Form **990-EZ** 

# Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

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Department of the Treasury Internal Revenue Service ▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Go to www.irs,qov/Form990EZ for instructions and the latest information.

Open to Public Inspection

		nue Service						
A F	or the	2018 calend	ar year, or tax year beginning 01/01 , 2018, and ending C Name of organization		12/31	, 20 <sub>18</sub>		
В	Check if ap	D Empl	Employer identification number					
	Address o	change	FRIENDS OF THE PERFORMING ARTS CENTER INC		20	D-1803405		
	Name cha	-	Number and street (or P.O. box, if mail is not delivered to street address)  Room/suite	E Telephone number				
_	Initial retu		PO Box 620613	_	608	8-886-3103		
=	Final retur Amended	m/terminated	City or town, state or province, country, and ZIP or foreign postal code	F Grou	ıp Exer	nption		
=		on pending	Middleton, WI, 53562-0613		nber 🕨			
		ting Method.		Sheck I	<b>▼</b> [7] <sub>4</sub>	the organization is not		
	Vebsite					sch Schedule B		
				•		9-EZ, or 990-PF).		
			✓ Corporation ☐ Trust ☐ Association ☐ Other					
			7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total	accate				
			5500,000 or more, file Form 990 instead of Form 990-EZ	assets	• .	00.000		
`					\$	92,033		
Р	art I		e, Expenses, and Changes in Net Assets or Fund Balances (see the			•		
			the organization used Schedule O to respond to any question in this Part I	• •				
	1		ins, gifts, grants, and similar amounts received		1			
	2	Program se	ervice revenue including government fees and contracts		2	76,100		
	3	Membersh	ip dues and assessments		3	0		
	4	Investment	income	i	4	16		
	5a	Gross amo	unt from sale of assets other than inventory 5a	0				
	ь	Less: cost	or other basis and sales expenses	0				
	С	Gain or (los	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)		5c	0		
	6		d fundraising events:					
	а	•	ome from gaming (attach Schedule G if greater than					
힏	-			0				
CUIS Revenue	b	•	me from fundraising events (not including VSED 0 of contributions					
ુર્ફ			aising events reported on line 1) (attach Schedule (3.)) the	•				
ند سر	1	eum of euc	th gross income and contributions exceeds \$15,000 C. 66	•		,		
. 7								
	C	Less: direc	t expenses from gaming and fundialsing events . (2) . 6c	0				
AUG	d		e or (loss) from gaming and fundraising events (add-lines 6a and 6b and sub	tract				
∢	1		OGDEN, UT		6d	0		
ゴ	7a	Gross sale	s of inventory, less returns and allowances	0				
Ц	b		of goods sold	0				
CANNED	C	Gross prof	t or (loss) from sales of inventory (Subtract line 7b from line 7a)		7c	0		
7	8	Other reve	nue (describe in Schedule O)	<u></u>	8	7,224		
ڒ	9	Total reve	nue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	. 🕨	9	92,033		
٦,	10	Grants and	similar amounts paid (list in Schedule O)		10	6,580		
	11	Benefits pa	aid to or for members		11	0		
S	12	Salaries, of	ther compensation, and employee benefits		12	0		
JS6	13		al fees and other payments to independent contractors		13	48,229		
ē	14		/, rent, utilities, and maintenance		14	7,066		
Expenses	15		ublications, postage, and shipping		15	4,266		
	16	· ·	enses (describe in Schedule O)		16	13,051		
	17	Total expe	unsee Add lines 10 through 16	<u>·</u>	17			
		Evene and	nses. Add lines 10 through 16	· <u>-</u>	18	79,192		
şţ	18 19		or fund balances at beginning of year (from line 27, column (A)) (must agree		10	12,841		
SSE	19		r figure reported on prior year's return)		10			
Ä			'1 £		19	58,509		
Net Assets	20		ges in net assets or fund balances (explain in Schedule O)		20	0		
	21		or fund balances at end of year. Combine lines 18 through 20	. ▶	21	71,350		
For	Panen	work Reduct	ion Act Notice, see the separate instructions. Cat. No. 106421			Form <b>990-EZ</b> (2018)		

