orm 990

Department of the Treasury Internal Revenue Service

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.

Information about Form 990 and its instructions is at www.irs.gov/form990.

2016 Open to Public Inspection

OMB No. 1545-0047

A	For the 2016 c	alendar year, or tax year beginning 07/01/16, and ending 06/30/17			
В	Check if applicable:	C Name of organization	D	Employer	Identification number
	Address change	BREWERY ARTS CENTER			
一	Name change	Doing business as			183567
吕	-	Number and street (or P.O. box if mail is not delivered to street address) Room/sui		Telephone	
\sqsubseteq	Initial return	449 W KING ST City or town, state or province, country, and ZIP or foreign postal code		/ /5-8	383-1976
	Final return/ terminated				5000
\Box	Amended return	CARSON CITY NV 89703	G	Gross recei	pts \$ 564,222
		F Name and address of principal officer:	s this a group re	eturn for sub	bordinales? Yes X No
	Application pending	J KYLE HORVATH			F. F.
		H(b) A	re all subordin		
_			If "No," atta	ach a list (s	see instructions)
F	Tax-exempt status:	X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527			
J	Website: ▶ B		Group exemption		
ĸ	Form of organization:	X Corporation Trust Association Other ▶ L Year of forms	ation: 19	75	м State of legal domicile: NV
F	art I Su	ımmary			
	1 Briefly de	scribe the organization's mission or most significant activities:			
a)		IDE AND PROMOTE PROGRAMS/ACTIVITIES TO FURTHER ARTS AND			
ž	10755555	ENESS AND OPPORTUNITIES IN CARSON CITY AND NORTHERN NEVA			
T.	2 16000110	FORNIA	0.00102012110	7. FECULA (C.)	**********
Ş.	2 Check thi	[1] [2] [3] [4] [4] [4] [4] [4] [4] [4] [4] [4] [4	t assets	1 1 1 1 1 1 1	
Ö				3	8
ංජි ග				4	0
Activities & Governance	4 Number o	of independent voting members of the governing body (Part VI, line 1b)	C17743-017	5	0
ξį		nber of individuals employed in calendar year 2016 (Part V, line 2a)		-	
Ac		nber of volunteers (estimate if necessary)		6	100
		elated business revenue from Part VIII, column (C), line 12		7a	0
_	b Net unrel	ated business taxable income from Form 990-T, line 34	Prior Year	7b	Current Year
	O Comtaile ut			344	317,311
e		ions and grants (Part VIII, line 1h)	160,		246,043
Revenue	9 Program	service revenue (Part VIII, line 2g)	100,	193	868
Re		nt income (Part VIII, column (A), lines 3, 4, and 7d)			0
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	021		
		enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	231,	239	564,222
	1	nd similar amounts paid (Part IX, column (A), lines 1–3)			0
		paid to or for members (Part IX, column (A), line 4)			0
es	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)			0
Sus	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)			0
Expenses	b Total fund	fraising expenses (Part IX, column (D), line 25) ▶ 0			
Ш	17 Other exp	penses (Part IX, column (A), lines 11a11d, 11f24e)	317,		434,621
	18 Total exp	enses. Add lines 13–17 (must equal Part IX, column (A), line 25)	317,		434,621
	19 Revenue	less expenses. Subtract line 18 from line 12	-85,		129,601
Net Assets or			ng of Current		End of Year
Set	20 Total asse	ets (Part X, line 16)	733,		853,129
AAB	21 Total liabi	lities (Part X, line 26)	270,		220,881
Ž		s or fund balances. Subtract line 21 from line 20	463,	739	632,248
P	art II Sig	gnature Block			
		perjury, I declare that I have examined this return, including accompanying schedules and statements, and to		f my know	vledge and belief, it is
trı	ue, correct, and co	emplete. Declaration of preparer (other than officer) is based on all information of which preparer has any kn	owledge.		
Sig	n s	ignature of officer		Date	
He		GINA HILL EXECUTIVE	DIRE	CTOR	
		ype or print name and title			- Marie - Mari
	Print/Type	preparer's name Propaler's Aignature	Date	Check	X if PTIN
Pai	d JOHN M	CKENNA OF Metano	152018	self-emp	
Pre	parer Firm's nam	TOWN TO MOVEMENT OF THE	- Eirde	EUM	0011
	Only	POST OFFICE BOX 695	ent	U	ODV
	Firm's add	CARCON CIMY AND COTOC CCC	Phon	e no.	775-883-2908
May		s this return with the preparer shown above? (see instructions)	21919-1-1-1	_ 110	X Yes No

399,823 including grants of \$

) (Revenue \$

399,823

4e Total program service expenses ▶

434,621

Form 990 (2016) BREWERY ARTS CENTER

Part IV Checklist of Required Schedules

	antive 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,"	1	х	
2	complete Schedule A Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	- 42	х
2	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	-	
3	candidates for 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)	-		
7	alastics in officet during the tourse of 15 Mars II consolete Cabadula C. Bort II	4		x
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
3	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Port III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
·	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or 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 as applicable.		10	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"	 	х	
	complete Schedule D, Part VI	11a	Λ	-
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more	11b		x
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	110		-
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more	11c		х
- 4	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		
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		x
•	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	1		
'	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x
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		X
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 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 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, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	19		x
	If "Yes," complete Schedule G, Part III	19		1

Checklist of Required Schedules (continued) Yes No X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H 20b b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or X 21 domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on 22 X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III 22 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 X 23 employees? If "Yes," complete Schedule J 24a 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 X 24a through 24d and complete Schedule K. If "No," go to line 25a 24b b 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 24c to defease any tax-exempt bonds? d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X 25a transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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? X If "Yes," complete Schedule L, Part I 25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 disqualified persons? If "Yes," complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, 27 substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 X conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, 34 34 or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 19? Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2016) BREWERY ARTS CENTER

Pa	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Pa	rt V			
		1 1		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a			
b	Enter the number of Forms W-2G included in 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	THE PERSON
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	2a			ing in
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu				SALES!
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction	ns)	2-		X
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule		3b		-
4 a	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	over, a financial account in a foreign country (such as a bank account, securities account, or other fi	inanciai	4a		x
	account)?				7
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	Accounte			
		Accounts	1205		
E.	(FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		x
5a	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax years.		5b		X
Ь	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	icuon:	5c		
c 6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did	the	aulistra		
Va	organization solicit any contributions that were not tax deductible as charitable contributions?		6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or	0.000000		
~	gifts were not tax deductible?		6ь		
7	Organizations that may receive deductible contributions under section 170(c).	18161111111111111111111111111111111111			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for	goods			
	and anniana provided to the province		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 w				
	required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit	contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit cont	tract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file F	orm 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h	Re-	X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintain	ned by the			
	sponsoring organization have excess business holdings at any time during the year?		8		HI DEEL
9	Sponsoring organizations maintaining donor advised funds.				
а		400-444-400-100-100-100-100-100-100-100-	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	160 CERCO CONSTRUCTOR SECURIO	9b		
10	Section 501(c)(7) organizations. Enter:	î f	22		
а	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	1 2 A A C		
11	Section 501(c)(12) organizations. Enter:	Ĭ aa. Î	1000		
a	Gross income from members or shareholders	11a	-		
b	Gross income from other sources (Do not net amounts due or paid to other sources	445			
40-	against amounts due or received from them.)	11b	12a		***************************************
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Fo	12b	120		
b 12	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	[120]			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a		
а	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		Liver Total		
b	Enter the amount of reserves the organization is required to maintain by the states in which				
D	the approximation is licensed to increase the plant beautiful backtoning	13b	38.2		
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	III. France	14a		х
, -ru	If "Voc " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schadu	do O	14h		

JIIII 330 (2010	DIGHT	11111	CT11 TT11	01 010000	
Part VI	Governance,	Manage	ment, and Dis	sclosure For each "Yes" response to lines 2 through 7b below,	and for a "No"
	response to line	e 8a, 8b, o	r 10b below, de	escribe the circumstances, processes, or changes in Schedule O.	See instructions
	Chack if School	lula O cont	aine a reenonce	e or note to any line in this Part VI	

500	tion A. Governing Body and Management	VC100+101-101-10	10100-		
Sec	tion A. Governing Body and Management		Yes	No	
4-	Enter the number of voting members of the governing body at the end of the tax year 1a 8	COLPAR	100		
1a	Enter the number of voting members of the governing body at the one of the tax year.				
	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 in Schedule O. Enter the number of voting members included in line 1a, above, who are independent.	76.3			
b	Enter the families of foliage members in the fel asset of the Enter Enter the families and	400	har.		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		Х	
	any other officer, director, trustee, or key employee?	2		_	
3	Did the organization delegate control over management duties customarily performed by or under the direct			х	
	supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		X	
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X	
6	Did the organization have members or stockholders?	6			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint	1 _ 1		v	
	one or more members of the governing body?	7a		<u>X</u>	
þ	Are any governance decisions of the organization reserved to (or subject to approval by) members,	l l		32	
	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		
þ	Each committee with authority to act on behalf of the governing body?	8b	Х		
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			37	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X	
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue C	oae.)			
		40.	Yes	No X	
10a	Did the organization have local chapters, branches, or affiliates?	10a			
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	405			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	_	X	
Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?					
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1028162	W V		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X		
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			37	
	describe in Schedule O how this was done	12c		X	
13	Did the organization have a written whistleblower policy?	13		Х	
14	Did the organization have a written document retention and destruction policy?	14_	X	-	
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?				
а	The organization's CEO, Executive Director, or top management official			X	
b	Other officers or key employees of the organization	15b		X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			HE	
	with a 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 exempt status with respect to such arrangements?	16b			
Sec	tion C. Disclosure				
17	List the states with which a copy of this Form 990 is required to be filed ▶ NONE	ww.			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)				
	available for public inspection. Indicate how you made these available. Check all that apply.				
	Own website Another's website Upon request Other (explain in Schedule O)				
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and				
	financial statements available to the public during the tax year.				
20	State the name, address, and telephone number of the person who possesses the organization's books and records:				
	REWERY ARTS CENTER 449 W KING ST	75 00	2 4	070	
_C2	ARSON CITY NV 89703 7	75-88	2-T	9/0	

