Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2017 Open to Public Inspection

OMB No. 1545-0047

▶ Do not enter social security numbers on this form as it may be made public. Internal Revenue Service

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

A For the 2017 calendar year, or tax year beginning 07/01/17, and ending 06/30/18

В	Check if applicable:	C Name of organization	D Employer	dentification number											
	Address change	BREWERY ARTS CENTER													
\equiv	Name change	Doing business as		183567											
$\overline{}$		Number and street (or P. D. box if mail is not delivered to street address) Room/suite	E Telephone	883-1976											
	Initial return	449 W KING ST City or town, state or province, country, and ZIP or foreign postal code	113	003 1970											
	Final return/ terminated		COD-14-10-11-11-11-11-11-11-11-11-11-11-11-11-	eipts \$ 400,017											
	Amended return	CARSON CITY NV 89703 F Name and address of principal officer:	G Gross rece	De de											
\equiv	Application pending	H(a) Is this a gr	oup return for st	ıbordinates? Yes X No											
Ш	Application pending	MIKE WIENCEK H(b) Are all sub	ordinales inclu	ded? Yes No											
		.,,,,,,		see instructions)											
_				•											
1_	Tax-exempt status	X 501(c)(3) 501(c) ()	2000 - F 000												
_		REWERYARTS . ORG H(c) Group exe X Corporation Trust Association Other L Year of formation: 1													
_	Form of organization	The state of the s	.915	M State of legal domicile: NV											
		ımmary													
		scribe the organization's mission or most significant activities: IDE AND PROMOTE PROGRAMS/ACTIVITIES TO FURTHER ARTS AND CULT	ITD A.T.												
çe															
nan	AWARENESS AND OPPORTUNITIES IN CARSON CITY AND NORTHERN NEVADA AND CALIFORNIA														
Activities & Governance	2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.														
Ĝ	1			8											
ంర		of voting members of the governing body (Part VI, line 1a)		8											
ties	4 Number	of independent voting members of the governing body (Part VI, line 1b)	- 4	12											
ti		nber of individuals employed in calendar year 2017 (Part V, line 2a)		500											
Ac		nber of volunteers (estimate if necessary)		0											
		elated business revenue from Part VIII, column (C), line 12		0											
_	b Net unrel	ated business taxable income from Form 990-T, line 34	7b	Current Year											
	0 0	31	7,311	115,625											
ne	I .	24	6,043	263,732											
/en	1	**************************************	868	508											
Revenue	.I	nt income (Part VIII, column (A), lines 3, 4, and 7d)	- 000	20,152											
		enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	4,222	400,017											
_			4,222	0											
		nd similar amounts paid (Part IX, column (A), lines 1–3)		0											
	1	paid to or for members (Part IX, column (A), line 4)		0											
es	15 Salaries,	other compensation, employee benefits (Part IX, column (A), lines 5–10)		0											
Expenses	16a Professio	nal fundraising fees (Part IX, column (A), line 11e)													
ďx	b Total fund	draising expenses (Part IX, column (D), line 25) ▶ 0	4 601	508,573											
ш	I I Other ext	(executives a market property of the control of the	4,621												
		10	4,621	508,573											
		less expenses. Subtract line 18 from line 12 Beginning of Cu	9,601	-108,556 End of Year											
Net Assets or Fund Balances	00 T 1 I	O.F.	3,129	724,401											
Ssel	20 Total ass	Control of the contro	0,881	208,326											
let A	21 Total liab	7 to 1 to	2,248	516,075											
		of Idria Balaricos, Cabildot III o 21 Holl III o 20	2,210	310/010											
		gnature Block		and the state of t											
U	nder penalties of	perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the be complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge	stormy kno e	wiedge and belier, it is											
	ue, correct, and co	infinite. Declaration of preparer (other trial officer) is based on all finonitation of finite property field any interiors													
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Sig	j'' [,											
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Paid	DOMA I	CAENNA	self-em	ployed P00136923											
	parer Firm's na		indis EUE	onv—											
USE	Only	POST OFFICE BOX 695		775-883-2908											
_	Firm's add	7000	Phone no.												
-		s this return with the preparer shown above? (see instructions)		X Yes No											
For	Paperwork Redu	ction Act Notice, see the separate instructions.		Form 990 (2017)											

Part III		Service Accomplishments			
	_	ntains a response or note to any	line in this Part III	·	X
PROVI	NESS AND OPPORTU	on: PROGRAMS/ACTIVITIES UNITIES IN CARSON CI			
prior Fo	organization undertake any signi rm 990 or 990-EZ? describe these new services on	ficant program services during the year w	hich were not listed on the		Yes X No
3 Did the services	organization cease conducting, o	or make significant changes in how it cond		HANGER TENERSTEINENSTREIST	Yes X No
4 Describ	es. Section 501(c)(3) and 501(c)	edule O., vice accomplishments for each of its thre (4) organizations are required to report the for each program service reported.			
OPPOR TO VA THEAT	TUNITIES FOR COM RIOUS ART FORMS RICAL PRODUCTION	213,057 including grants of AL EVENTS ARE PRESENT MUNITY MEMBERS PART AND ARTISTS. IS INCLUDING CHILDRED ORENS ART PROGRAMS A	TED THROUGHOUT ICIPATION, ENJO NS THEATER.	YMENT, AND I	
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4b (Code:) (Expenses \$	including grants or	•) (Nevenue V	Market and American
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ARTS	S OPEN FOR ALMOS	2,000 including grants of STORE FOR ARTISANS. ST 300 DAYS EACH YEALOCAL ARTS AND EXPOS	STORE IS OPERA R. OTHER LOCAT	CIONS IN THE	BREWERY
	rogram services (Describe in Scl		N Orm 1980	201,279	
(Expens	ses \$ 293,510 ogram service expenses ►	5 including grants of \$ 508,573) (Revenue \$	201,219	1
76 TOTAL DE	agrain solvice expenses	500,515			

P	art 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,"	. 1	х	
_	AND	1 2		x
2	the digarization required to complete deviation of contraction (contraction)	-	-	
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," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	,	-	
4		4		x
5	election in effect during the tax year? If "Yes," complete Schedule C, Part II Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	Ì		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
		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			
		6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	В	X	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	mana an ancompressivation entre	0	to i i i i	X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	1a	x	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	**************************************	1b		X
C	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			.,
	Transferences and the contract of the contract	1c	-	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		0	.
	DESCRIPTION OF THE PROPERTY OF	1d	х	X
e	to the accompanies of the contract of the cont	1e		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1f		x
42-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	"	-	-
12a	l .	2a		x
h	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year? If	-4		<u> </u>
U		2b		х
13		3		Х
14a		4a		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			
		4b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
		5		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	6		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	ACCOMPANIES OF THE PROPERTY OF	7		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
		8		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	9		<u> </u>

Checklist of Required Schedules (continued) Part IV Yes No X 20a 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or 21 21 X domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on X Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII. Section A, line 3, 4, or 5 about compensation of the 23 organization's current and former officers, directors, trustees, key employees, and highest compensated X employees? If "Yes," complete Schedule J 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b X through 24d and complete Schedule K. If "No," go to line 25a 24a 24b b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c to defease any tax-exempt bonds? 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit X transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? X 25b If "Yes," complete Schedule L, Part I Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any 26 current or former officers, directors, trustees, key employees, highest compensated employees, or X 26 disqualified persons? If "Yes," complete Schedule L, Part II 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 X entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 27 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): X A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete X 28b Schedule L, Part IV An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) 28c was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified X 30 conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, 31 X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," 32 X complete Schedule N, Part II 32 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations X 33 sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 X 34 or IV, and Part V, line 1 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a 35b controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable X 36 related organization? If "Yes," complete Schedule R, Part V, line 2 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, X 37 Part VI Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and X 19? Note. All Form 990 filers are required to complete Schedule O.

