

Form

990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2018

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.

Department of the Treasury
Internal Revenue ServiceOpen to Public
Inspection**A** For the 2018 calendar year, or tax year beginning **07/01/18**, and ending **06/30/19**

B Check if applicable:	C Name of organization BREWERY ARTS CENTER	D Employer identification number 51-0183567
<input type="checkbox"/> Address change	Doing business as	
<input type="checkbox"/> Name change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite
<input type="checkbox"/> Initial return	449 W KING ST	E Telephone number 775-883-1976
<input type="checkbox"/> Final return/ terminated	City or town, state or province, country, and ZIP or foreign postal code	
<input type="checkbox"/> Amended return	CARSON CITY NV 89703	G Gross receipts \$ 507,365
<input type="checkbox"/> Application pending	F Name and address of principal officer: MIKE WIENCEK	

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) () (insert no.) ☐ 4947(a)(1) or ☐ 527**J** Website: **BREWERYARTS.ORG****H(c)** Group exemption number **1975****K** Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other **Part I Summary****L** Year of formation: **1975** **M** State of legal domicile: **NV****1** Briefly describe the organization's mission or most significant activities:

PROVIDE AND PROMOTE PROGRAMS/ACTIVITIES TO FURTHER ARTS AND CULTURAL AWARENESS AND OPPORTUNITIES IN CARSON CITY AND NORTHERN NEVADA AND CALIFORNIA. TO BRING THE COMMUNITY TOGETHER THROUGH THE ARTS.

2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	3	0
3 Number of voting members of the governing body (Part VI, line 1a)	4	0
4 Number of independent voting members of the governing body (Part VI, line 1b)	5	0
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	6	0
6 Total number of volunteers (estimate if necessary)	7a	0
7a Total unrelated business revenue from Part VIII, column (C), line 12	7b	0
b Net unrelated business taxable income from Form 990-T, line 38		

Revenue	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	115,625	156,226
9 Program service revenue (Part VIII, line 2g)	263,732	349,243
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	508	1,896
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	20,152	0
12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	400,017	507,365
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0
14 Benefits paid to or for members (Part IX, column (A), line 4)		0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0
16a Professional fundraising fees (Part IX, column (A), line 11e)		0
b Total fundraising expenses (Part IX, column (D), line 25) 0	508,573	504,085
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	508,573	504,085
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	-108,556	3,280
19 Revenue less expenses. Subtract line 18 from line 12	Beginning of Current Year	End of Year
	724,401	622,484
20 Total assets (Part X, line 16)	208,326	103,129
21 Total liabilities (Part X, line 26)	516,075	519,355
22 Net assets or fund balances. Subtract line 21 from line 20		

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer GINA HILL	Date 05/3/2020
	Type or print name and title JOHN F. MCKENNA	Preparer's signature JOHN F. MCKENNA, CPA
		Date 05/13/2020
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Part III **Statement of Program Service Accomplishments**Check if Schedule O contains a response or note to any line in this Part III ☒**1** Briefly describe the organization's mission:

PROVIDE AND PROMOTE PROGRAMS/ACTIVITIES TO FURTHER ARTS AND CULTURAL AWARENESS AND OPPORTUNITIES IN CARSON CITY AND NORTHERN NEVADA AND CALIFORNIA

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? ☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? ☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 384,400 including grants of \$) (Revenue \$ 349,243)
THEATRICAL AND MUSICAL EVENTS ARE PRESENTED THROUGHOUT THE YEAR PROVIDING OPPORTUNITIES FOR COMMUNITY MEMBERS PARTICIPATION, ENJOYMENT, AND EXPOSURE TO VARIOUS ART FORMS AND ARTISTS. THEATRICAL PRODUCTIONS INCLUDING CHILDRENS THEATER. ART CLASSES AND CHILDRENS ART PROGRAMS ARE ALSO HELD OFTEN.

4b (Code:) (Expenses \$ 83,414 including grants of \$) (Revenue \$)
PROVIDE A COMMUNITY GATHERING PLACE AND FACILITIES TO ENHANCE LOCAL PARTICIPATION IN THE ARTS AND COMMUNITY SPIRIT

4c (Code:) (Expenses \$) including grants of \$) (Revenue \$)
N/A

4d Other program services (Describe in Schedule O.)	
(Expenses \$ 36,271 including grants of \$) (Revenue \$)	
4e Total program service expenses 504,085	