Form 990 (2016) BREWERY ARTS CENTER

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

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 instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	related organizations below dolled line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 2 1000 mico)	organization and related organizations
(1) J KYLE HORVATH										-
	0.00									
PRESIDENT	0.00	X				_		0	0	0
(2) GINA HILL	0.00									
EXECUTIVE DIRECTOR	0.00	x						0	0	0
(3) MIKE WIENCEK										
Annual Membros and annual Control Control Control	0.00								_	_
DIRECTOR	0.00	X	_				_	0	0	0
(4) RANDY GAA										
	0.00									_
DIRECTOR	0.00	X	_	_				0	0	0
(5) BEN STEELE										
	0.00									
DIRECTOR	0.00	X	_					0	0	0
(6) MELANIE TIFFIN										
	0.00									
DIRECTOR	0.00	X						0	0	0
(7) RON ALLEN										
	0.00	1								
DIRECTOR	0.00	X				_		0	0	0
(8) KAREN LENTZ-FEIT										
	0.00									_
DIRECTOR	0.00	X				_		0	0	0
(9) LARRY FAGERHAUG										
	0.00	l								_
DIRECTOR	0.00	X		_			_	0	0	0
(10)										
	nomytaymya									
(11)										
						ш		L		000

Pa	rt VII Section A. Officers	, Directors, Trus	stee	s, Ke	y Er	nple	yee	s, a	nd Highest Compensated	Employees (continuea)	
(A) Name and title		(B) Average hours per week (list any hours for	bo of	x, unle ficer a	Pos check ess pe nd a d	rson i lirecto	s both r/trust	an ee)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
1111+1											
PENEL											
E) 10+(+)0	×2015-000 × 2010-000 (000 × 00	300000000000000000000000000000000000000									
					,						
25000											
204 - 20-		ence (napen ce son (re									
-XIII											
111150	crossora e coor stationata cade in 651 e 51										
1b c d	Sub-total Total from continuation sheet Total (add lines 1b and 1c) Total number of individuals (increportable compensation from	cluding but not lim	ection	on A				> > > ove)	who received more than \$1	00,000 of	l Veg l Ne
3 4 5	Did the organization list any for employee on line 1a? If "Yes," For any individual listed on line organization and related organ individual Did any person listed on line 1a	complete Schedu 1a, is the sum of izations greater th	le J reparan S	for s ortab 3150	uch i le co ,000°	indiv ompe ? If "	iduai ensa Yes,	tion " coi	and other compensation fro mplete Schedule J for such	m the	Yes No
	for services rendered to the orgion B. Independent Contracto	ganization? If "Ye									5 X
1	Complete this table for your five compensation from the organization	ation. Report con	sate	d ind	depe on fo	nder r the	nt co	ntra	r year ending with or within	the organization's tax year.	(0)
	Name and	(A) business address							Descrip	(B) slion of services	(C) Compensation
_											
2	Total number of independent c								listed above) who		

Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D) Revenue (A) Unrelated business Total revenue excluded from tax exempt function revenue under sections 512-514 revenue Gifts, Grants ilar Amounts Federated campaigns 2,911 1b b Membership dues c Fundraising events 1c 1d d Related organizations e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 314,400 g Noncash contributions included in lines 1a-1f: 317,311 h Total. Add lines 1a-1f Program Service Revenue Busn. Code 148,000 148,000 EVENT 2a 40,868 40,868 ART 32,963 32,963 FACILITY USE 19,710 19,710 CONSESSION 4,502 4,502 CLSAA FEES f All other program service revenue 246,043 g Total. Add lines 2a-2f Investment income (including dividends, interest, 868 868 and other similar amounts) Income from investment of tax-exempt bond proceeds Royalties (i) Real (ii) Personal 6a Gross rents b Less: rental exps. c Rental inc. or (loss) d Net rental income or (loss) 7a Gross amount from (i) Securities (ii) Other sales of assets other than inventory b Less: cost or other basis & sales exps c Gain or (loss) d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$ of contributions reported on line 1c). See Part IV, line 18 b Less: direct expenses c Net income or (loss) from fundraising events 9a Gross income from gaming activities. See Part IV, line 19 **b** Less: direct expenses c Net income or (loss) from gaming activities 10a Gross sales of inventory, less returns and allowances b b Less: cost of goods sold c Net income or (loss) from sales of inventory Miscellaneous Revenue Busn, Code 11a b d All other revenue e Total. Add lines 11a-11d 0 564,222 246,043 868 Total revenue. See instructions.

Form 990 (2016) BREWERY ARTS CENTER

Part IX Statement of Functional Expenses

Secti	ion 501(c)(3) and 501(c)(4) organizations must co Check if Schedule O contains a respo			ete column (A).	X
Do n	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	b, 9b, and 10b of Part VIII.	Total expenses	expenses	general expenses	expenses:
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members				
4 5	Compensation of current officers, directors,				
3	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				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management	6 500	6 500		
b	Legal	6,500 17,038	6,500 17,038		
C	Accounting	17,038	17,036		
d	Lobbying Professional fundraising services. See Part IV, line 17				
e f	Investment management fees				-
g	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	369,269	369,269		
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21 22	Payments to affiliates Depreciation, depletion, and amortization	41,814	41,814		
23	l	12/021	32/322		
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses in line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а					
b					
C	Contract to the contract of th				
d					
e	All other expenses	434,621	434,621	0	0
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	434,021	434,621	0	0
	organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here				
	following SOP 98-2 (ASC 958-720)				

Form 990 (2016) BREWERY ARTS CENTER

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) Beginning of year End of year 1,608 99,415 Cash—non-interest bearing 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or 1,498,675 other basis. Complete Part VI of Schedule D 10a 755,829 732,131 742,846 10b 10c b Less: accumulated depreciation 11 11 Investments—publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 Investments—program-related. See Part IV, line 11 14 14 Intangible assets 10,868 853,129 15 15 Other assets. See Part IV, line 11 733,739 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 17 17 Accounts payable and accrued expenses 18 18 Grants payable 19 19 Deferred revenue 20 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and 22 disqualified persons. Complete Part II of Schedule L Secured mortgages and notes payable to unrelated third parties 23 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 270,000 25 220,881 of Schedule D 270,000 220,881 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 27 Unrestricted net assets 28 Temporarily restricted net assets 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here ▶ complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 632,248 463,739 32 Retained earnings, endowment, accumulated income, or other funds 32 632,248 463,739 33 Total net assets or fund balances 853,129 733,739 Total liabilities and net assets/fund balances

Form 990 (2016)

required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.

3b

SCHEDULE A (Form 990 or 990-EZ)

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 4947(a)(1) nonexempt charitable trust.

2016

Open to Public Inspection

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Employer Identification number

			BREWERI ARTS	CENTER			21-019	3307
P	art I	Reas	on for Public Charity	Status (All organizations	must co	mplete th	nis part.) See instruction	S.
The	orga			it is: (For lines 1 through 12, che				
1	Ň			ciation of churches described in)(i).	
2				A)(ii). (Attach Schedule E (Form				
3	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii).							
4	The state of the s							
•		city, and state						
5			10: 2 m + 10: 4 m 21 m + 10 m + 10: 10: 10 m + 10: 10: 10: 10: 10: 10: 10: 10: 10: 10:	a college or university owned or	operated	by a gover	nmental unit described in	
ŭ			b)(1)(A)(iv). (Complete Part	-	ороликов	J, 3		
6				vernmental unit described in sec	tion 170	b)(1)(A)(v)		
7	x			ubstantial part of its support from				
•			section 170(b)(1)(A)(vi). (Co		.			
8					l.)			
9		•		ribed in section 170(b)(1)(A)(ix		l in conjunc	tion with a land-grant college	
				agriculture (see instructions). Er				
10		receipts from	activities related to its exemp	more than 33 1/3% of its support of functions—subject to certain e d unrelated business taxable inco	xceptions	, and (2) no	more than 33 1/3% of its	
	_	acquired by the	ne organization after June 30	, 1975. See section 509(a)(2). (Complete	Part III.)		
11		_		xclusively to test for public safety				
12				clusively for the benefit of, to pe				
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).							
	Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.							
	Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the							
				er to regularly appoint or elect a l emplete Part IV, Sections A and		i the directi	ors or trustees or the	
	h		• •	ervised or controlled in connection		sunnorted	organization(s) by having	
	b			ng organization vested in the sai				
			ion(s). You must complete		ролоо	10 11101 00111	or or manage are explanate	
	С		• •	upporting organization operated i	in connec	tion with, ar	nd functionally integrated with,	
	Ū	its suppo	rted organization(s) (see instr	ructions). You must complete F	Part IV, S	ections A,	D, and E.	
	d	Type III r	non-functionally integrated	. A supporting organization opera	ated in co	nnection wi	th its supported organization(s)
				organization generally must satis				
				ust complete Part IV, Sections				
	е	Check thi	is box if the organization rece	ived a written determination from	n the IRS	that it is a T	ype I, Type II, Type III	
	£		nber of supported organizatio	functionally integrated supporting	y organiza	allon.		
	f		ollowing information about the		0.0000000000000000000000000000000000000	6,6 4 (0,0) (4.4 (0.0)		00918
-	(I) Nom				(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
		e of supported ganization	(II) EIN	(III) Type of organization (described on lines 1–10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	docu	ment?	instructions)	instructions)
					Yes	No		
(A)							
(B)							
_					-	-		
(C)							
<u></u>	`				+			
(D)							
(E	1							
`-								
	420				100			

