7b | | |
| 8 | Is the foundation subject to the section 4960 tax on payment(s) of more than \$7 | ,000,000 in remune | eration or | | | | |
| | excess parachute payment(s) during the year? | | | | 8 | | X |
| Pa | rt VII Information About Officers, Directors, Trustees, Fo | oundation Mana | agers, Highly | Paid Employ | ees, | | |
| | and Contractors | | | | | | |
| 1 L | ist all officers, directors, trustees, and foundation managers and their com- | pensation. See in | structions. | 4 D. Cantalla di ana da | I | | |
| | (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 | | pense ad er allowai | |
| Se | e Statement 12 | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| 2 | Compensation of five highest-paid employees (other than those included of "NONE." | on line 1 – see ins | tructions). If non | e, enter | | | |
| | (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 | | pense ad r allowai | |
| NO | NE | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | number of other employees paid over \$50,000 | 1 | I | I | | | 0 |

Form 990-PF (2022) Arkansas National Guard Foundation 46-3590839 Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued) 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 Total number of others receiving over \$50,000 for professional services **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 Expenses organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 See Statement 13 46,500 See Statement 14 13,668 3 See Statement 15 40,654 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 1,294,239 All other program-related investments. See instructions.

> 1,294,239 Form **990-PF** (2022)

Total. Add lines 1 through 3

Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.) Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes: Average monthly fair market value of securities 1a 1,258,334 Average of monthly cash balances 356,438 1b Fair market value of all other assets (see instructions) 4.429 С 1c 619.201Total (add lines 1a, b, and c) 1d Reduction claimed for blockage or other factors reported on lines 1a and Acquisition indebtedness applicable to line 1 assets 2 2 Subtract line 2 from line 1d 1,619,201 3 Cash deemed held for charitable activities. Enter 1.5% (0.015) of line 3 (for greater amount, see 24,288 594,913 Net value of noncharitable-use assets. Subtract line 4 from line 3 5 79,746 Minimum investment return. Enter 5% (0.05) of line 5... Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations Part X and certain foreign organizations, check here | and do not complete this part.) 79,746 Minimum investment return from Part IX, line 6 2a Tax on investment income for 2022 from Part V, line 5 Income tax for 2022. (This does not include the tax from Part V.) Add lines 2a and 2b 2c С Distributable amount before adjustments. Subtract line 2c from line 1 3 Recoveries of amounts treated as qualifying distributions 4 4 78,552 5 Add lines 3 and 4 6 Deduction from distributable amount (see instructions) 6 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XII, 78,552 7 line 1. Part XI Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26 100,823 1a а 1,294,239Program-related investments – total from Part VIII-B 1b b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., 3 Amounts set aside for specific charitable projects that satisfy the: Suitability test (prior IRS approval required) 3a Cash distribution test (attach the required schedule) 3b 1,395,062 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part XII, line 4

| Pa | rt XII Undistributed Income (see instructions) | | | | |
|-----|---|----------------------|----------------------------|--------------------|-------------|
| | | (a) Corpus | (b) Years prior to 2021 | (c) 2021 | (d) 2022 |
| 1 | Distributable amount for 2022 from Part X, line 7 | | | | 78,552 |
| 2 | Undistributed income, if any, as of the end of 2022: | | | | |
| а | Enter amount for 2021 only | | | | |
| b | Total for prior years: 20 , 20 , 20 | | | | |
| 3 | Excess distributions carryover, if any, to 2022: | | | | |
| а | From 2017 | | | | |
| b | From 2018 | | | | |
| С | From 2019 | | | | |
| d | From 2020 | | | | |
| | From 2021 1,269,432 | | | | |
| | Total of lines 3a through e | 1,269,432 | | | |
| 4 | Qualifying distributions for 2022 from Part XI, | | | | |
| | line 4: \$1,395,062 | | | | |
| | Applied to 2021, but not more than line 2a | | | | |
| b | Applied to undistributed income of prior years | | | | |
| | (Election required – see instructions) | | | | |
| С | Treated as distributions out of corpus (Election | | | | |
| | required – see instructions) | | | | 70 550 |
| | Applied to 2022 distributable amount | 1 216 510 | | | 78,552 |
| | Remaining amount distributed out of corpus | 1,316,510 | | | |
| 5 | Excess distributions carryover applied to 2022 | | | | |
| | (If an amount appears in column (d), the same | | | | |
| 6 | amount must be shown in column (a).) Enter the net total of each column as | | | | |
| U | indicated below: | | | | |
| a | Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 | 2,585,942 | | | |
| | Prior years' undistributed income. Subtract | 2,303,712 | | | |
| | ling 4h from ling 2h | | | | |
| С | 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 | | | | |
| е | Undistributed income for 2021. Subtract line | | | | |
| | 4a from line 2a. Taxable amount – see | | | | |
| | instructions | | | | |
| f | Undistributed income for 2022. Subtract lines | | | | |
| | 4d and 5 from line 1. This amount must be | | | | |
| | distributed in 2023 | | | | 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 2017 not | | | | |
| | applied on line 5 or line 7 (see instructions) | | | | |
| 9 | Excess distributions carryover to 2023. | 0 505 040 | | | |
| | Subtract lines 7 and 8 from line 6a | 2,585,942 | | | |
| 10 | Analysis of line 9: | | | | |
| a | Excess from 2018 | | | | |
| b | Excess from 2019 | | | | |
| C C | Excess from 2020 | | | | |
| d | Excess from 2021 1,269,432 Excess from 2022 1,316,510 | | | | |
| е | LAUGOO HUHH ZUZZ 1,310,310 | | | | |

