		_	
3	Ξ	707	
>	_	₹	
>	Ξ	~	
۰	_	•	
_	_	4	
۰		•	
_		_	
4		_	
		ן נ	
Ĺ	_		

_	_
Ξ	횽
eq	රී
.≥	2
õ	ᇙ
m	ä
ū	<u>.</u>
~	•

Form	990-T	Exempt Organization Business Income Tax Return					OMB No 1545-0687	
		(and proxy tax under section 6033(e))					2040	
		For catendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019				<u>9</u>	2018	
	rtment of the Treasury at Revenue Service	▶ Do not enter SSN numbers on this form as it may be made public it your organization is a 501(c)(3)   501(c)(3) Organization				Open to Public Inspection for 50 1(c)(3) Organizations Only		
A	Check box if address changed	Name of organization ( Check box if hame changed and see instructions )				(Emple	oyer identification number oyees' trust, see ctions )	
B 8	xempt under section	Print Music and Dance Theater Chicago, Inc.				6-3930153		
X	] 501(c)(3)	Number, street, and room or suite no. If a P O. box, see instructions				ited business activity code instructions )		
	408(e) 220(e)	Type 205 East Randolph Drive			`			
	408A 530(a)	City or town, state or province, country, and ZIP or foreign postal code			9000	naa		
C Bo	529(a) ook value of all assets	Chicago, IL 60601 900099  F Group exemption number (See instructions)				<del></del>		
at	end of year		G Check organization type   X 501(c) corp	oration	501(c) trust	401(a)	trust	Other trust
H Fr	nter the number of the	organiza	tion's unrelated trades or businesses	20141101		the only (or first) un	_	0.1107 11 001
	ide or business here	-				complete Parts I-V.		than one.
	•		ce at the end of the previous sentence, complete Pa	rts I an		•		
	siness, then complete	•	•		, ,			_
			oration a subsidiary in an affiliated group or a paren	ıt-subs	diary controlled group?	▶ [	Ye	s No
			tifying number of the parent corporation.					
			Laura Hanssel			one number 🕨 3	12-	334-7777
Pa	rt I Unrelate	d Trac	de or Business Income		(A) Income	(B) Expenses		(C) Net
	Gross receipts or sale							i
b	Less returns and allow			1c				
2	Cost of goods sold (S			2				
3	Gross profit. Subtract			3		•		
	Capital gain net incon	•	· · · · · · · · · · · · · · · · · · ·	4a				
_	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4							
ິດ ກາກ	Capital loss deduction for trusts  Income (loss) from a partnership or an S corporation (attach statement)  5							
<b>33</b> 6	Rent income (Schedu	, , , , , , , , , , , , , , , , , , , ,				· · · · · · · · · · · · · · · · · · ·		
N 7	Unrelated debt-finance	•	ne (Schedule E)	7				· · · · ·
도 8			nd rents from a controlled organization (Schedule F)	8				
₹ 9			on 501(c)(7), (9), or (17) organization (Schedule G)	9				
10	Exploited exempt acti	vity inco	me (Schedule I)	10				
급 11 :	Advertising income (S	Schedule	: J)	11				
<b>Z</b> 12	Other income (See in:	struction	ns; attach schedule)	12			·	
Z <u>13</u>	Total. Combine lines			13	0.			
S Pa	Deductio		ot Taken Elsewhere (See instructions for utions, deductions must be directly connected			incomo l		
Ď				, with t	The utilierated business	income )		
14	•	icers, di	rectors, and trustees (Schedule K)				14	<del></del>
15	Salaries and wages	2000					15 16	
17	16 Repairs and maintenance				17			
18					18			
19	Taxes and licenses	144.07 (5	· · · · · · · · · · · · · · · · · · ·		<del></del>		19	· · · · · · · · · · · · · · · · · · ·
20		ons (Se	e instructions for limitation rules RECEIV	'ED	<u></u>		20	
21			1 1		တ္တြ <u>21</u>			
22	Less depreciation cla	aimed o	562) n Schedule A and elsewher acom return AN 04 2	2021	21 22a		22b	
23	Depletion		<u> </u>		SS		23	
24	Contributions to def	erred co	mpensation plans OCCEN	UT			24	
25	Employee benefit pro	-		ا بر <sub>ی</sub> ، سسانت ــ			25	<del></del>
26	Excess exempt expe	•	•				26	
27	Excess readership co		•				27	
E 28	Other deductions (at		•				28	
3 29	Total deductions. A		_		) )		29	0.
星30			ncome before net operating loss deduction. Subtract				30	0.
	•	-	loss arising in tax years beginning on or after Janual	ıy 1, 20	TO (See INSTRUCTIONS)		31	0.
<b>35</b> }*			ncome. Subtract line 31 from line 30				32	Form <b>990-T</b> (2018)