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Calen	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants,")	214,906	184,896	146,100	71,344	317,311	934,557
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	214,906	184,896	146,100	71,344	317,311	934,557
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)						
6	Public support. Subtract line 5 from line 4.						934,557
Sec	tion B. Total Support						
Caler	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
7	Amounts from line 4	214,906	184,896	146,100	71,344	317,311	934,557
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 business is regularly carried on					31,963	31,963
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)					213,080	213,080
11	Total support. Add lines 7 through 10						1,179,600
12	Gross receipts from related activities, etc. (see instructions)				12	868
13	First five years. If the Form 990 is for the	organization's first,	second, third, fourtl	n, or fifth tax year as	s a section 501(c)(3)	
	organization, check this box and stop here	F107500000000000000000000000000000000000	SOLD STREET, S				
Sec	tion C. Computation of Public Su	pport Percent	age				
14	Public support percentage for 2016 (line 6,	column (f) divided b	y line 11, column (f)) _{(25.1} (20.1			79.23%
15	Public support percentage from 2015 Sche						100.00%
16a	33 1/3% support test—2016. If the organi				1/3% or more, chec	ck this	▶ 👽
	box and stop here. The organization qualif	ies as a publicly su	oported organizatio	n 			versenning > X
b	33 1/3% support test—2015. If the organi	zation did not check	a box on line 13 o				
	this box and stop here . The organization q	ualifies as a publicly	y supported organia	zation			0.000
17a	10%-facts-and-circumstances test—201	6. If the organization	n did not check a b	oox on line 13, 16a,	or 16b, and line 14	1 is	
	10% or more, and if the organization meets						
	Part VI how the organization meets the "fac						▶ □
	organization		a did not obook o b	nay on line 12, 160	16b or 17a and li	ne	*************
b	10%-facts-and-circumstances test—201 15 is 10% or more, and if the organization is					ii le	
	Explain in Part VI how the organization med	neets the lacts and o	roumetances te	The organization of	ualifies as a public	elv	
10	supported organization Private foundation. If the organization did	not check a hov on	line 13 16a 16b	17a, or 17b, check	this box and see		a a territa farada ha di
18							▶ 🗍
	instructions	1111-4111-41-41-61		5 (1) (1) (1) (1) (1) (1) (1) (1			

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	tion A. Public Support							
Caler	idar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016		(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")							
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose							
3	Gross receipts from activities that are not an unrelated trade or 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							
6	Total. Add lines 1 through 5							
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons							
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year							
с 8	Add lines 7a and 7b Public support. (Subtract line 7c from							
	line 6.)		0000					
	tion B. Total Support	(-) 0040	(5) 2012	(a) 2014	(d) 2015	(e) 2016	<u>. T</u>	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(u) 2015	(6) 2010	-	(i) Total
9	Amounts from line 6							
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources							
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
С	Add lines 10a and 10b						-	
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on							
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)							
13	Total support. (Add lines 9, 10c, 11, and 12.)							
14	First five years. If the Form 990 is for the organization, check this box and stop here				as a section 501(c)			• • • • • • • • • • • • • • • • • • •
Sec	tion C. Computation of Public Su							
15	Public support percentage for 2016 (line 8,			(f))	econeous south size south		15	%
16	Public support percentage from 2015 Sched						16	%
	tion D. Computation of Investme							
17	Investment income percentage for 2016 (lin	ne 10c, column (f)	divided by line 13, o	column (f))		Forest Control	17	%
18	Investment income percentage from 2015 S	Schedule A, Part II	I, line 17			acateveron I	18	%%
19a	33 1/3% support tests—2016. If the organ	nization did not che	eck the box on line	14, and line 15 is n	nore than 33 1/3%,	and line		
	17 is not more than 33 1/3%, check this box	x and stop here. T	The organization qu	alifies as a publicly	supported organiz	ation	21/24/8000	
b	33 1/3% support tests-2015. If the organ	nization did not che	eck a box on line 14	or line 19a, and li	ne 16 is more than	33 1/3%, and		
	line 18 is not more than 33 1/3%, check this	s box and stop he	re. The organization	n qualifies as a pul	olicly supported org	anization		
20	Private foundation. If the organization did	not check a box o	n line 14, 19a, or 19	b, check this box	and see instruction	S		ransuman -

Supporting Organizations

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

Section A. All Supporting Organizations

- 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).
- Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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?
- 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 (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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in Part VI.*
- Did a disqualified person (as defined in 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 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.)

aπ v.)		
	Yes	No
1		
2 3a		
3b		
3c	B.V.	
4a		
4b		
4c		
5a 5b		
5c		
7		
8		
9a		
9b		
9c		
10a 10b		
100		F7) 0040

Schedule A (Form 990 or 990-EZ) 2016 Part IV Supporting Organizations (continued) Yes No Has the organization accepted a gift or contribution from any of the following persons? 11 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) 11a below, the governing body of a supported organization? 11b b A family member of a person described in (a) above? 11c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported 1 organizations and what conditions or restrictions, if any, applied to such powers during the tax year. Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 2 supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations Yes Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s). Section D. All Type III Supporting Organizations Yes No Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the 1 organization's governing documents in effect on the date of notification, to the extent not previously provided? Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported 2 organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how 2 the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's 3 supported organizations played in this regard. Section E. Type III Functionally-Integrated Supporting Organizations Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). The organization satisfied the Activities Test. Complete line 2 below. а The organization is the parent of each of its supported organizations. Complete line 3 below. b The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). С Yes No 2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported 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 the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these 2b activities but for the organization's involvement. Parent of Supported Organizations. Answer (a) and (b) below. 3 a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or 3a trustees of each of the supported organizations? Provide details in Part VI. Did the 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. 3h

Schedule A (Form 990 or 990-EZ) 2016 BREWERY ARTS CE		51-01835	Page 6
Part V Type III Non-Functionally Integrated 509(a)(
1 Check here if the organization satisfied the Integral Part Test as			
instructions. All other Type III non-functionally integrated support	rting organizations must complete	Sections A through E.	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	11		
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		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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 1-1/2% of line 3 (for great	er amount,		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column	n 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 t			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-		ipporting organization (see	
instructions).			
man dedonay.			

chedule A (Form 990 or 990-EZ) 2016 BREWERY ARTS CEN		51-0183	56/ Page
Part V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organizati	ons (continuea)	Comment Veer
Section D - Distributions			Current Year
1 Amounts paid to supported organizations to accomplish exempt purported organizations.			
2 Amounts paid to perform activity that directly furthers exempt purpose	es of supported		
organizations, in excess of income from activity	and the second s		
3 Administrative expenses paid to accomplish exempt purposes of supp	ported organizations		
4 Amounts paid to acquire exempt-use assets			
5 Qualified set-aside amounts (prior IRS approval required)			
6 Other distributions (describe in Part VI). See instructions.			
7 Total annual distributions. Add lines 1 through 6.			
8 Distributions to attentive supported organizations to which the organizations	ration is responsive		
(provide details in Part VI). See instructions.			
9 Distributable amount for 2016 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount		· · · · · · · · · · · · · · · · · · ·	(111)
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
Underdistributions, if any, for years prior to 2016			
2 (reasonable cause required-explain in Part VI). See			
instructions.		THE PROPERTY OF THE PARTY OF TH	
3 Excess distributions carryover, if any, to 2016:			
a Find the second of the secon			
b de la companya del companya de la companya de la companya del companya de la co			
c From 2013			100
d From 2014			
e From 2015			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from			
Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h			
and 4b from line 1. For result greater than zero, explain in			
Part VI. See instructions.			
7 Excess distributions carryover to 2017. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a a second of the second of th			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			

Schedule A (Forr	n 990 or 990-EZ) 2016	BREWERY ART	'S CENTER		51-0183567	Page 8
Part VI	Supplemental Info III, line 12; Part IV, B, lines 1 and 2; Pa 3a and 3b; Part V,	Section A, lines 1, 2 art IV, Section C, line line 1; Part V, Section	2, 3b, 3c, 4b, 4c, 5 e 1; Part IV, Section on B, line 1e; Part	a, 6, 9a, 9b, 9c, 11a on D, lines 2 and 3; f	e 10; Part II, line 17a or , 11b, and 11c; Part IV, Part IV, Section E, lines 5, 6, and 8; and Part V, s instructions.)	Section 1c, 2a, 2b,

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Section 1						
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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.

