	4		гY	TENDED TO MA	.v 1	5 2020	2939	326	3007	n4 n	
. ·	· 990-T	E	Exempt Orga	nization Bus	ine	ss Income T			MB No 1545-06		
	-a 555 I		(and proxy tax under section 6033(e))								
	,	For ca	For calendar year 2018 or other tax year beginning JUL 1, 2018, and ending JUN 30, 2019								
n	epartment of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.								
	Iternal Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) Open to Public Inspection for 501(c)(3) Open to Public Insp								
A	Check box if		Name of organization (Check box if name ch	nanged	and see instructions.)		(Employer instruction	es' trust, see	mber	
-	address change		DEDECRATIC	ADMC FORM WO	וות כור	TNC		1	· 245727	7.0	
В	Exempt under section	n Print		ARTS FORT WO				1	business activity		
	X 501(c)(/3) 408(e) 220(Type	330 E. 4TH	n or suite no. If a P.O. box 오마R 로로마	, see ii	istructions.		(See instru	ictions)		
	408(e)220(1		ovince, country, and ZIP or	forein	n nostal code		1			
	529(a)	"'	FORT WORTH,		10,019	n poole. ood		45322	0		
0	Book value of all assets at end of year	<u> </u>	F Group exemption num		<u> </u>			·			
_	<u> </u>	813.	G Check organization type	pe ► X 501(c) corp	oratio	n 501(c) trust	401(a)	trust	Other	trust	
Н		•	ition's unrelated trades or		3		the only (or first) un			1	
			EE STATEMENT				complete Parts I-V		n one,	,	
			ice at the end of the previo	us sentence, complete Pa	rts I an	d II, complete a Schedule	M for each addition	al trade or			
-	business, then comple		oration a subsidiary in an	affiliated group or a paren	t-cube	idiany controlled group?	<u> </u>	Yes	X No		
'			tifying number of the pare	•	1-2002	idially controlled group.		163	_ <u></u>		
J	The books are in care		KATHY DUBOSE			Telepho	one number 🕨 8	17-21	2-4300)	
ſ	Part Unrela	ted Tra	de or Business Inc	come		(A) Income	(B) Expenses		(C) Net		
-	1a Gross receipts or	sales							- <u>-</u>		
	b Less returns and a	llowances		c Balance	1c						
	2 Cost of goods sold	d (Schedule	e A, line 7)		2						
	3 Gross profit Subti				3	<u> </u>					
	4a Capital gain net in	•	· · ·	4707)	4a_						
	• , , ,		Part II, line 17) (attach Forr	π 4797)	4b 4c						
	c Capital loss deduc 5 Income (loss) from		sis ship or an S corporation (a	ittach statement)	5	1					
	6 Rent income (Schi	•	sinp or an o corporation (c	ittaon statement)	6						
	7 Unrelated debt-fin	•	me (Schedule E)		7	-					
			and rents from a controlled	organization (Schedule F)	8						
	9 Investment incom	e of a secti	on 501(c)(7), (9), or (17) o	organization (Schedule G)	9						
1	10 Exploited exempt a	activity inc	ome (Schedule I)		10		•				
1	11 Advertising incom	•	=		11						
	•		ns, attach schedule)		12	0					
ľ	Part II Deduc		_{igh 12} ot Taken Elsewhe	re (Coo instructions fo	13	0.					
L			utions, deductions mus	•		·	income)				
-	14 Compensation of	officers d	rectors, and trustees (Sch	edule K)				14			
	15 Salaries and wag	•						15			
	16 Repairs and mair							16			
1	17 Bad debts			RECEIVE	D	1		17			
1	18 Interest (attach s					1% 		18			
	19 Taxes and license	es	e instructions for limitate	MAY 1 3 70	20	SO-SN 21		19			
2				rules)		S S		20			
_	21 Depreciation (att				IT			205			
•	22 Less depreciation	i ciaimeo c	n Schedule A and elsewhe	re on CODEN, I	<u> </u>	22a		22b			
-	23 Depletion 24 Contributions to	deferred co	ompensation plans					24			
	25 Employee benefit		ponoution plans					25	<u>.</u>		
ע	26 Excess exempt e		chedule I)					26			
	27 Excess readershi		•					27			
:	28 Other deductions	(attach so	hedule)					28			
:	29 Total deductions	Add lines	14 through 28					29		<u>0.</u>	
'			income before net operatin	•				30		0.	
			loss arising in tax years be		ry 1, 2	018 (see instructions)		31		0.	
-			income Subtract line 31 fr					32	Form 990-T		
ŧ	323701 01-09-19 LHA	rorPape	rwork Reduction Act Notic	e, see instructions					1 OIIII 3303 I	(2010)	