Form 990 (2017) BREWERY ARTS CENTER

Yes No Yes	Pa	Check if Schedule O contains a response or note to any line in this Part	٧	77777777777777777777777777	~~~	s e escal.	
be Enter the number of Fernis W-2S included in line 1s. Enter. 0. in oil applicable Obt the organization congrisy with suckup withholding usine for reprotable payments to vendors and reprotable garring (garming) wirelings to prace winners? Statements, field for the calendar year ending with or within the year covered by this roleum I state and in the calendar year ending with or within the year covered by this roleum I state and in reported on his 2s, did the organization life all required declared employment to returns? Note. The sum of lines 1s and 2s is greater han 250, you may be required to el-the (see Institutions) Note. The sum of lines 1s and 2s is greater han 250, you may be required to el-the (see Institutions) I life state or all field account in a level from the year? You for the organization have an interest in, or a signature or other authority over, a financial account in a level ground country (and the organization have an interest in, or a signature or other authority over, a financial account in a level ground country (and the organization have an interest in, or a signature or other authority over, a financial account in a level ground country (and the organization have an interest in, or a signature or other authority over, a financial account in a relevant production of the signature of other authority over, a financial account in a relevant production of the signature of other authority of the signature of the foreign country. See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). If Yes, a file the organization to the substitution of the signature of th			î d	1	[Second	Yes	No
to the arganization comply with beakup withholding rules for reportable payments to vendors and reportable gamming gamming with minings to prize withholding rules for reportable payments to vendors and reportable gamming gamming with minings to prize within the year covered by this return Table Payment Paym	1a			35			
Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Stements, Bled for the calendar year enting with or within the year covered by this return. If all least one is reported on 1 and 2, all did the organization file all required ceforal employment tax returns? Notal. If the sum of lines 1 and 2 is ig reader than 200, you may be required to e-file (see instructions) If Year, Final filed a Form 96-71 for the year? If Year be line 30, provide an explanation in 8-behale 0 If Year, Final filed a Form 96-71 for the year? If Year be line 30, provide an explanation in 8-behale 0 If Year, Final filed a Form 96-71 for the year? If Year be line 30, provide an explanation in 8-behale 0 If Year, Final filed a Form 96-71 for the year? If Year be line 30, provide an explanation in 8-behale 0 If Year, Final filed a Form 96-71 for the year? Year be a beak account, a contract of the financial Accounts (FEAR). If Year, Final filed a Form 96-71 for the year if Year be line 30, provide an explanation of the financial Accounts (FEAR). If Year, Final filed a Form 96-71 for the year if Year be line 30, provided an explanation of the filed	b		1b				176-12
Enter the number of employees reported on from WA3, Transmitted of Wage and Tax Statements, filed for the cale-dar's year and ingly with or within the year covered by this return I states on the importance in the 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to elder (see instructions) But the organization have unleaded bouriness gross concrete 31, 200 or more during the year? 3a	С						
Statements, fleef for the calendar year enting with or within the year covered by this return 2a 12 2b x	_				1C		
In the least one is reported on ine 2a, old the organization file at required to chile (see instructions) 20 30 30 30 30 30 30 30	2a			12			
Note. If this sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 30 If we're, * * have unrelated business gross income of \$1,000 or more during the year? 44 Alary line 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 45 If "Yes,* elicit the name of the foreign country. ▶ 56 If "Yes,* elicit the name of the foreign country (such as a bank account, securities account, or other financial 46 Azu yith a provided to the organization of heave as a bank account, securities accounts ("FBAR). 57 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 58 If "Yes,* line in 6 a rot, 5 did the organization that it was or is a party to a prohibited tax shelter transaction? 59 If "Yes,* did the organization have armual gross receipts that are normally greater than \$100,000, and did the organization have armual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax eductables as charitable contributions? 69 If "Yes,* did the organization include with every solicitation an express statement that such contributions or gifts were not tax eductables? 60 If yes,* did the organization receive a payment in excess of 375 made party as a contribution and party for goods 40 Azu yith a properties of the properties of the properties of the organization receive a payment in excess of 375 made party as a contribution and party for goods 41 Azu yith a properties of the organization receive a payment in excess of 375 made party as a contribution and party for goods 42 Azu yith and yith a properties of the organization receive any funds, directly or indirectly, to pay premium on a personal benefit contract? 42 Azu yith and yith a properties of the organization received a contribution				12	2h	x	
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? bif Yes," has it filed a Form 900-T for this year? if No** to fine 36, provides an explanation in Schedule O 4 At any time during the calendary 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 accounts over a financial account in a foreign country. 5 If Yes," either the name of the foreign country. 5 See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FIARA). 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization and party to a prohibited tax shelter transaction at any time during the tax year? 5 Was the organization have annual gross receipts that are normally greater than \$100,000, and did the organization rule with every solicitation an express statement that such contributions? 6 Was the organization rule with every solicitation an express statement that such contributions or pit were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 Did the organization rule with year organization and express statement that such contributions or party organization rule with year year. 9 Organization receive a payment in excess of \$75 made parity as a contribution and parity for goods and services provided to the payor? 10 Organization receive a payment in excess of \$75 made parity as a contribution on aparty for which it was required to the organization rule with year department, or otherwise dispose of langible personal property for which it was required to the form \$829 stream \$829 stream \$829 stream \$820 stream	D				20		
the Min'res, "has it field a Form 990-T for this year? If "No" to line 36, provide an explanation in Schedule O 44. At any time during the caendary year, and different or the result of the caendary year, and 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, escurities account)? 4a. X X B If "Yes," either the name of the foreign country. ► See instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FEAR). FEAR) 5b. Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5c. If "Yes to line 5a or 50, dot the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If "Yes to line 5a or 50, dot the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If "Yes to line 5a or 50, dot the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If "Yes to line 5a or 50, dot the organization that it was or is a party to a prohibited tax shelter transaction? 5c. If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization shelt went to account the every solicitation an express statement that such contributions or gifts were not tax deductible as chantiable contributions? 6c. If Yes, "did the organization receive an explication that the any receive deductible contributions under section 170(c). 7c. Organizations that may receive deductible contributions under section 170(c). 8d. If "Yes," did the organization sell exchange, or otherwise dispose of tangible personal property for which it was required to the payor? 7c. If Yes, "did the organization sell exchange, or otherwise dispose of tangible personal property for which it was required to the form 2822? 8d. If "Yes," did the organization sell exchange, or otherwise dispose of tangible personal property for which it was requi	2-)		32		x
4a Al 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)? b If "Yes," either in the name of the foreign country. So a instructions for filing requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FIDAR). 5b Was the organization a party to a prohibited sax shelter transaction at any time during the tax year? 5a Was the organization aparty to a prohibited sax shelter transaction at any time during the tax year? 5b Was the organization in party to a prohibited sax shelter transaction? 5c If "Yes," to lim 5a or 5b, did the organization file Form 886-17? 5b Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization to solict any contributions file form 886-17? 6a Does the organization solict any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 6b X film organization solict any contributions that were not tax deductible as charitable contributions or gifts were not tax deductible? 7c Organizations that may recolve deductible contributions under section 170(c). 8b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If "Yes," did the organization notify the donor of the value of the goods or services provided? 7c If "Yes," indicate the number of Forms 8282 fleed during the year 7d If "Yes," indicate the number of Forms 8282 fleed during the year 7d If "Yes," indicate the number of Forms 8282 fleed during the year 7d If the organization received a contribution of qualified intellectual property, did the organization flee Form 8282? 7d If the organization received a contribution of qualified intellectual property, did the organization flee Form 8289 as required? 7f X X If the organization received a contribution of care, boots, griphanes, or oth		The state of the s)		37.5(1)		
over, a financial account in a foreign country (such as a bank account, securiles account, or other financial account)? If "Yes," either the name of the foreign country. P See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," divide organization a party to a prohibited tax shelter transaction at any time during the tax year? 5				010055000000000000000000000000000000000	92.02		
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Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 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? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 11a 11b 12a 11b 12a 13a 13b 13b 13b 13b	b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X	11	Section 501(c)(12) organizations. Enter:	F	(F			8 1758
against amounts due or received from them.) 11a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X	а		11a				
Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 12a 12b 13b 13c	b						
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand 13b 13c 14a X							ELIO.
Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand 13b 13c 14a X	12a		(3)		12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13a 13b 13b 13c			12b			522	
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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 13b 13c	13				42-		
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 c Enter the amount of reserves on hand Did the organization receive any payments for indoor tanning services during the tax year? 14a X	а		6 m N of 10 10 10 10 10 10 10 10 10 10 10 10 10		13a		200
the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 13b 13c 14a X	h						
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	D		13h	ľ			3
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X			7.5				
			1.00		14a		Х
		550500000	0		41414		

