				20293 ⁷	4847043 0
Form 990-T	Exempt Organization Bus	ines	s Income Ta	x Return	OMB No 1545-0687
	For calendar year 2018 or other tax year beginning JUL 1,	er sec: 2.0.1	iion ooss(e)) 8	130. 2019	2018
	Go to www irs gov/Form990T for in:				
Department of the Treasury Internal Revenue Service	▶ Do not enter SSN numbers on this form as it may			ion is a 501(c)(3)	501(c)(3) Organizations Only
A Check box if address changed	Name of organization (hanged a	nd see instructions.)		Employer identification number (Employees' trust, see instructions)
B Exempt under section	Print PHOENIX ART MUSEUM				86-0072608
X 501(c)(3 0) 408(e) 220(e)	Number, street, and room or suite no. If a P.O. box 1625 N. CENTRAL AVE.	c, see inst	ructions.	E	Unrelated business activity code (See instructions)
408A 530(a)	City or town, state or province, country, and ZIP or PHOENIX, AZ 85004	r foreign į	postal code		153220
Book value of all assets	F Group exemption number (See instructions.)	>		[=	25220
at end of year 8,171,8		oration	501(c) trust	401(a) t	rust Other trust
H Enter the number of the	organization's unrelated trades or businesses.	1	Describe th	e only (or first) unre	elated
trade or business here				omplete Parts I-V. If	-
	lank space at the end of the previous sentence, complete Par	rts I and	II, complete a Schedule N	1 for each additional	trade or
business, then complete		ıt oubordı	on controlled group?		Yes X No
	the corporation a subsidiary in an affiliated group or a paren and identifying number of the parent corporation.	it-subsidi	ary controlled group?		Tes NO
	► THE ORGANIZATION		Telephor	ne number 🕨 60	2-257-1880
	d Trade or Business Income		(A) Income	(B) Expenses	(C) Net
1a Gross receipts or sale	s				
b Less returns and allow	wances c Balance	10			
2 Cost of goods sold (S	• •	2			3 27 27 27 27
3 Gross profit. Subtract		3			
4a Capital gain net incom	,	4a			
	4797, Part II, line 17) (attach Form 4797)	4b			
c Capital loss deduction		4c			
• •	partnership or an S corporation (attach statement)	5 6			
6 Rent income (Schedul	ed income (Schedule E)	7			
	/alties, and rents from a controlled organization (Schedule F)	8			
	f a section 501(c)(7), (9), or (17) organization (Schedule G)	9			
	vity income (Schedule I)	10			
11 Advertising income (S	· · · · · · · · · · · · · · · · · · ·	11			
	structions, attach schedule) STATEMENT 1	12	62,738.		62,738.
13 Total, Combine lines	3 through 12	13	62,738.		62,738.
	ns Not Taken Elsewhere (See instructions fo contributions, deductions must be directly connected			ncome)	
14 Compensation of offi	icers, directors, and trustees (Schedule K)				14
15 Salaries and wages					15 13,609.
16 Repairs and mainten	ance			L	16
17 Bad debts				F	17
•	dule) (see instructions)			-	18
19 Taxes and licenses—	BLOCA (ED			F	19
	ons (Securist fictions final mutation rules)		+ 0.4	-	20
21 Depreciation (attach	Form 4562)		21 22a		22b
22 Less depreciation of 22 23 Depletion	med length the full A 2000 flow mare on return		[224]	-	23
	Fried (not best for the first			F	24
25 Employee benefit pro	1			<u> </u>	25 3,822.
26 Excess exempt exper	•			F	26
27 Excess readership co				, [27
28 Other deductions (at			SEE STATE		28 13,954.
,	dd lines 14 through 28			28 [29 31,385.
	axable income before net operating loss deduction. Subtract				30 31,353.
	erating loss arising in tax years beginning on or after Januar	y 1, 2018	(see instructions)	٦, ١	31
	axable income. Subtract line 31 from line 30			<u></u>	31,353.
823701 01-09-19 LHA FO	or Paperwork Reduction Act Notice, see instructions.				Form 990-T (2018)