Form 990-	(2018) PERFORMING ARTS FORT WORTH, INC.	75-24	157270	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	84,041.					
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	6 Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of								
	lines 33 and 34		36	84,041.					
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	39	3 87	1,000.					
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,		$a \prod$						
	enter the smaller of zero or line 36	<u> </u>	1 38	83,041.					
Part I	V Tax Computation								
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	46	▶ 39	17,439.					
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from:	Į.							
	Tax rate schedule or Schedule D (Form 1041)	•	► 40̈						
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	Ч	S 44	17,439.					
Part \	/ Tax and Payments	*************		•					
45a	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		7						
d	Credit for prior year minimum tax (attach Form 8801 or 8827)] ,						
е	Total credits Add lines 45a through 45d		45e						
46	Subtract line 45e from line 44		46	17,439.					
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (e	ttach schedule							
48	Total tax Add lines 46 and 47 (see instructions)	V	48	17,439.					
49	Total tax Add lines 46 and 47 (see instructions) 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2 Payments: A 2017 overpayment credited to 2018	•	49	0.					
50 a	Payments: A 2017 overpayment credited to 2018	9,447	$\cdot \Box$	•					
b	2018 estimated tax payments 50b		7						
C	Tax deposited with Form 8868	13,108	7						
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		7						
	Backup withholding (see instructions) 50e		7						
f	Credit for small employer health insurance premiums (attach Form 8941) /50f		7						
a	Other credits, adjustments, and payments: Form 2439		7						
·	☐ Form 4136 ☐ Other ☐ Total ► 50g								
51	Total payments Add lines 50a through 50g		51	22,555.					
52	Estimated tax penalty (see instructions) Check if Form 2220 is attached	53	52	119.					
53	Tax due If line 51 is less than the total of lines 48, 49, and 52, enter amount owed		- 58	-					
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	55	- 54	4,997.					
55	4 000	inded >	55	0.					
Part \									
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority			Yes No					
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file								
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of the foreign country								
	here			Х					
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ıgn trust?		X					
	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 >\$								
C:	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	est of my know	ledge and belie	of, it is true,					
Sign	VICE PRESIDENT	/ [May the IRS di	scuss this return with					
Here	10/14 Du DOSE 105/01/2020 CFO			nown below (see					
	Signature of officer Date / Title		instructions)?	X Yes No					
	Print/Type preparer's name Preparer's signature Date C	heck	if PTIN	·					
Paid		elf- employe							
Prepa	rer CHRISTY CATES CHRISTY CATES			0440503					
Use C	nly Firm's name ► WHITLEY PENN LLP	Firm's EIN	▶ 75-	-2393478					
	640 TAYLOR STREET, SUITE 2200								
	Firm's address ► FT. WORTH, TX 76102	Phone no		259-9100					
823711 01-	09-19		F	orm 990-T (2018)					

Schedule A - Cost of Goods	s Sold. Enter	method of inver	itory valuation N/A	· · · · · · · · · · · · · · · · · · ·			
1 Inventory at beginning of year	1		6 Inventory at end of year	ır	6		
2 Purchases	2		7 Cost of goods sold. St	ubtract line 6			
3 Cost of labor	3		from line 5. Enter here	and in Part I,		_	
4 a Additional section 263A costs			line 2	7	<u> </u>		
(attach schedule)	4a		8 Do the rules of section		Yes	No	
b Other costs (attach schedule)	4b		property produced or a	acquired for resale) apply to			
5 Total. Add lines 1 through 4b	5		the organization?				
Schedule C - Rent Income (see instructions)	(From Real	Property and	l Personal Property L	eased With Real Pro	perty) 	
1 Description of property							
(1)						-	
(2)							
(3)			- "				
(4)							
	2. Rent receiv	ed or accrued					
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	and personal property (if the percenta personal property exceeds 50% or if nt is based on profit or income)	ge 3(a) Deductions directions columns 2(a)	tly conne and 2(b)	cted with the income in (attach schedule)	
(1)							
(2)							
(3)			•				
(4)							
Total	0.	Total		0.			
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, column	n (A)			(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)			0.
Schedule E - Unrelated Det	ot-Financed	Income (see	instructions)			***	
			2. Gross income from	3. Deductions directly c			
1. Description of debt-fi	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	s
(1)					+		
(2)			1	· · · · · · · · · · · · · · · · · · ·			
(3)							
(4)							
4. Amount of average acquisition debt on or allocable to debt-inanced property (attach schedule)	of or debt-fina	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5	7, Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			%		\top		
(2)	<u> </u>		%				
(3)	1	-	%	· · · · · · · · · · · · · · · · · · ·			
(4)	 		%				
. 1.7	•		/0	Enter here and on page 1,	\dashv	Enter here and on pag	o 1
				Part I, line 7, column (A)		Part I, line 7, column (
Totals			•		0.		0.
Total dividends-received deductions in	ncluded in columi	n 8	•		<u> </u>		0.

