EXTENDED TO MAY 15, 2024

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Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury

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

JUL 1. 2022 and ending JUN 30, A For the 2022 calendar year, or tax year beginning Check if applicable: C Name of organization D Employer identification number SOUTH ARKANSAS COMMUNITY COLLEGE Address change FOUNDATION, INC. Name change **-***2373 Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) E Telephone number Final return/ 300 SOUTH WEST AVENUE (870)862 - 8131termin-ated 740,584. City or town, state or province, country, and ZIP or foreign postal code **G** Gross receipts \$ Amended 71730 EL DORADO, AR H(a) Is this a group return Applica-F Name and address of principal officer: RODNEY LANDES, Yes X No for subordinates? pending 1910 W. OAK, EL DORADO, AR 71730 H(b) Are all subordinates included? ∐Yes └── No Tax-exempt status: X 501(c)(3) ___ 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions SOUTHARK. EDU J Website: H(c) Group exemption number **K** Form of organization: **X** Corporation Trust Association L Year of formation: 1996 M State of legal domicile: AR Part I Summary Briefly describe the organization's mission or most significant activities: THE SOUTH ARKANSAS COMMUNITY Activities & Governance COLLEGE FOUNDATION EXISTS TO BUILD LEADERSHIP, SCHOLARSHIP AND oxdot if the organization discontinued its operations or disposed of more than 25% of its net assets. 15 Number of voting members of the governing body (Part VI, line 1a) <u>15</u> Number of independent voting members of the governing body (Part VI, line 1b) 4 0 5 Total number of individuals employed in calendar year 2022 (Part V, line 2a) 0 6 Total number of volunteers (estimate if necessary) 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b Current Year 148,986. 390,351. Contributions and grants (Part VIII, line 1h) Revenue Ō. Program service revenue (Part VIII, line 2g) 132,682. 235,394. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 47,032. 40,706. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 672,777. 322,374. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 347,223. 200,560. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) Expenses 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 93,282. 88,200. Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 293,842. 435,423. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 28,532. 237,354. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 3,563,373 3,828,778. Total assets (Part X, line 16) 44,325. 27,098. 21 Total liabilities (Part X, line 26) 3,536,275. 784,453. Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has anv knowledge. Date Signature of officer Sign RODNEY LANDES, JR, TREASURER Here Type or print name and title PTIN X Print/Type preparer's name Preparer's signature STACY D. SCROGGINS, CPA P00773646 Paid self-employed Firm's EIN **-**5859 EMRICH & SCROGGINS, LLP, Preparer Firm's name Firm's address 920 NORTH JEFFERSON Use Only Phone no. 870 - 862 - 6510 EL DORADO, AR 71730-4621 May the IRS discuss this return with the preparer shown above? See instructions X Yes

Form	1990 (2022) FOUNDATION, INC.	**-***2	373	Page 2
	rt III Statement of Program Service Accomplishments			
	Check if Schedule O contains a response or note to any line in this Part III			
1	Briefly describe the organization's mission:			·- <u></u>
•	TO AID, STRENGTHEN, AND FURTHER IN EVERY PROPER AND US	EFIII. WAY	THE	
	WORK AND SERVICES OF SOUTH ARKANSAS COLLEGE, AND TO PRO			
	EDUCATIONAL OPPORTUNITIES TO ITS STUDENTS, STAFF, FACUL			ידד
		TIY, AND	10 11	16
	RESIDENTS OF UNION COUNTY.			
2	Did the organization undertake any significant program services during the year which were not listed on the	-		
	prior Form 990 or 990-EZ?	<u>[</u>	Yes	X No
	If "Yes," describe these new services on Schedule O.			
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services	;? [Yes	X No
	If "Yes," describe these changes on Schedule O.			
4	Describe the organization's program service accomplishments for each of its three largest program services,	as magazirod by	vnoncoc	
7				
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to ot	ners, the total ex	penses, a	ina
	revenue, if any, for each program service reported.			
4a	(Code:) (Expenses \$ 347,223. including grants of \$ 347,223.) (Rev	enue \$		
	FURTHER LITERARY, SCIENTIFIC, AND EDUCATIONAL PURPOSES			
	ARKANSAS COLLEGE. ALSO, TO PROVIDE SCHOLARSHIPS TO NUM	EROUS COL	LEGE	
	STUDNETS & PASS THROUGH CONTRIBUTIONS TO THE COLLEGE.			
4b	(Code:) (Expenses \$ including grants of \$) (Rev	enue \$		
	· · · · · · · · · · · · · · · · · · ·			
4c	(Code:) (Expenses \$ including grants of \$) (Rev			,
40	(Code:) (Expenses \$	enue \$		
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 347,223.			
			- 00	00000

Form **990** (2022)

Form 990 (2022) FOUNDATION, Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		X
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to		x	
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	Α.	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		х
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	October 1 to D. Do. I III	8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	•		25
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	x	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
•••	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
ŭ	Part VI	11a	х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
-	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			١
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
46	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	<u> </u>	X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		_ v	
40	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	4.		X
00-	complete Schedule G, Part III	19	-	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		 ^
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200	 	
-1	domestic government on Part IX. column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	

Form 990 (2022) FOUNDATION, INC.

Part IV Checklist of Required Schedules (continued)

			Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on				
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х		
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current				
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete				
	Schedule J	23		X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the				
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete	04-		х	
h	Schedule K. If "No," go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b			
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240			
Ŭ	any tax-exempt bonds?	24c			
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit				
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х	
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and				
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete				
	Schedule L, Part I	25b		Х	
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7	
~=	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,				
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х	
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,	21			
	instructions for applicable filing thresholds, conditions, and exceptions):				
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If				
	"Yes," complete Schedule L, Part IV	28a		Х	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х	
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If				
	"Yes," complete Schedule L, Part IV	28c		Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X		
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
0.4	contributions? If "Yes," complete Schedule M	30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31			
32		32		х	
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- JZ			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х	
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and				
	Part V, line 1	34	Х		
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity				
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b			
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			7,7	
	If "Yes," complete Schedule R, Part V, line 2	36		X	
37	37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization				
38	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	37		X	
50	Note: All Form 990 filers are required to complete Schedule O	38	х		
Pa	rt V Statements Regarding Other IRS Filings and Tax Compliance	_ 55			
	Check if Schedule O contains a response or note to any line in this Part V				
	. , , , , , , , , , , , , , , , , , , ,		Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming				
	(gambling) winnings to prize winners?	1c	X		

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,							
	filed for the calendar year ending with or within the year covered by this return							
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b						
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X				
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b						
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a							
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit							
	any contributions that were not tax deductible as charitable contributions?	6a		X				
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts							
	were not tax deductible?	6b						
7	Organizations that may receive deductible contributions under section 170(c).							
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		X				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required							
	to file Form 8282?	7с		X				
d	If "Yes," indicate the number of Forms 8282 filed during the year							
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f						
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?							
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
	sponsoring organization have excess business holdings at any time during the year?	8						
9	Sponsoring organizations maintaining donor advised funds.							
a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b						
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12	4						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b	4						
11	Section 501(c)(12) organizations. Enter:							
	Gross income from members or shareholders	4						
b	Gross income from other sources. (Do not net amounts due or paid to other sources against							
	amounts due or received from them.)	_						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	_						
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note: See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which the							
	organization is licensed to issue qualified health plans	4						
	Enter the amount of reserves on hand			V				
	Did the organization receive any payments for indoor tanning services during the tax year?	14a	-	X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b	-	-				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_v				
	excess parachute payment(s) during the year?	15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.			v				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X				
	If "Yes," complete Form 4720, Schedule O.							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities							
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17						
	If "Yes," complete Form 6069.							