| | opf 01/11/2024 11:34 AM n 990-Pf (2022) Arkansas Nat | ional Guar | d Foundatio | on 46-35908 | 39 | Page 1 (|
|----|---|------------------------|--------------------------|---------------------------|----------------------|-----------------|
| | art XIII Private Operating For | | | | | r ago T |
| | If the foundation has received a ruling or | | | | | |
| | foundation, and the ruling is effective for | 2022, enter the date | of the ruling | · · | | |
| b | Check box to indicate whether the found | ation is a private ope | rating foundation desc | cribed in section 49 | 942(j)(3) or 494 | 42(j)(5) |
| 2a | Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | |
| | income from Part I or the minimum | (a) 2022 | (b) 2021 | (c) 2020 | (d) 2019 | (e) Total |
| | investment return from Part IX for | | | | | |
| | each year listed | | | | | |
| b | 85% (0.85) of line 2a | | | | | |
| С | Qualifying distributions from Part XI, | | | | | |
| | line 4, for each year listed | | | | | |
| d | Amounts included in line 2c not used directly | | | | | |
| | for active conduct of exempt activities | | | | | |
| е | Qualifying distributions made directly | | | | | |
| | for active conduct of exempt activities. | | | | | |
| | Subtract line 2d from line 2c | | | | | |
| 3 | Complete 3a, b, or c for the | | | | | |
| | alternative test relied upon: | | | | | |
| а | "Assets" alternative test - enter: | | | | | |
| | (1) Value of all assets | | | | | |
| | (2) Value of assets qualifying under | | | | | |
| | section 4942(j)(3)(B)(i) | | | | | |
| b | "Endowment" alternative test – enter 2/3 | | | | | |
| | of minimum investment return shown in | | | | | |
| | Part IX, line 6, for each year listed | | | | | |
| С | "Support" alternative test – enter: | | | | | |
| | (1) Total support other than gross | | | | | |
| | investment income (interest, | | | | | |
| | dividends, rents, payments on | | | | | |
| | securities loans (section | | | | | |
| | 512(a)(5)), or royalties) | | | | | |
| | (2) Support from general public | | | | | |
| | and 5 or more exempt organizations as provided in | | | | | |
| | section 4942(j)(3)(B)(iii) | | | | | |
| | (3) Largest amount of support from | | | | | |
| | an exempt organization | | | | | |
| | (4) Gross investment income | | | | | |
| Pa | art XIV Supplementary Inform | ation (Complete | this part only if | the foundation ha | nd \$5,000 or mor | e in assets at |
| | any time during the ye | • • | • | | • | |
| 1 | Information Regarding Foundation Ma | nagers: | | | | |
| а | List any managers of the foundation who | have contributed mo | ore than 2% of the total | al contributions received | by the foundation | |
| | before the close of any tax year (but only | if they have contribu | uted more than \$5,000 |). (See section 507(d)(2) |).) | |
| | N/A | | | | | |
| b | List any managers of the foundation | who own 10% or r | nore of the stock of | a corporation (or an | equally large portio | n of the |
| | ownership of a partnership or other entity |) of which the founda | ation has a 10% or gre | eater interest. | | |
| | N/A | | | | | |
| 2 | Information Regarding Contribution, G | Grant, Gift, Loan, Sc | holarship, etc., Prog | grams: | | |
| | Check here X if the foundation only | makes contributions | to preselected charita | able organizations and d | loes 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.

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

The form in which applications should be submitted and information and materials they should include:

c Any submission deadlines:

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)

| Part XIV Supplementary Information (c | • | · Futuro Dovernant | | |
|--|---|------------------------|----------------------------------|-----------------|
| 3 Grants and Contributions Paid During | If recipient is an individual, | | | |
| Recipient | show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| Name and address (home or business) | or substantial contributor | recipient | Contribution | |
| a Paid during the year National Guard Association P.O. Box 663 North Little Rock AR 7211 | Supports | 7273 Spend Plan and | d Support | 7,538 |
| AR National Guard Museum 6000 Camp Robinson Road North Little Rock AR 7219 | Supports Ai | rican Pionee | r Project | 6,130 |
| Camp Alliance P.O. Box 7683 Springdale AR 72776 | None | Military Yo | outh Camp | 3,000 |
| Corin Read Christian Camp 27100 S Sardis Road Bauxite AR 72011 | None | Child | rens Camp | 1,400 |
| Survivor Outreach Services Camp Joseph T. Robinson North Little Rock AR 7219 | None | ort Gold Star | Families | 2,000 |
| Hearts of our Hero's 3 Vilanco Cutoff Vilonia AR 72173 | None | Survivor | Outreach | 3,500 |
| Kara Clark P.O. Box 663 North Little Rock AR 7211 | None | Emergeno | y Relief | 1,500 |
| Jeremy Sears P.O. Box 663 North Little Rock AR 7211 | None | Emergeno | y Relief | 1,300 |
| Gregory Elijoudi P.O. Box 663 North Little Rock AR 7211 | None | Emergeno | y Relief | 1,963 |
| Cedric Muldrow P.O. Box 663 North Little Rock AR 7211 Total | None | Emergeno | ry Relief 3a | 2,000 38,158 |
| b Approved for future payment | | | Ja | 30,130 |
| N/A | | | | |
| | | | | |
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| | | | | |
| | | | | |
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| | | | | |
| | | | | |
| Total | | | 3b | |