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of recome 2. Amount of income (3. Description of recome (2. Amount of income (3. Description of recome (3. A. Set-anides datach schedule) (and a set anides cold of place of q. (1) (2. (3. (4) (4) (5) (6) (7) (8) (9) (9) (10) (9) (11) (12) (13) (14) (15) (15) (15) (16) (17) (18) (19) (19) (19) (19) (19) (10) (10) (11) (21) (32) (33) (4) (4) (5) (6) (7) (7) (8) (8) (8) (8) (8) (8	Schedule F - Interest,	Annuities, Roya					tions	(see ins	structions	6)
(1) (2) (3) (4) (4) (4) (5) (6) (6) (7) (8) (8) (9) (10) (10) (10) (10) (10) (10) (10) (10	. L						Τ_		- - T	
(3) (4) (4) (5) (5) (6) (7)	1. Name of controlled organizal	iuenn	fication (loss) (se	nrelated income se instructions)			included in the controlling		rolling	connected with income
(3) (4) (4) (5) (5) (6) (7)	(1)				†		<u> </u>			
Comparison Controlled Organizations S. Net immuno form form S. Total of specified payments 10. Part of others it that is included with income or column 1.					 		1			-
Add columns 8 and 10					<u> </u>		<u> </u>			
Schedule - Exploited Exempt Activity Income, Controlled Cont	13)				····		<u> </u>			
7. Taxable income 8. Net unrelied income [leas) (sea nativations)		izations								· ·-
(1) (2) (3) (4) Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (B) (5) (6) 1. Description of income 1. Description of income 2. Amount of income 2. Amount of income 3. October No. (ase instructions) (6) (7) (8) (9) (9) (1) (2) (3) (4) (4) (5) Carter here and on page 1, Part 1, line 9, column (B) (6) (7) (8) (8) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (1) (1) (2) (3) (4) (4) (5) (6) (6) (6) (7) (7) (8) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7		T	(1) O Tot	al of an angle done		10 Part of colu	O ibai	io included	11 Dag	hustians directly servested
23	7. Taxable income		ns)		ments	in the control	ing organ	ization's	with	income in column 10
23	(1)	·								•
(4) Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (8) 1. Description of income 2 Amount of income 2 Amount of income 3. Deductions develop connected plates schedule (1) (2) (3) (4) Enter here and on page 1, Part 1, line 9, column (8) (a) Enter here and on page 1, Part 1, line 9, column (8) (b) Enter here and on page 1, Part 1, line 9, column (8) (c) 1. Description of income (see instructions) 3. Enter here and on page 1, Part 1, line 9, column (8) Enter here and on page 1, Part 1, line 9, column (8) (c) (d) Enter here and on page 1, Part 1, line 9, column (8) Enter here and on page 1, Part 1, line 9, column (8) Enter here and on page 1, Part 1, line 9, column (8) Enter here and on page 1, Part 1, line 9, column (8) (a) (b) Enter here and on page 1, Part 1, line 9, column (8) Enter here and on page 1, Part 1, line 9, column (8) Enter here and on page 1, Part 1, line 9, column (8) Enter here and on page 1, Part 1, line 9, column (8) Enter here and on page 1, Part 1, line 8, column (8) (c) (d) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column (8) Enter here and on page 1, Part 1, line 10, column		<u> </u>								
Add columns 5 and 10 Enter here and on page 1, Part 1, line 8, column (8) O . O .										
Add columns (and 1) Enter here and on page 1, Part 1, line 8, column (B)		1	-							
Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2 Amount of income 2 Amount of income 3. Obscusioners (stach schedule) 4. Sectastics (saltach schedule) 5. Total defeators (saltach schedule) (sa	-17		··········			Enter here and	i on page	1, Part I,	Enter he	ere and on page 1, Part I,
Companies Comp						line 8,	column (A		· '	
1. Description of excome 2 Amount of income 2 Amount of income 3. Desturitors 4. Set-saides (attach schedule) (att	Totals		١.		▶			0.		0.
1. Description of income 2 Amount of income 2 Amount of income 3. Description defectors directly controlled (attach schedule) 4. Set-sarides (attach schedule) 5. Total defectors directly controlled (attach schedule) 6. Index as addes (col 3 plus cel 4) 7. Set the her and on page 1, part 1, line 9, column (9) 8. Enter here and on page 1, part 1, line 9, column (9) 8. Enter here and on page 1, part 1, line 9, column (9) 9. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 1. Description of exploited activity that exploit activity that exploited activity that exploit exploited activity that exploited activity that exploited activity that exploit exploited activity that e	Schedule G - Investme	ent Income of a	Section 501(c)	7), (9), or ((17) Org	ganization				
1. Description of excome 2 Amount of income 2 Amount of income 3 Assistance (attach schedule) (attach schedule) (col 3 plus col 4) (col 3 plus col 4) (d) Enter here and on page 1, Part I, Inne 9, column (A) 1. Description of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 3. Expenses description of exploited activity and ex	(see inst	ructions)								
(c) 3 plus cet 4) (2) (3) (4) Enter here and on page 1, Part, line 9, column (h) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Describor of exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 2. Gross unrelated business are cell yearness of the production of	1 Date	cription of income		2 Amount of	Lincome			4. Set-	asides	
(2) (3) (4) Enter here and on page 1,	I. Desi	arption of income		2 Amount of	income			(attach s	schedule)	
(2) (3) (4) Enter here and on page 1,	(1)									
(3) (4) Enter here and on page 1. Part I, line 9, column (A) Column 5 Column 6 Column 6 Column 6 Column 6 Column 6 Column 7 Column 6 Column 6 Column 6 Column 7 Column 6 Column 6 Column 6 Column 7 Column 6 Column 7 Column 6 Column 7 Column 7 Column 7 Column 7 Column 8 Column 8 Column 8 Column 8 Column 8 Column 8 Column 9 Column 9 Column 9 Column 1 Col		•								
Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (B)										
Enter here and on page 1, Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (B)										1