Form 990 (2022)

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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year la			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 15			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Λ.
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
_	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
800	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed AR Section 6104 requires an experiention to make its Forms 1003 (1004 or 1004 A. if applicable), 200, and 200 T (acction 501/a) (1004 or 1004 A. if applicable), 200, and 200 T (acction 501/a) (1004 or 1004 A. if applicable), 200, and 200 T (acction 501/a) (1004 or 1004 A. if applicable), 200, and 200 T (acction 501/a) (1004 or 1004 A. if applicable), 200 and 2004 A. if applicable), 2004 A.	ا داد	\ 0\:=''	able.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	is only	, avall	auie
	for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website Upon request Other (explain on Schedule O)			
10	Upon request Uther (explain on Schedule O) Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d fina	ncial	
19	statements available to the public during the tax year.	iu iiiidl	ıcıal	
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
20	RODNEY LANDES JR, TREASURER – (870) 862–4959			
	1910 WEST OAK, EL DORADO, AR 71730			

SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.

Form 990 (2022) Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

Employees, and Independent Contractors Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEĆ) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average	١,,		Pos	ition	١		Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation	amount of
	week		cer an	d a d	irecto	or/trus	tee)	from	from related	other
	(list any	Individual trustee or director						the	organizations	compensation
	hours for related	e or d	tee			Highest compensated employee		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	10001120)	and related
	below	idual	nstitutional trustee	ie i	Key employee	est co o yee	er	,		organizations
	line)	Indiv	Instii	Officer	Key	High emp	Former			
(1) GREG WITHROW	0.50							_	_	_
PRESIDENT		Х		Х				0.	0.	0.
(2) ROBERT L. ROBINSON, IV	0.50							_	_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(3) RODNEY LANDES, JR.	0.50							_	_	_
TREASURER		Х		Х				0.	0.	0.
(4) SHARI TERRY	0.50							_	_	_
SECRETARY		Х		Х				0.	0.	0.
(5) CHRISTY GUNTER	0.50									
MEMBER		Х						0.	0.	0.
(6) ANNE CAUTHRON	0.50							_	_	_
MEMBER		Х						0.	0.	0.
(7) KRISTI LOWERY	0.50									
MEMBER		Х						0.	0.	0.
(8) ALEXIS JACOBS-JONES	0.50									
MEMBER		Х						0.	0.	0.
(9) LAURA ROGERS	0.50									
MEMBER		Х						0.	0.	0.
(10) GREG THOMAS	0.50									
MEMBER		Х						0.	0.	0.
(11) DAVID SKINNER	0.50									
MEMBER	0.50	Х						0.	0.	0.
(12) JIM TIDWELL	0.50									
MEMBER	0 50	Х						0.	0.	0.
(13) ELIZABETH VAUGHN	0.50	,,								_
MEMBER	0 50	Х						0.	0.	0.
(14) GREG WILLIAMS	0.50	٠,,								_
MEMBER	0 50	Х						0.	0.	0.
(15) WYATT WINKENWERDER	0.50	X						0.	0.	0.
MEMBER	ļ	Δ						0.	0.	0.
		l								
							\vdash			
		ł								
	l							1		

Pal	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees/	, an	d Hi	ighe	st C	Compensated Employe	es (continued)				
	(A)	(B)			(0				(D)	(E)			(F)	
	Name and title	Average	(do		Pos		1 than	one	Reportable	Reportable		Es ⁻	timate	d
		hours per	box	, unle	ss pe	rson	is bot	h an	1	compensation			ount o	of
		week (list any	_	ou ai	a u		517 d uS	,	from	from related			other	L!
		hours for	lirecto				L		the	organizations (W-2/1099-MISC	·,		pensat om the	
		related	e or d	tee			sated		organization (W-2/1099-MISC/	1099-NEC)	"		anizati	
		organizations	Individual trustee or director	Institutional trustee		ee/	mper		1099-NEC)	1000 (120)		•	d relate	
		below	idual	ution	 	Key employee	est co oyee	-E	′				nizatio	
		line)	Indiv	Instit	Officer	Key e	Highest compensated employee	Former						
											\perp			
			1											
											\rightarrow			
			-											
							-				\dashv			
			-											
-							-				+			
			-											
		1									+			
			1											
							\vdash				+			
			1											
											\dashv			
			1											
-											\neg			
			1											
1b	Subtotal	•							0.		0.			0.
С	Total from continuation sheets to Part V	II, Section A							0.		0.			0.
	Total (add lines 1b and 1c)								0.		0.			0.
2	Total number of individuals (including but r	not limited to th	ose	liste	ed al	bove	e) wł	no r	received more than \$100	,000 of reportable				
	compensation from the organization													0
											_		Yes	No
3	Did the organization list any former officer,	•	,	,		,	,			,				
	line 1a? If "Yes," complete Schedule J for s										L	3		<u> </u>
4	For any individual listed on line 1a, is the su			-						the organization				77
	and related organizations greater than \$15	•										4		X
5	Did any person listed on line 1a receive or	=				-			~					v
800	rendered to the organization? If "Yes," com	plete Schedul	e J i	or s	uch	pers	son .					5		X
	Complete this table for your five highest on		do:-	n n -1 -	. n.t	051	ro ct		that received record the	\$100,000 of access	<u></u>			
1	Complete this table for your five highest countries the organization. Report compensation for										ensa	ILIOI1 f	UIII	
	(A)	trie caleridar y	eai	enui	ng v	VILII	OI W	111111	(B)	year.		(C	·)	
	Name and business	address	N	INC	Ξ				Description of s	services	Cc	omper	nsatior	า
								\neg						
											_	_	_	
2	Total number of independent contractors (ot li	mite	d to		_	stec	d above) who received n	nore than				
	\$100,000 of compensation from the organi	zation					0						200	
											F	-orm ₹	990 (2	2022)