16

OMB No. 1545-0047

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name	of the organization		Employer Identification number
В	REWERY ARTS CENTER		51-0183567
	art I Organizations Maintaining Donor Advised Fur Complete if the organization answered "Yes" on F	nds or Other Similar Funds or A Form 990, Part IV, line 6.	
	The second secon	(a) Donor advised 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 writing that the	he assets held in donor advised	
	funds are the organization's property, subject to the organization's exclus		Yes No
6	Did the organization inform all grantees, donors, and donor advisors in w		
	only for charitable purposes and not for the benefit of the donor or donor		
			Yes No
P	art II Conservation Easements.		
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7,	
1	Purpose(s) of conservation easements held by the organization (check a	63 53	
	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically impo	ortant land area
	Protection of natural habitat	Preservation of a certified historic	c structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified conserve	ation contribution in the form of a conserva	ation
	easement on the last day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
С	Number of conservation easements on a certified historic structure include		
d			
	historic structure listed in the National Register	and the second of the second o	2d
3	Number of conservation easements modified, transferred, released, extir	nguished, or terminated by the organization	n during the
	tax year ▶		
4	Number of states where property subject to conservation easement is loc	cated >	
5	Does the organization have a written policy regarding the periodic monitor	oring, inspection, handling of	()
	violations, and enforcement of the conservation easements it holds?	a #5515194161941618-2000-000-000-000-000-00	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of	violations, and enforcing conservation ease	ements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handling of violat	ions, and enforcing conservation easemer	nts during the year
	► \$		
8	Does each conservation easement reported on line 2(d) above satisfy the	e requirements of section 170(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation easemer		
	balance sheet, and include, if applicable, the text of the footnote to the or	ganization's financial statements that desc	cribes the
	organization's accounting for conservation easements.	044	Olivella v Annada
P	art III Organizations Maintaining Collections of Art, Complete if the organization answered "Yes" on F	Historical Treasures, or Other t	Similar Assets.
-			lanas albant
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not		
	works of art, historical treasures, or other similar assets held for public ex		anoo oi
	public service, provide, in Part XIII, the text of the footnote to its financial		a sheet
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to remarks of art, birtheir all transpures, as a those similar passes hold for public or		
	works of art, historical treasures, or other similar assets held for public ex	ATHORIOTI, EQUICATION, OF TESEARCH IN TURNING	unos vi
	public service, provide the following amounts relating to these items:		▶ \$
	(i) Revenue included on Form 990, Part VIII, line 1		D
_		ther similar assets for financial gain, provide	
2	If the organization received or held works of art, historical treasures, or o		oc tile
	following amounts required to be reported under SFAS 116 (ASC 958) re		> \$
a			\$
	Assets included in Form 990, Part X		LILLUS Y

Sched	ule D (Form 990) 2016 BREWERY	ARTS	CENTER				51-0183	567		Page 2
Par		ng Colle	ections of	Art, His	torical T	reasures, or	Other Sim	ilar Assets	continuec	1)
	Using the organization's acquisition, access collection items (check all that apply):									
a [Public exhibition		d \square	Loan or e	xchange pro	ograms				
ь	Scholarly research									
c	Preservation for future generations		• 1	011101 220				SHANGLIGHT		
	Provide a description of the organization's c	ollections	and explain h	ow they fi	urther the or	ganization's exer	not purpose ir	Part		
	XIII.	Onconono	and oxplain			3 4				
	During the year, did the organization solicit o	or receive	donations of	art histori	ical treasure	s. or other similar	r			
	assets to be sold to raise funds rather than t								Yes	X No
	t IV Escrow and Custodial A			101110	9					1
	Complete if the organization	on answ	ered "Yes"	on For	m 990. Pa	art IV, line 9, o	or reported	an amount o	n Form	
	990, Part X, line 21.				,					
1a	Is the organization an agent, trustee, custod	ian or oth	er intermediar	rv for cont	ributions or	other assets not				
	included on Form 990, Part X?								Yes	No
	If "Yes," explain the arrangement in Part XIII	and com	plete the follo							
				ŭ					Amount	
С	Beginning balance							1c		
	Additions during the year									
	Distributions during the year									
	Ending balance							1 40 1		
	Did the organization include an amount on F								Yes	No
	If "Yes," explain the arrangement in Part XII									
	t V Endowment Funds.			32000-011	Alina	role sarah n				
	Complete if the organization	on answ	vered "Yes"	on For	m 990, Pa	art IV, line 10.				
			Current year		Prior year	(c) Two years I		Three years back	(e) Four ye	ears back
1a	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and									
	longon									
	Grants or scholarships									
	Other expenditures for facilities and									
)								
	programs Administrative expenses	-								
	End of year balance									
2	Provide the estimated percentage of the cui	rent vear	end balance ((line 1a c	olumn (a)) h	eld as:				
	Board designated or quasi-endowment ▶			(
	Permanent endowment > %	6								
_	Temporarily restricted endowment ▶		%							
	The percentages on lines 2a, 2b, and 2c sh	ould equa	al 100%.							
	Are there endowment funds not in the posse			on that are	e held and a	dministered for th	ne		2	
	organization by:		5						Y	es No
						565456428786896456 - 86896456			3a(i)	
									3a(ii)	
	If "Yes" on line 3a(ii), are the related organiz	ations lis	ted as require	d on Sche	edule R?	(a) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c			3b	
	Describe in Part XIII the intended uses of th						*****	ntitiiniestoreim		1
	t VI Land, Buildings, and Eq	and the same of the same of the same of	THE RESERVE THE PERSON NAMED IN COLUMN TWO IS NOT THE PERSON NAMED IN COLUMN TWO IS NAMED IN COLUMN TWO I							
	Complete if the organization			on For	m 990, Pa	art IV, line 11a	a. See Forr	n 990, Part)	, line 10.	
	Description of property		(a) Cost or other b			r other basis	(c) Accumu		(d) Book va	lue
			(investment)		(0	lher)	depreciat	on		
1a	Land					4,792				4,792
	Buildings									
~ C	Leasehold improvements	9.42								
	Equipment									
	Other				1,	493,883	75	5,829	73	8,054
	Add lines 1a through 1e (Column (d) must		rm 990 Part X	Column				•		2,846

Schedule D (F	Form 990) 2016 BREWERY ARTS CENTE	R	51-0183567	Page 3
Part VII	Investments—Other Securities.		93	
, HINNEY CONTROL OF THE CONTROL OF T	Complete if the organization answered "Yes	s" on Form 990, Part IV, line	11b. See Form 990, Part X, lin	e 12.
,	(a) Description of security or calegory (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu	e -
(1) Financial	derivatives	21627		
(2) Closely-he	eld equity interests			
(3) Other	17.1 - 17.1 Con 19. 19. 19. 19. 19. 19. 19. 19. 19. 19.	1.1.4.4.9.1		
(A)		140000		
(B)		(1886)		
(C)		03341		
(D)		1495074		
(E)		11:1-11		
(F)		PICESI		
(G)		W. P. W.		
(H)	n (b) must equal Form 990, Part X, col. (B) line 12.)	111+41		
Part VIII	Investments—Program Related.			
Fait VIII	Complete if the organization answered "Yes	s" on Form 990 Part IV line	11c See Form 990, Part X, lin	e 13.
	(a) Description of investment	(b) Book value	(c) Method of valuation:	
	(-)	, ,	Cost or end-of-year market value	ie
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
_(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets. Complete if the organization answered "Yes	" on Form 990 Part IV line	11d See Form 990 Part X lin	e 15
	(a) Description			Book value
(1)	(a) Descripti	011	127	
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 15.)			
Part X	Other Liabilities.	III and Farma COO. Band IV. History	44 146 Can Farm 000 Da	-+ V
	Complete if the organization answered "Yes	s" on Form 990, Paπ IV, line	Tie or Tif. See Form 990, Pa	π,
-	line 25.	(h) Doots water		DE OFFICE AND A STREET
1.	(a) Description of liability	(b) Book value		
-	income taxes ORMANCE HALL	199,326		
Time!	1-8121	9,696		
	LOAN 9953	9,331		
(5) PAYR		2,528		
(6)				
(7)				
(8)				
(0)				

