_ (990-T	ļ I	exempt Organization Busing		OMB No. 1545-0687						
(and proxy tax under sec										2010	
Departme	ent of the Treasury	I	or calendar year 2010 or other tax year begin				2010, and		Open	to Public Inspect	ion for
	levenue Service	<u> </u>	ending June 30 , 20 11 .			rate instru	ctions.		501(c	to Public Inspecti (3) Organizations	Only
	heck box if ddress changed	Name of organization (Check box if name changed and see instructions.) D Employer identification numbers.									ber
_	ot under section	Print	University of Arkansas - Fayetteville Campi	(Employees' trust, see instructions.)							
[mmm]	D1(C)(3)	or Number, street, and room or suite no. If a P.O. box, see instructions.									
=	- ' Type									usiness activity co ns.)	edes
=	DBA 530(a) City or town, state, and ZIP code										
	529(a) Fayetteville, AR 72701 C Book value of all assets F. Group exemption pumber (See instructions)									72100	0
at end	of year		oup exemption number (See instructions.			=1 =04().					
		·	neck organization type		on [501(c) t	rust [401(a) trus	t	trust
			n's primary unrelated business activity. >								
			e corporation a subsidiary in an affiliated grou			subsidiary	controlled g	roup?		► ∐ Yes ∐	No
			nd identifying number of the parent corporat								
			➤ Stephen Turner, CPA, Director of Research	arch A			1			479-575-6281	
Part			e or Business Income		(A)	Income	(B) E	xpenses		(C) Net	
	Gross receipts										
	Less returns and a			1c	<u> </u>	11,567					
2			Schedule A, line 7)	2		97,274	1,012.0	gradel -		9.00	
3			t line 2 from line 1c	3	1,4	14,293				1,414,293	
4a			ne (attach Schedule D)	4a							
b			4797, Part II, line 17) (attach Form 4797)	4b							
_C			n for trusts	4c							
_			erships and S corporations (attach statement)	5							
6			lie C)	6							
7			ced income (Schedule E)	7							
8	Interest, anni	uities, Calaasi	royalties, and rents from controlled								
			ule F)	8							
9			of a section 501(c)(7), (9), or (17)		[
	organization (S		•	9							
10			ivity income (Schedule I)	10							
11			Schedule J)	11			0.202.200.00000000000000000000000000000	Narra Ca Indonesia	vacada a reconstruir		
12			tructions; attach schedule.)	12		60,199				560,199	
13	Total. Combin			13		74,492				1,974,492	<u> </u>
Part			Taken Elsewhere (See instructions for				ions.) (Exc	ept to	r cont	iributions,	
			be directly connected with the unrelate		siness i	income.)					
14			cers, directors, and trustees (Schedule K)						14		
15	Salaries and w	ages		•		• • •		.	15	538,346	
16			ance						16	37,544	
17									17		
18			dule)						18		
19									19	10,927	
20			ons (See instructions for limitation rules.) .						20		
21			Form 4562)								
22			imed on Schedule A and elsewhere on re						22b		
23	Depletion			•					23		
24	Contributions	to dete	rred compensation plans	•				.	24		
25	Employee ben	etit pro	ograms	•				.	25		
26	Excess exemp	ot expe	nses (Schedule I)	•					26		
27	Excess reader	rship co	osts (Schedule J)	•				.]	27		
28			tach schedule)						28	1,310,609	-
29			dd lines 14 through 28						29	1,897,426	
30			exable income before net operating loss de						30	77,066	
31			eduction (limited to the amount on line 30)						31	8,820	
32			axable income before specific deduction.						32	68,246	<u> </u>
33	Specific dedu	ction (0	Generally \$1,000, but see line 33 instruction	ons fo	r excep	tions.) .		.	33		
34	Unrelated bu	siness	taxable income. Subtract line 33 from li	ne 32	. If line	33 is great	ter than lin	e 32,			
	enter the SMa	mer ot 2	rero or line 32						34	68,246	1