-*2373 Page 9 Form 990 (2022) Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (B) (C) Revenuè éxcluded Related or exempt Unrelated Total revenue from tax under function revenue business revenue sections 512 - 514 Contributions, Gifts, Grants and Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c d Related organizations 1d e Government grants (contributions) 1e f All other contributions, gifts, grants, and 390,351. similar amounts not included above 1f g Noncash contributions included in lines 1a-1f 1g \$ 390,351. h Total. Add lines 1a-1f **Business Code** Program Service Revenue 2 a f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and 138,321. 138,321. other similar amounts) Income from investment of tax-exempt bond proceeds 5 Royalties (i) Real (ii) Personal 6 a Gross rents **b** Less: rental expenses ... 6b c Rental income or (loss) d Net rental income or (loss) (i) Securities (ii) Other 7 a Gross amount from sales of assets other than inventory 97,073. **b** Less: cost or other basis Other Revenue and sales expenses 97,073. c Gain or (loss) _____ 7c 97,073. 97,073. d Net gain or (loss) 8 a Gross income from fundraising events (not including \$ contributions reported on line 1c). See $|_{8a}|_{111,839}$ Part IV, line 18 67,807. **b** Less: direct expenses 44,032. 44,032. c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses 9b c Net income or (loss) from gaming activities **10 a** Gross sales of inventory, less returns and allowances 10a **b** Less: cost of goods sold c Net income or (loss) from sales of inventory **Business Code** 3,000. 900099 3,000. 11 a OTHER INCOME b d All other revenue 3,000. e Total. Add lines 11a-11d

Total revenue. See instructions

672,777.

3,000.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	Check if Schedule O contains a respon	•		<u> </u>	X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations		СХРСПЗСЗ	general expenses	схрензез
·	and domestic governments. See Part IV, line 21	223,559.	223,559.		
2	Grants and other assistance to domestic				
_	individuals. See Part IV, line 22	123,664.	123,664.		
3	Grants and other assistance to foreign	, , , , ,	,		
_	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
·	trustees, and key employees				
6	Compensation not included above to disqualified				
·	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			+	
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits			+	
10				+	
11	Payroll taxes Fees for services (nonemployees):			+	
		14,669.		14,669.	
a	Management Logal	14,0000		I = , 00 J •	
b	Legal	14,060.		14,060.	
	Accounting	11,000.		11,000.	
u	Lobbying				
f	Investment management fees				
	Other. (If line 11g amount exceeds 10% of line 25,				
9	column (A), amount, list line 11g expenses on Sch 0.)	56,246.		56,246.	
12	Advertising and promotion	30,2101		30,2100	
13	Office expenses	3,134.		3,134.	
14	Information technology	3,2323		0,2020	
15	Royalties				
16					
17	Occupancy Travel	91.		91.	
18	Payments of travel or entertainment expenses				
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance				
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	,				
b					
С					
d					
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	435,423.	347,223.	88,200.	0.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
					E 000 (0000)

Form 990 (2022)
Part X Balance Sheet

art A	Balance Sheet						
	Check if Schedule O contains a response o	r note to any lii	ne in this Part X				
				(A) Beginning of year		(B) End of year	
1	3				1		
2	3 1 ,			55,476.	2	45,542	
3	,				3		
4	Accounts receivable, net			4	3,000		
5	Loans and other receivables from any curre	ficer, director,					
	trustee, key employee, creator or founder, s						
	controlled entity or family member of any of		5				
6		,					
	under section 4958(f)(1)), and persons desc				6		
2 7	,				7		
7 8 8				F 740	8	11 763	
` 9				5,748.	9	11,763	
108	a Land, buildings, and equipment: cost or oth		6 400				
	basis. Complete Part VI of Schedule D		6,490.	0		^	
	b Less: accumulated depreciation			0.	10c	3,768,473	
11	. , ,		3,502,149.	11	3,700,473		
12				12			
13	,			13			
14	9			14			
15	,			3,563,373.	15	3,828,778	
16				7,898.	16 17	3,020,770	
17		Accounts payable and accrued expenses					
19	1 7			18 19			
20				20			
21					21		
	trustee, key employee, creator or founder, s						
	controlled entity or family member of any of				22		
ž ₂₃					23		
24					24		
25							
	parties, and other liabilities not included on						
	of Schedule D	,	·	19,200.	25	44,325	
26	Total liabilities. Add lines 17 through 25			27,098.	26	44,325	
	Organizations that follow FASB ASC 958,		X				
27 28 29 30 31 32 32	and complete lines 27, 28, 32, and 33.						
27	Net assets without donor restrictions			2,598,963.	27	2,802,669	
28				937,312.	28	981,784	
[Organizations that do not follow FASB AS	SC 958, check	here				
[and complete lines 29 through 33.						
29	Capital stock or trust principal, or current fu	nds			29		
30	Paid-in or capital surplus, or land, building,	or equipment f	und		30		
31	Retained earnings, endowment, accumulate	ed income, or o	other funds		31		
32			3,536,275.	32	3,784,453		
33	Total liabilities and net assets/fund balance	3		3,563,373.	33	3,828,778	

		_	<u>*2373</u>	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	🔲
1		1		777.
2	Total expenses (must equal Part IX, column (A), line 25)	2		,423.
3	Revenue less expenses. Subtract line 2 from line 1	3		,354.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	-	-
5	Net unrealized gains (losses) on investments	5	10	,824.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain on Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,			
	column (B))	10	3,784	.,453.
Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 Total revenue (must equal Part VIII, column (A), line 12) 2 Total expenses (must equal Part IX, column (A), line 25) 3 Revenue less expenses. Subtract line 2 from line 1 3 237 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 Investment expenses 7 Prior period adjustments 8 Prior period adjustments 9 Other changes in net assets or fund balances (explain on Schedule O) 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII				
	Check if Schedule O contains a response or note to any line in this Part XII			
				Yes No
1				
2a			2a	<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d on a		
b				<u> </u>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	te basis,		
	consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
С				
		hedule ().	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	, , , , , , , , , , , , , , , , , , , ,			X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	lit	

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2022)