220,881

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶

Pa			— • • • • • • • • • • • • • • • • • • •	
	rt XI Reconciliation of Revenue per Audited Financial S		ie per Return.	
_	Complete if the organization answered "Yes" on Form		14	
1	Total revenue, gains, and other support per audited financial statements			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	2a		
a	Net unrealized gains (losses) on investments	Calabata at a la company and a		
b	Donated services and use of facilities	2c 2c		
C	Recoveries of prior year grants	11111111111		
d	Other (Describe in Part XIII.)		2e	
e	Add lines 2a through 2d		32.20.32.00.3.00 See See See See See See See See See S	
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1900 Paul (A14) 410 A16 Paul (A1	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b		1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
c		arindrania to manage	4c	
5	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
	nt XII Reconciliation of Expenses per Audited Financial	Statements With Exper	ses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a.	•	
1			1	
2	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	1 1		
c	Other losses			
d	Other (Describe in Part XIII.)			
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	FOR COOCH BODG PARKET BARELET NO SING PARK		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
b c	Add lines 4a and 4b			
с _5	Add lines 4a and 4b Total expenses, Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18</i>			
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Int XIII Supplemental Information.		5	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Int XIII Supplemental Information. de 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	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Int XIII Supplemental Information.	Part IV, lines 1b and 2b; Part V	, line 4; Part X, line	
5 Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Int XIII Supplemental Information. de 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 rovide any additional informatio	, line 4; Part X, line n.	21 0 14 K1 101020AA
c 5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V rovide any additional informatio	, line 4; Part X, line n.	
c 5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V rovide any additional informatio	, line 4; Part X, line n.	
c 5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V rovide any additional informatio	, line 4; Part X, line n.	
c 5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Int XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V rovide any additional informatio	, line 4; Part X, line n.	
c 5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V rovide any additional informatio	, line 4; Part X, line n.	
c 5 Pa Provi 2; Pa	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18 Int XIII Supplemental Information. de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; It XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to p	Part IV, lines 1b and 2b; Part V rovide any additional informatio	, line 4; Part X, line n.	
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Schedule D (F	orm 990) 2016	BREWERY AR	TS CENTER		51-01835	67	Page 5
Part XIII	Supplement	al Information (d	continued)				
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SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No. 1545-0047 2016

Open to Public

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Inspection

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization 51-0183567 BREWERY ARTS CENTER FORM 990, PART I, LINE 6 ARTISTS, COMMUNITY MEMBERS, CHILDREN, ETC. BAC MEMBERS CONDUCT BAC ACTIVITIES AND THE COMMUNITY ENJOYS THEM. FORM 990, PART III, LINE 3 PUBLIC TELEVISION STATION NO LONGER A FUNCTION OF THE CENTER FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT PROVIDE A COMMUNITY GATHERING PLACE AND FACILITIES TO ENHANCE LOCAL COMMUNICATION FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990, PART IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION FUNDRAISING PROGRAM SERVICE MGT & GENERAL TAX & CITY PERMITS BANK 65

MEALS

Schedule O (Form 990 or 990-EZ) (2016) Name of the organization Employer identification number 51-0183567 BREWERY ARTS CENTER 587 DUES 997 MARKETING 1,062 **FEES** 2,009 INTEREST 2,918 THEATRICAL RIGHTS 3,315 / REPAIRS BUILDING MAINTENACE 4,217 4,225 OTHER 10,340 CONCESSIONS 12,339 SUPPLIES 19,104 INSURANCE 23,648 INSTRUCTORS 25,977 UTILITIES 34,379

PAGE 2 OF 2

Form 4562

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

▶ Information about Form 4562 and its separate instructions is at www.irs.gov/form4562.

OMB No. 1545-0172

Attachment Sequence No

Name(s) shown on return

BREWERY ARTS CENTER

Identifying number

51-0183567 Business or activity to which this form relates INDIRECT DEPRECIATION Election To Expense Certain Property Under Section 179 Part I Note: If you have any listed property, complete Part V before you complete Part I 500,000 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,010,000 3 3 Threshold cost of section 179 property before reduction in limitation (see instructions) 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (c) Elected cost 6 Listed property. Enter the amount from line 29 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2015 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 (see instructions) 11 12 Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11 Carryover of disallowed deduction to 2017. Add lines 9 and 10, less line 12 Note: Don't use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Special depreciation allowance for qualified property (other than listed property) placed in service 4,160 14 during the tax year (see instructions) 15 Property subject to section 168(f)(1) election Other depreciation (including ACRS) MACRS Depreciation (Don't include listed property.) (See instructions.) Section A 36,823 17 MACRS deductions for assets placed in service in tax years beginning before 2016 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B—Assets Placed in Service During 2016 Tax Year Using the General Depreciation System (c) Basis for depreciation (b) Month and year (d) Recovery (business/investment use (e) Convention (f) Method (a) Depreciation deduction (a) Classification of property placed in period only-see instructions) 19a 3-year property 200DB 831 4,159 5.0 HY b 5-year property C 7-year property 10-year property 15-year property 20-year property S/L 25 yrs. 25-year property S/L 27.5 yrs. MM Residential rental S/L property 27.5 yrs MM MM S/L Nonresidential real 39 yrs. property MM S/L Section C—Assets Placed in Service During 2016 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. b 12-year MM S/L 40-year 40 vrs Summary (See instructions.) 21 Listed property. Enter amount from line 28 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter 41,814

here and on the appropriate lines of your return. Partnerships and S corporations—see instructions

For assets shown above and placed in service during the current year, enter the

23

23

51-0183567 FYE: 6/30/2017

Federal Asset Report Form 990, Page 1

Asset	Description	Date I <u>n Service</u>	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
	r GDS Property:	1/01/17	0.210	v	4 150	5 HY 200DB	0	4,991
76	2017 ASSETS	1/01/17	8,319 8,319	Χ.	4,159 4,159	J 111 2001016		4,991
		=	0,517	:	1,103			
Prior	MACRS:					10 1777 077	5.000	0
1 2	office furniture office equipment	1/01/90 1/01/98	5,000 4,000			10 HY S/L 10 HY S/L	5,000 4,000	0
3	computers	1/01/99	6,000		6,000	5 HY S/L	6,000	0
4 5	office chair	7/21/01 5/09/02	200 1,088	X	200 762	7 HY S/L 5 HY S/L	200 1,088	0
6	computer scanner software	5/19/96	743	Λ	743	3 HY S/L	743	0
7	cell phones	2/01/07	813		813	5 HY S/L	813	0
8 12	phone system light board	12/18/07 1/01/91	6,509 4,500		6,509 4,500	7 HY S/L 10 HY S/L	6,509 4,500	0
14	sound equip	1/01/97	20,000		20,000	10 HY S/L	20,000	0
15	theater chairs	1/01/97	14,000			10 HY S/L 25 HY S/L	14,000 26,600	0 1,600
16 17	lighting curtains etc lighting	1/01/99 10/10/99	40,000 7,000			10 HY S/L	7,000	0
18	lighting board	1/01/99	4,000			10 HY S/L	4,000	0
19 20	sound equip	1/01/99 1/01/99	6,000 31,200			10 HY S/L 10 HY S/L	6,000 31,200	0
21	riser system theater chairs	1/01/99	6,000		6,000	10 HY S/L	6,000	0
22	pref hall building	11/01/01	770,659		770,659	39 MM S/L 7 HY S/L	247,933 50,000	19,760 0
23 24	pref hall furnishings riser system	11/01/01 3/27/02	50,000 2,543		50,000 2,543	7 HY S/L	2,543	0
25	pref hall improvments	4/21/03	2,841		2,841	39 MM S/L	961	72
26	video media systems	12/20/04 6/01/05	3,245 97,049		3,245 97,049	7 HY S/L 15 HY S/L	3,245 71,655	6,4 7 0
27 28	pref hall seating pref hall improvements	6/30/05	4,582		4,582	39 MM S/L	1,289	118
29	parking lot overlay	8/18/05	22,500		22,500	15 HY S/L	15,750	1,500
30 31	pref hall imp outdoor storage containers	1/01/06 1/14/06	104,646 2,000			39 MM S/L 10 HY S/L	28,061 2,000	2,683
32	seating	4/30/06	1,710		1,710	10 HY S/L	1,710	0
33	dvd player	5/01/06 9/29/06	142 15,200		142 15,200	5 HY S/L 7 HY S/L	142 15,200	0
34 35	kitchen equipment chairs outdoor festival	9/29/06	2,315		2,315	7 HY S/L	2,315	0
36	carpet green room	9/29/06	634		634	7 HY S/L	634	0
37 38	kitchen remodel acctv remodel	12/14/06 1/01/07	11,125 5,513		11,125 5.513	39 MM S/L 39 MM S/L	2,721 1,335	285 141
39	computers broadcast system	2/09/07	26,562		26,562	7 HY S/L	26,562	0
40	hood upstairs kitchen	6/25/07 1/01/08	2,036 9,170		2,036	7 HY S/L 39 MM S/L	2,036 1,988	0 236
42 43	building improvements tables	1/01/08	9,170		96	7 HY S/L	96	0
45	computer imac 20 intel	4/16/08	1,551	77	1,551	5 HY S/L	1,551	0
47 48	acety microphones drain line sediment interrupt	6/18/08 5/06/09	750 1,600	X X	375 930	7 HY S/L 15 HY S/L	643 670	0 62
49	site improvements	11/30/08	118,538		118,538	39 MM S/L	23,174	3,040
50	furniture	12/31/08 12/31/08	5,100 809	X X	2,550 404	7 HY 200DB 7 HY S/L	5,100 637	0
51 52	acctv equipment brewery building black box	3/17/10	900	X	450	10 HY S/L	458	45
53	100 stack chairs 2 tables	7/10/09	1,660	X	830		831	83
54 55	acctv camera acctv projector	4/02/10 6/01/10	605 482	X X	302 241	5 HY S/L 5 HY S/L	485 384	0
56	acety projector	6/01/10	614	X	307	5 HY S/L	491	0
57	main building admin area	1/11/10	1,637	X	1,035		602 376	69 0
58 59	pref hall exit lights audio equip	10/15/09 9/15/10	468 579	X X	234 246		333	35
60	acctv audio equip	7/23/10	315	X	157	7 HY S/L	182	22
61 63	projector refinance costs	2/18/11 6/08/11	1,460 1,175	X X	619 351	7 HY S/L 5 HY S/L	841 824	88
64	computer MAC pacificmacs	8/15/11	1,455	X	68	5 HY 200DB	1,387	68
65	oak curios cabinet	5/17/12	300	X X	150 417		225 778	30 57
66 67	computers newegg computer MacBook terry	4/16/12 8/01/12	835 500	X X	250		414	57 57
68	easels	6/16/13	291	X	145	7 HY 200DB	200	26
69 70	DVD recorder	8/01/12 3/20/14	172 990	X X	86 495	5 HY 200DB 7 HY 200DB	142 774	20 61
70	Toplighting square cc processing equip	3/14/14	318	X	159		272	19