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 2. Gross income from trade or business income from activity that many trade or business income from acti						\$455.5 (B)	\$62.75** \$5. [*]	ي پي ۱۸۰ -	ekan.	Enter here and on page 1,
Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of exploited activity 1. Description of exploited activity that description of confusion of exploited activity that description activity that from activity that from activity that the parameters of exploited activity that the para	Takala			Part I, line 9, co	_					(
(see instructions) 1. Description of exploited activity unrelated business unrelated business (scolumn 2 income from unrelated trade or business (scolumn 2 income from unrelated trade or business (scolumn 3 if a gain, compute colds 5 through 7 is not unrelated business (scolumn 3 if a gain, compute colds 5 through 7 is not unrelated business (income from activity that is not unrelated business income in through 1 income from activity that is not unrelated business income in through 3 if a gain, compute colds 5 through 7 is not unrelated business income in through 7 income from 2 income from 2 income in a column 4 income in a column 4 income in a column 5 income in a column 4 income in a column 5 income in a column 4 income in a column 5 income in a column 6 in		Exempt Activity	/ Income, Othe	r Than Ad		ng Income	* 11/2 47 4.7	2" , or hall	Hanker .	1
1. Description of exploited activity unrelated business income from tare or business (column 2 business (column 2 business (column 3) if a gain, compute colors 5 through 7 (1) (2) (3) (4) Enter here and on page 1, Part I, line 10, col (A) line 10, col (B) Schedule J - Advertising Income (see instructions) Part IJ Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 2. Gross advertising costs of shrough 7 4. Advertising gain or (loss) (col 2 minus or (loss) (col 2 minus or (loss) (col 2 minus or (loss) (col 3 minus or (loss) (col 2 minus or (loss) (c	(see instr	uctions)								
1. Description of exploited activity under the exploited activity and exploited activity under the exploited activity that is not unrelated business (column 5 (1) (2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Ine 10, col (A) Part II, line 10, col (B) Part II Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising activity under the properties of the exploited activity under the exploited activity that is not unrelated business (column 5 activity that is			3 Evposoo	4, Net incor	me (loss)					7 Excess exempt
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodical Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs income (see instructions) (1) (2) (3) (4) Totals (carry to Part II, line (5)) • O • O • O • O • O • O • O • O • O •		unrelated business income from	directly connected with production of unrelated	business (co minus colum gain, comput	olumn 2 nn 3) If a te cols 5	from activity is not unrela	that ted	attribut	able to	expenses (column 6 minus column 5, but not more than
(2) (3) (4) Enter here and on page 1, Part 1, line 10, col (A) Schedule J - Advertising Income (see instructions) Part I Income From Periodical Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising costs advertising costs advertising costs income (see instructions) (1) (2) (3) (4) Totals (carry to Part II, line (5)) • O • O • O • O • O • O • O • O • O •	(1)			1						
Enter here and on page 1, Part I, line 10, col (A) Ine 10, col (B)						i				,
Enter here and on page 1, Part I, line 10, col (A) Ine 10, col (B)	(3)			1						
Enter here and on page 1, Part I, line 10, col (A) O O O O O O O O O O O O O O O O O O O				1						
Schedule J - Advertising Income (see instructions) Part, I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising costs col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 0. 0. 0.		page 1, Part I, line 10, col (A)	page 1, Part I, line 10, col (B)							on page 1, Part II, line 26
Part, I Income From Periodicals Reported on a Consolidated Basis 1. Name of periodical 2. Gross advertising income 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 2. Gross advertising costs advertising costs or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6 Readership costs (column 6 minus column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4) 7. Excess readership costs (column 6 minus column 5, but not more than column 4)	Totals				. w .972.000		HE CONTRACT			<u>U</u> .
1. Name of periodical 2. Gross advertising income 3. Direct advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5))					B ! -					
1. Name of periodical 2. Gross advertising income 3. Direct advertising costs (col 2 minus col 3) If a gain, compute cols 5 through 7 (1) (2) (3) (4) Totals (carry to Part II, line (5)) 2. Gross advertising costs advertising costs (col 2 minus col 3) If a gain, compute cols 5 through 7 5. Circulation income 6 Readership costs (column 6 minus column 5, but not more than column 4) (4) 5. Circulation income costs (column 6 minus column 4) (5) (6) (7) (8) (9) (1) (1) (2) (3) (4) (4) (5) (6) (7) (7) (7) (8) (9) (9) (1) (1) (1) (2) (3) (4) (4) (5)	Part,⊠ Income From	Periodicals Rep	orted on a Cor	nsolidated	Basis					
(3) (4) Totals (carry to Part II, line (5)) 0. 0. 0.	1. Name of periodical	advertising		or (loss) (o s col 3) If a g	col 2 minus jain, comput					costs (column 6 minus column 5, but not more
(3) (4) Totals (carry to Part II, line (5)) 0. 0. 0.	(1)	1		2000 C	(1) (\$\display)	ŽĮ.				
(3) (4) Totals (carry to Part II, line (5)) 0. 0. 0.										
Totals (carry to Part II, line (5))										
Totals (carry to Part II, line (5))		· · · · · · · · · · · · · · · · · · ·	- -							
			-	Paralla and a	"Krisser , Agg	(20)				COLUMN DOMESTICS OF STANK OF STANK
	Totals (carry to Part II, line (5))	•	0.	0.						0.