| Part XV-A | Analysis of Income-Producing Act | | | 3370037 | | |
|------------------|---|--|----------------------|--------------------------|--------------------------|---|
| | ounts unless otherwise indicated. | | ousiness income | Excluded by s | section 512, 513, or 514 | |
| 1 Program se | | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | (e) Related or exempt function income (See instructions.) |
| - | t Income | | | 2 | 2,500 | |
| | Rental | | | 16 | 37,000 | |
| | | | | + | 3.7000 | |
| | | | | | | |
| | | | | | | |
| f | | | | | | |
| | nd contracts from government agencies | | | | | |
| | dues and assessments | | | | | |
| 3 Interest on | savings and temporary cash investments | | | | | |
| | and interest from securities | | | 14 | 96,675 | |
| | ncome or (loss) from real estate: | | | | 22,212 | |
| | anced property | | | | | |
| b Not del | ot-financed property | | | | | |
| 6 Net rental in | ncome or (loss) from personal property | | | | | |
| 7 Other inves | tment income | | | | | |
| 8 Gain or (los | ss) from sales of assets other than inventory | | | 18 | -41,939 | |
| | or (loss) from special events | | | + = 5 | 12,707 | |
| 10 Gross profit | or (loss) from sales of inventory | | | | | |
| 11 Other rever | | | | | | |
| | ellaneous | | | 2 | 3,000 | |
| | | | | | -, | |
| | | | | | | |
| е | | | | | | |
| | dd columns (b), (d), and (e) | | | 0 | 97,236 | (|
| 13 Total. Add | line 12, columns (b), (d), and (e) | | | | | 97,236 |
| (See worksheet | in line 13 instructions to verify calculations.) | | | | | • |
| Part XV-B | Relationship of Activities to the Activities | ccomplishme | nt of Exempt I | Purposes | | |
| Line No. | Explain below how each activity for which income of the foundation's exempt purposes (other than be | is reported in col | umn (e) of Part X\ | /-A contribute | | accomplishment |
| N/A | | <i>,</i> , , , , , , , , , , , , , , , , , , | | | , | |
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|--------------|--------------|----------------------------------|------------------|--------------|----------------|----------------------|-------------------|------------------------------|-------------------------|---------------|----------|--------------|
| Part | XVI | Information Rega | arding Tra | ansfers | To and | l Transactio | ns and Re | elationships Wi | th Noncharital | ole Ex | emp | t |
| | | Organizations | | | | | | | | | | |
| 1 Die | d the orga | nization directly or ind | irectly engag | ge in any | of the follo | owing with any | other organiza | ation described | | | Yes | No |
| | _ | 01(c) (other than section | | | | - | _ | | | | | |
| | ganizations | | (/(/ | J | , | • | 0 1 | | | | | |
| • | • | om the reporting found | lation to a n | oncharital | hle evemni | t organization o | ıf- | | | | | |
| | | · - | | | | - | | | | 10(1) | Х | |
| | Cash | | | | | | | | | 1a(1) | <u>^</u> | 37 |
| (2) | Other as | ssets | | | | | | | | 1a(2) | | X |
| b Ot | her transa | actions: | | | | | | | | | | |
| (1) | Sales of | assets to a noncharit | able exempt | t organiza | ation | | | | | 1b(1) | | X |
| (2) | Purchase | es of assets from a ne | oncharitable | exempt of | organizatio | n | | | | 1b(2) | | X |
| (3) | Rental o | f facilities, equipment, | or other as | sets | | | | | | 1b(3) | | X |
| (4) | Reimbur | sement arrangements | 3 | | | | | | | 1b(4) | | Х |
| (5) | l nans o | r Ioan guarantees | | | | | | | | 1b(5) | | X |
| (6) | Dorform | r loan guarantees | omborobin o | | oina colicit | | | | | | | X |
| | | ance of services or m | | | | | | | | 1b(6) | | |
| | - | acilities, equipment, m | - | | | | | | | 1c | | X |
| | | r to any of the above | | | | | | | | | | |
| va | lue of the | goods, other assets, o | or services g | given by tl | he reportin | g foundation. If | the foundatio | n received less than | n fair market | | | |
| va | lue in any | transaction or sharing | arrangeme | nt, show | in column | (d) the value of | the goods, o | ther assets, or servi | ces received. | | | |
| (a) L | ine no. | (b) Amount involved | (c) Nam | ne of noncha | aritable exemp | t organization | (d) | Description of transfers, tr | ansactions, and sharing | arrangeme | ents | |
| 1a(1 |) | 7,273 | Arkans | sas N | ation | al Guar | Spend | Plan | | | | |
| | , | • | | | | | | - | | | | |
| 1a(1 | 1 | 3 234 | Arkans | aad N | [ation | al Guar | Spend | Dlan | | | | |
| та (т | / | 3,231 | ALNam | as II | acion | ai Guai | bpena | FIGII | | | | |
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| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| 2a Is | the founda | ation directly or indirec | tly affiliated | with, or r | elated to, | one or more ta | x-exempt orga | nizations | | | | |
| de | scribed in | section 501(c) (other | than section | 501(c)(3 |)) or in sec | ction 527? | | | | X Y | es 「 | No |
| b If ' | "Yes." com | nplete the following sc | hedule. | | ,, | | | | | | | _ |
| | |) Name of organization | | 1 (| (b) Type of or | ganization | | (c) Descrip | tion of relationship | | | |
| AR | <u>`</u> | Guard Asso | | 501 | | g | Dhilar | | Arm | | | |
| AIV | Nacı | . Guaru Asso | <i>.</i> | 301 | CIJ | | FIIIIai | iciii Opic <i>F</i> | 7T !!! | | | |
| 7.0 | T- 1.4 | | | F 0 1 | 2 | | D1 1 | | \ | | | |
| AR | <u>Enl</u> | sted Assoc | • | 501 | <u>C3</u> | | Pnilai | <u>nthropic <i>P</i></u> | Arm | | | |
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | | alties of perjury, I declare the | | | | | | | my knowledge and belie | f, it is true | e, | |
| | correct, an | d complete. Declaration of p | reparer (otner t | nan taxpaye | er) is based o | n all information of | wnich preparer na | as any knowledge. | May the IRS dis | cuss this i | return | |
| Sign | | | | | | | | | with the prepare | er shown b | elow? _ | _ |
| Here | | | | | | | | | See instructions | s. 🔲 | Yes | No |
| nere | | | | | | 1 | | T | Discortor | | | |
| | - | | | | | | - | Executive | Director | - | _ | |
| | Signature of | of officer or trustee | | | - | Date | Т | ïtle | | | | |
| | Print/Typ | e preparer's name | | | | Preparer's signatu | re | | Date | | Check | if |
| Doid | | | | | | | | | | | 1 | ployed |
| Paid | Jerem | y T. Ables | | | | Jeremy T. | Ables | | 01/1 | 1/24 | | |
| Prepare | Firm's n | | ly Hol: | ifiel | d Abl | es, PA | | | PTIN PO | 1963 | 736 | , |
| Use Onl | Firm's a | | Main St | | | , | | | | -044 | | |
| | 13 a | | T.i++ | | ock A | R 7211. | 4 | | | 1 <u>- 37</u> | | |

Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Purpose of grant or show any relationship to status of **Amount** any foundation manager contribution recipient Name and address (home or business) or substantial contributor a Paid during the year Danny Cuellar P.O. Box 663 None North Little Rock AR 7211 Emergency Relief 1,382 Alfredo Scerrce P.O. Box 663 None North Little Rock AR 7211 Emergency Relief 1,500 Ferncliff Camp and Confrence Center 1720 Ferncliff Road None Little Rock AR 72223 Youth Camp 1,050 Arkansas Youth Challenge 16418 N Dakota None North Little Rock AR 7219 Support for Meals 2,023 Andrew Balsman P.O. Box 663 None North Little Rock AR 7211 Emergendy Relief 1,872 Total 3a **b** Approved for future payment N/A

3b

Total

46-3590839

Federal Statements

FYE: 6/30/2023

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

| | Description | | How Received | | | | | |
|--------------|----------------------|--------------|------------------------------|---------|-----|---------|--------------|--------------------|
| Whom Sold | Date <u>Acquired</u> | Date Sold | Sale Price | Cost | | Expense | Depreciation | Net Gain / Loss |
| Investments | 5/31/20 | 6/10/23 | \$ Purchase 564,780 \$ | 606,719 | \$_ | | \$ | \$ -41,939 |
| Total | | | \$ 564,780 \$ | 606,719 | \$_ | 0 | \$ | \$ -41,939 |

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

| Description | Re | evenue per Books | Net Inve | | Adjusted Net Income | | |
|---|----|--------------------------|----------|---|------------------------|--------------------------|--|
| Event Income MWR Rental Miscellaneous | \$ | 2,500 37,000 3,000 | \$ | | \$ | 2,500 37,000 3,000 | |
| Total | \$ | 42,500 | \$ | 0 | \$ | 42,500 | |

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

| Description | Total | Net stment | - 1 | usted Vet | Charitable Purpose | | |
|-----------------|-------------|---------------|-----|--------------|-----------------------|---|--|
| Accounting Fees | \$ 7,600 | \$ | \$ | | \$ | | |
| Total | \$ 7,600 | \$ 0 | \$ | 0 | \$ | 0 | |