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

Sec	tion A. Governing Body and Management					
	M. M	-	No Sept		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	8			
	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	_1b_	8		Lione:	7.
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?	w + w + w + s		2		_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?			3		_ <u>X</u> _
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	90 000 00 00 00 00 00 00 00 00 00 00 00	1.5010.007.897.00	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		*********	5		X
6	Did the organization have members or stockholders?	and read	0.00000000000000	6		_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?		noracina na	. 7a		_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?		(romen energy) en	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year b	y the f	ollowing:		17	
а	The governing body?		100000000000000000000000000000000000000	. 8a	X	
b	Each committee with authority to act on behalf of the governing body?	ala alaless		8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at					₹.,
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		_X_
Sec	tion B. Policies (This Section B requests information about policies not required by the Inter	nai R	evenue	Code.)	V	Mari
				40-	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a	-	
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			406		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	-	X
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the	e torm		11a		A
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			12a	X	
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		do O	10.	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	contile	asetaa	120	A	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			12c		x
	describe in Schedule O how this was done		enser extreme	13		X
13	Did the organization have a written whistleblower policy?	****		14	х	
14	Did the organization have a written document retention and destruction policy?	1010100	A +51 + 0 + 0 + 0 + 0			
15	Did the process for determining compensation of the following persons include a review and approval by					
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			15a		х
a	The organization's CEO, Executive Director, or top management official			15h		X
b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	4.4 (4.4)	9011101101	. 100		T Shi
40-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement					
16a				16a		х
L	with a taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	4.4.0.0.0.0		- 100		15 de
b	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the					
	organization's exempt status with respect to such arrangements?			16b		-
500	tion C. Disclosure					
	List the states with which a copy of this Form 990 is required to be filed NONE					
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(or)(3)s r	nlv)	100000112000		
10	available for public inspection. Indicate how you made these available. Check all that apply.	,,,,,,,,,	27			
	Own website Another's website Upon request Other (explain in Schedule O)					
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest	policy	and			
13	financial statements available to the public during the tax year.		-			
20	State the name, address, and telephone number of the person who possesses the organization's books and records	•				
	REWERY ARTS CENTER 449 W KING ST					
	ARSON CITY NV 8970)3	7	75-88	3-1	976

CARSON CITY

Form 990 (2017) BREWERY ARTS CENTER

PS - 4 \ 711	10	Commence of Office on	Discotors '	Turnetene	Van Employage	Highant Compar	acated Employees	and
Part VII	i .	Compensation of Officers,	Directors,	i rustees,	key ⊑mpioyees,	Highest Compet	isateu Employees	, anu
		Independent Contractors						

Check if Schedule O contains a response or note to any line in this Part VII

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation, Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons:

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

(A) Name and Title	(B) Average hours per week (list any hours for	bo of	x, unl ficer a	Pos check ess pe ind a d	rson i	than one is both a r/trustee	n ;)	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	,	organization and related organizations
	in ley	ıstee	trustee		96	pensated				
(1)MIKE WIENCEK										
	0.00									
PRESIDENT	0.00	X						0	0	0
(2) GINA HILL										
	0.00									
EXECUTIVE DIRECTOR	0.00	X						0	0	0
(3) KEN FARLEY										
PRESENTATION TO A TO A TOTAL OF THE PROPERTY O	0.00					1 1		_	,	0
VICE PRESIDENT	0.00	X	_	_		-	_	0	0	
(4) MICHELLE NADALIN										
	0.00	3,				1 1		0	0	0
SECRETARY	0.00	X					-			
(5) BENJAMIN STEELE	0.00									
MDEA CIDED	0.00	x						0	0	0
TREASURER (6) MELANIE TIFFIN	0.00	^				-			·	
(0) FIELLING TELL TIME	0.00									
DIRECTOR	0.00	x						0	o	0
(7) JON ROGERS	0.00	1								
(//	0.00									
DIRECTOR	0.00	x						0	0	0
(8) KAREN LEHTZ-FEIT		T								
, ,	0.00									
DIRECTOR	0.00	X						0	0	0
(9) KURT MEYER										
	0.00									
DIRECTOR	0.00	X						0	0	0
(10)										
,63 (160) (63) (10 (10 (10 (10 (10 (10 (10 (10 (10 (10	CORPORADADA SA									
(11)										

·										000

Pa	rt VII Section A. Officers	, Directors, Trus	stee	s, Ke	ey Er	nplo	yees	s, an	nd Highest Compensated	Employees (continued)	
	(A) Name and litle	(B) (C) Average						one an ee)	n from he	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)		organization and related organizations
55353	nana agama (1900) (EG 2007) 25. 25	FOR SOME ANALYS TON									
	K1031K**********************************	**************************************									
a maa											
स सारत											
a was		**************************************									
le sasa		5050531248110006									
() () ()	6666365306684866555555272 = 122 = 12465516542555										
a may		#75 P#4 = 1 = #93 () (= 1									
С	Sub-total Total from continuation sheet Total (add lines 1b and 1c)	ets to Part VII, S	ecti	on A			-0.	> > >			
2	Total number of individuals (increportable compensation from	cluding but not lin the organization	nited ▶	to th	nose	liste	d abo	ove)	who received more than \$1	00,000 of	Yes No
3	Did the organization list any fo employee on line 1a? If "Yes," For any individual listed on line organization and related organ	complete Schedue 1a, is the sum o	<i>ule J</i> f rep	for s	such ole c	<i>indi</i> v ompo	<i>idua.</i> ensa	l tion a	and other compensation fro	om the	3 X
5	individual Did any person listed on line 1s for services rendered to the on	ganization? If "Ye	ue co	ompe	ensat	tion f	rom edule	any i	unrelated organization or in rsuch person	dividual	5 X
Sect 1	ion B. Independent Contractor Complete this table for your five compensation from the organization	e highest compe	nsate	ed in	depe	nde	nt co	ntrac	ctors that received more that	an \$100,000 of	
-		(A) I business address	npe	isau	011 10	7 1110	Cours		Descri	(B) ption of services	(C) Compensation
(ij ee											
·											
				_							
2	Total number of independent of received many man \$100,000								listed above) who	0	

		Check if Schedule ((A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
						exempt function revenue	business revenue	excluded from tax under sections 512-514
st st	1a	Federated campaigns	1a			Tevendo		Misses Contract
ran	b	Membership dues	1b	3,785				
A,G	С	Fundraising events	1c					
ar Jar	d	Related organizations	1d					
S, E	е	Government grants (contributions)	1e					
Contributions, Gifts, Grants and Other Similar Amounts	f	All other contributions, gifts, grants,						
藍		and similar amounts not included above	1f	111,840				
age of	g	Noncash contributions included in lines 1a-	1f: \$		115 625			
Ow	h	Total. Add lines 1a–1f		P.	115,625			
ang	10	73.035.23		Busn. Code	148,160			148,160
Še	2a b				59,532			59,532
G.	C	FA CITY USE			45,187			45,187
ēZ.	d	COMBESSION CLASS FEES			7,972			7,972
S	e	AR"			2,881			2,881
Program Service Revenue		All other program service rever						
ď		Total. Add lines 2a-2f			263,732			
	3	Investment income (including d	ividends, in	terest,				
		and other similar amounts)			508	508		
	4	Income from investment of tax-						
	5	Royalties	Kerry Stre					npro vesson reflective for the
		(i) Real		(ii) Personal				
	6a	Gross rents						
		Less: register 12						
		Rental inc. (E. Mas)						
		Net re come or (loss) Gross ar	X-10-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1	(i) Other				
		sales of (1) Securities	-+	(ii) Olher				
	_	other the tary						
	D	Less: cr per						
		basis & GAOS. Gain of Cass)	_					
		Net gain at (loss)		>			permanent merkenen geminde	DIESTALIE AND
		Gross in the from fundraising ever						
ne	υu	(not including \$	- 10					
Ve		of contributions reported on line 1c).						
å		See Part 14, line 18						
Other Revenue	b	Less: direct expenses	b					
ō		Net income or (loss) from fundr		its are more .				
		Gross in the from gaming activities						
		See Part I / Ine 19						
	ь	Less: expenses	b					
		Net in or (loss) from gami						
	10a	Gross of inventory, less						
		return allowances	а					
	b	Less goods sold	b					
	С	Net it or (loss) from sales	of inventor					
		discellaneous Revenue		Busn. Code				
	44.	CA: VENUE		1444	31,222	31,222		
						77 070		
		CAF EXPENSE	and the last of		-11,070	-11,070		
	b c			Y117 Y120	-11,070	-11,070		
	b c d			WYED BEEN SEED OF THE SEED OF	20,152	-11,070		