51-0183567 FYE: 6/30/2017

Federal Asset Report Form 990, Page 1

Asset 72 73 74	iPAD Cress Kiln misc equip	Date In Service 3/20/14 3/26/14 1/01/13	536 405 898 1,436,564	Bus %	Sec 179Bonus X X X	Basis for Depr 268 202 449 1,423,104	PerConv Meth 5 HY 200DB 15 HY 150DB 5 HY 200DB	Prior 459 249 704 665,015	31 16 129 36,823
Other 9 10 11 13 41 46 77	Depreciation: rehersal pianos lighting pottery equipment no asset no asset LAND Total Other Depreciation	1/01/80 1/01/80 1/01/80 1/01/91 1/01/08 6/01/08 1/01/01	4,000 20,000 25,000 2,396 0 2,396 53,792			4,000 20,000 25,000 2,396 0 2,396 53,792	10 MO S/L 10 MO S/L 0 Land 39 Memo 0 HY 0 Land	4,000 20,000 25,000 0 0 0 49,000	0 0 0 0 0 0 0
	Total ACRS and Other Depre Grand Totals Less: Dispositions and Transfe Less: Start-up/Org Expense Net Grand Totals		1,498,675 0 0 1,498,675			53,792 1,481,055 0 0 1,481,055		714,015 0 0 714,015	41,814 0 0 41,814

51-0183567 FYE: 6/30/2017

AMT Asset Report Form 990, Page 1

		D-4-		Due Coe	Pania			
Accat	Description	Date In Service	Cost	Bus Sec % 179Bonus	Basis for Depr	PerConv Meth	Prior	Current
Asset	Description	III OCIVICO	0031	<u> </u>	101 2001			-
5-year	GDS Property:			7.	7871.50	5 111/200DD	0	4.001
76	2017 ASSETS	1/01/17	8,319	X .	4,159	5 HY 200DB	0	4,991
			8,319		4,159		0	4,991
		=						
	MACRS:	1/01/00	6,000		6,000	5 HY 150DB	6,000	0
3	computers office chair	1/01/99 7/21/01	6,000 200		200	7 HY S/L	200	ŏ
5	computer scanner	5/09/02	1,088	X	762	5 HY S/L	1,088	0
6	software	5/19/96	743		743	3 HY S/L	743	0
7	cell phones	2/01/07	813		813	5 HY S/L	813	0
8	phone system	12/18/07	6,509		6,509 4,500	7 HY S/L 10 HY S/L	6,509 4,500	0
12 14	light board	1/01/91 1/01/97	4,500 20,000		20,000		20,000	ő
15	sound equip theater chairs	1/01/97	14,000		14,000	10 HY S/L	14,000	0
16	lighting curtains etc	1/01/99	40,000		40,000	25 HY S/L	27,933	1,600
17	lighting	10/10/99	7,000		7,000		7,000	0
18	lighting board	1/01/99	4,000		4,000		4,000 6,000	0
19	sound equip	1/01/99 1/01/99	6,000 31,200		6,000 31,200		31,200	0
20 21	riser system theater chairs	1/01/99	6,000		6,000		6,000	0
22	pref hall building	11/01/01	770,659		770,659	39 MM S/L	289,747	19,761
23	pref hall furnishings	11/01/01	50,000		50,000	7 HY S/L	50,000	0
24	riser system	3/27/02	2,543		2,543	7 HY S/L 39 MM S/L	2,543 962	0 73
25	pref hall improvments	4/21/03 12/20/04	2,841 3,245		2,841 3,245	7 HY S/L	3,245	0
26 27	video media systems pref hall seating	6/01/05	97,049		97,049		74,404	6,470
28	pref hall improvements	6/30/05	4,582		4,582	39 MM S/L	1,289	118
29	parking lot overlay	8/18/05	22,500		22,500		15,750	1,500
30	pref hall imp	1/01/06	104,646		2,000	39 MM S/L 10 HY S/L	28,062 2,000	2,683
31 32	outdoor storage containers seating	1/14/06 4/30/06	2,000 1,710		1,710		1,710	0
33	dvd player	5/01/06	142		142	5 HY S/L	142	0
34	kitchen equipment	9/29/06	15,200		15,200		15,200	0
35	chairs outdoor festival	9/29/06	2,315		2,315	7 HY S/L 7 HY S/L	2,315 634	0
36	carpet green room	9/29/06 12/14/06	634 11,125		634 11,125		2,721	285
37 38	kitchen remodel acety remodel	1/01/07	5,513		5,513		1,337	141
39	computers broadcast system	2/09/07	26,562		26,562	7 HY S/L	26,562	0
40	hood upstairs kitchen	6/25/07	2,036		2,036		2,036	0
42	building improvements	1/01/08	9,170		9,170		1,988 96	236
43	tables	1/22/08 4/16/08	96 1,551		96 1,551	5 HY S/L	1,551	0
45 47	computer imac 20 intel acctv microphones	6/18/08	750		750		750	Ö
48	drain line sediment interrupt	5/06/09	1,600	X	800	15 HY S/L	1,200	53
49	site improvements	11/30/08	118,538			39 MM S/L	22,596	2,964
50	furniture	12/31/08	5,100 809	X X	2,550 404		5,100 809	0
51 52	acctv equipment brewery building black box	12/31/08 3/17/10	900	X		10 HY S/L	743	45
53	100 stack chairs 2 tables	7/10/09	1,660	X		10 HY S/L	1,370	83
54	acctv camera	4/02/10	605	X	302		605	0
55	acctv projector	6/01/10	482	X	241		482 614	0
56	accty portable PA	6/01/10 1/11/10	614 1,637	X X	307	15 HY S/L	1,173	55
57 58	main building admin area pref hall exit lights	10/15/09	468	X	234		468	0
59	audio equip	9/15/10	579	X	0	7 HY S/L	579	0
60	acctv audio equip	7/23/10	315	X	157		281	23
61	projector	2/18/11	1,460	X	0		1,460 1,175	0
63	refinance costs	6/08/11 8/15/11	1,175 1,455	X X	0		1,173	0
64 65	computer MAC pacificmacs oak curios cabinet	5/17/12	300	X	150		225	30
66	computers newegg	4/16/12	835	X	417	5 HY 200DB	811	24
67	computer MacBook terry	8/01/12	500	X	250		457	29
68	easels	6/16/13	291	X X	145 86		246 157	13 10
69	DVD recorder	8/01/12 3/20/14	172 990	X X	80 495		774	61
70 71	Toplighting square cc processing equip	3/14/14	318	X	159		272	19
72	iPAD	3/20/14	536	X	268		459	31
73	Cress Kiln	3/26/14	405	X	202	15 HY 150DB	249	16

11:30 AM

BAC BREWERY ARTS CENTER

51-0183567 FYE: 6/30/2017

AMT Asset Report Form 990, Page 1

Asset 74	Description misc equip	Date In Service 1/01/13	Cost 898 1,427,564	Bus %	Sec 179Bonus X	Basis for Depr 449 1,412,848	PerConv Meth 5 HY 200DB	Prior 704 705,494	Current 129 36,452
Other 1 2 9 10 11 13 41 46 77	Depreciation: office furniture office equipment rehersal pianos lighting pottery equipment no asset no asset LAND	1/01/90 1/01/98 1/01/80 1/01/80 1/01/80 1/01/91 1/01/08 6/01/08 1/01/01	0 0 0 0 0 0 0 0			0 0 0 0 0 0 0 0 0	0 HY 0 HY 0 HY 0 HY 0 HY 0 HY 0 Memo 0 HY 0 HY	0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0
	Total Other Depreciation Total ACRS and Other Depre Grand Totals Less: Dispositions and Transfe Net Grand Totals		1,435,883 0 1,435,883			1,417,007 0 1,417,007		705,494 0 705,494	0 41,443 0 41,443