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

SOUTH ARKANSAS COMMUNITY COLLEGE

Employer identification number **-**2373

OMB No. 1545-0047

	FOUN	NDATION, IN	C.				*	*-***2373		
Part				omplete th	nis part.) S	See instruction	S.			
The ord	janization is not a private found	dation because it is: (For lines 1 through 12.	check only	one box.)					
1	A church, convention of ch									
2	A school described in sec					-7070-7-				
3 <u> </u>	A hospital or a cooperative		•		/h)/1)/Δ)/i	ii)				
4	A medical research organia						(iii) Enter	the hospital's name		
- L	city, and state:	zation operated in cor	njunotion with a nospita	i described	in Scotio	// 17 O(B)(1)(A)	(III). LIILOI	the hospital's hame,		
5	An organization operated f	for the benefit of a co	llogo or university owne	d or operat	tod by a d	ovornmentalı	nit doscrik	ood in		
5 _			nege of diliversity owne	u or opera	led by a g	Overninentart	iriit descrit	Jed III		
م ر	section 170(b)(1)(A)(iv). (70/L\/4\/A\	(. A				
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).									
7 ∟	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in									
	section 170(b)(1)(A)(vi). (C									
8	A community trust describ									
9 ∟	An agricultural research or	-			-		-	-		
	or university or a non-land-	grant college of agric	ulture (see instructions)	. Enter the	name, city	y, and state of	the colleg	e or		
_	university:									
10 _	☐ An organization that normal	ally receives (1) more	than 33 1/3% of its sup	port from (contribution	ons, members	nip fees, a	nd gross receipts from		
	activities related to its exe	mpt functions, subjec	t to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment		
	income and unrelated bus	iness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.		
_	See section 509(a)(2). (Co	omplete Part III.)								
11 📙	An organization organized	and operated exclusi	vely to test for public sa	afety. See s	section 50	09(a)(4).				
12 🗵	An organization organized	and operated exclusi	ively for the benefit of, t	o perform t	the function	ons of, or to ca	arry out the	purposes of one or		
	more publicly supported o	rganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 5	609(a)(3). (Check the box on		
	lines 12a through 12d that	describes the type o	f supporting organization	n and com	plete line	s 12e, 12f, and	d 12g.			
а	Type I. A supporting org	anization operated, s	upervised, or controlled	by its sup	ported or	ganization(s), t	ypically by	giving		
	the supported organizati	ion(s) the power to re	gularly appoint or elect	a majority	of the dire	ctors or truste	es of the s	supporting		
	organization. You must	complete Part IV, Se	ections A and B.							
b	Type II. A supporting org	ganization supervised	or controlled in connec	tion with it	s support	ed organizatio	n(s), by ha	ving		
	control or management	of the supporting orga	anization vested in the s	ame perso	ons that co	ontrol or mana	ge the sup	ported		
	organization(s). You mus	st complete Part IV,	Sections A and C.							
c	X Type III functionally into	- · · · · · · · · · · · · · · · · · · ·		in connec	tion with,	and functional	ly integrate	ed with,		
	its supported organization						, ,	·		
d	Type III non-functional		•				ted organi	zation(s)		
	that is not functionally in						-			
	requirement (see instruc	-	•	•		· ·				
e l	Check this box if the org	•					II. Type III			
	functionally integrated, of					, ., ., ., ., .	, . ,			
f F	nter the number of supported		ayog.a.oa oappo					1		
	rovide the following information	•	d organization(s).							
<u> </u>	(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga in your governi	nization listed	(v) Amount of	monetary	(vi) Amount of other		
	organization		(described on lines 1-10	Yes	No	support (see in	structions)	support (see instructions)		
SOUT	H ARKANSAS		above (see instructions))							
COLI		**-***8948	2	X		347	,223.			
		0,7 20				0 2 7	,			
		+		 						
						217	,223.	0.		
Total						34/	, 443.	ι υ•		

SOUTH ARKANSAS COMMUNITY COLLEGE

Schedule A (Form 990) 2022

FOUNDATION, INC.

-*<u>2</u>3<u>73 Page 2</u> Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

	(Complete only if you checke				on failed to qualify	under Part III. If th	e organization
	fails to qualify under the tests	s listed below, plea	ase complete Part	t III.)			
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
	Public support. Subtract line 5 from line 4.						
	ction B. Total Support				1	1	I
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
_	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
_	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
40	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. Add lines 7 through 10	oto (cas in the time	ono)			10	
	Gross receipts from related activities			fotle ou fiftle to.		[12]	
13	First 5 years. If the Form 990 is for the						
Sec	organization, check this box and stop ction C. Computation of Publ						<u></u>
	Public support percentage for 2022 (column (f))		14	%
	Public support percentage from 2021						%
	33 1/3% support test - 2022. If the						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the		_				
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact						
	meets the facts-and-circumstances to				<u>-</u>		
h	10% -facts-and-circumstances tes	~				r 17a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the facts-and-circ		•				
12	Private foundation If the organization			•			ne

Schedule A (Form 990) 2022

Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	etion A. Public Support	olow, ploade com	proto r urr m,				
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and	, ,	, ,	, ,	1		
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
_	the organization without charge						
	Total. Add lines 1 through 5						
7 <i>a</i>	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
L	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9	Amounts from line 6						
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
	Add lines 10a and 10b						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for th	ie organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	ion,
							<u></u>
Sec	ction C. Computation of Publ	ic Support Pe	ercentage				
15	Public support percentage for 2022 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
16	Public support percentage from 2021	Schedule A, Part	t III, line 15			16	%
Sec	ction D. Computation of Inves	stment Incom	e Percentage	!			
17	Investment income percentage for 20	22 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
18	Investment income percentage from 2	2021 Schedule A,	Part III, line 17			18	%
19a	33 1/3% support tests - 2022. If the					33 1/3%, and line 1	17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2021. If the						and
	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organizatio						

Schedule A (Form 990) 2022

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Part IV | Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	1	
	Yes	No
1	Х	
2		X
За		Х
- Ou		
01		
3b		
3c		
4a		X
4b		
7.0		
4c		
5a		Х
- Ou		
- Eh		
5b		
5c		
6		X
7		Х
		Х
8		21
9a		X
9b		X
9с		Х
40		Х
10a		Λ
10b		
ıle A (For	m 990)	2022

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c be	elow, the governing body of a supported organization?	11a		X
b	A fami	ily member of a person described on line 11a above?	11b		X
С	A 35%	6 controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
		in Part VI.	11c		X
Sec	tion E	3. Type I Supporting Organizations			
				Yes	No
1		e governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
		supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, ors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
		ively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organi	zation, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
		rted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	•	ization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
0		vised, or controlled the supporting organization.	2		
Sec	tion C	C. Type II Supporting Organizations			
				Yes	No
1		a majority of the organization's directors or trustees during the tax year also a majority of the directors			
		stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
		nagement of the supporting organization was vested in the same persons that controlled or managed			
<u>S_c</u>		pported organization(s). D. All Type III Supporting Organizations	1		
000	LIOII L	7. All Type III Supporting Organizations	1	Yes	No
4	Did th	a arganization provide to each of its supported arganizations, by the last day of the fifth month of the		res	No
1		e organization provide to each of its supported organizations, by the last day of the fifth month of the ization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	•	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	•	ization's governing documents in effect on the date of notification, to the extent not previously provided?	1	х	
2		any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
_		ization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	•	ganization maintained a close and continuous working relationship with the supported organization(s).	2	х	
3		ason of the relationship described on line 2, above, did the organization's supported organizations have a			
_	•	cant voice in the organization's investment policies and in directing the use of the organization's			
	•	e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		rted organizations played in this regard.	3	х	
Sec		. Type III Functionally Integrated Supporting Organizations			
1	Check	the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions)			
а		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.			
С		The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	structio	ns).	
2	Activit	ies Test. Answer lines 2a and 2b below.		Yes	No
а	Did su	bstantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the su	pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those	supported organizations and explain how these activities directly furthered their exempt purposes,			
	how th	ne organization was responsive to those supported organizations, and how the organization determined			
		nese activities constituted substantially all of its activities.	2a	Х	
b	Did th	e activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
		more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
		Ithe reasons for the organization's position that its supported organization(s) would have engaged in			
	these	activities but for the organization's involvement.	2b	Х	
3		t of Supported Organizations. Answer lines 3a and 3b below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did th	e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.