BREWERY ARTS CENTER

Part IX	Statement o	f Functional	Expenses

Sect	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a response			ete column (A).	X
Do n	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	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 Compensation of current officers, directors,				
5	trustees, and key employees				
6	Compensation not included above, to disqualified				
Ü	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 a revials and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employed benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
а	Management				
b	Legal	2,000	2,000		
С	Accounting	2,075	2,075		
d	Lobbying			le es 1000 de la colonia	
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other, (If line and exceeds 10% of line 25, column (A) amount, have a 3 expenses on Schedule O.)	467,946	467,946		
12	Advertising the promotion	407,540	101/310		
13	Office expenses				
14	Information to mology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of traivel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	26 552	26 552		
22	Depreciation, depletion, and amortization	36,552	36,552		
23	Insurance Other purposed librarian expenses not sovered				
24	Other experience I termize expenses not covered above (Liet in Till Illaneous expenses in line 24e. If				
	line 24e amusu exceeds 10% of line 25, column				
	(A) amount the line 24e expenses on Schedule O.)				
а					
b	Fig 2 of the control				
С					
d	* ************************************				
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	508,573	508,573	0	0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs				
	from a combined educational campaign and fundraising solic totion. Check here ▶ if				
	following CR CR 2 (ASC 958-720)				- 000

Form 990 (2017) BREWERY ARTS CENTER

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year 99,415 11,451 Cash-interest bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 5 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 6 organizations (see instructions). Complete Part II of Schedule L 7 loans receivable, net 8 Inventor is for sale or use 9 Preguid expenses and deferred charges 10a Land, buildings, and equipment: cost or 1,501,574 10a other bases. Complete Part VI of Schedule D 742,846 701,574 800,000 10b 10c b Less mulated depreciation 11 Inverse 's-publicly traded securities 12 Investments—other securities. See Part IV, line 11 12 13 Investor ts-program-related. See Part IV, line 11 13 14 14 Intanga assets 10,868 11,376 Other limitels. See Part IV, line 11 15 15 724,401 853,129 16 Total neets. Add lines 1 through 15 (must equal line 34) 16 1,842 17 payable and accrued expenses 17 18 18 Grain yable 19 19 Def evenue 20 To t bond liabilities 21 custodial account liability. Complete Part IV of Schedule D Learning other payables to current and former officers, directors, fructives key employees, highest compensated employees, and 22 disquest if persons. Complete Part II of Schedule L 23 23 Sections mortgages and notes payable to unrelated third parties 24 United in a notes and loans payable to unrelated third parties lities (including federal income tax, payables to related third d other liabilities not included on lines 17-24). Complete Part X 206,484 220,881 208,326 220,881 26 26 Total lities. Add lines 17 through 25 ions that follow SFAS 117 (ASC 958), check here and Orgi lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances ed net assets 27 27 28 If y restricted net assets 29 tly restricted net assets ions that do not follow SFAS 117 (ASC 958), check here lines 30 through 34. 30 " ck or trust principal, or current funds 31 capital surplus, or land, building, or equipment fund 31 632,248 516,075 32 arnings, endowment, accumulated income, or other funds 516,075 632,248 33 33 Tetalions ssets or fund balances 724,401 853,129 34 ties and net assets/fund balances

Form 990 (2017)

orm	1 990 (2017) BREWERY ARTS CENTER	51-0183567			Page 12
Pa	art XI conciliation of Net Assets				200
	eck if Schedule O contains a response or note to any line			***	
1	Total revelue (must equal Part VIII, column (A), line 12)		1	400	,017
2	Total expenses (must equal Part IX, column (A), line 25)		2		,573
3	Revenue expenses, Subtract line 2 from line 1		3		,556
4	Net asset the fund balances at beginning of year (must equal Part X, line 33, c	column (A))	4	632	,248
5	Net unite and gains (losses) on investments		5		
6	Donated ces and use of facilities		6		
7	Investigation penses				
8					,617
9	Other charmes in net assets or fund balances (explain in Schedule O)		1 0 1		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must e	equal Part X, line	`		
	33, collars (B))		10	516	,075
Pa	art XII Financial Statements and Reporting				
	ck if Schedule O contains a response or note to any line	e in this Part XII			×, LL.
		_		Ye	s No
1		crual Other		_ [] [] [
	If the orginal lion changed its method of accounting from a prior year or chec	ked "Other," explain in		10 11 10	
	Schedula =				
2a	Were the consization's financial statements compiled or reviewed by an indep	pendent accountant?		2a	X
	If "Yes," a box below to indicate whether the financial statements for the	year were compiled or			
	reviewed separate basis, consolidated basis, or both:				
	Seniri basis Consolidated basis Both consolidated a	and separate basis			
b	Were the mization's financial statements audited by an independent account	ıntant?	Lagrania de mandrada (2b	X
	If "Yes," a box below to indicate whether the financial statements for the	e year were audited on a		Total	
	separate 1 33, consolidated basis, or both:				
	Some to basis Consolidated basis Both consolidated a	and separate basis			
С	If "Yes" 1 200 2a or 2b, does the organization have a committee that assumes				
	of the aug - eview, or compilation of its financial statements and selection of	an independent accountant?		2c	
	If the army on changed either its oversight process or selection process de	uring the tax year, explain in			
	Schedule				
3a	As a new lifederal nward, was the organization required to undergo an au	idit or audits as set forth in			
	the Sing			3a	
b	If "Yes," the organization undergo the required audit or audits? If the organ				
	required or audits, explain why in Schedule O and describe any steps tal	ken to undergo such audits.		3b	

Form **990** (2017)

SCHEDULE A (Form 990 or \$10 4 Z)

Public Charity Status and Public Support

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

2017

Open to Public Inspection

Department of the Toury

► Attach to Form 990 or Form 990-EZ.

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

Employer Identification number

Name	OI LIN	org mazamini	BREWERY ARTS	CENTER			51-018	3567
P	art I	heas	on for Public Charity	Status (All organizations	must co	mplete th	is part.) See instruction	S ₊
The	orga	nization a not :	a private foundation because	it is: (For lines 1 through 12, ch	eck only or	ne box.)		
1				ciation of churches described in			(i).	
2				A)(ii). (Attach Schedule E (Form				
3				e organization described in sec				
4		A med mi res	search organization operated	in conjunction with a hospital de	escribed in	section 17	'0(b)(1)(A)(iii). Enter the hosp	ital's name,
	200	city, amountate		00000000000000000000000000000000000000		i se a constituto		
5		An organizati	on operated for the benefit of	f a college or university owned o	or operated	by a gover	nmental unit described in	
			b)(1)(A)(iv). (Complete Part	· ·				
6			-	overnmental unit described in se				
7	X		on that normally receives a s section 170(b)(1)(A)(vi). (Co	ubstantial part of its support from complete Part II.)	m a govern	mental unit	or from the general public	
8				70(b)(1)(A)(vi). (Complete Part				
9				cribed in section 170(b)(1)(A)(i				
			or a non-land grant college of	f agriculture (see instructions). E	Enter the na	ıme, city, aı	nd state of the college or	
		union dy			mara mara		anner or anner announce end group	
10		Antong III Jan	on that normally receives: (1)) more than 33 1/3% of its suppo pt functions—subject to certain	OIT TOM COI	ntributions, and (2) no	more than 33 1/3% of its	
		Surproducing	dross investment income an	d unrelated business taxable inc	come (less	section 511	tax) from businesses	
		accide - 14th	ne organization after June 30	, 1975. See section 509(a)(2).	(Complete	Part III.)	,	
11				xclusively to test for public safe)(4).	
12		Anni cali	on offinnized and operated e	xclusively for the benefit of, to p	erform the	functions o	f, or to carry out the purposes	
	200	of any mor	e publicly supported organization	ations described in section 509	(a)(1) or se	ection 509(a)(2). See section 509(a)(3).	_
				at describes the type of support				9.
	a			rated, supervised, or controlled				
				er to regularly appoint or elect a omplete Part IV, Sections A au		i ille ullecio	ors or trustees or the	
	b			pervised or controlled in connec		supported	organization(s), by having	
	U	e estel or	management of the support	ing organization vested in the sa	ame persor	s that cont	rol or manage the supported	
			ion(s). You must complete		·			
	С	(T ₂₀₁₁ 0=/60 f	unctionally integrated. A s	upporting organization operated	l in connect	ion with, ar	nd functionally integrated with,	
				ructions). You must complete				
	ď			I. A supporting organization ope)
				organization generally must sat rust complete Part IV, Section				
				eived a written determination fro				
	е			-functionally integrated supporti) po 1, 1) po 11, 1) po 11.	
	f		nberruf supported organization	ne.				
	g	Prosi	ollowing information about the	e supported organization(s).		entivorororo		0403300
	I) Narr	ie (f s /=	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	ar	gw -28		(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	with designity	
(A)								
(A)								
(B)								
(0,								
(C)								
(0)								
(D)								
ν-,								
(E)								
Tota	al.							