BAC BREWERY ARTS CENTER 51-0183567 Bonus Depreciation Report

FYE: 6/30/2017

Asset	Property Description	Date In Service	Tax Cost	Bus Pct	Tax Sec 179 Exp	Current Bonus	Prior Bonus	Tax - Basis for Depr
Activi	ty: Form 990, Page 1							
	computer scanner acctv microphones drain line sediment interrupt furniture acctv equipment brewery building black box 100 stack chairs 2 tables acctv camera acctv projector acctv portable PA main building admin area pref hall exit lights audio equip acctv audio equip projector refinance costs computer MAC pacificmacs oak curios cabinet computers newegg computer MacBook terry easels DVD recorder Toplighting square cc processing equip iPAD Cress Kiln	5/09/02 6/18/08 5/06/09 12/31/08 12/31/08 3/17/10 7/10/09 4/02/10 6/01/10 1/11/10 10/15/09 9/15/10 7/23/10 2/18/11 6/08/11 8/15/11 5/17/12 4/16/12 8/01/12 6/16/13 8/01/12 3/20/14 3/14/14	1,088 750 1,600 5,100 809 900 1,660 605 482 614 1,637 468 579 315 1,460 1,175 1,455 300 835 500 291 172 990 318 536 405		0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	326 375 670 2,550 405 450 830 303 241 307 602 234 333 158 841 824 1,387 150 418 250 146 86 495 159 268 203	762 375 930 2,550 404 450 830 302 241 307 1,035 234 246 157 619 351 68 150 417 250 145 86 495 159 268 202
74 76	misc equip 2017 ASSETS	1/01/13 1/01/17	898 8,319			4,160	449	449
		Form 990, Page 1 Grand Total	34,261		0	4,160	13,460	16,641

11:30 AM

BAC BREWERY ARTS CENTER

51-0183567 FYE: 6/30/2017

Depreciation Adjustment Report All Business Activities

AMT Adjustments/ **AMT** Preferences Description Tax Form Unit Asset **MACRS Adjustments:** 0 computers Page 1 0 0 0 Page 1 office chair 0 5 computer scanner 0 Page 1 0 0 0 Page 1 software 0 0 cell phones Page 1 0 8 0 0 phone system Page 1 0 0 0 Page 1 12 light board 14 sound equip 0 0 Page 1 0 0 0 Page I 15 theater chairs 0 16 17 lighting curtains etc 1,600 1,600 Page 1 0 0 0 lighting Page 1 0 0 lighting board 18 0 Page 1 0 0 0 19 sound equip Page 1 0 0 0 Page 1 20 riser system 0 21 theater chairs Page 1 -1 22 19,760 19,761 pref hall building Page 1 23 24 25 0 pref hall furnishings Page 1 0 0 0 0 Page 1 riser system -1 73 pref hall improvments 72 Page 1 26 27 0 0 video media systems Page 1 6,470 6,470 0 Page 1 pref hall seating 0 Page 1 28 pref hall improvements 118 118 1,500 0 29 1,500 parking lot overlay Page 1 0 30 pref hall imp 2,683 Page 1 2,683 0 31 outdoor storage containers Page I 0 0 0 Page I 32 seating 0 0 33 dvd player 0 Page 1 kitchen equipment 0 34 0 Page 1 0 0 0 Page 1 35 chairs outdoor festival 0 36 0 0 carpet green room Page 1 0 285 285 Page 1 37 kitchen remodel 0 38 acctv remodel 141 141 Page 1 0 0 0 39 computers broadcast system Page 1 0 0 Page 1 40 hood upstairs kitchen 0 0 42 building improvements 236 236 Page 1 0 0 0 Page 1 43 tables 0 45 47 Page 1 computer imac 20 intel 0 0 0 0 0 acctv microphones Page 1 9 53 48 drain line sediment interrupt 62 Page 1 76 49 site improvements 3,040 2,964 Page 1 0 0 50 0 Page 1 furniture 0 Page 1 51 acctv equipment 0 52 45 0 brewery building black box 45 Page 1 0 83 53 100 stack chairs 2 tables 83 Page I 0 54 0 Page 1 acctv camera 0 0 0 55 Page I acctv projector 56 57 0 Page 1 acctv portable PA 0 0 main building admin area 69 55 14 Page 1 0 0 0 58 pref hall exit lights Page I 59 audio equip 35 0 35 Page 1 -1 22 23 60 acctv audio equip Page 1 88 0 61 projector Page 1 0 0 0 Page 1 63 refinance costs 68 0 Page I computer MAC pacificmacs 68 64 65 oak curios cabinet 30 30 0 Page 1 33 24 57 66 computers newegg Page 1 28 29 57 67 computer MacBook terry Page 1 13 13 68 26 Page 1 easels 10 10 Page 1 69 DVD recorder 20 0 70 61 61 Page 1 Toplighting 0 19 Page 1 71 square cc processing equip 19 0 72 31 Page 1 iPAD 31 16 0 16 Page 1 73 Cress Kiln 0 Page 1 74 129 129 misc equip 4,991 76 **2017 ASSETS** 4,991 Page 1

BAC BREWERY ARTS CENTER 51-0183567 Depreciation Adjustment Report

11:30 AM

FYE: 6/30/2017

All Business Activities

AMT Preferences Description Tax Form Unit Asset 371 41,443 41,814

AMT Adjustments/

51-0183567

FYE: 6/30/2017

Future Depreciation Report FYE: 6/30/18

Form 990, Page 1

Date In Tax AMT Description Service Asset Cost **Prior MACRS:** 5,000 office furniture 1/01/90 0 0 1/01/98 4,000 2 office equipment 0 3 1/01/99 6,000 0 computers 0 200 0 office chair 7/21/01 5 computer scanner 1,088 0 5/09/02 0 0 software 5/19/96 743 0 2/01/07 813 cell phones 6,509 0 8 12/18/07 0 phone system 0 12 light board 1/01/91 4,500 0 14 15 20,000 0 0 1/01/97 sound equip 1/01/97 0 0 theater chairs 14,000 16 lighting curtains etc 1/01/99 40,000 1,600 1,600 7,000 10/10/99 0 0 17 lighting 18 lighting board 1/01/99 4,000 0 0 1/01/99 19 0 6,000 sound equip 0 31,200 20 21 22 23 24 25 26 27 28 29 30 riser system 1/01/99 0 1/01/99 6,000 0 theater chairs 11/01/01 19,761 19,760 770,659 pref hall building pref hall furnishings 11/01/01 50,000 0 0 3/27/02 2,543 0 0 riser system 73 73 pref hall improvments 4/21/03 2,841 video media systems 12/20/04 3,245 0 97,049 6,470 6,470 pref hall seating 6/01/05 pref hall improvements 6/30/05 4,582 117 117 22,500 1.500 1,500 parking lot overlay 8/18/05 2,683 2,684 pref hall imp 1/01/06 104,646 31 32 outdoor storage containers 2,000 0 1/14/06 1,710 0 0 4/30/06 seating 33 dvd player 5/01/06 142 0 0 34 0 0 9/29/06 15,200 kitchen equipment 35 0 0 chairs outdoor festival 9/29/06 2,315 36 9/29/06 0 0 carpet green room 634 285 285 37 12/14/06 11,125 kitchen remodel 38 39 acctv remodel 1/01/07 5,513 142 142 2/09/07 26,562 0 0 computers broadcast system 0 0 40 hood upstairs kitchen 6/25/07 2,036 42 43 1/01/08 9,170 235 235 building improvements 0 96 0 1/22/08 tables 45 47 1,551 computer imac 20 intel 4/16/08 0 0 750 0 6/18/08 0 acctv microphones 54 drain line sediment interrupt 58 48 5/06/09 1,600 49 site improvements 11/30/08 118,538 3,039 2,963 0 0 50 12/31/08 5,100 furniture 51 52 0 acctv equipment 12/31/08 809 0 brewery building black box 900 45 45 3/17/10 53 83 83 100 stack chairs 2 tables 7/10/09 1,660 54 55 4/02/10 605 0 0 acctv camera 0 0 6/01/10 482 acctv projector 0 56 acctv portable PA 6/01/10 614 0 57 54 1/11/10 1,637 64 main building admin area 0 0 58 pref hall exit lights 10/15/09 468 59 9/15/10 579 31 0 audio equip 23 76 60 315 11 acctv audio equip 7/23/10 projector 61 2/18/11 1,460 0 1,175 0 0 6/08/11 refinance costs 63 0 0 64 computer MAC pacificmacs 8/15/11 1,455 65 oak curios cabinet 5/17/12 300 30 30 0 0 835 66 computers newegg 4/16/12 29 67 computer MacBook terry 8/01/12 500 14 291 26 13 68 6/16/13 easels 69 DVD recorder 8/01/12 172 10 70 71 72 73 3/20/14 990 45 45 Toplighting 18 18 318 square cc processing equip 3/14/14 iPAD 3/20/14 536 31 31 405 14 14 Cress Kiln 3/26/14 74 misc equip 2017 ASSETS 65 1/01/13 898 65 76 1/01/17 8,319 1,331 1,331