Pa	rt II Balance Sheets (see the instructions t	for Part II)				
	Check if the organization used Schedule	•	ny question in this	Part II		🗆
		<del>-</del>		(A) Beginning of year		(B) End of year
22	Cash, savings, and investments		[	58,509	22	71,350
23	Land and buildings			0	23	0
24	Other assets (describe in Schedule O)	<u> </u>	<u> </u>		24	0
25				58,509	-	71,350
26	Total liabilities (describe in Schedule O)				26	0
27	Net assets or fund balances (line 27 of column		<del></del>	58,509	27	71,350
Par	till Statement of Program Service Accom Check if the organization used Schedule	•		•		Expenses
\A/hat	t is the organization's primary exempt purpose?			Part III	(Red	quired for section
Desc as m	cribe the organization's program service accompli- neasured by expenses. In a clear and concise mons benefited, and other relevant information for ea	shments for each o	f its three largest p		orga	(c)(3) and 501(c)(4) anizations, optional for ers)
28	Performing Arts Series - over 2,000 people attended					
	Middleton Community over 65 years Three scholars	ships were awarded to	Middleton High Scl	nool graduates		
	(Continued on Schedule O, Statement 2)					1
29	(Grants \$ 4,300) If this amount	includes foreign gra	ints, check here .	<u> ▶ ⊔</u>	<b>28</b> a	0
30	(Grants \$ ) If this amount	includes foreign gra	nts, check here .	. , ▶ □	<b>29</b> a	1
	Other program services (describe in Schedule O) (Grants \$ 0) If this amount	includes foreign gra	ints, check here		30a	
32	Total program service expenses (add lines 28a t	through 31a)		>	32	0
Par	List of Officers, Directors, Trustees, and Key	/ Employees (list each	one even if not com	pensated—see the ir	nstru	ctions for Part IV)
	Check if the organization used Schedule	O to respond to ar			<u> </u>	<u></u> <u>.</u>
	(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC (if not paid, enter -0-)		1.0	Estimated amount of other compensation
Roge	er Gmur	8	(		0	0
	udent			<del> </del>	+	
	leen Holt	5	ď	<b>'</b>	이	0
	President anne Gmur	10		<u></u>	0	0
	surer	,	,	<b>'</b>	١	·
	Zieman	1			0	0
Secr	etary	1				_
Patty	y Nordhaus	1	C		0	0
Dire	ctor			<u> </u>	┸	<u>.                                    </u>
Jane	Maly	<u> </u> 1	C		0	0
Dire	ctor			<del> </del>		
		-				
				<del></del> -		
		-		<del>                                     </del>	+-	<del></del> .
	· · · · · · · · · · · · · · · · · · ·	1				
					$\top$	
		1				
	<u> </u>				1	



Part	- · · · · · · · · · · · · · · · · · · ·			
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this	s Part		
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33	Yes	No √
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O. See instructions	34		1
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
b	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
С	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		<b>√</b>
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		✓
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions   [37a]			
390 b	Did the organization file <b>Form 1120-POL</b> for this year?	37b		<b>✓</b>
38a	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	38a		- <del>-</del> -
b	If "Yes," complete Schedule L, Part II and enter the total amount involved	July		_
39	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on line 9			
b	Gross receipts, included on line 9, for public use of club facilities	1		
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶		'	
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	 	<b>-</b>
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958			
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		<u></u>
41	List the states with which a copy of this return is filed ► WI			
42a		508-83		
b	Located at ► PO Box 620613, Middleton, WI 53562-0613  At any time during the calendar year, did the organization have an interest in or a signature or other authority over	53562	Yes	
-	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		1
	If "Yes," enter the name of the foreign country ▶			
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
C	At any time during the calendar year, did the organization maintain an office outside the United States?  If "Yes," enter the name of the foreign country	42c		<b>√</b>
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here and enter the amount of tax-exempt interest received or accrued during the tax year	• •	. !	<b>▶</b> □
	D. H		Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		<u> </u>
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b		-
C	Did the organization receive any payments for indoor tanning services during the year?	44c		<b>✓</b>
d	If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	44-		
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	44d 45a		1
45a b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the	100		_
~	meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ. See instructions	AEL		-
		45b	Ll	