Schedule A (Formation of another) 2017

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

Sec	tion A. F	alic Support	rano to quanty c	11001 1110 10010	noted boto to p	0000		
		year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	member	contributions, and / encreasived, (Do not "the usual grants.")	184,896	146,100	71,344	317,311	115,6	25 835,276
2	organiza i	ies levied for the iiis benefit and either paid i sed on its behalf						
3	furnished	If services or facilities was governmental unit to the wannut charge						
4 5	The portice each period governments supported line	i utions by	184,896	146,100	71,344	317,311	115,6	25 835,276
6		II et Cubtract line 5 from line 4.						835,276
Sec		tali Support						
Caler	dar year (n dyear beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts f	אין וויף 4	184,896	146,100	71,344	317,311	115,6	25 835,276
8	payment rents, roy	has interest, dividends, nwa: masceurities loans, n, and alcome from						
9	Net inco activities is regula	ted business a appearant the business				31,963	58,5	32 90,495
10	Other in a loss from (Explain)	ude gain or al assets				213,080	204,2	00 417,280
11	Total sum	7 through 10					grantia de la	1,343,051
12	Gress n	ated activities, etc. (s	ee instructions)				1.	2 20,660
13	First fiv	Torm 990 is for the o	rganization's first, s	econd, third, fourth	, or fifth tax year as	s a section 501(c)(3)	
	ore inizar	*>>x and stop here	7 T. S.					_
Sec	tion C.	ut tion of Public Su	pport Percenta	ge				
14	Puhlic su	estage for 2017 (line 6, c	column (f) divided by	line 11, column (f))	retributerererer	1.	
15	Pullic su	* - (); from 2016 Sched	ule A, Part II, line 1	4				5 79.23%
16a		Two two te-2017. If the organiz	•			/3% or more, chec	k this	
	box and si	her ⊮alta organization qualifie	es as a publicly sup	ported organization				× X
b	33 1/3% 🗊	innor: tast—2016. If the organiz				33 1/3% or more,	check	
	this box	at hit lates. The organization qu						(#00%)048841900000000000
17a	10%-fac*	oencu ouestances test—2017	If the organization	did not check a bo	ox on line 13, 16a,	or 16b, and line 14	is	
	10% or 1	• "janization meets !	the "facts-and-circu	mstances" test, ch	eck this box and st	op here. Explain i	n	
	Part VI	Ton meets the "fact	s-and-circumstance	s" test. The organi	zation qualifies as	a publicly supporte	ed	. \Box
	organi	11 11 11 11 12 2 12 2 12			parantananananan		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	accenteachin
b	10%-f	* inces test—2016	If the organization	did not check a bo	ox on line 13, 16a,	16b, or 17a, and li	ne	
	15 is 1	_	eets the "facts-and-					
	Excludi	are erganization meet	ts the "facts-and-cire	cumstances" test.	The organization qu	ualifies as a public	У	. —
	suranto	V 11/1/2014/1914						montalioninia
18	Private f	organization did r	not check a box on I	ine 13, 16a, 16b, 1	7a, or 17b, check t	his box and see		. —
	instructio	= 54514515 45 47 54 FE VC MOLYS		enciu con continuo anno				45/45/2016/1916/19

BREWERY ARTS CENTER 51-0183567 Schedule A (For 2) 2017 Schedule for Organizations Described in Section 509(a)(2) and the only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. It the an iterization fails to qualify under the tests listed below, please complete Part II.) Section A. P. Support Calendar year (o first well beginning in) (a) 2013 (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total and the second sership Gifts, grants Gross recent to the merchandise sold or se is callities furnished es en : Epose organizat Gross recent that are not an ander section 513 Tax reven organiza: ad either paid to or exp 1 lilies The value furnished : unit to the and the second second organizati Total, Ad-Amounts 1, 2, and 3 = nersons received 1 = 17 = 3 and 3 Amounts imreceived f alified persons (ward of \$5,000 for the year or 1% of ... c Add lines: Public sur am 1 or to at line 7c from line 6.) Section B. T. Calendar year (or e raginning in) (b) 2014 (c) 2015 (d) 2016 (e) 2017 (f) Total (a) 2013 9 Amounts f 10a Gross incr te dends, payments 1: a new majoans, rents, royalties, and on f ar sources Unrelated in the following (less section ! actured 175 Add line Net incom-... whether activit. arried on or not the dia de gain or Other in all loss feet assets (Ex⊨ n 13 Total sup s 9, 10c, 11, and 12:) Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) First five your wand stop here Section C. part along of Public Support Percentage pr 2017 (line 8, column (f) divided by line 13, column (f)) % Public su % m 2016 Schedule A, Part III, line 15 16 Public st Section D. C. of Investment Income Percentage age for 2017 (line 10c, column (f) divided by line 13, column (f)) 18 in tage from 2016 Schedule A, Part III, line 17 Investmen - 017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 19a 33 1/3 % check this box and stop here. The organization qualifies as a publicly supported organization 17 is 1101

33 1/3% states 183-2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and

1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

ne organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

20

line 18 i

Private I

Schedule A (Form 9 Part IV

S proganizations

By if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and Light checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete S. D. and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

(in the l

-E 17

ect	ion A. All Supporting Organizations		Yes	No
1	Are all of the segmentation's supported organizations listed by name in the organization's governing			
	document describe in Part VI how the supported organizations are designated. If designated by			
	class or p	1		
2	Did the or an allow as a mave any supported organization that does not have an IRS determination of status			
	under section to apply an (2)? If "Yes," explain in Part VI how the organization determined that the supported			
	organization to the described in section 509(a)(1) or (2),	2		
3a	Did the or make a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer	W 318		H UE III
	(b) and (c)	3a		
b	Did the or in that each supported organization qualified under section 501(c)(4), (5), or (6) and			
	satisfied the last of tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the			
	organizati a remination	3b		
С	Did the organizations was used exclusively for section 170(c)(2)(B)			1570
	purposes? f " and blain in Part VI what controls the organization put in place to ensure such use.	3c		
4a	Was any slipp and ization not organized in the United States ("foreign supported organization")? If			的数据表
14	"Yes," and f you are ked 12a or 12b in Part I, answer (b) and (c) below.	4a		
b	Did the organic State we ultimate control and discretion in deciding whether to make grants to the foreign		74 7	
	supported rgan line? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite by grant for supervised by or in connection with its supported organizations.	4b		
С	Did the o: ni support any foreign supported organization that does not have an IRS determination			
C	under see and (1) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used			
	to ensure 11 11 11 11 11 11 11 11 11 11 11 11 11			
		4c		
E o	Did the or a manife, substitute, or remove any supported organizations during the tax year? If "Yes,"	44.0		
5a	The second secon			
	and the second s	114727		
		112		
		5a		
h		Julia		
b	Type I or Type II all a Was any added or substituted supported organization part of a class already	5b		
	designated in the second distribution to a second of an event beyond the argenization's control?	5c		
C	Substitutions o the substitution the result of an event beyond the organization's control?	30		
6	Did the organized in the support (whether in the form of grants or the provision of services or facilities) to			
	anyone of er the supported organizations, (ii) individuals that are part of the charitable class benefited			
	by one or core core is ported organizations, or (iii) other supporting organizations that also support or	6		
_	benefit on abr many defiling organization's supported organizations? If "Yes," provide detail in Part VI.			Mark o
7	Did the or limiz: vide a grant, loan, compensation, or other similar payment to a substantial contributor			
	(defined it work (3)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with	7		
_	regard to a subject to a subject to the subject tof	1000	1 A 1 A	
8	Did the orniz e a loan to a disqualified person (as defined in section 4958) not described in line 7?	8	and the same	STATE OF THE PARTY.
_	If "Yes," cc and a Schedule L (Form 990 or 990-EZ).	0		
9a	Was the on the introlled directly or indirectly at any time during the tax year by one or more			
	disqualified less less less less less less less le	0-		
	in section () ? If "Yes," provide detail in Part VI.	9a		le san
b	Did one or more all fed persons (as defined in line 9a) hold a controlling interest in any entity in which	01-		
	the supporting on the had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified (as defined in line 9a) have an ownership interest in, or derive any personal benefit	820		
	from, assets in v supporting organization also had an interest? If "Yes," provide detail in Part VI.	9c		Marian Paris
10a	Was the organiz bject to the excess business holdings rules of section 4943 because of section			
	4943(f) (regarding type II supporting organizations, and all Type III non-functionally integrated			
	supporting organ (**)? If "Yes," answer 10b below.	10a	Fundament .	
b	Did the organiza any excess business holdings in the tax year? (Use Schedule C, Form 4720, to		Sauli, S	
	determine whe! ganization had excess business holdings.)	10b		