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," <i>complete Schedule A</i>	1	X
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	2	X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," <i>complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," <i>complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," <i>complete Schedule C, Part III</i>	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," <i>complete Schedule D, Part I</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," <i>complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," <i>complete Schedule D, Part III</i>	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," <i>complete Schedule D, Part IV</i>	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," <i>complete Schedule D, Part V</i>	10	X
11 If the organization's answer to any of the following questions is "Yes," then complete <i>Schedule D, Parts VI, VII, VIII, IX, or X</i> as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," <i>complete Schedule D, Part VI</i>	11a	X
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," <i>complete Schedule D, Part VII</i>	11b	X
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," <i>complete Schedule D, Part VIII</i>	11c	X
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," <i>complete Schedule D, Part IX</i>	11d	X
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," <i>complete Schedule D, Part X</i>	11e	X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," <i>complete Schedule D, Part X</i>	11f	X
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," <i>complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," <i>and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b	X
13 Is the organization a school described in section 170(b)(1)(A)(iii)? If "Yes," <i>complete Schedule E</i>	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," <i>complete Schedule F, Parts I and IV</i>	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," <i>complete Schedule F, Parts II and IV</i>	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," <i>complete Schedule F, Parts III and IV</i>	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," <i>complete Schedule G, Part I</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," <i>complete Schedule G, Part II</i>	18	X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," <i>complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? If "Yes," <i>complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," <i>complete Schedule I, Parts I and II</i>	21	X

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>		X
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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a.</i>	24a	X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c	
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>	25a	X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>	25b	X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>	26	X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>	27	X
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):	28a	X
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28b	X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>	28c	X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>	29	X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	30	X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>	31	X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>	32	X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>	33	X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>	34	X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	35a	X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35b	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	36	X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>	37	X
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? <i>If "Yes," complete Schedule R, Part VI.</i>	38	X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.		

Part V**Statements Regarding Other IRS Filings and Tax Compliance**Check if Schedule O contains a response or note to any line in this Part V ☐

	Yes	No
1a Enter the number reported in Box 3 of Form 1099. Enter -0- if not applicable.	1a	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	

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

	Yes	No
2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a	2b	
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	
Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X
b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b	
4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	X
b If "Yes," enter the name of the foreign country. ►		
See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	X
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b	X
c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	
6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a	X
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b	
7 Organizations that may receive deductible contributions under section 170(c).		
a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X
b If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c	X
d If "Yes," indicate the number of Forms 8282 filed during the year 7d	7d	
e 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 contract?	7f	X
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	X
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	X
8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8	
9 Sponsoring organizations maintaining donor advised funds.		
a Did the sponsoring organization make any taxable distributions under section 4966?	9a	
b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	
10 Section 501(c)(7) organizations. Enter:		
a 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	
11 Section 501(c)(12) organizations. Enter:		
a Gross income from members or shareholders	11a	
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	
13 Section 501(c)(29) qualified nonprofit health insurance issuers.		
a Is the organization licensed to issue qualified health plans in more than one state?	13a	
Note. See the instructions for additional information the organization must report on Schedule O.		
b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b	
c Enter the amount of reserves on hand	13c	
14a Did the organization receive any payments for indoor tanning services during the tax year?	14a	X
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	
15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?	15	X
If "Yes," see instructions and file Form 4720, Schedule N.		
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16	X
If "Yes," complete Form 4720, Schedule O.		

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.Check if Schedule O contains a response or note to any line in this Part VI ☐**Section A. Governing Body and Management**

	1a	1b	Yes	No
1a Enter the number of voting members of the governing body at the end 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.				
b Enter the number of voting members included in line 1a, above, who are independent				
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?				X
3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?				X
4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?				X
5 Did the organization become aware during the year of a significant diversion of the organization's assets?				X
6 Did the organization have members or stockholders?				X
7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?				X
b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?				X
8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a The governing body?			X	
b Each committee with authority to act on behalf of the governing body?			X	
9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O.				X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