Form 990-EZ (:	2018)
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Page	4

									Yes	No
46	Did t	he organization engage, directly or in	ndirectly, in political c	ampaign activities	on behalf	of or in opposit	tion _			
		ndidates for public office? If "Yes," o		, Part I	· · ·	· · · · <u>·                              </u>	·	<u>46</u>		<b>✓</b>
Part		Section 501(c)(3) Organization All section 501(c)(3) organization		stions 47, 40h o	ad EO ana	l aamamlata th	- 4-bla		. سالس	
		50 and 51.	s must answer que	Silons 47–490 at	iu 52, and	i complete th	e table	3S 10	or iiri	es
		Check if the organization used Sc	hedule () to respond	I to any question i	in this Part	· VI				
		Onder it the organization dood oo	noddio o to respond	to any question	in this i tale		<u>· _ · · · · · · · · · · · · · · · · · ·</u>	Ė	Yes	No
47	Did t	he organization engage in lobbying	activities or have a	section 501(h) elec	ction in effe	ect during the	tax [	_		1.00
Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II								47		✓
48	Is the	organization a school as described in	n section 170(b)(1)(A)(i	i)? If "Yes," comple	te Schedul	eE	.	48		1
49a	Did t	he organization make any transfers t	o an exempt non-cha	ritable related orga	anization?		. 4	l9a		<b>√</b>
b		es," was the related organization a se						19ь		
50		plete this table for the organization's								d key
	empl	oyees) who each received more than	1 \$100,000 of comper	nsation from the or	<del></del>		e, ente	r "N	one."	
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MIS	contribut benefit p	ealth benefits, tions to employee lans, and deferred mpensation	(e) Esti		d amou pensat	
None										
		<del></del>			<del></del>					
	· <b></b>									
	·									
				<del></del>		•				
f	Total	number of other employees paid ov	er \$100,000	. ▶						
51		plete this table for the organization			ent contrac	tors who each	receiv	ved	more	than
	\$100	,000 of compensation from the orga	inization. If there is no	one, enter "None."					_	
	(a)	Name and business address of each independ	dent contractor	(b) Type of	service	(c)	Compe	nsatio	n	
				ļ		<del></del>				
None				-						
			<del></del>							
				1						
			·,	-						•
				1						
				<u> </u>						
			·							
			<del> </del>	100.000						
		number of other independent contra	-		.▶		_			
52		the organization complete Schedu pleted Schedule A	ile A? <b>Note:</b> All se	ection 501(c)(3) of	rganization	s must attacr	na .▶☑'	Vac		No
Linder or	•	of perjury, I declare that I have examined this	return including accompan	ving echadules and stat	ements and t	o the best of my kr				
true, cor	rect, ar	id complete Declaration of preparer (other that	n officer) is based on all info	ormation of which prepa	rer has any kn	owledge	iowieage	anu	Dellei,	11.15
		1 Surange Am	ur hoar	ever_						
Sign	l	Signature of officer	/			Date //	2/	<u> </u>	/	
Here		Suzanne Gmur, Treasurer				410	166	101	9	
		Type or print name and title							<u> </u>	
Paid		Print/Type preparer's name	Preparer's signature		Date	Check		IN		
Prepa	arer		self-employed							
Use (		nly Firm's name ► Firm's EIN ►								
May th	201 20	Firm's address ▶ discuss this return with the prepare	r shown above? See	Instructions		Phone no	<b>▶</b> □ •	Yes		No
iviay ili	ie iijo	angongs and remain with the higher	SHOTTH ADDVE: DEE!				- Ш	, cs	1	40