Form 990-T (2018) PERFORMING ARTS FORT WORTH, INC. 75-24572 Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by line basis)

1. Name of periodical		2 Gross advertising income	3. Direct advertising costs	Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)	\neg						
(2)							
(3)							
(4)	T						
Totals from Part I	▶	0.	Ö.				0
		Enter here and on page 1, Part I, line 11, col (A).	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5)	•	0.	ο.				0

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14	0.		

Form 990-T (2018)

FORM 990-T DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED STATEMENT 1 BUSINESS ACTIVITY

GIFT SHOP OPERATION AND EQUIPMENT RENTAL

TO FORM 990-T, PAGE 1

, SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

irelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

► Go to www.irs.gov/Form990T for instructions and the latest information.

■ Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

ENTITY

OMB No 1545-0687

Department of the Treasury Internal Revenue Service (99) Name of the organization

PERFORMING ARTS FORT WORTH, INC.

Employer identification number 75-2457270

Unrelated business activity code (see instructions)

453220

Property the unrelated trade or business.

Part I Unrelated Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sales 387,572.	`		1	
b Less returns and allowances c Balance ▶	1c	387,572.		
2 Cost of goods sold (Schedule A, line 7)	2	264,417.		
3 Gross profit Subtract line 2 from line 1c	3	123,155.		123,155.
4 a Capital gain net income (attach Schedule D)	4a			
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction for trusts	4c			
5 Income (loss) from a partnership or an S corporation (attach				
statement)	5			
6 Rent income (Schedule C)	6			
7 Unrelated debt-financed income (Schedule E)	7]		
8 Interest, annuities, royalties, and rents from a controlled				
organization (Schedule F)	8			
9 Investment income of a section 501(c)(7), (9), or (17)	1			
organization (Schedule G)	9			
Exploited exempt activity income (Schedule I)	10			
1 Advertising income (Schedule J)	11			
2 Other income (See instructions, attach schedule)	12			
3 Total. Combine lines 3 through 12	13	123,155.		123,155.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.)