Schedule A (Form 990) 2022

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Pai	Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organ	izations		
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.				
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)	
1	Net short-term capital gain	1			
2	Recoveries of prior-year distributions	2			
3	Other gross income (see instructions)	3			
4	Add lines 1 through 3.	4			
5	Depreciation and depletion	5			
6	Portion of operating expenses paid or incurred for production or				
	collection of gross income or for management, conservation, or				
	maintenance of property held for production of income (see instructions)	6			
7	Other expenses (see instructions)	7			
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1	Aggregate fair market value of all non-exempt-use assets (see				
	instructions for short tax year or assets held for part of year):				
а	Average monthly value of securities	1a			
b	Average monthly cash balances	1b			
С	Fair market value of other non-exempt-use assets	1c			
d	Total (add lines 1a, 1b, and 1c)	1d			
е	Discount claimed for blockage or other factors				
	(explain in detail in Part VI):				
2	Acquisition indebtedness applicable to non-exempt-use assets	2			
3	Subtract line 2 from line 1d.	3			
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,				
	see instructions).	4			
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
_6	Multiply line 5 by 0.035.	6			
7	Recoveries of prior-year distributions	7			
8	Minimum Asset Amount (add line 7 to line 6)	8			
Sect	ion C - Distributable Amount			Current Year	
1	Adjusted net income for prior year (from Section A, line 8, column A)	1			
2	Enter 0.85 of line 1.	2			
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3			
4	Enter greater of line 2 or line 3.	4			
5	Income tax imposed in prior year	5			
6	Distributable Amount. Subtract line 5 from line 4, unless subject to				
	emergency temporary reduction (see instructions).	6			
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see	
	instructions).				

Schedule A (Form 990) 2022

FOUNDATION, INC.

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Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	1			
2	Amounts paid to perform activity that directly furthers exemp				
	organizations, in excess of income from activity	2			
3	Administrative expenses paid to accomplish exempt purpose	3			
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution: Pre-2022	s	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
а	From 2017				
b	From 2018				
c	From 2019				
d	From 2020				
е	From 2021				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2022 distributable amount				
i_	Carryover from 2017 not applied (see instructions)				
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2022 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2022. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2023. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
<u> e</u>	Excess from 2022				

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 FOUND

Part VI Supplemental Information of

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
SECTION E, LINE 2A
ALL OF THE RESOURCES OF THE FOUNDATION DIRECTLY IMPACT THE COLLEGE,
EITHER BY PROVIDING SCHOLARSHIPS OR VARIOUS GRANTS.
SECTION 3, LINE 2B
THE FOUNDATION PROVIDES FUNDS FOR THE STUDENTS AND STAFF OF THE
COLLEGE. IF THE FOUNDATION WERE NOT IN PLACE, THE COLLEGE WOULD HAVE TO
FIND OTHER RESOURCES FOR THE STUDENTS AND THE STUDENT
CLUBS/ASSOCIATIONS.
SECTION D, LINE 3
CERTAIN OFFICERS AND STAFF MEMBERS OF THE COLLEGE ATTEND THE BOARD
MEETINGS OF THE FOUNDATION. THEY ARE NOT VOTING MEMBERS BUT THEY ARE
KEPT APPRISED OF THE FOUNDATION ACTIVITIES AND THEY DO HAVE A VOICE IN
FOUNDATION MATTERS.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number **-***2373

Pa	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		Similar Funds or A	Accounts. Complete if the
		(a) Donor advised	d funds	(b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	riting that the assets he	ld in donor advised fur	
	are the organization's property, subject to the organization's e	xclusive legal control?		X Yes No
6	Did the organization inform all grantees, donors, and donor ad	visors in writing that gra	ınt funds can be used	only
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for an	y other purpose confe	
_	impermissible private benefit?			
Pa	t II Conservation Easements. Complete if the orga	anization answered "Yes	s" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization	` ' '		
	Preservation of land for public use (for example, recreating	on or education)		orically important land area
	Protection of natural habitat		Preservation of a cert	tified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualified	ed conservation contribu	ution in the form of a c	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			
С	Number of conservation easements on a certified historic stru-			2c
d	Number of conservation easements included in (c) acquired at	• • •		
	historic structure listed in the National Register			2d
3	Number of conservation easements modified, transferred, rele	ased, extinguished, or t	erminated by the orga	nization during the tax
	year			
4	Number of states where property subject to conservation ease			
5	Does the organization have a written policy regarding the period			
_	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, an	id enforcing conservat	ion easements during the year
-	Amount of annual incomed in acquitation incometing bonds		fa	
7	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and en	rording conservation e	asements during the year
	Does each conservation easement reported on line 2(d) above	andiafy the requirement	to of coation 170/b)/4)/	DV:i)
8	•			
9	and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservatio			
9	balance sheet, and include, if applicable, the text of the footnot		•	
	organization's accounting for conservation easements.	ole to the organization's	ililaliciai staternerits t	riat describes trie
Pa	t III Organizations Maintaining Collections of	Art. Historical Tre	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 9	-		
	If the organization elected, as permitted under FASB ASC 958		enue statement and ha	alance sheet works
ıu	of art, historical treasures, or other similar assets held for publ	, I		
	service, provide in Part XIII the text of the footnote to its finance			ares or pasie
h	If the organization elected, as permitted under FASB ASC 958			ce sheet works of
~	art, historical treasures, or other similar assets held for public of	· ·		
	provide the following amounts relating to these items:	oxinibition, education, or	Toocaron in fartherance	se of public convice,
	(i) Revenue included on Form 990, Part VIII, line 1			\$
	mn			<u> </u>
2	If the organization received or held works of art, historical treat			provide
_	the following amounts required to be reported under FASB AS			, p. 51.40
а	Revenue included on Form 990, Part VIII, line 1	-		\$
	Assets included in Form 990, Part X			· · · · · · · · · · · · · · · · · · ·
	, 100010 moladou in richini 000, richit /			¥

SOUTH ARKANSAS COMMUNITY COLLEGE

Schedule D (Form 990) 2022

FOUNDATION, INC.