46-3590839 FYE: 6/30/2023

Federal Statements

1/11/2024 11:33 AM

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

| Description | _ | Total | <u>lr</u> | Net nvestment | Adjusted Net | naritable ^P urpose |
|---|----|---------------------------|-----------|------------------|---------------------|----------------------------------|
| Professional Fundraiser Management Fee Administrative Fee | \$ | 58,060 6,000 18,879 | \$ | | \$ | \$ |
| Investment Management | | 10,787 | | 10,787 | 10,787 | |
| Total | \$ | 93,726 | \$ | 10,787 | \$ 10,787 | \$ 0 |

Statement 5 - Form 990-PF, Part I, Line 18 - Taxes

| Description | Total | | _ | Net stment | Adjusted Net | | Charitable Purpose | | |
|----------------------|-------|-------|----|---------------|-----------------|---|-----------------------|---|--|
| Federal Income Taxes | \$ | 1,063 | \$ | | \$ | | \$ | | |
| Total | \$ | 1,063 | \$ | 0 | \$ | 0 | \$ | 0 | |

Statement 6 - Form 990-PF, Part I, Line 23 - Other Expenses

| Description | Total | Ne Investn | | Adjusted Net | | Charitable Purpose |
|-------------------------------|--------------|---------------|---|-----------------|------|--------------------|
| | \$ | \$ | | \$ | Ş | ; |
| Expenses | | | | | | |
| Advertising and Promotion | 2,637 | | | | | |
| Confrence, Convention, and Me | 697 | | | | | |
| D&O Insurance | 896 | | | | | |
| Information Technology | 1,370 | | | | | |
| Office Expense | 1,813 | | | | | |
| Program Expenses | 12,026 | | | | | |
| Event Income | 2,594 | | | | | |
| Total | \$ 22,033 | \$ | 0 | \$ | 0 \$ | 30 |

FYE: 6/30/2023

46-3590839

Federal Statements

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Statement 7 - 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 | \$ | 99,491 | \$ | 71,550 | Market | \$ | 71,550 | |
| Total | \$ | 99,491 | \$ | 71,550 | | \$ | 71,550 | |

Statement 8 - 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 Equities | \$ 191,065 827,564 | \$ 247,556 786,370 | Market Market | \$ | 247,556 786,370 |
| Total | \$ 1,018,629 | \$ 1,033,926 | | \$ | 1,033,926 |

Statement 9 - Form 990-PF, Part II, Line 10c - Corporate Bond Investments

| Description | E | Beginning of Year | End of Year | Basis of Valuation | - F | Fair Market Value |
|--------------|----|-------------------|--------------------|-----------------------|-----|----------------------|
| Fixed Income | \$ | 188,377 | \$ 188,763 | Market | \$ | 188,763 |
| Total | \$ | 188,377 | \$ 188,763 | | \$ | 188,763 |

Federal Statements

FYE: 6/30/2023

46-3590839

Statement 10 - Form 990-PF, Part II, Line 22 - Other Liabilities

| Description | eginning of Year | End of Year |
|---------------|---------------------|--------------------|
| Due to Others | \$ 3,844 | \$ 4,724 |
| Total | \$ 3,844 | \$ 4,724 |

Statement 11 - Form 990-PF, Part III, Line 3 - Other Increases

| | L | escription | Am | <u>ount</u> |
|------------|------------|------------|--------|-------------|
| Unrealized | Investment | Gain | \$ | 26,329 |
| Total | | | \$ | 26,329 |

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Federal Statements

FYE: 6/30/2023

46-3590839

Statement 12 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc.

| Name and Address | Title | Average Hours | Compensation | Benefits | Expenses |
|---|--------------|------------------|--------------|----------|----------|
| Paul Jara P.O. Box 663 North Little Rock AR 72115 | President | 1.00 | 0 | 0 | 0 |
| Brian Mays P.O. Box 663 North Little Rock AR 72115 | Vice Preside | 1.00 | 0 | 0 | 0 |
| Adam Warford P.O. Box 663 North Little Rock AR 72115 | Secretary | 1.00 | 0 | 0 | 0 |
| COL Damon Cluck (RET) PO Box 663 North Little Rock AR 72115 | Executive Di | 24.00 | 0 | 0 | 0 |
| Trey Marable P.O. Box 663 North Little Rock AR 72115 | Director | 1.00 | 0 | 0 | 0 |
| Elizabeth Jara P.O. Box 663 North Little Rock AR 72115 | Director | 1.00 | 0 | 0 | 0 |
| Brad Cox P.O. Box 663 North Little Rock AR 72115 | Director | 1.00 | 0 | 0 | 0 |
| Steven Veazey P.O. Box 663 North Little Rock AR 72115 | Director | 1.00 | 0 | 0 | 0 |
| Russel Betts P.O. Box 663 North Little Rock AR 72115 | Director | 1.00 | 0 | 0 | 0 |
| Ben Moore | Director | 1.00 | 0 | 0 | 0 |

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FYE: 6/30/2023

Statement 12 - Form 990-PF, Part VII, Line 1 - List of Officers, Directors, Trustees, Etc. (continued)

Name and Average
Address Title Hours Compensation Benefits Expenses

P.O. Box 663

North Little Rock AR 72115

ARN100PF Arkansas National Guard Foundation 46-3590839 Federal Statements

FYE: 6/30/2023

Statement 13 - Form 990-PF, Part VIII-A, Line 1 - Summary of Direct Charitable Activities

Description

50 Scholarships of \$1,000 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. Also, the Foundation provides 6 \$500 scholarships to challenged youth and 3 \$1,000 scholarships to surviving military members.