Part		ax Computation										
35	Organ memb	izations Taxable as Corp ers (sections 1561 and 156	orations.	See instructi	ons for	tax computat	tion. (Controlled grou	nb Th			
а	Enter y	our share of the \$50,000, \$	25,000, ar				ckets ((in that order):				
	(1) \$	(2)			(3)	\$		1	1.4			
b	Enter o	organization's share of: (1)	Additional :	5% tax (not n	nore thai	n \$11,750)	\$					
	(2) Add	ditional 3% tax (not more th	an \$100,0	00)			\$					
С	Income	e tax on the amount on line	34						► 35c	1	2,062	
36	Trusts	Taxable at Trust Ra	tes. See	instructions	for ta	x computati	ion. I	ncome tax of	on		2,002	
	the am	ount on line 34 from: 🔲 Ta	x rate sch	edule or 🔲 S	Schedule	e D (Form 104	41) .		▶ 36			
37	Proxy tax. See instructions											
38	Alternative minimum tax											
_39	Total.	Add lines 37 and 38 to line	35c or 36,	whichever ap	polies .				38 39			
Part	V T	ax and Payments		•					100			
40a	Foreign	tax credit (corporations attac	ch Form 11	18; trusts attac	ch Form	1116) ,	40a				r	V#U
b	Other o	credits (see instructions) .				,	40b					
c	Genera	al business credit. Attach Fo	orm 3800 .				40c				-	
d	Credit :	for prior year minimum tax	attach For	m 8801 or 88	327)		40d		-4			
е	Total o	redits. Add lines 40a throu	gh 40d .						40e			
41	Subtra	ct line 40e from line 39 .	- 						41	·· · · · · · · · · · · · · · · · · · ·		
42	Other ta	xes. Check if from: 🔲 Form 4:	255 🔲 Form	3 8611 🔲 Form	8697 🗌	Form 8866 🗍 (Other (a	ittach schedule)	42			
43	Total t	ax. Add lines 41 and 42.							43			
44a	Payme	nts: A 2009 overpayment c	redited to	2010			44a	1,000				
b	2010 e	stimated tax payments .					44b					
С	Tax de	posited with Form 8868 .					44c	38,981				
d	Foreign	n organizations: Tax paid or	withheld a	at source (see	instruct	tions) .	44d					
е	Backup	withholding (see instruction	ons)				44e					
f	Credit 1	for small employer health in	surance p	remiums (Atta	ach Forn	n 8941) .	44f					
g		redits and payments:	☐ Form	2439								
	☐ Forn		Other			Total 🕨	44g					
45	Total p	ayments. Add lines 44a th	rough 44g						45	3	9,981	
46	Estimat	ted tax penalty (see instruc	tions). Che	ck if Form 22	20 is att	ached		•	□ 46		.	****
47	Tax du	e. If line 45 is less than the	total of lin	es 43 and 46	, enter a	mount owed			▶ 47			
48	Overpa	nyment. If line 45 is larger to	han the tot	tal of lines 43	and 46,	enter amoun	1	paid	▶ 48	2	7,919	
49		amount of line 48 you want:						Refunded	▶ 49	1	5,857	
Part		tatements Regarding C									·	
1	At any	time during the 2010	calendar	year, did t	he orga	anization hav	ve an	interest in	or a sig	nature	Yes	No
	or our	ner authority over a f	inancial	account (ba	ank, se	curities, or	othe	er) in a fo	reign co	ountry?		
	Financi	S, the organization may al Accounts. If YES, enter t	he name e	to file For	TI ID	F 90-22.1,	кер	ort of Forei	gn Banl	k and		
2				_	-					*******		
2	If VEC	he tax year, did the organizations	on receive a	astroution it	om, or wa	as it the granto	rot, or	r transferor to, a	foreign tru	ist? .		
3		see instructions for other for amount of tax-exempt in					🛌	Φ.				
	tule A	-Cost of Goods Sold.	nter met	hod of inver	ton, vo	ly the tax yea	ar►	\$				
1		ry at beginning of year	1	1,119,848	6		ond o	f voca				
2	Purcha			1,678,872	-			f year sold. Subtra	6	80	1,446	
3	Cost of		3	1,010,012	⊢′			Enter here ar			1	
		nal section 263A costs						····	7.00	4.00		
		schedule)	4a		8			section 263A (7		7,274 Yes	No
b	•	osts (attach schedule)	4b	-	\dashv \circ			d or acquired			163	INO
5		Add lines 1 through 4b		2,798,720	-	to the organ						
	Under p	enalties of perjury, I declare that I hav	e examined th	is return, including	accompar	ving schedules ar	nd stater	ments and to the he	st of my kno	· · · Wledge and	belief it	is true
Sign	correct,	and complete. Declaration of prepare	r (other than ta	expayer) is based of	on all inform	nation of which pre	parer ha	is any knowledge.	-			
Here	1 A	tephen June C.P	'. A.	1 12/14	12011	Director o	I Rea	enrch Accoun	with th	ne IRS discu ne preparer	shown t	below
		ure of officer		Date		itle	,,	1 COUNTY	ー) (see in	structions)?	∐Yes []No
Paid		Print/Type preparer's name		Preparer's sign	ature			Date	Check C] " PT	IN T	
Prepa	arer			<u> </u>					Self-emplo	- 11 L		
Use Only Firm's name ► Firm's EIN ►												
	~ · · · · y	Firm's address ▶							Phone no.		7	