	10a	10b	10c	10d	10e	10f	10g	10h	10i	10j	10k	10l	10m	10n	10o	10p	10q	10r	10s	10t	10u	10v	10w	10x	10y	10z	10aa	10ab	10ac	10ad	10ae	10af	10ag	10ah	10ai	10aj	10ak	10al	10am	10an	10ao	10ap	10aq	10ar	10as	10at	10au	10av	10aw	10ax	10ay	10az	10ba	10bb	10bc	10bd	10be	10bf	10bg	10bh	10bi	10bj	10bk	10bl	10bm	10bn	10bo	10bp	10bq	10br	10bs	10bt	10bu	10bv	10bw	10bx	10by	10bz	10ca	10cb	10cc	10cd	10ce	10cf	10cg	10ch	10ci	10cj	10ck	10cl	10cm	10cn	10co	10cp	10cq	10cr	10cs	10ct	10cu	10cv	10cw	10cx	10cy	10cz	10da	10db	10dc	10dd	10de	10df	10dg	10dh	10di	10dj	10dk	10dl	10dm	10dn	10do	10dp	10dq	10dr	10ds	10dt	10du	10dv	10dw	10dx	10dy	10dz	10ea	10eb	10ec	10ed	10ee	10ef	10eg	10eh	10ei	10ej	10ek	10el	10em	10en	10eo	10ep	10eq	10er	10es	10et	10eu	10ev	10ew	10ex	10ey	10ez	10fa	10fb	10fc	10fd	10fe	10ff	10fg	10fh	10fi	10fj	10fk	10fl	10fm	10fn	10fo	10fp	10fq	10fr	10fs	10ft	10fu	10fv	10fw	10fx	10fy	10fz	10ga	10gb	10gc	10gd	10ge	10gf	10gg	10gh	10gi	10gj	10gk	10gl	10gm	10gn	10go	10gp	10gq	10gr	10gs	10gt	10gu	10gv	10gw	10gx	10gy	10gz	10ha	10hb	10hc	10hd	10he	10hf	10hg	10hh	10hi	10hj	10hk	10hl	10hm	10hn	10ho	10hp	10hq	10hr	10hs	10ht	10hu	10hv	10hw	10hx	10hy	10hz	10ia	10ib	10ic	10id	10ie	10if	10ig	10ih	10ii	10ij	10ik	10il	10im	10in	10io	10ip	10iq	10ir	10is	10it	10iu	10iv	10iw	10ix	10iy	10iz	10ja	10jb	10jc	10jd	10je	10jf	10jg	10jh	10ji	10jj	10jk	10jl	10jm	10jn	10jo	10jp	10jq	10jr	10js	10jt	10ju	10jv	10jw	10jx	10jy	10jz	10ka	10kb	10kc	10kd	10ke	10kf	10kg	10kh	10ki	10kj	10kk	10kl	10km	10kn	10ko	10kp	10kq	10kr	10ks	10kt	10ku	10kv	10kw	10kx	10ky	10kz	10la	10lb	10lc	10ld	10le	10lf	10lg	10lh	10li	10lj	10lk	10ll	10lm	10ln	10lo	10lp	10lq	10lr	10ls	10lt	10lu	10lv	10lw	10lx	10ly	10lz	10ma	10mb	10mc	10md	10me	10mf	10mg	10mh	10mi	10mj	10mk	10ml	10mm	10mn	10mo	10mp	10mq	10mr	10ms	10mt	10mu	10mv	10mw	10mx	10my	10mz	10na	10nb	10nc	10nd	10ne	10nf	10ng	10nh	10ni	10nj	10nk	10nl	10nm	10nn	10no	10np	10nq	10nr	10ns	10nt	10nu	10nv	10nw	10nx	10ny	10nz	10oa	10ob	10oc	10od	10oe	10of	10og	10oh	10oi	10oj	10ok	10ol	10om	10on	10oo	10op	10oq	10or	10os	10ot	10ou	10ov	10ow	10ox	10oy	10oz	10pa	10pb	10pc	10pd	10pe	10pf	10pg	10ph	10pi	10pj	10pk	10pl	10pm	10pn	10po	10pp	10pq	10pr	10ps	10pt	10pu	10pv	10pw	10px	10py	10pz	10qa	10qb	10qc	10qd	10qe	10qf	10qg	10qh	10qi	10qj	10qk	10ql	10qm	10qn	10qo	10qp	10qq	10qr	10qs	10qt	10qu	10qv	10qw	10qx	10qy	10qz	10ra	10rb	10rc	10rd	10re	10rf	10rg	10rh	10ri	10rj	10rk	10rl	10rm	10rn	10ro	10rp	10rq	10rr	10rs	10rt	10ru	10rv	10rw	10rx	10ry	10rz	10sa	10sb	10sc	10sd	10se	10sf	10sg	10sh	10si	10sj	10sk	10sl	10sm	10sn	10so	10sp	10sq	10sr	10ss	10st	10su	10sv	10sw	10sx	10sy	10sz	10ta	10tb	10tc	10td	10te	10tf	10tg	10th	10ti	10tj	10tk	10tl	10tm	10tn	10to	10tp	10tq	10tr	10ts	10tt	10tu	10tv	10tw	10tx	10ty	10tz	10ua	10ub	10uc	10ud	10ue	10uf	10ug	10uh	10ui	10uj	10uk	10ul	10um	10un	10uo	10up	10uq	10ur	10us	10ut	10uu	10uv	10uw	10ux	10uy	10uz	10va	10vb	10vc	10vd	10ve	10vf	10vg	10vh	10vi	10vj	10vk	10vl	10vm	10vn	10vo	10vp	10vq	10vr	10vs	10vt	10vu	10vv	10vw	10vx	10vy	10vz	10wa	10wb	10wc	10wd	10we	10wf	10wg	10wh	10wi	10wj	10wk	10wl	10wm	10wn	10wo	10wp	10wq	10wr	10ws	10wt	10wu	10wv	10ww	10wx	10wy	10wz	10xa	10xb	10xc	10xd	10xe	10xf	10fg	