Statement 14 - Form 990-PF, Part VIII-A, Line 2 - Summary of Direct Charitable Activities

Description

Contributions were made to the Arkansas National Guard Association to increase junior office and NCO development during state and national conferences. Contributions were also provided to the Arkansas National Guard Museum to promote heritage and lineage of the force.

Statement 15 - Form 990-PF, Part VIII-A, Line 3 - Summary of Direct Charitable Activities

Description

Providing direct support to eight lines of effort that focuses on enhancing the members of the Arkansas National Guard, their families, and veterans in and around Arkansas.

Schedule B (Form 990)

Schedule of Contributors

OMB No. 1545-0047

2022

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-PF.

Go to www.irs.gov/Form990 for the latest information.

Name of the organization

Arkansas National Guard Foundation

Inc

Employer identification number

46-3590839

| Organiz | zation type (check one |): | |
|-----------|---|--|----|
| Filers o | of: | Section: | |
| Form 9 | 90 or 990-EZ | 501(c)() (enter number) organization | |
| | | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | |
| | | 527 political organization | |
| Form 9 | 90-PF | X 501(c)(3) exempt private foundation | |
| | | 4947(a)(1) nonexempt charitable trust treated as a private foundation | |
| | | 501(c)(3) taxable private foundation | |
| | • | overed by the General Rule or a Special Rule . | |
| instructi | | (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See | |
| Genera | l Rule | | |
| X | • | ng Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 property) from any one contributor. Complete Parts I and II. See instructions for determining a ributions. | |
| Special | Rules | | |
| | regulations under section 16b, and that received | scribed in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 ¹ / ₃ % support test of the ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. | |
| | contributor, during the gliterary, or educational | scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering tead of the contributor name and address), II, and III. | |
| | contributor, during the contributions totaled moduring the year for an elementary General Rule applies to | scribed in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one year, contributions <i>exclusively</i> for religious, charitable, etc., purposes, but no such ore than \$1,000. If this box is checked, enter here the total contributions that were received <i>exclusively</i> religious, charitable, etc., purpose. Don't complete any of the parts unless the to this organization because it received <i>nonexclusively</i> religious, charitable, etc., contributions aduring the year | \$ |
| must a | nswer "No" on Part IV, I | isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it ine 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, lithe filing requirements of Schedule B (Form 990). | |

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

Schedule B (Form 990) (2022)

Name of organization

Arkansas National Guard Foundation

Employer identification number 46-3590839

| Part I | Contributors (see instructions). Use duplicate copies of P | art I if additional space is n | eeded. |
|------------|---|--------------------------------|--|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| . 1 | National Guard Association of AR PO Box 663 North Little Rock AR 72115 | \$ 40,369 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) | (b) | (c) | (d) |
| No. 2 | Name, address, and ZIP + 4 AR National Guard Youth Foundation P.O. Box 94681 North Little Rock AR 72190 | \$ 22,732 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| . 3 | Arkansas Attorney General 325 Center Street Suite 200 Little Rock AR 72201 | \$ 250,000 | Person X Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Name, audiess, and zir + 4 | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | | \$ | Person Payroll Noncash (Complete Part II for noncash contributions.) |

Form 990-PF

Form **2220**

Underpayment of Estimated Tax by Corporations

OMB No. 1545-0123

2022

Department of the Treasury Internal Revenue Service Attach to the corporation's tax return.

Go to www.irs.gov/Form2220 for instructions and the latest information.

Name Arkansas National Guard Foundation

Inc

| Employer identification number | 46-3590839 |

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but **do not** attach Form 2220.