Form 990-1		30153	Page 2
Part I	II Total Unrelated Business Taxable Income		
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	33	0.
34	Amounts paid for disallowed fringes	34	
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)	35	
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of		
	lines 33 and 34	36	
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	37	1,000.
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		
	enter the smaller of zero or line 36	38	0.
Part I	V Tax Computation		
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0 21)	▶ 39	0.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 40	
41	Proxy tax See instructions	▶ 41	
42	Alternative minimum tax (trusts only)	42	
43	Tax on Noncompliant Facility Income See instructions	43	
44	Total Add lines 41, 42, and 43 to line 39 or 40, whichever applies	44	0.
Part \			
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a		
b	Other credits (see instructions) 45b		
c	General business credit Attach Form 3800 45c		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
	Total credits Add lines 45a through 45d	45e	
46	Subtract line 45e from line 44	46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule	ө) 47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	0.
	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments 50b		
	Tax deposited with Form 8868 50c	<b>-1</b>	
	Foreign organizations: Tax paid or withheld at source (see instructions)  50d	<b>-1</b>	
	Backup withholding (see instructions)  50e	$\dashv$ $\vdash$	
	Credit for small employer health insurance premiums (attach Form 8941)  506	<b>-</b> 1	
	Other credits, adjustments, and payments Form 2439	_	
y	Form 4136 X Other 3,839. Total > 50g 3,839	,	
E 1	Total payments Add lines 50a through 50g  See Statement 2	51	3,839.
51 50	Estimated tax penalty (see instructions) Check if Form 2220 is attached	52	370331
52 52	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	
53	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	3,839.
54 55	Enter the amount of line 54 you want: Credited to 2019 estimated tax	55	3,839.
Part \			3,033.
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority		Yes No
30	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file		100 110
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country		
	here		
	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		<del></del>
57	If "Yes," see instructions for other forms the organization may have to file		
58	Enter the amount of tax-exempt interest received or accrued during the tax year \bullet\$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my kno	wledge and beli	ef. it is true,
Sign	corried, and complete Decigration of preparer (other than taxpayer) is based on all information of which preparer bas any knowledge.		
Here	12/21/2020 Officer		iscuss this return with
	Signature of officer Date Title	instructions)?	hown below (see  X Yes No
		if PTIN	AL 103
	Print/Type preparer's name Preparer's signature Date Check		
Paid	Rebekuh Eley Rubakuh Clou 10/30/20 self-employ		1247672
Prepa	In a DOW TICK IID		-0714325
Use (	Only Firm's name ►RSM US LLP Firm's EIN  1 S. Wacker Drive, Suite 800	<u>~ 42</u>	0114777
	Firm's address ► Chicago, IL 60606 Phone no	312_6	34-3400
823711 01			Form <b>990-T</b> (2018)
JEST II U	-VV- IV		, (4.010)

Footnotes	St	atement 1

Form 990-T is being amended because of the repeal of Section 512(a)(7). The organization incurred no other unrelated business income. As a result, Lines 19, 28, and 34 decreased to zero and Line 48 reports zero tax.

Form 990-T	Statement 2			
Description	Amount			
Tax Paid with Original	3,839.			
Total included on Form	990-T, Page 2, Part V, line 50g	3,839.		