14	Compensation of officers, directors, and trustees (Schedule K)	14	<u> </u>
15	Salaries and wages	15	
16	Repairs and maintenance	16	
17	Bad debts	17	
18	Interest (attach schedule) (see instructions)	18	
19	Taxes and licenses	19	
20	Charitable contributions (See instructions for limitation rules)	20	
21	Depreciation (attach Form 4562)		
22	Less depreciation claimed on Schedule A and elsewhere on return 22a	22b	
23	Depletion	23	
24	Contributions to deferred compensation plans	24	·
25	Employee benefit programs	25	
26	Excess exempt expenses (Schedule I)	26	
27	Excess readership costs (Schedule J)	27	
28	Other deductions (attach schedule) SEE STATE	EMENT 2 28	39,114.
29	Total deductions. Add lines 14 through 28	29	39,114.
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line	13 30	84,041.
31	Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see		
	instructions)	31	
32	Unrelated business taxable income Subtract line 31 from line 30	32	84,041.

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule M (Form 990-T) 2018

PERFORMING	G_ARTS F	ORT WORT	H, INC.	75-24	5727	0
Schedule A - Cost of Goods	Sold. Enter			*		
 Inventory at beginning of year 	1	171,654.	6 Inventory at end of yea		6	241,048.
2 Purchases	2	243,249.	1			
3 Cost of labor	3	72,083.	from line 5 Enter here	and in Part I,	<u> </u>	264,417.
4a Additional section 263A costs			line 2	0004 ()	7	Yes No
(attach schedule)	* 4a	18,479.	8 Do the rules of section	, ,		765 110
b Other costs (attach schedule)	40	505,465.	1 ' ' ' '	equired for resale) apply to		l x
5 Total. Add lines 1 through 4b Schedule C - Rent Income (5 From Real		Personal Property L	eased With Real Pr	operty)	
(see instructions)		. roporty and	. 5.55		- ,	
Description of property						
(1)						
(1)						
(3)						
(4)			· · · · ·	-47 -		
	2 Rent receiv	ed or accrued				
(a) From personal property (if the percent for personal property is more 10% but not more than 50%)	centage of than	` of rent for p	nd personal property (if the percental ersonal property exceeds 50% or if t is based on profit or income)	ge 3(a) Deductions directions 2	a) and 2(b) (ted with the income in attach schedule)
(1)		ĺ				
(2)						
(3)						
(4)						· · · · · · · · · · · · · · · · · · ·
Total	0.	Total		0.		
(c) Total income. Add totals of columns		ter		(b) Total deduction Enter here and on page	1,	•
here and on page 1, Part I, line 6, column Schedule E - Unrelated Deb		Incomo /		0 . Part I, line 6, column (B)		0.
Schedule E - Officiated Dec	ot-Financeu	income (see	Instructions	3. Deductions directly	connected	with or allocable
			2. Gross income from		nanced prop	
1. Description of debt-fir	nanced property		or allocable to debt- financed property	(a) Straight line depreciation (attach schedule)	'	(b) Other deductions (attach schedule)
(1)						
(2)						
(3)						
(4)						
 Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 	of or debt-fina	e adjusted basis allocable to inced property h schedule)	6. Column 4 divided by column 5	7 Gross income reportable (column 2 x column 6)	ı	8, Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)			%			
(2)			%			
(3)			%			
(4)			%			
				Enter here and on page 1, Part I, line 7, column (A)		Enter here and on page 1, Part I, line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions in	ncluded in colum	n 8				0.