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BAC BREWERY ARTS CENTER

51-0183567

Future Depreciation Report FYE: 6/30/18
Form 990, Page 1

FYE: 6/30/2017

Asset	Description	Date In Service	Cost 1,444,883	Tax	AMT 37,642
Other I	Depreciation:				
9 10	rehersal pianos lighting	1/01/80 1/01/80	4,000 20,000	0	0
11	pottery equipment	1/01/80	25,000	ő	ŏ
13	no asset	1/01/91	2,396	0	0
41	no asset	1/01/08	0	0	0
46	no asset	6/01/08	2 206	0	0
77	LAND	1/01/01	2,396		
	Total Other Depreciation		53,792	0	0
	Total ACRS and Other Depreciation		53,792	0	0
	Grand Totals		1,498,675	37,884	37,642

Form **990**

19. Occupancy, rent, utilities, and maintenance

22. Total expenses. Add lines 13 through 21

23. Excess or (Deficit). Subtract line 22 from line 12

30. Number of voting members of governing body

31. Number of independent voting members of governing body

20. Depreciation and Depletion

21. Other expenses

27. Total assets

28. Total liabilities

29. Retained earnings

32. Number of employees

33. Number of volunteers

24. Total exempt revenue

25. Total unrelated revenue

26. Total excludable revenue

Two Year Comparison Report

For calendar year 2016, or tax year beginning

07/01/16

06/30/17

2015 & 2016

4,339

117,112

215,571

332,683

86,716

119,390 -49,119

168,509

Name

ending Taxpayer Identification Number

41,814

434,621

129,601

564,222

246,911

853,129

220,881

632,248

8

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E	BREWERY ARTS CENTER			51-018	33567
			2015	2016	Differences
	1. Contributions, gifts, grants	1,		314,400	314,400
	2. Membership dues and assessments	2.	6,000	2,911	-3,089
	3. Government contributions and grants	3.	65,344	·	-65,344
Ð	4. Program service revenue	4.	160,195	246,043	85,848
n u	5. Investment income	5.		868	868
>	6. Proceeds from tax exempt bonds	6.			
R e	7. Net gain or (loss) from sale of assets other than inventory	7.			
_	8. Net income or (loss) from fundraising events	8.			
	9. Net income or (loss) from gaming	9.			
	10. Net gain or (loss) on sales of inventory	10.			
	11. Other revenue	11.			
	12. Total revenue. Add lines 1 through 11	12.	231,539	564,222	332,683
	13. Grants and similar amounts paid	13.			
	14. Benefits paid to or for members	14.			
Ø	15. Compensation of officers, directors, trustees, etc.	15.			
Se	16. Salaries, other compensation, and employee benefits	16.			
eп	17. Professional fundraising fees	17.			
Q.	18. Other professional fees	18.	280,034	392,807	112,773

19.

20. 21.

22.

23.

24. 25.

26.

27.

28.

29.

30.

31. 32. 37,475

317,509

-85,970

231,539

160,195

733,739

270,000

463,739

8

100

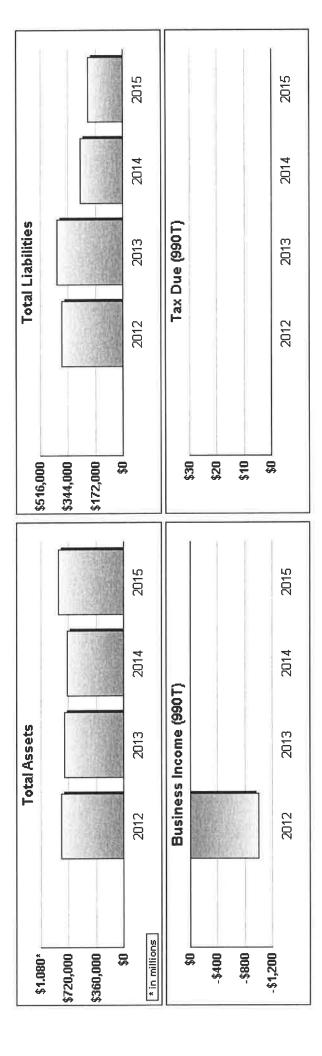
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		Tax Re	Tax Return History			2016
Name BREWERY ARTS CENTER	IS CENTER				Employer S1-0	Employer Identification Number 51-0183567
	2012	2013	2014	2015	2016	2017
Contributions, gifts, grants		169,794	141,792	65,344	314,400	
Membership dues		15,102	4,308	6,000	2,911	
Program service revenue		232,558	108,464	160,195	246,043	
Capital gain or loss						
Investment income					898	
Fundraising revenue (income/loss)						
Gaming revenue (income/loss)						
Other revenue						
Total revenue		417,454	254,564	231,539	564,222	
Grants and similar amounts paid					C	
Benefits paid to or for members						
Compensation of officers, etc.						
Other compensation						
Professional fees		446,783	289,710	280,034	392,807	
Occupancy costs						
Depreciation and depletion		44,392	38,910	37,475	41,814	
Other expenses						
Total expenses		491,175	328,620	317,509	434,621	
Excess or (Deficit)		-73,721	-74,056	-85,970	129,601	
Total exempt revenue		417,454	254,564	231,539	564,222	
Total unrelated revenue		- 1				
Total excludable revenue			108,464			
Total Assets		813,392	169,606	733,739	853,129	
Total Liabilities		381,700	411,970	270,000		
		431 692	357 636	987 597	632 248	

Form 990T				Tax Retu	Tax Return History				2016
Name	BREWERY ARTS	CENTER					Ш	Employer Identification Number 51-0183567	ation Number 567
		2012	2	2013	2014	2015	2016		2017
Business activity profit/loss	loss								
Capital gains/losses	17 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0								
Partner and S Corp gain/loss	in/loss								
Rental income*									
Debt-financed income"									
Controlled organizations income/interest*	ncome/interest*								
Investment income, specific organizations*	ic organizations*								
Exploited exempt activity income*	ity income*								
Other income									
Total trade or business income.	ss income.								
Compensation of officers, ect.	ers, ect.								
Other salaries and wages									
Repairs and maintenance	-Joe								
Bad debts	, A								
Interest									
Taxes and licenses									
Charitable contributions	S								
Depreciation and Depletion	etion								
Deferred compensation plans Employee benefit programs	n plans rams								
\$393,000	Contr	Contributions			\$720,000	Exempt R	Exempt Revenue (Loss)		
4262 000					¢400 000				
\$202,000				THE COLUMN	#400,000			he he	The state of
\$131,000		The second second		C. Sanda C.	\$240,000	Section of the last	Co. and Co. and Co.		
ξŪ		STATE OF STA	and an expension in		5		· · · · · · · · · · · · · · · · · · ·		が見る
2	2012	2013	2014	2015	2	2012	2013 2	2014	2015
\$615.000	Expenses	_Deductions	<u> </u>		\$170.000	Net Exe	Net Exempt Revenue		
0 00					\$05 DOO				13
\$410,000					000,000				STATE OF THE PARTY
\$205,000					0\$				
0\$		The state of the s	17 18 18 18 18 18 18 18 18 18 18 18 18 18		-\$85,000				
	2012	2013	2014	2015		2012	2013 2	2014	2015

Form 990T		Tax Re	Tax Return History			2016
Name BREWERY AL	BREWERY ARTS CENTER				Emp	Employer Identification Number 51-0183567
	2012	2013	2014	2015	2016	2017
Other deductions						
Net operating loss deduction						
Specific deduction		1,000				
Income after expense and deductions		-1,000				
Income tax (corporate or trust)						
Other taxes						
Total taxes						
General business credit						
Other credits						
Net tax after credits						
Estimated tax payments						
Other payments						
Balance due/Overpayment						B
#860 + 00 000 F						

^{*} Income shown net of expenses



BAC BREWERY ARTS CENTER 51-0183567	Federal State	eral Statements		11:30 AM
FYE: 6/30/2017	\ \frac{1}{2}			
Form 990,	Form 990, Part IX, Line 11g - Other Fees for Service (Non-employee)	ees tor Service (Non-	employee)	
Description	Total Expenses	Program Service	Management & General	Fund Raising
TAX & CITY PERMITS BANK MEALS DUES MARKETING LICENSES/ COPYRIGHT FEES INTEREST THEATRICAL RIGHTS BUILDING MAINTENACE / REPAIRS EQUIPMENT RENT OTHER CONCESSIONS SUPPLIES INSTRUCTORS UTILITIES ARTIST PAYROLL EVENT COST CONTRACT LABOR TOTAL	\$ 65 65 10,062 2009	\$ 53 65 65 65 70 10 10 10 10 10 10 10 10 10		

11:30 AM			
	\$ 32,963 -1,000 \$ 31,963	\$ 40,868 4,502 19,710 148,000 \$ 213,080	\$ 868 \$ \$ \$ 868
Federal Statements	Schedule A, Part II, Line 9(e) Description	Schedule A, Part II, Line 10(e) Description	Schedule A, Part II, Line 12 - Current year Description D TEMPORARY CASH INVESTMENTS
BAC BREWERY ARTS CENTER 51-0183567 FYE: 6/30/2017	FACILITY USE LESS: DEDUCTIONS TOTAL	ART CLSAA FEES CONSESSION EVENT TOTAL	TAXABLE INTEREST ON SAVINGS AND TOTAL