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

**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.

• Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

2018

Open to Public Inspection

Employer identification number

-KIE	ENDS OF THE PERFORMING ARTS CE	NIERING				20-18	03405	
Pa	rt I Reason for Public Chari	ity Status (All	organizations must	comple	te this p	art.) See instruction	ns.	
he	organization is not a private foundat	ion because it i	s: (For lines 1 through	12, chec	k only or	ne box.)		2
1	A church, convention of church	es, or associati	on of churches descri	bed in se	ection 17	O(b)(1)(A)(i).	6	·(/\
2	A school described in section 1						()	· ~ /
3	☐ A hospital or a cooperative hos						O	1
4	A medical research organization						iii) Ent	or tho
4	hospital's name, city, and state		onjunction with a nost	niai uesc	indea iii s	ection motor(man	, <b>1117.</b> Erre	eruie
_		***************************************	···· <del>;;··</del> ···		<del>-</del> -			·
5	An organization operated for the section 170(b)(1)(A)(iv). (Comp		college or university	owned o	r operate	ed by a government	al unit o	described in
6	A federal, state, or local govern	ment or govern	mental unit described	ın sectio	on 170(b)	(1)(A)(v).		
7	☐ An organization that normally r	eceives a subs	tantial part of its sup	port from	a gover	nmental unit or from	the ge	neral public
	described in section 170(b)(1)(	A)(vi). (Complet	e Part II.)					
8	A community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)				
9	An agricultural research organiz			-	orated in	conjunction with a l	and ara	nt collogo
J	or university or a non-land-gran university:	it college of agr	iculture (see instruction	ons). Ente	r the nan	ne, city, and state of	the col	lege or
10	An organization that normally re receipts from activities related t support from gross investment acquired by the organization affiliation.	to its exempt fui income and uni	nctions—subject to co related business taxal	ertain exc ole incom	eptions, e (less se	and (2) no more that ection 511 tax) from	n 33¹/₃%	6 of its
11	An organization organized and	operated exclus	sively to test for public	safety.	See <b>sect</b> i	ion 509(a)(4).		
12	_ *	•	•	-			rv out t	he purposes
-	of one or more publicly suppor							
	Check the box in lines 12a throu							
	_	_	• • • • • • • • • • • • • • • • • • • •		-	•		-
а	_ ,,							
	the supported organization(supporting organization. Yo					ne directors or trust	ees of ti	ne
þ								
	control or management of the organization(s). You must c		_		persons	that control or mana	age the	supported
С	Type III functionally integrates supported organization(s						ally integ	grated with,
		• •	•				rtod or	nanization(s)
d	that is not functionally integral requirement (see instruction	rated. The orga	nization generally mus	st satisfy	a distribu	ition requirement an		
_	• •	•	•				off Trees	~ III
е							ii, iyp	e III
_	functionally integrated, or Ty	•			organizati	ion.	г	
T	Enter the number of supported or						[	
g	Provide the following information	about the supp	orted organization(s).				_	
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		rganization	(v) Amount of monetary		Amount of
			(described on lines 1-10 above (see instructions))		ir governing ment?	support (see instructions)		support (see tructions)
	j		anove (see manuchons))			mad dedolla)	11151	a double)
			1	Yes	No			
A)								
					-			
B) 								
C)								
D) 			<u></u>					
E)								

Par	Complete only if you checked the	ne box on line	€ 5, 7, or 8 of	Part I or if th	e organizatio	n failed to qu	
<u></u>	Part III. If the organization fails to	qualify unde	er the tests lis	sted below, p	lease compl	ete Part III.)	
	ion A. Public Support	(-) 0014	(h) 0015	(5) 0010	(4) 0047	(1) 0040	(0.T-+-)
1	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6_	Public support. Subtract line 5 from line 4			<u> </u>	<u></u>		
	ion B. Total Support		·	·		1	
	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	Total support. Add lines 7 through 10 Gross receipts from related activities, etc First five years. If the Form 990 is for the	•	•		or fifth tay y	12	on 501(c)(3)
13	organization, check this box and stop he	•					
Secti	ion C. Computation of Public Suppor				<del>- /</del>		
14	Public support percentage for 2018 (line 6			11. column (fl)		14	%
15 16a	Public support percentage from 2017 Sch 331/3% support test—2018. If the organi box and stop here. The organization qua	nedule A, Part	II, line 14 . check the bo	 x on line 13, ar	 nd line 14 is 3	15 3 <sup>1</sup> / <sub>3</sub> % or more,	%
b		zation did not	check a box o	on line 13 or 16		is 331/3% or m	
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	eets the "facts-	-and-circumst	ances" test, ch	neck this box	and <b>stòp here</b> .	. Explain in
b	10%-facts-and-circumstances test—26 15 is 10% or more, and if the organization in Part VI how the organization in supported organization	ition meets th	e "facts-and-	circumstances'	" test, check	this box and	stop here.
18	Private foundation. If the organization di	d not check a	box on line 13	, 16a, 16b, 17a	, or 17b, chec	k this box and	, –