Sched	dule A (Form 990 or 990 In 2017 BREWER	Y ARTS CENTER	51-0183567	Pa	ge 5
	irt IV Support Organizations (co	ontinued)			
				Yes N	No
11	Has the organization accepted a gift or contribut	ion from any of the following persons?			500
а	A person who directly or indirectly controls, either	r alone or together with persons described in (b) and (c)			10.00
	below, the governing body of a supported organi	zation?	11a		
b	A family member of a person described in (a) ab	ove?	11b		
С	A 35% controlled entity of a person described in	(a) or (b) above? If "Yes" to a, b, or c, provide detail in Pa	art VI. 11c		
Sect	tion B. Type I Supporting Organization	ns			· V
				Yes N	No
1		e or more supported organizations have the power to			
		e organization's directors or trustees at all times during th			
		pported organization(s) effectively operated, supervised, of	or		
		anization had more than one supported organization,	ado al		
		ove directors or trustees were allocated among the suppor			
		, if any, applied to such powers during the tax year.	1		
2		y supported organization other than the supported			
		ntrolled the supporting organization? If "Yes," explain in Pa	art		
		rposes of the supported organization(s) that operated,	2		No.
Soot	supervised, or con: the supporting organization C. Type II Supporting Organization		2		
Sect	tion C. Type II Supporting Organization	110		Yes 1	No
1	Were a majority of the greanization's directors of	r trustees during the tax year also a majority of the directo	ors	N	AL ST
3		ed organization(s)? If "No," describe in Part VI how control			
		vas vested in the same persons that controlled or manage			
		ras vested in the same persons that controlled of manage	1		
Sect	the supported organism tion(s). tion D. All Type III Supporting Organiz	rations			
Sect	non B. An Type in apporting Organiz	ations	The state of the s	Yes I	No
1	Did the organization revide to each of its support	rted organizations, by the last day of the fifth month of the	a .		
		bing the type and amount of support provided during the			
	•	ecently filed as of the date of notification, and (iii) copies of			
	•	the date of notification, to the extent not previously provide			
2		or trustees either (i) appointed or elected by the support			V
2	•	ody of a supported organization? If "No," explain in Part \			
		ous working relationship with the supported organization(
3	4	d the organization's supported organizations have a	3,.		
3	•	policies and in directing the use of the organization's			
	9	? If "Yes," describe in Part VI the role the organization's		5.	
	supported organization applayed in this regard.	: I res, describe in rare vi tre rele tre erganization e	3		
Sect		Supporting Organizations			
1		rization used to satisfy the Integral Part Test during the ye	ear (see instructions).		
a	VIII				
b	land -	supported organizations. Complete line 3 below.			
С	H _	entity. Describe in Part VI how you supported a government	nent entity (see instructions).	96	
	"Come)		ï		
2 /	Activities Test. Answar and (b) below.			Yes 1	No
а		s during the tax year directly further the exempt purposes	No. of the last of		
		ization was responsive? If "Yes," then in Part VI identify	10.000		
	those supported or mizations and explain h	now these activities directly furthered their exempt purpos	ies,		
	how the organization as responsive to those su	apported organizations, and how the organization determi	ined		
	that these activities a stituted substantially all o	of its activities.	2a		
b		ities that, but for the organization's involvement, one or m			
	of the organization' imported organization(s) w	ould have been engaged in? If "Yes," explain in Part VI t	the the		
		pported organization(s) would have engaged in these	19.00		
	activities but for the manization's involvement.		2b		
3	Parent of Supporte ganizations. Answer (a)	and (b) below.	1000		
а	Did the organizatio with power to regularly	appoint or elect a majority of the officers, directors, or			
		Provide details in Part VI.	3a		
b	Did the organizatio: Sise a substantial degree	ee of direction over the policies, programs, and activities		Uwilly is	
	of its supported org lions? If "Yes " describe	in Part VI the role played by the organization in this rega	ard. 3b		

Schedule A (Form 990 or 99	BREWERY ARTS CENTER		51-0183	3567 Page 6
	Non-Functionally Integrated 509(a)(3) Supportin	g Organizatio	ns	- A
	ganization satisfied the Integral Part Test as a qualifying trust			
	All wher Type III non-functionally integrated supporting organization			
Section A - Adjusted N	et income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term car	oit 4 gain	1		
2 Recoveries of prio	or-, ear distributions	2		
	ne (see instructions)	3		
4 Add lines 1 throug	h 3	4		
5 Depreciation and	demetion	5		
6 Portion of operating	g expenses paid or incurred for production or			
	ome or for management, conservation, or			
· ·	tv held for production of income (see instructions)	6		
7 Other expenses (s		7		
	an a (subtract lines 5, 6 and 7 from line 4).	8		
Section B - Minimum A			(A) Prior Year	(B) Current Year (optional)
Aggregate fair ma	de sizelue of all non-exempt-use assets (see			
A 10 TO 10 T	as year or assets held for part of year):			
a Average mont		1a		
b Average mon!		1b		
c Fair market va		1c		
d Total (add line	111111111111111111111111111111111111111	1d		
e Discount clai				
factors (explain in				
2 Acquisition indebto	The state of the s	2		
3 Subtract line 2 from		3		
	d firewempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions),		4		
5 Net value of non-	- use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by		6		
7 Recoveries of prior		7		
8 Minimum Asset	APPARA	8		
Section C - Distributat				Current Year
1 Adjusted net inco	r prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line		2		
3 Minimum asset an	t for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of list	A X- On the Hill Brown are a constant and the Hill Brown are a constant an	4		
5 Income tax impos		5	THE RESERVE OF THE PARTY OF THE	
6 Distributable Am				
emergency temporary	25 761 00 FF THEFE 5 75 7	6		
7 Check here if the			porting organization (see	· · · · · · · · · · · · · · · · · · ·
instructions).	and the organization of motive a row full outstainly integral	5		
mondonomy.				

Schedule A (Form 990 or 990-EZ) 2017

Par	t V Type III Non-Functionally Integrated 509(a)(3) Si	upporting Organizati	ions (continued)	
	on 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			
	organizations, in exposs of income from activity			
3	Administrative expresses paid to accomplish exempt purposes of supporte	ed 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	n is responsive		
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, Il may, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributio rryover, if any, to 2017:			
a	From 2013			
	From 2014			
	From 2015			
	From 2016			
	Total of lines 3a total with e	A TORK THE STREET NEWSTREET NEWSTREET		
	Applied to underding the dions of prior years			
	Applied to 2017 designated amount			
	Carryover from ? applied (see instructions)			
i	Remainder, Subtraction and 3i from 3f.			
4	Distributions for Assessment			
	Section D, line 7:			
а	Applied to underdistrutions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder, Suhh in the 4a and 4b from 4.			
5	Remaining under a milions for years prior to 2017, if		V	
	any. Subtract lines and 4a from line 2. For result			
	greater than zero all atain in Part VI. See instructions.			
6	Remaining under adductions for 2017, Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instruction			
7	Excess distribution of arryover to 2018. Add lines 3j			
	and 4c.			
88	Breakdown of line			
	Excess from 201			
	Excess from 201			
	Excess from 201			
	Excess from 201			
е	Evenss from 201			