Form 990-			00-0	0/2008		, ago <u>r</u>
Part I	II Total Unrelated Business Taxable Income					
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see	e instruct	ions)	33	31,3	<u>53.</u>
34	Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instru	ictions)	STMT 3	35	20,2	10.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the si				<u>_</u>	
	lines 33 and 34			36	11.1	43.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		2	8 37	11,1 1,0	00.
		26	•	00		
38	Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line and the amelies of area or line 36.	30,	2	39 28	10,1	13
Dord I	enter the smaller of zero or line 36			24 38	10,1	
Part I	· · · · · · · · · · · · · · · · · · ·			- - - - - - - - - - 	2 1	20
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		40	39	<u> </u>	30.
40	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount of	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			45 44	2,1	30.
Part \						
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	45a		\Box		
	Other credits (see instructions)	45b				
b	General business credit. Attach Form 3800	45c		⊣ ∣		
C				-		
đ		45d		45		
е	Total credits. Add lines 45a through 45d			45e	2 1	
46	Subtract line 45e from line 44			46	<u>Z, 1</u>	30.
47	Other taxes. Check if from. Form 4255 Form 8611 Form 8697 Form 880	66	Other (attach schedu			
48	Total tax Add lines 46 and 47 (see instructions)			f9 <u>18</u>	2,1	30.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2			49		<u>0.</u>
50 a	Payments: A 2017 overpayment credited to 2018	50a				
b	2018 estimated tax payments	50b				
c	Tax deposited with Form 8868	50c				
	Foreign organizations: Tax paid or withheld at source (see instructions)	50d				
	Backup withholding (see instructions)	50e				
	Credit for small employer health insurance premiums (attach Form 8941)	50f		_		
		301		\dashv \mid		
g						
	Form 4136 Other Total ▶	50g				
51	Total payments. Add lines 50a through 50g			51		88.
52	Estimated tax penalty (see instructions). Check if Form 2220 is attached			52		
53	Tax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed			► 5 <u>4.55</u>	2,2	18.
54	Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		1	54		
55	Enter the amount of line 54 you want: Credited to 2019 estimated tax		Refunded	55		
Part \	I Statements Regarding Certain Activities and Other Information	n (see	instructions)			
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature	or other a	uthority		Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization	may have	e to file			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign co	ountry		[
	here					Х
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or tra	ansferor t	o, a foreign trust?			Х
•	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 >\$					
	Under penalties of perjury declare that I have examined this return, including accompanying schedules and state	tements, an	d to the best of my kn	owledge and be	lef, it is true,	<u>+</u>
Sign	correct, and complete declaration of preparer (ather than taxpayer) is based on all information of which preparer	has any kn	owledge			
Here	X-M/ack Long X-1/2000 CFO/INT	ERTM	CEO		discuss this return v	with
-	Sponsorie of officer Title		CHO		shown below (see	ا _{۱۸} ۸ [
	Duty / Hills				A TES	No
	Print/Type preparer's name Preparer's signature Dat	te	Check	」 if │PTIN		
Paid			self- emplo			
Prepa	rer COLETTE KAMPS, CPA COLETTE KAMPS, CPA 04	/24/			0367616	
Use C	Inly Firm's name ► HENRY & HORNE, LLP		Firm's EIN	<u>► 86</u>	<u>-013388</u>	1
	2055 E WARNER ROAD, SUITE 101					
	Firm's address ► TEMPE, AZ 85284		Phone no.	<u>480-8</u>	39-4900	
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Schedule A - Cost of Good	s Sold. Enter	method of inver	tory v	aluation > N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ar		6		
2 Purchases	2		7	Cost of goods sold Si	ubtract l	ine 6			
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,]	
4 a Additional section 263A costs				line 2			7		
(attach schedule)	4a		8	Do the rules of section	263A (v	with respect to		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		Ī	the organization?					
Schedule C - Rent Income	(From Real	Property and	Per	sonal Property L	.ease	d With Real Prop	erty))	
(see instructions)									
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	ersonal	onal property (if the percentar property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) ar	connected (b) (eted 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)	•			0.	(b) Total deductions Enter here and on page 1, Part I, line 6, column (B)	>		0.
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
						3 Deductions directly con			
_			2	Gross income from or allocable to debt-	(2)	to debt-finance	ea prop	(b) Other deduction	
Description of debt-fit	nanced property			financed property	(")	(attach schedule)		(attach schedule)	3
(1)									
(2)						-			
(3)									
(4)									
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6	Column 4 divided by column 5		7 Gross income reportable (column 2 x column 6)		8 Allocable deductr (column 6 x total of col 3(a) and 3(b))	ons lumns
(1)		•	†	%					
(2)		-	†	<u> </u>					
(3)		•		%					
(4)				%		· · · · · · · · · · · · · · · · · · ·	1	_	
	<u> </u>		1	70	-	nter here and on page 1,	+	Enter here and on page	e 1
						Part I, line 7, column (A)		Part I, line 7, column (l	
Totals		Ĺ		•		0	.		0.
Total dividends-received deductions in	ncluded in columi	ı 8							0.