*	_ *	*	*	2	3	7	3	Page 2
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Pai	rt III Organizations Maintaining C	Collections of Ar	t, Historical Tr	easures, or Oth	er Simi	lar Asse	ts (continue	d)
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that make	significan	t use of its		
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explain	n how they further t	ne organization's exe	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit of	or receive donations of	of art, historical trea	sures, or other simila	ar assets			
	to be sold to raise funds rather than to be ma	aintained as part of t	he organization's co	ollection?		<u></u>	Yes	No
Pai	rt IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered "Yes" o	n Form 99	0, Part IV,	line 9, or	
	reported an amount on Form 990, Pa	rt X, line 21.						
1a	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	is or other assets no	t included			
	on Form 990, Part X?					L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
							Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance							
2a	Did the organization include an amount on F					L	」Yes	No
<u>b</u>	If "Yes," explain the arrangement in Part XIII.						L	
Pai	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo					
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four yea	ars back
1a	Beginning of year balance	2,551,694.	2,794,908.	2,221,319.	2,:	257,251.	2,03	38,270.
b	Contributions	157,184.	68,152.	151,441.		33,017.		36,324.
С	Net investment earnings, gains, and losses	162,749.	-257,154.	484,937.		-5,409.	11	L7,153.
d	Grants or scholarships	59,360.	30,101.	41,023.		44,202.	2	29,703.
е	Other expenditures for facilities							
	and programs							
f	Administrative expenses	24,946.	24,111.	21,766.		19,538.	1	L7,982.
g	End of year balance	2,787,321.	2,551,694.	2,794,908.	2,:	221,119.	2,29	94,062.
2	Provide the estimated percentage of the cur	rent year end balanc	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment		_%					
b	Permanent endowment	%						
С	Term endowment	%						
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.						
3а	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	nd administered for	the		_	
	organization by:							s No
	(i) Unrelated organizations							X
	(ii) Related organizations							X
b	If "Yes" on line 3a(ii), are the related organization						3b	
4	Describe in Part XIII the intended uses of the		wment funds.					
Pai	rt VI Land, Buildings, and Equipm							
	Complete if the organization answere							
	Description of property	(a) Cost or of	' '		Accumulat	I	(d) Book va	alue
		basis (investn	nent) basis	(other) de	preciation	1		
	Land							
	Buildings		400		<u> </u>			
	Leasehold improvements		490.		6,4	90.		0.
	Equipment							
	Other		=			\longrightarrow		
Total	I. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	X, column (B), line 1	0c.)				0.

Schedule D (Form 990) 2022

	SAS COMMUNITY	COLLEGE.	
Schedule D (Form 990) 2022 FOUNDATION,	INC.		**-***2373 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost of	or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	a 11c See Form 990 Part Y line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost of	or and of year market value
	(b) book value	(c) Method of Valuation. Cost of	or end-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes"		e 11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		
Part X Other Liabilities.			-
Complete if the organization answered "Yes"	on Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, lii	ne 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) REFUNDABLE ADVANCES			44,325
(3)			,
(4)			
(5)			
(6)			
(7)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII... X

44,325.

(9)

Sche	edule D (Form 990) 2022 FOUND	ATION, INC.			**_	***2373 Page
Paı	rt XI Reconciliation of Revenue	e per Audited Financial St	atements With	Revenue per R	eturi	n.
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total revenue, gains, and other support p	per audited financial statements			1	731,629
2	Amounts included on line 1 but not on Fo	orm 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investme	ents	2a	10,824.		
b	Donated services and use of facilities		2b			
	Recoveries of prior year grants					
	OII (D II I D I) (III)					
е	Add lines 2a through 2d		·····		2e	10,824
3	Subtract line 2e from line 1				3	720,805
4	Amounts included on Form 990, Part VIII	, line 12, but not on line 1:				
а	Investment expenses not included on Fo	rm 990, Part VIII, line 7b	4a	19,779.		
b	Other (Describe in Part XIII.)		4b	-67,807.		
С	Add lines 4a and 4b		·····		4c	-48,028
5	Total revenue. Add lines 3 and 4c. (This r	must equal Form 990, Part I, line 12	2.)		5	672,777
Pa	rt XII Reconciliation of Expense	es per Audited Financial S	tatements With	Expenses per	Retu	ırn.
	Complete if the organization answ	vered "Yes" on Form 990, Part IV, I	ine 12a.			
1	Total expenses and losses per audited fir	nancial statements			1	483,451
^	American in alcohol and line 4 hours net an Fa	000 D+ IV II 0F-				

Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities 2a **b** Prior year adjustments 2c Other losses Other (Describe in Part XIII.) e Add lines 2a through 2d 2e 483,451 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b 19,779 4a **b** Other (Describe in Part XIII.) -48,028. c Add lines 4a and 4b 435,423.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)

PART X, LINE 2:

THE ORGANIZATION IS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, EXCEPT ON NET INCOME DERIVED FROM UNRELATED FOR THE YEAR ENDED JUNE 30, 2023, THE ORGANIZATION BUSINESS ACTIVITIES. HAS DETERMINED THAT NO INCOME TAXES ARE DUE FOR IT ACTIVITIES. ADDITION, THE ORGANIZATION QUALIFIES FOR THE CHARITABLE CONTRIBUTION DEDUCTION UNDER SECTION 170(B)(1)(A).

THE ORGANIZATION FOLLOWS THE GUIDANCE OF FASB ASC 740 - ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES. AS OF JUNE 30, 2023, MANAGEMENT EVALUATED THE ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THE ORGANIZATION HAD MAINTAINED ITS TAX-EXEMPT STATUS AND HAD TAKEN NO UNCERTAIN TAX POSITIONS

Part XIII Supplemental Information (continued)
THAT REQUIRE ADJUSTMENTS TO THE FINANCIAL STATEMENTS.
PART XI, LINE 4B - OTHER ADJUSTMENTS:
GENERAL FUNDRAISING
PART XII, LINE 4B - OTHER ADJUSTMENTS:
GENERAL FUNDRAISING
SCH D, PAGE 4, PART XII
LINE 4B, FUNDRAISING EXPENSES NETTED TO REVENUE \$67,807
SCH D, PAGE 4, PART XIII
LINE 4B, FUNDRAISING EXPENSES NETTED TO REVENUE \$51,795.

SCHEDULE G (Form 990)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

entered more than \$15,000 on Form 990-EZ, line 6a.