| 38, c | on the estimated tax penalty line of the corporation's incom | e tax ı | return, but do not attach | n Form 2220. | | | |
|------------|--|---------|----------------------------------|------------------------|----------|---------|----------|
| Pa | art I Required Annual Payment | | | | | | |
| | - | | | | | | 1 104 |
| 1 | Total tax (see instructions) | | | 1 1 | | 1 | 1,194 |
| | Personal holding company tax (Schedule PH (Form 1120 | • | , | 2a | | 1 | |
| D | Look-back interest included on line 1 under section 460(| , , , | | 26 | | | |
| _ | contracts or section 167(g) for depreciation under the inc | | | 2b 2c | | - | |
| | Credit for federal tax paid on fuels (see instructions) Total. Add lines 2a through 2c | | | | | 2d | |
| и 3 | Total. Add lines 2a through 2c Subtract line 2d from line 1. If the result is less than \$500 | | oot complete or file this | form. The corporation | | Zu | |
| J | deep not our the negative | | · | · | | 3 | 1,194 |
| 4 | Enter the tax shown on the corporation's 2021 income tax return | | | | | | 1,101 |
| 7 | the tax year was for less than 12 months, skip this line and enter | | | | | 4 | 1,037 |
| 5 | Required annual payment. Enter the smaller of line 3 of | | | | | | 1,037 |
| · | the amount from line 3 | | • | | Onto | 5 | 1,037 |
| Pa | art II Reasons for Filing—Check the boxe | es be | low that apply. If a | ny boxes are che | cked the | | |
| | Form 2220 even if it does not owe a | | | | | 00.60.0 | |
| 6 | The corporation is using the adjusted seasonal insta | | | | | | |
| 7 | The corporation is using the annualized income insta | | | | | | |
| 8 | The corporation is a "large corporation" figuring its fir | | | on the prior year's ta | X. | | |
| Pa | art III Figuring the Underpayment | • | | | | | |
| | | | | | | | |
| | | | (a) | (b) | (c |) | (d) |
| 9 | Installment due dates. Enter in columns (a) through (d) the 15th day | | | | | | |
| | of the 4th (Form 990-PF filers: Use 5th month), 6th, 9th, and 12th | | | | | | |
| | months of the corporation's tax year. | 9 | 11/15/22 | 12/15/22 | 03/15 | 5/23 | 06/15/23 |
| 10 | Required installments. If the box on line 6 and/or line 7 above is | | | | | | |
| | checked, enter the amounts from Schedule A, line 38. If the box on | | | | | | |
| | line 8 (but not 6 or 7) is checked, see instructions for the amounts to | | | | | | |
| | enter. If none of these boxes are checked, enter 25% (0.25) of line 5 | | | | | | |
| | above in each column | 10 | 259 | 259 | | 259 | 260 |
| 11 | Estimated tax paid or credited for each period. For column (a) only, | | | | | | |
| | enter the amount from line 11 on line 15. See instructions | 11 | | | | | |
| | Complete lines 12 through 18 of one column before going to the | | | | | | |
| | next column. | | | | | | |
| | Enter amount, if any, from line 18 of the preceding column | 12 | | | | | |
| | Add lines 11 and 12 | 13 | | 050 | | - F10 | |
| 14 | Add amounts on lines 16 and 17 of the preceding column | 14 | 0 | 259 | | 518 | 777 |
| 15 | Subtract line 14 from line 13. If zero or less, enter -0- | 15 | 0 | 0 | | 0 | 0 |
| 16 | If the amount on line 15 is zero, subtract line 13 from line 14. | | | 250 | | E10 | |
| . – | Otherwise, enter -0- | 16 | | 259 | | 518 | |
| 17 | Underpayment. If line 15 is less than or equal to line 10, subtract line | | | | | | |
| | 15 from line 10. Then go to line 12 of the next column. Otherwise, go | 4.7 | 259 | 250 | | 250 | 260 |
| 40 | to line 18 | 17 | 459 | 259 | | 259 | 260 |
| 18 | Overpayment. If line 10 is less than line 15, subtract line 10 from line | | | | | | |
| | 15. Then go to line 12 of the next column | 18 | | | 1 | | |

Go to Part IV on page 2 to figure the penalty. Do not go to Part IV if there are no entries on line 17—no penalty is owed.

For Paperwork Reduction Act Notice, see separate instructions.

Form **2220** (2022)

| F | Part IV | Figuring | the Penalty | | | | | | | | | |
|----|-----------------|---------------------|--------------------------------|---------------|-------------|-----|---------|------------------------|----|------------|----|----|
| | | | | | | (a |) | (b) | (0 | :) | (d |) |
| 19 | Enter the date | of payment or the | e 15th day of the 4th mo | nth after | | | | | | | | |
| | the close of th | e tax year, whiche | ever is earlier. (C corpo | rations with | | | | | | | | |
| | tax years end | ling June 30 and | S corporations: Use 3 | ard month | | | | | | | | |
| | instead of 4th | month. Form 990 |)-PF and Form 990-T fi | lers: Use 5th | | | | | | | | |
| | month instead | of 4th month.) Se | ee instructions | | 19 | See | Workshe | et | | | | |
| 20 | | | of installment on line 9 to | | 20 | | | | | | | |
| 21 | | | 4/15/2022 and before 1 | | 21 | | | | | | | |
| | ramber or da | | | 7172022 | <u> </u> | | | | | | | |
| 22 | Underpayment | | mber of days on line 21 365 | x 4% (0.04) | 22 | \$ | | \$ | \$ | | \$ | |
| 23 | Number of day | ys on line 20 after | 6/30/2022 and before | 0/1/2022 | 23 | | | | | | | |
| 24 | Underpayment | | mber of days on line 23 365 | x 5% (0.05) | 24 | \$ | | \$ | \$ | | \$ | |
| 25 | Number of day | ys on line 20 after | 9/30/2022 and before | 1/1/2023 | 25 | | | | | | | |
| 26 | Underpaymen | · | mber of days on line 25 365 | x 6% (0.06) | 26 | \$ | | \$ | \$ | | \$ | |
| | | | 12/31/2022 and before | , | 27 | | | • | • | | * | |
| | ramber of day | | | 4/1/2023 | | | | | | | | |
| 28 | Underpayment | | mber of days on line 27 365 | x 7% (0.07) | 28 | \$ | | \$ | \$ | | \$ | |
| 29 | Number of day | ys on line 20 after | 3/31/2023 and before 7 | 7/1/2023 | 29 | | | | | | | |
| 30 | Underpayment | | mber of days on line 29 365 | x *% | 30 | \$ | | \$ | \$ | | \$ | |
| 31 | Number of day | ys on line 20 after | 6/30/2023 and before | 0/1/2023 | 31 | | | | | | | |
| 32 | Underpayment | | mber of days on line 31 365 | x *% | 32 | \$ | | \$ | \$ | | \$ | |
| 33 | Number of day | ys on line 20 after | 9/30/2023 and before | 1/1/2024 | 33 | | | | | | | |
| 34 | Underpayment | | mber of days on line 33 365 | x *% | 34 | \$ | | \$ | \$ | | \$ | |
| 35 | Number of day | ys on line 20 after | 12/31/2023 and before | 3/16/2024 | 35 | | | | | | | |
| | Underpayment | <u>Nur</u> | mber of days on line 35 366 | x *% | 36 | \$ | | \$ | \$ | | \$ | |
| 37 | Add lines 22, | 24, 26, 28, 30, 32. | 34, and 36 | | 37 | \$ | | \$ | \$ | | \$ | |
| | Penalty. A | dd columns (a | | ne 37. Enter | | | | 20, line 34; or the co | | 38 \$ | | 58 |

*Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2022)

| orm 2220 |) [| | Form 222 | 0 Worksh | eet | | | 2022 |
|---------------------------------|--|--|--------------|-------------------------------------|--|---|-------------------|----------------------------------|
| | | r year 2022, or tax yea | ar beginning | 07/01 | /22 , and | ending 06 | /30/23 | LULL |
| е | | | | | | | Employer Id | dentification Numb |
| rkansas nc | National | Guard Found | ation | | | | 46-359 | 0839 |
| | | 1st Quarter | | 2nd Quarter | | 3rd Quarter | | 4th Quarter |
| Due date of ex Amount of und | stimated payment derpayment | 11/15/22 2 | <u></u> | 12/15/22 2 | - 59 | 03/15/2 | <u>3</u> 259 _ | 06/15/23 |
| Prior year ove | rpayment applied | | | | | | | |
| | | | | 2 J D | ayment | 4th Payr | mont | 5th Payment |
| | 1st P | ayment 2 | nd Payment | 3ra P | ayın e ni | 411 Fayı | ment | om Fayment |
| Date of payme | ent | ayment 2i | nd Payment | 3rd P | ayment | 401 Fayi | | Sui Fayineiii |
| Date of payme Amount of pay | ent | ayment 2i | nd Payment | | | 401 Fayi | | - Sur Fayment |
| | ent | 2 | | payment | #Days | Rate | | nalty |
| Amount of pay | ent yment From | То | | payment | #Days | Rate | | nalty |
| Amount of pay Qtr | ent | <u> </u> | | | | | | |
| Qtr | From 11/15/22 | To | | eayment 259 | #Days | Rate | | nalty 2 |
| Qtr 1 | From 11/15/22 12/31/22 | To 12/31/22 9/30/23 | | payment 259 259 | #Days 46 273 | Rate 6.00 7.00 | | nalty 2 14 |
| Qtr 1 1 | From 11/15/22 12/31/22 9/30/23 | To 12/31/22 9/30/23 11/15/23 | | payment 259 259 259 | #Days 46 273 46 | Rate 6.00 7.00 8.00 | | nalty 2 14 3 |
| Qtr 1 1 1 2 | From 11/15/22 12/31/22 9/30/23 12/15/22 | To 12/31/22 9/30/23 11/15/23 12/31/22 | | Dayment 259 259 259 259 | #Days 46 273 46 16 | Rate 6.00 7.00 8.00 6.00 | | nalty 2 14 3 1 |
| Qtr 1 1 2 2 | From 11/15/22 12/31/22 9/30/23 12/15/22 12/31/22 | To 12/31/22 9/30/23 11/15/23 12/31/22 9/30/23 | | Dayment 259 259 259 259 259 259 | #Days 46 273 46 16 273 | Rate 6.00 7.00 8.00 6.00 7.00 | | nalty 2 14 3 1 14 |
| Qtr 1 1 2 2 2 | From 11/15/22 12/31/22 9/30/23 12/15/22 12/31/22 9/30/23 | To 12/31/22 9/30/23 11/15/23 12/31/22 9/30/23 11/15/23 | | payment 259 259 259 259 259 259 | #Days 46 273 46 16 273 46 | Rate 6.00 7.00 8.00 6.00 7.00 8.00 | | nalty 2 14 3 1 14 3 10 |
| Qtr 1 1 2 2 2 3 | From | To 12/31/22 9/30/23 11/15/23 12/31/22 9/30/23 11/15/23 9/30/23 | | payment 259 259 259 259 259 259 259 | #Days 46 273 46 16 273 46 199 | Rate 6.00 7.00 8.00 6.00 7.00 8.00 7.00 | | nalty 2 14 3 1 14 3 |

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Total Penalty