Schedule C-Rent Incom (see instructions)	e (From Re	al Pro	perty an	d Person	al Propert	уL	eased With Real Prop	perty)	
Description of property									
(1)	<u>,</u>								
(2)									
(3)									
(4)									
	2. Rent receiv	ed or ac	crued						
(a) From personal property (if the per							3(a) Deductions discally a	anno atasi wikin dha isaa waxa	
for personal property is more than more than 50%)	ntage of rent	for personal	property (if the property excee profit or income		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)				
(1)									
(2)									
(3)								·	
(4)									
Total		Total					(la) Tabal ala ala atau		
(c) Total income. Add totals of cohere and on page 1, Part I, line 6,	column (A)		>				(b) Total deductions. Enter here and on page 1 Part I, line 6, column (B)		
Schedule E—Unrelated De	ebt-Finance	ed Inc	ome (see	instructio	ns)				
1. Description of del	ot-financed prop	erty	2. Gross income from or allocable to debt-financed				Deductions directly conn debt-finance (a) Straight line depreciation	ected with or allocable to d property (b) Other deductions	
				F	roperty		(attach schedule)	(attach schedule)	
(1)									
(2)									
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average ad of or allocable debt-financed debt-financed (attach schedule)			le to		Column divided column 5		7. Gross income reportable (column 2 × column 6)	8. Allocable deductions (column 6 × total of columns 3(a) and 3(b))	
(1)						%		<u></u>	
(2)						%			
(3)						%			
(4)						%			
Totals						>	Part I, line 7, column (A).	Enter here and on page 1, Part I, line 7, column (B).	
Total dividends-received deduct					· · · ·	<u>.</u>	<u> </u>		
Schedule F-Interest, Ann	uities, Roya	ities,	and Reni	ts From (ontrolled	Or	ganizations (see instruc	tions)	
Name of controlled organization dentification number 3. Net unr			controlled Organizations ated income astructions) 4. Total of specific payments made			Included in the controlling	6. Deductions directly connected with income		
	·						organization's gross income	in column 5	
(1)									
(2)									
(3)									
⁽⁴⁾ Nonexempt Controlled Organiz									
Nonexempt Controlled Organiz	zations								
7. Taxable Income 8. Net unrelated income (loss) (see instructions)		Total of specified payments made			10. Part of column 9 that is included in the controlling organization's gross income	connected with income in			
(1)									
(2)									
(3)									
(4)									
							Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).	
Totals									

Schedule G-Investment Inco			3.	. Deductions	Izat	4. Set-aside			otal deductions	
1. Description of income	2. Amount of inc	it of income directly connected (attach schedule)				(attach sched		and set-asides (col. 3 plus col. 4)		
(1)						:				
(2)										
(3)										
(4)										
Totals	3	mn (A).						Part I, li	re and on page 1, ne 9, column (B).	
Schedule I—Exploited Exemp	t Activity Incom	e, Othe	r Than	1	ico	me (see inst	ructions	s)		
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income		4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	fro is	Gross income m activity that not unrelated siness income	6. Expenses attributable to column 5		7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)										
(2)										
(3)										
(4)	Enter here and on			Visco Military Course 11 - C Chi-Aven Print Made to Service Military	LVSUAM-OU	wat abridier warm a comment of the				
Totals	page 1, Part I, line 10, col. (A).	page 1	re and on , Part I, col. (B).						Enter here and on page 1, Part II, line 26.	
Schedule J-Advertising Inco	P									
Part I Income From Perio	dicale Penertee	ns)	li	deted Besis						
income Hom Ferio	uicais neported	onac	OHSOII		· · · · ·		Г		I	
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs		4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.		i. Circulation income	6. Readership costs		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1) Athletic Programs						3,039		12,987		
(2)					- 0,000			12,007		
(3)									For Guidenson	
(4)										
Totals (carry to Part II, line (5))	>								0	
Part II Income From Perio	dicals Reported	on a S	Separat	e Basis (For ea	ach	periodical I	isted ir	Part II,	fill in columns	
2 through 7 on a line	-by-line basis.)									
1. Name of periodical	2. Gross advertising income		irect ing costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5	. Circulation income	1	adership osts	7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)										
(2)										
(3)										
(4)										
Totals from Part I						a da caulo S				
Totals, Part II (lines 1-5)	Enter here and on page 1, Part I, line 11, col. (A).	page 1 line 11,	re and on I, Part I, col. (B).				ong Life		Enter here and on page 1, Part II, line 27.	
Schedule K—Compensation of	of Officers, Direc	ctors, a	nd Tru	stees (see instri	uctio					
1. Name			2. Title			3. Percent of time devoted to business		4. Compensation attribu unrelated busines		
(1)						Q	%			
(2)						%				
(3)					g	%				
(4)						£	%			
Total. Enter here and on page 1, Part II	, line 14					1	>			

71-6003252 Additional Information

Line 12 - Other Income:

Bus advertising	16,270.00
Conference housing	505,486.00
Cell Phone Tower Lease	35,404.00
Program sales	3,039.00
Total	560,199.00

Line 28 - Other Deductions:

Insurance	7,273.00
Travel	50,404.00
Supplies	19,904.00
On-line services	4,437.00
Contract Labor	35,216.00
Mailing	3,099.00
Advertising	90,774.00
Credit card fees	23,360.00
Custodial	18,406.00
Rent, security, utilities	468,275.00
Printing	3,100.00
Misc.	5,125.00
Conference bed expense	410,016.00
Indirect expense	171,220.00
	1,310,609.00