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Schedule G (Form 990) 2022

Department of the Treasury Internal Revenue Service

Name of the organization

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

SOUTH ARKANSAS COMMUNITY COLLEGE

Employer identification number **-***2373

FOUNDAT	ION, INC.				**-***2	373
Part I Fundraising Activities	Complete if the organization answe	red "Y	es" oı	n Form 990, Part IV,	line 17. Form 990-E2	Z filers are not
required to complete this par	t.					
 Indicate whether the organization rais Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations 	e Solicitat	tion of	non-g gover	overnment grants nment grants		
 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid individed compensated at least \$5,000 by the 	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofess	ional f	undraising services?	Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contrib	trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
Fotal						
3 List all states in which the organization or licensing.	on is registered or licensed to solicit (contrib	utions	s or has been notified	d it is exempt from re	egistration

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

SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.

Schedule G (Form 990) 2022

-*<u>2373 Page 2</u>

Pa	rt I	Fundraising Events. Complete if the of fundraising event contributions and gr				
		or iditariating event contributions and gr	(a) Event #1 OUTDOOR EXPO	(b) Event #2 EVENING WITH THE STARS	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
anı			(event type)	(event type)	(total number)	
Revenue	1	Gross receipts	111,839.			111,839.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	111,839.			111,839.
	4	Cash prizes				
Se	5	Noncash prizes				
xpense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
	8	Entertainment				
	9	Other direct expenses				67,807.
	10	Direct expense summary. Add lines 4 through				67,807. 44,032.
Pa	11 rt I			n 990 Part IV line 19 or r		11,032.
		\$15,000 on Form 990-EZ, line 6a.	anoworda 100 on 100	1000,1 41111, 1110 10, 011	operiod mere than	
Ф			(a) Bingo	(b) Pull tabs/instant	(c) Other gaming	(d) Total gaming (add
Revenue			(a) Billigo	bingo/progressive bingo	(b) other garming	col. (a) through col. (c))
Re	_	0				
_		Gross revenue				
ses	2	Cash prizes				
Direct Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	∟ No	No	
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)			
		ter the state(s) in which the organization condi the organization licensed to conduct gaming a	-	states?		Yes No
		No," explain:				
100	\/\/c	ere any of the organization's gaming licenses re	evoked suspended or t	erminated during the tax y	(ear?	Yes No
		re any or the organization's gaming licenses re Yes," explain:			y Gal !	. L. 162 L. NO

SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION INC.

Sch	edule G (Form 990) 2022 FOUNDATION, INC. **	-***237	3 Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed	••	
	to administer charitable gaming?	Yes	☐ No
12	Indicate the percentage of gaming activity conducted in:		
		13a	%
	The organization's facility An outside facility	13b	//
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	[130]	70
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	News		
	Name		
	Address		
15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	Yes	└── No
b	olf "Yes," enter the amount of gaming revenue received by the organization \$ and the amount		
	of gaming revenue retained by the third party \$		
c	: If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Description of services provided		
	· · · · · · · · · · · · · · · · · · ·		
	☐ Director/officer ☐ Employee ☐ Independent contractor		
	Billodoin on tool Employee maspanasik santaasta		
17	Mandatory distributions:		
	s the organization required under state law to make charitable distributions from the gaming proceeds to		
٥	retain the state gaming license?	Yes	□ No
			140
I.	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	,	
Da	organization's own exempt activities during the tax year \$ Int IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	Dort III. lines () Ob 10b
1 4		ran III, III les s	, 90, 100,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION INC.

Schedule G	G (Form 990)	FOUNDATION,	INC.	**-***2373 Page 4
Part IV	(Form 990) Supplemental Infor	mation (continued)		

SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Attach to Form 990. Go to www.irs.gov/Form990 for the latest information. **Open to Public** Inspection

SOUTH ARKANSAS COMMUNITY COLLEGE Name of the organization Employer identification number **-***2373 FOUNDATION, INC. Part I **General Information on Grants and Assistance** 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection X Yes criteria used to award the grants or assistance? No 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant noncash noncash assistance or assistance FMV, appraisal, assistance other) FURTHER THE EDUCATIONAL SOUTH ARKANSAS COLLEGE - VARIOUS LITERARY, AND SCIENTIFIC PROJECTS - 300 SOUTH WEST AVENUE WORK AND SERVICES OF **-***8948 SOUTH ARKANSAS COLLEGE. EL DORADO, AR 71730 223,559 0 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

Enter total number of other organizations listed in the line 1 table

Schedule I	(Form 990) 2022 FOUNDATION, INC	• •				
Part III	Grants and Other Assistance to Domestic Individuals Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
	(a) Type of great or assistance	(b) Number of	(a) Amount of	(d) Amount of non	(a) Mathad of valuation	(f) Deceript

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
CHOLARSHIPS	0	123,664.	0.		

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

PART I, LINE 2:

THE ORGANIZATION PROVIDES SCHOLARSHIPS FOR THE STUDENTS OF SOUTH ARKANSAS

COLLEGE AND GRANTS TO THE COLLEGE FOR ITS EDUCATIONAL NEEDS. THERE ARE

NUMBEROUS SCHOLARSHIP FUNDS THAT HAVE WRITTEN ELIGIBILITY CRITERIA. THE

COLLEGE HAS ESTABLISHED A SCHOLARSHIP COMMITTEE THAT REVIEWS THE

INDIVIDUAL'S APPLICATIONS AND THEN AWARDS THE SCHOLARSHIPS BASED ON THE

STUDENTS MEETING THE NECESSARY CRITERIA FOR EACH SCOLARSHIP FUND. THE

COLLEGE PROVIDES THE NECESSARY INFORMATION FOR SCHOLARSHIP RECIPIENTS

REGARDING THE CONTINUATION OF ELIGIBILITY. THE FOUNDATION OFFICE WORKS

Part IV Supplemental Information
CLOSELY WITH THE FINANCIAL AID AND SCHOLARSHIP COMMITTEES TO KEEP TRACK OF
THE STATUS OF SCHOLARSHIP AWARDS.
PART 11, LINE 1, COLUMN H:
NAME OF ORGANIZATION:
SOUTH ARKANSAS COLLEGE - VARIOUS PROJECTS
PURPOSE OF GRANT OR ASSISTANCE: FURTHER THE EDUCATION, LITERARY, AND
SCIENTIFIC WORK AND SERVICES OF SOUTH ARKANSAS COLLEGE.

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

2022

Open to Public Inspection

Department of the Treasury Internal Revenue Service Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

Attach to Form 990.