10fh	10fi	10fj	10fk	10fl	10fm	10fn	10fo	10fp	10fq	10fr	10fs	10ft	10fu	10fv	10fw	10fx	10fy	10fz	10ga	10gb	10gc	10gd	10ge	10gf	10gg	10gh	10gi	10gj	10gk	10gl	10gm	10gn	10go	10gp	10gq	10gr	10gs	10gt	10gu	10gv	10gw	10gx	10gy	10gz	10ha	10hb	10hc	10hd	10he	10hf	10hg	10hh	10hi	10hj	10hk	10hl	10hm	10hn	10ho	10hp	10hq	10hr	10hs	10ht	10hu	10hv	10hw	10hx	10hy	10hz	10ia	10ib	10ic	10id	10ie	10if	10ig	10ih	10ii	10ij	10ik	10il	10im	10in	10io	10ip	10iq	10ir	10is	10it	10iu	10iv	10iw	10ix	10iy	10iz	10ja	10jb	10jc	10jd	10je	10jf	10jg	10jh	10ji	10jj	10jk	10jl	10jm	10jn	10jo	10jp	10jq	10jr	10js	10jt	10ju	10jv	10jw	10jx	10jy	10jz	10ka	10kb	10kc	10kd	10ke	10kf	10kg	10kh	10ki	10kj	10kk	10kl	10km	10kn	10ko	10kp	10kq	10kr	10ks	10kt	10ku	10kv	10kw	10kx	10ky	10kz	10la	10lb	10lc	10ld	10le	10lf	10lg	10lh	10li	10lj	10lk	10ll	10lm	10ln	10lo	10lp	10lq	10lr	10ls	10lt	10lu	10lv	10lw	10lx	10ly	10lz	10ma	10mb	10mc	10md	10me	10mf	10mg	10mh	10mi	10mj	10mk	10ml	10mm	10mn	10mo	10mp	10mq	10mr	10ms	10mt	10mu	10mv	10mw	10mx	10my	10mz	10na	10nb	10nc	10nd	10ne	10nf	10ng	10nh	10ni	10nj	10nk	10nl	10nm	10nn	10no	10np	10nq	10nr	10ns	10nt	10nu	10nv	10nw	10nx	10ny	10nz	10oa	10ob	10oc	10od	10oe	10of	10og	10oh	10oi	10oj	10ok	10ol	10om	10on	10oo	10op	10oq	10or	10os	10ot	10ou	10ov	10ow	10ox	10oy	10oz	10pa	10pb	10pc	10pd	10pe	10pf	10pg	10ph	10pi	10pj	10pk	10pl	10pm	10pn	10po	10pp	10pq	10pr	10ps	10pt	10pu	10pv	10pw	10px	10py	10pz	10qa	10qb	10qc	10qd	10qe	10qf	10qg	10qh	10qi	10qj	10qk	10ql	10qm	10qn	10qo	10qp	10qq	10qr	10qs	10qt	10qu	10qv	10qw	10qx	10qy	10qz	10ra	10rb	10rc	10rd	10re	10rf	10rg	10rh	10ri	10rj	10rk	10rl	10rm	10rn	10ro	10rp	10rq	10rr	10rs	10rt	10ru	10rv	10rw	10rx	10ry	10rz	10sa	10sb	10sc	10sd	10se	10sf	10sg	10sh	10si	10sj	10sk	10sl	10sm	10sn	10so	10sp	10sq	10sr	10ss	10st	10su	10sv	10sw	10sx	10sy	10sz	10ta	10tb	10tc	10td	10te	10tf	10tg	10th	10ti	10tj	10tk	10tl	10tm	10tn	10to	10tp	10tq	10tr	10ts	10tt	10tu	10tv	10tw	10tx	10ty	10tz	10ua	10ub	10uc	10ud	10ue	10uf	10ug	10uh	10ui	10uj	10uk	10ul	10um	10un	10uo	10up	10uq	10ur	10us	10ut	10uu	10uv	10uw	10ux	10uy	10uz	10va	10vb	10vc	10vd	10ve	10vf	10vg	10vh	10vi	10vj	10vk	10vl	10vm	10vn	10vo	10vp	10vq	10vr	10vs	10vt	10vu	10vv	10vw	10vx	10vy	10vz	10wa	10wb	10wc	10wd	10we	10wf	10wg	10wh	10wi	10wj	10wk	10wl	10wm	10wn	10wo	10wp	10wq	10wr	10ws	10wt	10wu	10wv	10ww	10wx	10wy	10wz	10xa	10xb	10xc	10xd	10xe	10xf	10fg	10fh	10fi	10fj	10fk	10fl	10fm	10fn	10fo	10fp	10fq	10fr	10fs	10ft	10fu	10fv	10fw	10fx	10fy	10fz	10ga	10gb	10gc	10gd	10ge	10gf	10gg	10gh	10gi	10gj	10gk	10gl	10gm	10gn	10go	10gp	10gq	10gr	10gs	10gt	10gu	10gv	10gw	10gx	10gy	10gz	10ha	10hb	10hc	10hd	10he	10hf	10hg	10hh	10hi	10hj	10hk	10hl	10hm	10hn	10ho	10hp	10hq	10hr	10hs	10ht	10hu	10hv	10hw	10hx	10hy	10hz	10ia	10ib	10ic	10id	10ie	10if	10ig	10ih	10ii	10ij	10ik	10il	10im	10in	10io	10ip	10iq	10ir	10is	10it	10iu	10iv	10iw	10ix	10iy	10iz	10ja	10jb	10jc	10jd	10je	10jf	10jg	10jh	10ji	10jj	10jk	10jl	10jm	10jn	10jo	10jp	10jq	10jr	10js	10jt	10ju	10jv	10jw	10jx	10j
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Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent ContractorsCheck 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.