BAC 10:24 PM					
Schedule A (Form 990 or 99 172	2) 2017 BREWERY ARTS CE	ENTER		51-0183567	Page 8
Part VI Suppleme	ental Information. Provide the expl	lanations req			o; Part
	Part IV, Section A, lines 1, 2, 3b, 3				
	and 2; Part IV, Section C, line 1; Pa ; Part V, line 1; Part V, Section B, li				
	and 6. Also complete this part for a				J. 1011 L,
PART II, LINE	10 - OTHER INCOME DET	PAIL	X-011111601111111601111111	***************************************	eerer (Sincesea)
OTHER INCOME		\$	213,080		
Accordance - Majores (no.)			SARANO COM ANOROSO DE EMPLOCADA EMPLO		10.000 E 10
					ala alala PA siala alala PA
ATTEMPTED AND THE PERSON OF TH		/ 8// // P// BG // //			
(GSE_):(10.10.10.10.10.10.10.10.10.10.10.10.10.1					

	-1812-1915-1918-1918-1918-1918-1918-1918-1918				01030374030333
K++20++4041112011111111111111111111111111					
EXCECUTE:(->+1++=1++++++++++++++++++++++++++++++++		*****************
Exercise of the contract of th				o in anterior o i arecepto para anterior de la calega en	
-		sananana (kananana)			22212222212023
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Exercise III Man IIII	THE CONSTRUCTION OF THE PROPERTY OF THE PROPER			1101 121 1111 1111 1111 1111 1111 1111	T. I. T. I. S. J. J. J. J. J. S.
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SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Employer Identification number

Inspection

Name of the or	gan ization			Employer Identification number
BBEWE	Υ ΔRT :	CENTER		51-0183567
Part	Organi	entions Maintaining Donor Advised Fun if the organization answered "Yes" on F	ds or Other Similar Funds or Actorn 990, Part IV, line 6.	
-			(a) Donor advised funds	(b) Funds and other accounts
1 Total	number at end	uif year		
2 Aggre	gate value of	murabutions to (during year)	\\	
		gards from (during year)		
		e of year		
5 Did th	e organization	miorm all donors and donor advisors in writing that the	ne assets held in donor advised	
		anion's property, subject to the organization's exclusi		Yes No
		friorm all grantees, donors, and donor advisors in wr		
		ses and not for the benefit of the donor or donor a		9009 9 <u>000</u> 1
		or the William of Salary		Yes No
Part II	Conser	vation Easements. te if the organization answered "Yes" on F	form 990. Part IV. line 7.	
1 Pu		at a pasements held by the organization (check all		
-		In The public use (e.g., recreation or education)	Preservation of a historically impor	rtant land area
- January -	rotection of n		Preservation of a certified historic	
	reservation of			
1		2d if the organization held a qualified conserva	ation contribution in the form of a conservat	ion
		of the tax year.		Held at the End of the Tax Year
	number of co			2a
	reage restr	conservation easements		1 1
		fin assements on a certified historic structure includ		
	of conserv	easements included in (c) acquired after 7/25/06		-8
	structure lis	the National Register		2d
	er of conserv	pasements modified, transferred, released, extin	guished, or terminated by the organization	during the
	nni >	, , ,		
	our of states w	property subject to conservation easement is loc	ated >	
	the organizati	LEGAD a written policy regarding the periodic monitor	APA (AA (A (
	and enfo			Yes No
	nd volunteer	evoted to monitoring, inspecting, handling of v		
>				
7 Amou	of expense	mamped in monitoring, inspecting, handling of violation	ons, and enforcing conservation easement	s during the year
▶ S		J. 1	-	
	wich conserv	sement reported on line 2(d) above satisfy the	requirements of section 170(h)(4)(B)(i)	
	ion 170(h)	12		Yes No
9 In	Mall, describ	The organization reports conservation easement		nd
bal	sheet, and	if applicable, the text of the footnote to the org	ganization's financial statements that descr	ibes the
orm	ion's acco	ng for conservation easements.		
Part	Organ Compl∈	ions Maintaining Collections of Art, I the organization answered "Yes" on F	Historical Treasures, or Other Sorm 990, Part IV, line 8.	imilar Assets.
1a If the	amanization e	as permitted under SFAS 116 (ASC 958), not	to report in its revenue statement and bala	nce sheet
W.J. B	art, histori	maintees, or other similar assets held for public ex		
publis	ervice, prov	n bart XIII, the text of the footnote to its financial s		
b If	anization (is permitted under SFAS 116 (ASC 958), to re	eport in its revenue statement and balance	sheet
W	fart, histori	Tures, or other similar assets held for public ex	hibition, education, or research in furtherar	nce of
publi:	service, prov	See - Ollowing amounts relating to these items:		
(i) (i)	enue includ	orm 990, Part VIII, line 1		\$ 1000000000000000000000000000000000000
(ii) A	sets included			
2 If thin	;anization r	or held works of art, historical treasures, or ot	her similar assets for financial gain, provide	e the
fo!!ow	amounts r	to be reported under SFAS 116 (ASC 958) rel	lating to these items:	
a Reve	included c	າ 990, Part VIII, line 1		
	included in !			
For Pap	ork Reducti	Motice, see the Instructions for Form 990.		Schedule D (Form 990) 201

Schedule (Form 990) 2		ARTS CENTER			<u>1-0183567</u>	Page 2
Part III Organ	Maintaini	ng Collections of	Art, Historical T	reasures, or (Other Similar Ass	sets (continued)
3 Using the organiza collection items (ch	quisition, access	ion, and other records,				
a Public exhibition)1	d 🗍	Loan or exchange pro	ograms		
b Sonalarly rese	a I	e	Other	-		
c Preservation for	generations		THEETTATION		i i natoloju natoloji nat	
4 Provide a descripti	organization's o	collections and explain h	ow they further the o	rganization's exem	pt purpose in Part	
XIII						
5 Duding the year, di	d In a aganization solicit	or receive donations of	art, historical treasure	es, or other similar		
assets to be sold to	nds rather than	to be maintained as par	t of the organization's	collection?	EXTENSES A DESCRIPTION OF RESIDENCE	Yes X No
Part IV Escro	wand Custodial A	rrangements.				
Compl	e organization	on answered "Yes"	on Form 990, Pa	art IV, line 9, o	r reported an amo	ount on Form
990, P	ane 21.					
1a Is the organization	a jent, trustee, custoo	lian or other intermediar	y for contributions or	other assets not		9-9-10 12-00
in full # on Form 9	Y?				ombolicada esterior su escucio	Yes No
b lime a explain the	ment in Part XII	I and complete the follow				2447214794 24-21 Ni
						Amount
c Be y balance					1c	
d Adam a during th					1d	
e Diam tons during	yyar	Company of the Compan		TY DECISION SANCTORS IN	namentalism 1e	
f End collance						
2a Dall e organizatio		Form 990, Part X, line 2	1, for escrow or custo	dial account liabilit	ty?	Yes No
b If Yes," explain the		I. Check here if the expl	anation has been pro	vided on Part XIII		111117111111111111111111111111111111111
Part ∨ Endov						
Compl	e' <u>ne organizatio</u>	on answered "Yes"	on Form 990, Pa	art IV, line 10.		
		(a) Current year	(b) Prior year	(c) Two years ba	ack (d) Three years	back (e) Four years back
1a Benning of year b				<u> </u>		
b Commutions	= =====================================					
c New trent ear	y mins, and					
CI =	**********					
d Garage scholars						
e Carcanapenditures	ities and					
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f A rative expo						
g E ar balanc						
2 F estimate		rent year end balance (line 1g, column (a)) h	eld as:		
a E signated of		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
b Promot endow	12.6 (0.00)					
c iii rily restric		« »				
Thursdentages o		ould equal 100%.				
3a / re re endowme	s not in the posse	ession of the organizatio	n that are held and a	aministered for the		Yes No
on auton by:						
(it inted organ				. Manage Manage and		3a(i)
(d organiz		ations listed as required	Lan Cabadula D2			3a(ii) 3b
b If In line 3a(ii 4 I in Part XI					anaranananan dinaran	30
Part Land,		e organization's endowr	nent tunos.			
Comple		on answered "Yes"	on Form 990 Pa	ort IV/ line 11a	See Form 990 P	Part X line 10
Descript	pedy	(a) Cost or other ba		other basis	(c) Accumulated	(d) Book value
D03011p.	- City	(investment)		her)	depreciation	(a) Book Value
1a L		(realingth)		2,396		2,396
L El e				2,330		2,390
c La Wil ill improve	lie	*				
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Total. / i s 1a throu	Column (d) court	equal Form 990, Part X,	column (B) line 100	1	>	701,574
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Part VII

Schedul 13 (Farm 990) 2000

Compl

BREWERY ARTS CENTER

Investments-Other Securities.