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

Name of the organization SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number **-***2373

Pai	rt I Types of Property							
		(a)	(b) Number of	(c) Noncash contribution	(d)		ina	
		Check if applicable		amounts reported on	Method of de noncash contribu		•	'S
		пррпополо	items contributed	Form 990, Part VIII, line 1	9			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	335	105,068	SELLING PRI	CE		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organize		•					
	for which the organization completed Form 828	33, Part V, [Donee Acknowledg	ement 29				
							Yes	No
30a	During the year, did the organization receive by							
	must hold for at least 3 years from the date of t							37
	exempt purposes for the entire holding period?					30a		X
	If "Yes," describe the arrangement in Part II.							37
31	Does the organization have a gift acceptance p					31		Х
32a	Does the organization hire or use third parties of		•					v
	contributions?					32a		Х
	If "Yes," describe in Part II.	-1 () *			l d			
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y tor which column (a) is cl	necked,			
	describe in Part II.							

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

Schedule M (Form 990) 2022

SOUTH ARKANSAS COMMUNITY COLLEGE Schedule M (Form 990) 2022 FOUNDATION. INC

		S COMMUNITY COLLEGE	
Schedule M	M (Form 990) 2022 FOUNDATION, I	NC.	**-***2373 Page 2
Part II	Supplemental Information. Provide the	he information required by Part I, lines 30b, 32b, and of contributions, the number of items received, or a c	33, and whether the organization

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. Open to Public Inspection

OMB No. 1545-0047

Name of the organization

SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number **-***2373

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: PARTNERSHIPS BY INCREASING DONOR SUPPORT, REWARDING EXCELLENCE, AND ELEVATING THE STATURE AND IMPORTANCE OF THE SOUTH ARKANSAS COLLEGE LOCALLY, REGIONALLY, AND NATIONALLY.

FORM 990, PART VI, SECTION B, LINE 11B:

THE ORGANIZATION'S FINANCE COMMITTEE HAS THE AUTHORITY TO ACCEPT THE 990 AND THE AUDITED FINANCIAL STATEMENTS. THE COMMITTEE RECEIVES THE 990 TO REVIEW PRIOR TO THEIR MEETING. AT THE MEETING THEY ARE AFFORDED A QUESTION/ANSWER TIME WITH THE PREPARER BEFORE THE FORM IS FILED.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS PROVIDED THE CONFLICT OF INTEREST POLICY THAT GIVES THE MEMBER A GUIDELINE AND EXAMPLES OF POTENTIAL CONFLICTS AND THE PROCEDURES NECESSARY TO DISCLOSE THE CONFLICTS TO THE ORGANIZATION. THEY ARE REQUIRED TO SIGN THE POLICY AS TO HAVING BOTH READ AND UNDERSTOOD THE POLICY.

FORM 990, PART VI, SECTION C, LINE 19:

THE GOVERNING DOCUMENTS INCLUDING THE CONFLICT OF INTEREST POLICY AND THE ORGANIZATION'S AUDITED FINANCIAL STATEMENTS ARE KEPT AT THE FOUNDATION'S OFFICE.

FORM 990, PART IX, LINE 11G, OTHER FEES:

INVESTMENT EXPENSES:

PROGRAM SERVICE EXPENSES

0.

Schedule O (Form 990) 2022	Page 2
Name of the organization SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.	Employer identification number **-***2373
MANAGEMENT AND GENERAL EXPENSES	19,779.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	19,779.
SOFTWARE EXPENSES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	15,651.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	15,651.
PUBIC RELATIONS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	1,809.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,809.
MISCELLANEOUS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	11,532.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	11,532.
MEMBERSHIPS:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	934.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	934.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION, INC.

Employer identification number **-***2373

(a)	(b)	(c)	(d)	(6)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)				Direct o	controlling ntity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.	nnizations. Complete if the organizations	tion answered "Yes" on Form 99	0, Part IV, line 34,	because it had or	ne or more	related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section		(f) ct controlling entity	cont	g) 512(b)(13) rolled tity?
				501(c)(3))			Yes	No
SOUTH ARKANSAS COMMUNITY COLLEGE -								
71-0718948, 300 SOUTH WEST AVENUE, EL DORADO, AR 71730	COLLEGE	ARKANSAS	170 (B)(1)(A)					Х
	_							

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

Page 2

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

organization search as a participation of the first search as a se												
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j	(1	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	Disprop	ortionate	Code V-UBI	Gene	al or Perce	entage
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets	alloca	itions?	amount in box 20 of Schedule K-1 (Form 1065)	partr	er?	Ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										\Box		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	Section 512(b)(13) controlled entity?	
		country)		21 2.001)			Yes	No	
									
-									\vdash
		16							Ь

Schedule R (Form 990) 2022 FOUNDATION, INC.

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II. III. or IV of this schedule. Yes No 1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? X a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a b Gift, grant, or capital contribution to related organization(s) 1b X c Gift, grant, or capital contribution from related organization(s) 1c X d Loans or loan guarantees to or for related organization(s) 1d X e Loans or loan guarantees by related organization(s) 1e X f Dividends from related organization(s) 1f X g Sale of assets to related organization(s) X h Purchase of assets from related organization(s) 1h X i Exchange of assets with related organization(s) 1i X i Lease of facilities, equipment, or other assets to related organization(s) 1i Х k Lease of facilities, equipment, or other assets from related organization(s) 1k Performance of services or membership or fundraising solicitations for related organization(s) 11 X m Performance of services or membership or fundraising solicitations by related organization(s) 1m n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n o Sharing of paid employees with related organization(s) 10 p Reimbursement paid to related organization(s) for expenses 1p Reimbursement paid by related organization(s) for expenses 1a Х r Other transfer of cash or property to related organization(s) 1r X s Other transfer of cash or property from related organization(s) 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a)
Name of related organization Method of determining amount involved Transaction Amount involved type (a-s) 273,644. SUMMING OF CHECKS WRITTEN (1) SOUTH ARKANSAS COMMUNITY COLLEGE В 14,669. SUMMING OF CHECKS WRITTEN (2) SOUTH ARKANSAS COMMUNITY COLLEGE 0

47

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(4)

(5)

(3) SOUTH ARKANSAS COMMUNITY COLLEGE

77,005. SUMMING OF CHECKS WRITTEN

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are partner 501 (c	all s sec. c)(3) s.?	(f) Share of total income	(g) Share of end-of-year assets	Dispi tio alloca	n) ropor- nate itions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or Peroging owl	(k) centage nership
		ocanay)	36000013 3 12-3 14)	Yes	No		400000	Yes	No	(1 01111 1003)	Yes	No	
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SOUTH ARKANSAS COMMUNITY COLLEGE FOUNDATION INC.

	SOUTH ARKANSAS COMMUNITY COLLEGE	
Schedule R	(Form 990) 2022 FOUNDATION, INC.	**-***2373 Page 5
Part VII	(Form 990) 2022 FOUNDATION, INC. Supplemental Information	
	Provide additional information for responses to questions on Schedule R. See instructions.	
	Provide additional information for responses to questions on schedule h. See instructions.	