☒ 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 related organizations below dotted line)	(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 (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee			
(1) MIKE WIENCEK	0.00 0.00	X					0	0	0
(2) GINA HILL	0.00 0.00	X					0	0	0
(3) KEN FARLEY	0.00 0.00	X					0	0	0
(4) MICHELLE NADALIN	0.00 0.00	X					0	0	0
(5) BENJAMIN STEELE	0.00 0.00	X					0	0	0
(6) MELANIE TIEFFIN	0.00 0.00	X					0	0	0
(7) JON ROGERS	0.00 0.00	X					0	0	0
(8) KAREN LENTZ-FEITH	0.00 0.00	X					0	0	0
(9) KURT MEYER	0.00 0.00	X					0	0	0
(10) DIRECTOR	0.00 0.00	X					0	0	0
(11)									

Part VIII **Statement of Revenue**Check if Schedule O contains a response or note to any line in this Part VIII ☐

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts					
1a Federated campaigns	1a				
b Membership dues	1b				
c Fundraising events	1c	9,902			
d Related organizations	1d				
e Government grants (contributions)	1e				
f All other contributions, gifts, grants, and similar amounts not included above	1f	146,324			
g Noncash contributions included in lines 1a-1f:		\$			
h Total. Add lines 1a-1f:		156,226			
Program Service Revenue					
2a EVENT	Busn. Code				
b FACILITY USE		167,439			167,439
c CONCESSION		57,874			57,874
d CAFE REVENUE		46,809			46,809
e CLASS FEES		41,869			41,869
f All other program service revenue		26,903			26,903
g Total. Add lines 2a-2f:		8,349			8,349
3 Investment income (including dividends, interest, and other similar amounts)		349,243			
4 Income from investment of tax-exempt bond proceeds		1,896	1,896		
5 Royalties					
6a Gross rents	(i) Real				
b Less: rental exps.	(ii) Personal				
c Rental inc. or (loss)					
d Net rental income or (loss)					
7a Gross amount from sales of assets other than inventory	(i) Securities				
b Less: cost or other basis & sales exps.	(ii) Other				
c Gain or (loss)					
d Net gain or (loss)					
8a Gross income from fundraising events (not including \$ of contributions reported on line 1c). See Part IV, line 18					
b Less: direct expenses	a				
c Net income or (loss) from fundraising events	b				
9a Gross income from gaming activities. See Part IV, line 19					
b Less: direct expenses	a				
c Net income or (loss) from gaming activities	b				
10a Gross sales of inventory, less returns and allowances	a				
b Less: cost of goods sold	b				
c Net income or (loss) from sales of inventory					
Miscellaneous Revenue					
11a	Busn. Code				
b					
c					
d All other revenue					
e Total. Add lines 11a-11d					
12 Total revenue. See instructions.		507,365	1,896	0	349,243

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line in this Part IX ☒**Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.**

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising 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 individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	2,025	2,025		
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	465,789	465,789		
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 Payments to affiliates				
22 Depreciation, depletion, and amortization	36,271	36,271		
23 Insurance				
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.)				
a				
b				
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	504,085	504,085		
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part X. ☐

	(A) Beginning of year	(B) End of year
Assets		
1 Cash—non-interest bearing		
2 Savings and temporary cash investments	11,451	
3 Pledges and grants receivable, net		
4 Accounts receivable, net		
5 Loans and other receivables from current and former officers, directors, 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		
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 other basis. Complete Part VI of Schedule D	1,487,960	
10b Less: accumulated depreciation	865,476	
11 Investments—publicly traded securities	701,574	622,484
12 Investments—other securities. See Part IV, line 11		
13 Investments—program-related. See Part IV, line 11		
14 Intangible assets		
15 Other assets. See Part IV, line 11	11,376	
16 Total assets. Add lines 1 through 15 (must equal line 34)	724,401	622,484
17 Accounts payable and accrued expenses	1,842	
18 Grants payable		
19 Deferred revenue		
20 Tax-exempt bond liabilities		
21 Escrow or custodial account liability. Complete Part IV of Schedule D		
22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		
23 Secured mortgages and notes payable to unrelated third parties		
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 of Schedule D		
26 Total liabilities. Add lines 17 through 25	206,484	103,129
Organizations that follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and		
27 complete lines 27 through 29, and lines 33 and 34.		
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 <input checked="" type="checkbox"/> and		
30 complete lines 30 through 34.		
30 Capital stock or trust principal, or current funds		
31 Paid-in or capital surplus, or land, building, or equipment fund	516,075	519,355
32 Retained earnings, endowment, accumulated income, or other funds	516,075	519,355
33 Total net assets or fund balances	724,401	622,484
34 Total liabilities and net assets/fund balances		