FORM 990-T (M)	OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION		AMOUNT
HR TRAINING & STAFF DEVELOPME	ent	3.
STAFF RECOGNITION		14.
STAFF MEETINGS & EVENTS		38.
HR RESEARCH & SUPPORT		16.
PROFESSIONAL DUES & MEMBERSHI	P	4.
STAFF NAME BADGES		22.
VOLUNTEER NAMETAGS		28.
VOLUNTEER RECEPTION		606.
VOLUNTEER PRINT & TRAINING		266.
VOLUNTEER OTHER		104.
VOLUNTEER TICKETS		112.
VOLUNTEER PARKING		2.
IT - COMPUTER SYSTEM MAINTENA	INCE	380.
IT - MS DYNAMICS		143.
IT - TIMECLOCK PLUS		113.
IT - TELEPHONE - GENERAL		2,159.
IT - COPIER/FAX/POSTAGE MAINT	ENANCE AND SUPPPLIES	89.
IT - EQUIPMENT RENTAL		913.
SECURITY - PERSONNEL		7,456.
SECURITY - PROFESSIONAL SERVI	CE	1,676.
UTILITIES		6,051.
PEST CONTROL & TRASH		338.
FIRE SYSTEMS INSPECTIONS		339.
BUILDING CLEANING & PAPER SUP	PPLIES	842.
GENERAL SUPPLIES	-	665.
ELEVATOR MAINTENANCE		824.
OFFICE POSTAGE, COURIER, & FF	REIGHT	39.
INSURANCE		6,317.
TAX RETURN PREPARATION		2,993.
AUDIT		833.
BANK FEES		235.
POINT OF SALE SYSTEM	•	5,494.
TOTAL TO SCHEDULE M, PART II,	LINE 28	39,114.
FORM 990-T (M) COST (OF GOODS SOLD - OTHER COSTS	STATEMENT 3
DESCRIPTION		AMOUNT
MERCHANT FEES		8,830.
SUPPLIES		9,649.
TOTAL TO FORM 990-T, SCHEDULE	A. LINE 4B	18,479.
	, 	

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for

► Go to www.irs.gov/Form990T for instructions and the latest information.

Unrelated Trade or Business

For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019

OMB No 1545-0687

ENTITY

Open to Public Inspection for 50 (6)(3) Organizations Only

Department of the Treasury Internal Revenue Service (99) Name of the organization

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

Employer identification number 75-2457270 PERFORMING ARTS FORT WORTH, INC.

	Inrelated business activity code (see instructions)				
	escribe the unrelated trade or business EQUIPMENT	RED	l'TAL	<u> </u>	1
(Pa	t I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net	
1 a	Gross receipts or sales 83,478.				
b	Less returns and allowances c Balance	1c	83,478.		
2	Cost of goods sold (Schedule A, line 7)	2	121,520.		25.52% (24.04.52%)
3	Gross profit Subtract line 2 from line 1c	3	-38,042.	MERCHANT TO THE TOTAL TO THE	-38,042.
4 a	Capital gain net income (attach Schedule D)	4a			
ь	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		製造の製造を開発したが	
С	Capital loss deduction for trusts	4c		でいた。公司を認	
5	Income (loss) from a partnership or an S corporation (attach			经外联公司公司	
	statement)	5			
6	Rent income (Schedule C)	6			
7	Unrelated debt-financed income (Schedule E)	7			
8	Interest, annuities, royalties, and rents from a controlled				:
	organization (Schedule F)	8			
9	Investment income of a section 501(c)(7), (9), or (17)				
	organization (Schedule G)	9	-d-		
10	Exploited exempt activity income (Schedule I)	10			
11	Advertising income (Schedule J)	11			
12	Other income (See instructions, attach schedule)	12			
13	Total. Combine lines 3 through 12	13	-38,042.		-38,042.
	Deductions Not Taken Elsewhere (See instructions deductions must be directly connected with the undertaken to the connected with the undertaken to the connected with the undertaken to the connected with	ınrela	ted business incon	ne.)	
14	Compensation of officers, directors, and trustees (Schedule K)			14	,
15	Salaries and wages			15	
16	Repairs and maintenance		•	16	
17	Bad debts			17	
18	Interest (attach schedule) (see instructions)			18	
19	Taxes and licenses			19_	
20	Charitable contributions (See instructions for limitation rules)		1 1	20	
21	Depreciation (attach Form 4562)		21		
22	Less depreciation claimed on Schedule A and elsewhere on return		22a		
23	Depletion			23	
24	Contributions to deferred compensation plans			24	
25	Employee benefit programs			25	
26	Excess exempt expenses (Schedule I)			26	
27	Excess readership costs (Schedule J)			27	
28	Other deductions (attach schedule)			28	ļ
29	Total deductions. Add lines 14 through 28			29	0.
30	Unrelated business taxable income before net operating loss dedu		-38,042.		
31	Deduction for net operating loss arising in tax years beginning on o	\$\$\\\			

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Unrelated business taxable income Subtract line 31 from line 30

Schedule M (Form 990-T) 2018

-38,042.