Schedule F - Interest, A	Annuities, Roya	lties, an			_		itions	(see ins	tructions	5)
			Exempt C	ontrolled O	rganızatio	ons				
1 Name of controlled organizate	e of controlled organization 2 Employer identification number				al of specified nents made 5 Part of column 4 included in the contorganization's gross		d in the contro	ntrolling connected with income		
			-				ļ			
<u>(1)</u> (2)							 			
		. "					 			
(3)			 						- -	
(4) Nonexempt Controlled Organiz	zations		1				!			
	1	(1)	0 7-1-1-			10 Part of colu	O 4h-4		44 0	
7. Taxable Income	8 Net unrelated inco (see instruction		y rotard	of specified payr made	nents	in the controlli	ing organiz s income	s included cation's	with	ductions directly connected income in column 10
(1)		-			-	-				
(2)			-		· •					
_(3)									-	
						-				
_(4)			<u> </u>			Add colun Enter here and	nns 5 and on page 1	1		d columns 6 and 11 ere and on page 1, Part I,
						line 8, d	column (A)		1	ine 8, column (B)
Totals					>			0.		0.
Schedule G - Investmer (see instr		Section	501(c)(7)), (9), or (17) Org	anization				_
1. Descri	ription of income			2 Amount of	ıncome	3 Deduction directly connected (attach scheduler)	cted	4 Set-a		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)										
	-			Enter here and o Part I, line 9, co						Enter here and on page 1, Part I, line 9, column (B)
Totals			▶		0.					0.
Schedule I - Exploited I	•	y Income	e, Other	Than Adv	ertisin	g Income			ï	
Description of exploited activity	2 Gross unrelated business income from trade or business	directly of with pro of uni	penses connected oduction related s income	4 Net incomfrom unrelated business (cominus colum gain, compute through	I trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity t is not unrelat business inco	hat ed	6 Expe attributa colum	ible to	7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)
(1)				-						<u> </u>
(2)							-+	-		
(3)	-				+		-			
(4)					+		o			1
(4)	Enter here and on page 1, Part I, line 10, col (A)	page 1 line 10,	re and on I, Part I, col (8)							Enter here and on page 1, Part II, line 26
Totals	0.		0.							0.
Schedule J - Advertisin		instruction		,, ,, - , ,						
Part I Income From F	Periodicals Rep	orted o	n a Cons	olidated	Basis			_		
1. Name of periodical	2 Gross advertising income		3 Direct ertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus sin, compute	5 Circulat		6 Reade costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)
(1)										
(2)				-			\longrightarrow			
(3)				4						
(4)				-		-				
Totals (carry to Part II, line (5))	•	0.	0 .							0.
										Form 990-T (2018

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	20 tg/ 0 = 20 = 20 = 10 = 10 = 10 = 10 = 10 =	
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	4 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)							
(2)							
(3)							
(4)							
Totals from Part I	▶	0.	0.				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.	0.				0.

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

1. Name	2 Title	3. Percent of time devoted to business	4 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	OTHER	INCOME	STATEMENT 1
DESCRIPTION			AMOUNT
CATERING INCOME			62,738.
TOTAL TO FORM 990-T, PA	GE 1, LINE 12		62,738.
FORM 990-T	OTHER	DEDUCTIONS	STATEMENT 2
DESCRIPTION			AMOUNT
JANITORIAL SANITATION SEWAGE UTILITIES ADMINISTRATIVE COSTS			6,465. 530. 362. 500. 6,097.
TOTAL TO FORM 990-T, PA	GE 1, LINE 28		13,954.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 3
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16	5,802.	0.	5,802.	5,802.
06/30/17	13,577.	0.	13,577.	13,577.
06/30/18	831.	0.	831.	831.
NOL CARRYOV	ER AVAILABLE THIS	YEAR	20,210.	20,210.