Reconciliation of Net Assets

1

1	Total revenue (must equal Part VIII, column (A), line 12)	1	507,365
2	Total expenses (must equal Part IX, column (A), line 25)	2	504,085
3	Revenue less expenses. Subtract line 2 from line 1	3	3,280
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	516,075
5	Net unrealized gains (losses) on investments	5	
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	519,355

Financial Statements and Reporting

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1	<p>Accounting method used to prepare the Form 990: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other _____</p> <p>If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.</p>
2a	<p>Were the organization's financial statements compiled or reviewed by an independent accountant?</p> <p>If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>
b	<p>Were the organization's financial statements audited by an independent accountant?</p> <p>If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:</p> <p><input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis</p>
c	<p>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.</p>
3a	<p>As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?</p>
b	<p>If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.</p>

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2018

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

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

Name of the organization

BREWERY ARTS CENTER

Employer identification number

51-0183567

Part Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
2 ☐ A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state:
5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
6 ☒ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
7 ☒ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
8 ☐ A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
9 ☐ An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university:
10 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
11 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
12 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes 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.

- a ☐ **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 supporting organization. **You must complete Part IV, Sections A and B.**
b ☐ **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
c ☐ **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
d ☐ **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
e ☐ Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
f Enter the number of supported organizations
g Provide the following information about the supported organization(s).

	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1–10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
				Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)							
Total							

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

Schedule A (Form 990 or 990-EZ) 2018

Part II**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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	146,100	71,344	317,311	115,625	156,226	806,606
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	146,100	71,344	317,311	115,625	156,226	806,606
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						806,606

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	146,100	71,344	317,311	115,625	156,226	806,606
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	58,532	348,243	438,738
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10			213,080	204,200		417,280
12 Gross receipts from related activities, etc. (see instructions)						1,662,624
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						22,556

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	48.51%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	62.19%

16a **33 1/3% support test—2018.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b **33 1/3% support test—2017.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a **10%-facts-and-circumstances test—2018.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b **10%-facts-and-circumstances test—2017.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ☐

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.

If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) 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						
c 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's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2018 (line 8, column (f), divided by line 13, column (f)) 15 %

16 Public support percentage from 2017 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f)) 17 %

18 Investment income percentage from 2017 Schedule A, Part III, line 17 18 %

19a **33 1/3% support tests—2018.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

b **33 1/3% support tests—2017.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ☐

Part IV**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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
5a 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).	<input type="checkbox"/>	<input type="checkbox"/>
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?	<input type="checkbox"/>	<input type="checkbox"/>
5b	<input type="checkbox"/>	<input type="checkbox"/>
5c	<input type="checkbox"/>	<input type="checkbox"/>
6 Substitutions only. Was the substitution the result of an event beyond the organization's control?	<input type="checkbox"/>	<input type="checkbox"/>
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .	<input type="checkbox"/>	<input type="checkbox"/>
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	<input type="checkbox"/>	<input type="checkbox"/>
7	<input type="checkbox"/>	<input type="checkbox"/>
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).	<input type="checkbox"/>	<input type="checkbox"/>
8	<input type="checkbox"/>	<input type="checkbox"/>
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 .	<input type="checkbox"/>	<input type="checkbox"/>
9a	<input type="checkbox"/>	<input type="checkbox"/>
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 .	<input type="checkbox"/>	<input type="checkbox"/>
9b	<input type="checkbox"/>	<input type="checkbox"/>
c 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 .	<input type="checkbox"/>	<input type="checkbox"/>
9c	<input type="checkbox"/>	<input type="checkbox"/>
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.	<input type="checkbox"/>	<input type="checkbox"/>
10a	<input type="checkbox"/>	<input type="checkbox"/>
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.)	<input type="checkbox"/>	<input type="checkbox"/>
10b	<input type="checkbox"/>	<input type="checkbox"/>

Part IV Supporting Organizations (continued)

- 11** Has the organization accepted a gift or contribution from any of the following persons?
- a** A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?
- b** A family member of a person described in (a) above?
- c** 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.