31

Form 990-T (2018)								Page 3
PERFORMING						75-2457	270	
Schedule A - Cost of Goods	Sold. Enter	method of invent	tory va	luation > N/A		1		,
1 Inventory at beginning of year	1		7	Inventory at end of year		<u>_</u>	6	
2 Purchases	7 Cost of goo			Cost of goods sold. Su	Subtract line 6			
3 Cost of labor	3			from line 5. Enter here	and in P	Part I,	⊣	
4a Additional section 263A costs				line 2			7 12	1,520.
(attach schedule)	4a		-	Do the rules of section	263A (v	vith respect to		Yes No
b Other costs (attach schedule) *	* 4b	121,520.	property produced or acquired for resale) apply to					
5 Total. Add lines 1 through 4b	5	121,520.	<u> </u>	the organization?			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	<u> </u>
Schedule C - Rent Income (I (see instructions)	From Real I	Property and	Pers	sonal Property L	ease	d With Real Prope	erty)	
					-			
1. Description of property								
(1)								
(2)								
(3)								
(4)						· · · ·		
		ed or accrued				3(a) Deductions directly c	onnected with the i	псоте іл
rent for personal property is more than of rent for pe			ersonal (personal property (if the percentage columns 2(a) and 2(b) (attach schedule) spaced on profit or income)				
(1)				· · ·				
(2)								
(3)								
(4)								
Total	0.	Total			0.			
(c) Total income. Add totals of columns a here and on page 1, Part I, line 6, column		ter			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	•	0.
Schedule E - Unrelated Deb		Income (see	ınstru	ctions)				
		·	,	Gross income from		3 Deductions directly conne to debt-finance	ected with or allocal	ble
Description of debt-financed property			-	or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
			<u> </u>					
(1)			_				ļ	
(2)			ļ				ļ	
(3)							ļ	
(4)			 				 	
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule) 5. Average adjusted basis of or allocable to debt-financed property (attach schedule)		6	Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)		8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))		
(1)				%				
(2)				%				
(3)				%				
(4)				%				
				_		nter here and on page 1, Part I, line 7, column (A)	Enter here an Part I, line 7,	

Form 990-T (2018)

Totals

Total dividends-received deductions included in column 8

FORM 990-T (M) COST OF GOODS SOLD - OTHER COSTS	STATEMENT 4
DESCRIPTION	AMOUNT
401K - SECURITY	335.
BENEFITS - SECURITY	1,553.
BRASS MAINTENANCE	1,040.
BUILDING CLEANING & PAPER SUPPLIES	2,420.
CHILLER MAINTENANCE CONTRACT	687.
CORPORATE INSURANCE	18,150.
DEPRECIATION ON EQUIPMENT	6,970.
ELECTRICAL SUPPLIES & OUTSIDE LABOR	1,129.
ELEVATOR MAINTENANCE CONTRACT	2,366.
FIRE SYSTEMS INSPECTIONS	972.
GENERAL SUPPLIES	1,914.
GENERATOR MAINTENANCE CONTRACT	128.
LANDSCAPE MAINTENANCE	613.
MAINTENANCE & REPAIRS	3,215.
MANAGEMENT SALARIES - SECURITY	10,684.
MCDAVID AUDIO UPGRADE	19,823.
PAINTING SUPPLIES & OUTSIDE LABOR	588.
PART TIME LABOR - SECURITY	562.
PAYROLL TAXES - SECURITY	839.
PEST CONTROL	163.
PLUMBING & HVAC SUPPLIES & MAINTENANCE	2,819.
RH 401(K)	198.
RH ADVERTISING	646.
RH BENEFITS	948.
RH LABOR	1,723.
RH OTHER EXPENSES	810.
RH OVERTIME	70.
RH PAYROLL TAXES	525.
RH SALARIES	4,923.
ROOF MAINTENANCE	290.
SE - AMERICAN AIRLINES TRADE EXPENSE	23.
SE - CLEANING (MI)	1,643.
SE - EDUCATION & TRAINING	43.
SE - TRAVEL EXPENSE	65.
SECURITY - AMERICAN AIRLINES TRADE	104.
SECURITY - BACKGROUND CHECKS	1,487.
SECURITY - DUES	162.
SECURITY - EDUCATION & TRAINING	57.
SECURITY - EQUIPMENT	320.
SECURITY - PERSONNEL	21,424.
SECURITY - PROFESSIONAL SERVICE	4,816.
SECURITY - SUPPLIES	157.
SECURITY - TRAVEL & MEETINGS	223.
SECURITY ACCESS AND VIDEO UPGRADE	2,409.
TRASH DISPOSAL	809.
WATER TREATMENT MAINTENANCE CONTRACT	276.
WINDOWS & EXTERIOR CLEANING	399.
TOTAL TO FORM 990-T, SCHEDULE A, LINE 4B	121,520.