ption of security or category

Uding name of security)		Cost or end-of-year market value	
(1) Financial derivatives			
(2) Closely-hold equity interests			
(3) Other			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. Imn (b) mus: Form 9m, Part X, col. (B) line 12.) ▶			
Part VIII Invest ts—Program Related.			
Compile if the organization answered "Yes" on	Form 990, Part IV, line 11	1c. See Form 990, Part X, line 13.	
escription 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, (□ Jume (b) must e U.Form 980, Part X, col. (B) line 13.) ▶	(A)		
Par de Other as.		T. M	
Compared "Yes" on	Form 990, Part IV, line 1:	1d. 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 emini Form 990, Part X, col. (B) line 15.)	e maa tiididaa da	ACCUMULATION AND ADDRESS OF THE ACCUMULATION AND ADDRESS OF TH	
Part X Other Cabilities.			
Complete the creanization answered "Yes" on	Form 990. Part IV. line 1	1e or 11f. See Form 990, Part X.	
ine 2			
1. H. The The Spoty	(b) Book value		
(1) F & fall income to			
(2) FERFORMANCE U.	185,986		
(3) 1 MC MOAN 9953	9,709		
(4) I (AN 1-812)	6,116		
(5) PAYROLL	4,673		
(6)	- 1, 2, 1 -		
(7)	100		
(8)			
(9)	(4)		
Total. (Column (b) must e \text{\text{init} Form 990, Part X, col. (B) line 25.) ▶	206,484		
investment of the second secon			_

2. Liabil a for incertain: and alies, the Part XIII, provide the text of the footnote to the organization's financial statements that reports the

in the positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

organiza in's liability for

Schedule D (F	erm 990) 26	17 BREWERY ARTS CENTER	5	1-0183567	Page 4
Part XI	Recon	iliation of Revenue per Audited Financial S	Statements With Reve	enue per Return.	
	Comple	e if the organization answered "Yes" on Form	990, Part IV, line 12a		
1 Total re	venue, gain	and other support per audited financial statements		1	
2 Ampuni	ts included a	line 1 but not on Form 990, Part VIII, line 12:	vi ivi		
a Net unr	celized gain	Insites) on investments	2a		
b Donate	d ser <mark>vices</mark> ar	ntese of facilities	2b		
c Recove	ries of price	y # grants	2c		
		(Mar 700)			
	es 2a thres			2e	
3 Suhtrad	l line 2e fr			3	
		orm 990, Part VIII, line 12, but not on line 1:			
a Inveltor	rent expension	u: not included on Form 990, Part VIII, line 7b	4a		
b Other 4	Discribe in F	art XIII,)	4b	7787	
c Add line	4a and 41			ACCOUNTS ACCOUNTS ACCOUNTS	
5 Total a	_ ≥nue, ∧dd	nes 3 and 4c. (This must equal Form 990, Part I, line 12.)	*****	5	
Part > 1		tiation of Expenses per Audited Financial			
	Comr'	e if the organization answered "Yes" on Form	n 990, Part IV, line 12a		
	· nses ar				
		less 1 but not on Form 990, Part IX, line 25:	0 203		
a Do:::::cii	l crvices II	Exp of facilities			
	ur elljustm	The Street Street Street Street Street Street			
c Other to		= CONTRACTOR STANDARD NATIONAL STANDARD			
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	o 2 i thi				
		Tel 1	and the second second	3 -	
		Firm 900, Part IX, line 25, but not on line 15			
		not included on Form 990, Part VIII, line 7b		500	
b Oth	cribe in	$ n_{ m f}({ m XML}) angle$ where the constraint of the constraint of the same $n_{ m f}$	4b	Degramite	
	; 4a and 4			4c	
		lines 3 and 4c. (This must equal Form 990, Part I, line 18	B)	5	
		22 (al Information,			
		in It for Part II, lines 3, 5, and 9; Part III, lines 1a and 4;			
2; Part XI	1 fant P	art XII, thes 2d and 4b. Also complete this part to p	rovide any additional informa	ation.	
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'Schedule D (F	orm 990) 201	BREWERY 1	ARTS CENTER		51-0183567	Page 5
Part XIII	Supple	ental Information	(continued)			

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SCHEDULE O (Form 990 or 990-EZ) Supplemental Information to Form 990 or 990-EZ

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

2017

Department of the Treasury Internal Revenue finition

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Employer identification number

51-0183567 TREWERY ARTS CENTER FORM 990, PART I, LINE 6 ARTISTS, COMMUNITY MEMBERS, CHILDREN, ETC. BAC MEMBERS CONDUCT BAC ACTIVITIES AND THE COMMUNITY ENJOYS THEM. FORM 990, PART III, LINE 4D - ALL OTHER ACCOMPLISHMENT PROVIDE A COMMUNITY GATHERING PLACE AND FACILITIES TO ENHANCE LOCAL COMMUNICATION FORM 990, PART VI, LINE 11B - ORGANIZATION'S PROCESS TO REVIEW FORM 990 NO REVIEW WAS OR WILL BE CONDUCTED. FORM 990, PART VI, LINE 19 - GOVERNING DOCUMENTS DISCLOSURE EXPLANATION NO DOCUMENTS AVAILABLE TO THE PUBLIC FORM 990, P T IX, LINE 11G - OTHER FEES FOR SERVICES DESCRIPTION FROGRAM SERVICE MGT & GENERAL FUNDRAISING ARTI 20,964 AWA 1,000 BUILDING MAINTENACE / REPAIRS 12,662 CONCESSIONS 0 11,980

Name of the organization BREWERY ARTS CENTER					Employer identification number 51-0183567		
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				PAGE 1 OF 2			

Schedule O (Form 990 or Name of the organization	Employer identifie	Page 2 Employer identification number					
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	\$	21,422	\$	0	\$	0	
PAYROLL- WA	GES		rarrir resta tour Sector (1968)		vide abbello objekto se svetskih kraji klasici.		
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Form 4562

Department of the investory

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

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

OMB No. 1545-0172

Attachment

Internal Revenue Service Identifying number Name(s) shown on return 51-0183567 PREWERY ARTS CENTER Business or a flat transfer that the mounts INDIRECT DEFRECIATION Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I 510,000 1 1 Maximum amount to resistructions) 2 Total cost of section 179 property placed in service (see instructions) 2 2,030,000 3 3 Threshold cost of section 179 properly before reduction in limitation (see instructions) 4 Reduction in limit the Subtract line 3 from line 2. If zero or less, enter -0-Pollar limitation for the sear Subtract line 4 from line 1, If zero or less, enter -0-, If married filing separately, see instructions 5 (b) Cost (business use only) (c) Elected cost (iii) Description of property 6 7 Listed and may firmer the amount from line 29 8 Total elected cost of section 179 property, Add amounts in column (c), lines 6 and 7 8 9 Tentative deductional tractile smaller of line 5 or line 8 9 Carvoyer of Sall and aduction from line 13 of your 2016 Form 4562 10 10 11 Bur 100 elle part 100 et et 100 Enter this smaller of business income (not less than zero) or line 5 (see instructions) 12 Add lines 9 and 10, but don't enter more than line 11 Carry very description to 2018, Add lines 9 and 10, less line 12 13 Note: Do Ittelow for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Don't include listed property.) (See instructions.) Part I rance for qualified property (other than listed property) placed in service Special ray to late 14 during the tox so: structions\ 15 Property specialty s = 168(f)(1) election 16 Other service many (in Ing ACRS) LACKS Lapreciation (Don't include listed property.) (See instructions.) Section A 36,552 17 avsets placed in service in tax years beginning before 2017 17 months placement service during the tax year into one or more general asset accounts, check here 18 Ilon B - Issets Placed in Service During 2017 Tax Year Using the General Depreciation System (b) Month and year (c) Basis for depreciation (d) Recovery (f) Method (g) Depreciation deduction (e) Convention placed in (business/investment use only-see instructions) service 19a **b** 5-4 d 10 е 15 20 S/I 25 yrs. 25 g S/L h Ro 27.5 yrs. MM pr MM S/L 27.5 yrs. MM S/L i North 39 yrs. D1 MM S/L tion C—Assets Placed in Service During 2017 Tax Year Using the Alternative Depreciation System 20a Clai S/L 12 yrs. **b** 12-5 S/L 40 yrs. MM Part 21 157 J4 the 10017, lines 19 and 20 in column (g), and line 21. Enter Tab

Partnerships and S corporations—see instructions

ring the current year, enter the

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Notice, reseparate instructions.

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table to section 26"