	Yes	No
11a		
11b		
11c		

Section B. Type I Supporting Organizations

- 1** 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 organizations and what conditions or restrictions, if any, applied to such powers during the tax year.
- 2** 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, supervised, or controlled the supporting organization.

	Yes	No
1		
2		

Section C. Type II Supporting Organizations

- 1** 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).

	Yes	No
1		

Section D. All Type III Supporting Organizations

- 1** 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 organization's governing documents in effect on the date of notification, to the extent not previously provided?
- 2** Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in **Part VI** how the organization maintained a close and continuous working relationship with the supported organization(s).
- 3** 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 supported organizations played in this regard.

	Yes	No
1		
2		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

- 1** Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a** ☐ The organization satisfied the Activities Test. Complete line 2 below.
- b** ☐ The organization is the parent of each of its supported organizations. Complete line 3 below.
- c** ☐ The organization supported a governmental entity. Describe in **Part VI** how you supported a government entity (see instructions).

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 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 activities but for the organization's involvement.
- 3** Parent of Supported Organizations. Answer (a) and (b) below.
- a** Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in **Part VI**.
- b** 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.

	Yes	No
2a		
2b		
3a		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 1 ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

	(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1	
2 Recoveries of prior-year distributions	2	
3 Other gross income (see instructions)	3	
4 Add lines 1 through 3.	4	
5 Depreciation and depletion	5	
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7 Other expenses (see instructions)	7	
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount

	(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
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 greater amount, see instructions).	4	
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6 Multiply line 5 by .035.	6	
7 Recoveries of prior-year distributions	7	
8 Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount

	1	2	3	4	5	6	7	8	Current Year
1 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 A)	3								
4 Enter greater of line 2 or line 3.	4								
5 Income tax imposed in prior year	5								
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6								

- 7 ☐ Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes		
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity		
3	Administrative expenses paid to accomplish exempt purposes of supported 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 organization is responsive (provide details in Part VI). See instructions.		
9	Distributable amount for 2018 from Section C, line 6		
10	Line 8 amount divided by line 9 amount		
Section E - Distribution Allocations (see instructions)			
1	Distributable amount for 2018 from Section C, line 6	(i) Excess Distributions	(ii) Underdistributions Pre-2018
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required-explain in Part VI). See instructions.		(iii) Distributable Amount for 2018
3	Excess distributions carryover, if any, to 2018		
a	From 2013		
b	From 2014		
c	From 2015		
d	From 2016		
e	From 2017		
f	Total of lines 3a through e		
g	Applied to underdistributions of prior years		
h	Applied to 2018 distributable amount		
i	Carryover from 2013 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		
4	Distributions for 2018 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2018 distributable amount		
c	Remainder. Subtract lines 4a and 4b from 4.		
5	Remaining underdistributions for years prior to 2018, 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 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2019. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2014		
b	Excess from 2015		
c	Excess from 2016		
d	Excess from 2017		
e	Excess from 2018		

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

PART II, LINE 10 - OTHER INCOME DETAIL

OTHER INCOME

\$ 417,280

**SCHEDULE D
(Form 990)****Supplemental Financial Statements**

OMB No. 1545-0047

▶ 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.

Department of the Treasury
Internal Revenue Service**2018**
Open to Public Inspection

Name of the organization

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

Employer identification number

BREWERY ARTS CENTER**51-0183567****Part I****Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(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 assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II**Conservation Easements.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).	<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
	<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
	<input type="checkbox"/> Preservation of open space	
2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.		
a Total number of conservation easements		2a
b Total acreage restricted by conservation easements		2b
c Number of conservation easements on a certified historic structure included in (a)		2c
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register		2d
3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶		
4 Number of states where property subject to conservation easement is located ▶		
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶		
7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$		
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?		<input type="checkbox"/> Yes <input type="checkbox"/> No
9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.		

Part III**Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.**

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:	
(i) Revenue included on Form 990, Part VIII, line 1	▶ \$
(ii) Assets included in Form 990, Part X	▶ \$
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
a Revenue included on Form 990, Part VIII, line 1	▶ \$
b Assets included in Form 990, Part X	▶ \$

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- ☐ a Public exhibition ☐ d Loan or exchange programs
☐ b Scholarly research ☐ e Other
☐ c Preservation for future generations

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☒ No

Part IV Escrow and Custodial Arrangements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No
b If "Yes," explain the arrangement in Part XIII and complete the following table:

Amount	
1c	
1d	
1e	
1f	

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII.

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment %
c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

3a(i)	Yes	No
3a(ii)		
3b		

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				2,396
b Buildings		2,396		
c Leasehold improvements				
d Equipment				
e Other		1,485,564	865,476	620,088
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				622,484

Part VII Investments—Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		

Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶

Part VIII Investments—Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		

Total. (Column (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, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	103,129
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

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

103,129

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII ☐

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	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	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	

Part XIII Supplemental Information.

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

Part XIII Supplemental Information (continued)

Area with horizontal dotted lines for supplemental information.

SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.**2018**Department of the Treasury
Internal Revenue Service▶ Attach to Form 990 or 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.**Open to Public
Inspection**

Name of the organization

BREWERY ARTS CENTER

Employer identification number

51-0183567

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 4D - ALL OTHER ACCOMPLISHMENTS

DEPRECIATION

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

TOT/PROG SERVICE

MGT & GENERAL

FUNDRAISING

BANK FEES

\$	880	\$	0	\$	0
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BUILDING MAINTENANCE / REPAIRS

\$	8,844	\$	0	\$	0
----	-------	----	---	----	---

ARTIST FEES

\$	20,811	\$	0	\$	0
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CONCESSIONS

\$	14,219	\$	0	\$	0
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CONTRACT INSTRUCTORS

Name of the organization

Employer identification number

BREWERY ARTS CENTER**51-0183567**

\$	21,253	\$	0	\$	0
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CONTRACT LABOR

\$	8,190	\$	0	\$	0
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DUES

\$	1,379	\$	0	\$	0
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EQUIPMENT RENT

\$	5,999	\$	0	\$	0
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EVENT COST

\$	127,918	\$	0	\$	0
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FINANCE CHARGE

\$	116	\$	0	\$	0
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INSURANCE

\$	27,898	\$	0	\$	0
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INTEREST EXPENSE

\$	12,059	\$	0	\$	0
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LICENCE / COPYRIGHT FEES

\$	1,890	\$	0	\$	0
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MARKETING

\$	4,680	\$	0	\$	0
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OUTSIDE PROFESSIONAL SERVICES

\$	1,770	\$	0	\$	0
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PAYROLL PROCESSING

\$	865	\$	0	\$	0
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PAYROLL TAXES

\$	16,801	\$	0	\$	0
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PAYROLL- WAGES

\$	136,069	\$	0	\$	0
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Name of the organization

BREWERY ARTS CENTER

Employer identification number

51-0183567

PROPERTY TAX

\$	20	\$	0	\$	0
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SUPPLIES OFFICE

\$	4,604	\$	0	\$	0
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SUPPLIES OPERATIONS

\$	7,312	\$	0	\$	0
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THEATRICAL RIGHTS

\$	426	\$	0	\$	0
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UTILITIES WATER TRASH ETC.

\$	41,786	\$	0	\$	0
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TOTAL

\$	465,789	\$	0	\$	0
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Form **4562**

Depreciation and Amortization
(Including Information on Listed Property)
▶ Attach to your tax return.

OMB No. 1545-0172

2018

Department of the Treasury
Internal Revenue Service

▶ Go to www.irs.gov/Form4562 for instructions and the latest information.

Attachment
Sequence No. **179**

Name(s) shown on return

BREWERY ARTS CENTER

Identifying number
51-0183567

Business or activity to which this form relates

INDIRECT DEPRECIATION

Part I Election To Expense Certain Property Under Section 179

Note: If you have any listed property, complete Part V before you complete Part I.

	1	2	3	4	5	6	7	8	9	10	11	12
1	Maximum amount (see instructions)											
2	Total cost of section 179 property placed in service (see instructions)											
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											
6	(a) Description of property					(b) Cost (business use only)	(c) Elected cost					
7	Listed property. Enter the amount from line 29							7				
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7											
9	Tentative deduction. Enter the smaller of line 5 or line 8											
10	Carryover of disallowed deduction from line 13 of your 2017 Form 4562											
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5. See instructions											
12	Section 179 expense deduction. Add lines 9 and 10, but don't enter more than line 11											
13	Carryover of disallowed deduction to 2019. Add lines 9 and 10, less line 12							13				

Note: Don't use Part II or Part III below for listed property. Instead, use Part V.

Part II Special Depreciation Allowance and Other Depreciation (Don't include listed property. See instructions.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year. See instructions								14	
15	Property subject to section 168(f)(1) election								15	
16	Other depreciation (including ACRS)								16	

Part III MACRS Depreciation (Don't include listed property. See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2018								17		36,271
18	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 2018 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only—see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property			27.5 yrs.	MM	S/L	
				27.5 yrs.	MM	S/L	
i	Nonresidential real property			39 yrs.	MM	S/L	
					MM	S/L	

Section C—Assets Placed in Service During 2018 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	30-year			30 yrs.	MM	S/L	
d	40-year			40 yrs.	MM	S/L	

Part IV Summary (See instructions.)

21	Listed property. Enter amount from line 28		21	
22	Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations—see instructions		22	36,271
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23		

For Paperwork Reduction Act Notice, see separate instructions.

DAA

51-0183567

Depreciation Adjustment Report

FYE: 6/30/2019

All Business Activities

Form Unit Asset

Description

Tax

AMT

There are no assets that meet the criteria of this report

AMT
Adjustments/
Preferences