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

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

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

<del></del>	11 the organization rails to quality	under the tes	sis listed beit	w, please co	inplete Fait i	1.)	<del></del>
	on A. Public Support				<del></del> -		
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees	1		ł	ł	. 1	
_	received (Do not include any "unusual grants")	21,728	5,667	8,652	5,449	8,694	50,190
2	Gross receipts from admissions, merchandise sold or services performed, or facilities		1				
	furnished in any activity that is related to the		ĺ	ľ	ľ	1	
	organization's tax-exempt purpose	54,970	68,578	76,346	70,111	83,340	353,345
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513	o	o	اه	oĺ	0	; 0
4	Tax revenues levied for the						
	organization's benefit and either paid to	,	j		ļ	)	
	or expended on its behalf	o	٥	o	o	o	0
5	The value of services or facilities						<del>_</del>
•	furnished by a governmental unit to the	1	1	}		1	
	organization without charge	0	اه	o	اه	0	0
6	Total. Add lines 1 through 5	76,698	74,245	84,998	75,560	92,034	403,535
	Amounts included on lines 1, 2, and 3	70,030	74,240	04,330	75,500	32,034	400,000
,	received from disqualified persons .	0	0	o			0
	Amounts included on lines 2 and 3	<del></del>		<del></del>			0
b	received from other than disqualified		[	ĺ		ſ	
	persons that exceed the greater of \$5,000	į				i	
	or 1% of the amount on line 13 for the year					1	•
	· • • • • • • • • • • • • • • • • • • •	0	, 0	0			0
	Add lines 7a and 7b	0	0	0	0	0	0
8	Public support. (Subtract line 7c from	į					
Cook	line 6.)				l		403,535
	on B. Total Support	(-) 004.4	#\ 0015	(-) 001C	(4) 0047	(-) 0010	(O T-1-1
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	76,698	74,245	84,998	75,560	92,034	403,535
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .		·				
, b	Unrelated business taxable income (less					}	
	section 511 taxes) from businesses					ľ	
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business	•					
	activities not included in line 10b, whether		į			i	
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets		ļ			]	
	(Explain in Part VI.) [			·			
13	Total support. (Add lines 9, 10c, 11,	.	l				
	and 12.) [	76,698	74,245	84,998	75,560	92,034	403,535
14	First five years. If the Form 990 is for the	-	's first, second	d, third, fourth,	or fifth tax ye	ar as a section	n 501(c)(3)
	organization, check this box and stop her			<u> </u>	<u> </u>	· · · · ·	· · <b>&gt;</b> 🗆
Secti	on C. Computation of Public Suppor	t Percentage	•				
15	Public support percentage for 2018 (line 8		•			15	100 %
_16	Public support percentage from 2017 Sch			·	<u> </u>	16	100 %
Secti	on D. Computation of Investment Inc						
17	Investment income percentage for 2018 (I	ine 10c, colum	n (f), divided b	y line 13, colui	mn (f))	17	0 %
18	Investment income percentage from 2017					18	0 %
19a	331/3% support tests-2018. If the organi						
	17 is not more than 331/3%, check this box a	and <b>stop here.</b>	The organization	on qualifies as a	publicly suppo	orted organizatio	on 🕨 🗸
b	331/3% support tests-2017. If the organization						3 <sup>1</sup> /3%, and
	line 18 is not more than 331/3%, check this b	oox and stop he	ere. The organi	zatıon qualifies	as a publicly su	apported organi	zation 🕨 🔲
20	Private foundation. If the organization did	d not check a t	oox on line 14,	19a, or 19b, c	heck this box	and see instruc	

#### Part IV **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete

	Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete P	arı v	.)				
Secti	on A. All Supporting Organizations				_		
			Yes	No			
1	Are all of the organization's supported organizations listed by name in the organization's governing				Į		
	documents? If "No," describe in Part VI how the supported organizations are designated. If designated by	<u> </u>			ļ		
	class or purpose, describe the designation. If historic and continuing relationship, explain.	1		L	-		
2	Did the organization have any supported organization that does not have an IRS determination of status	1			l		
	under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported						
_	organization was described in section 509(a)(1) or (2).	2		<u> </u>			
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer				ļ		
	(b) and (c) below.	3a		ļ	-		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and	,			l		
	satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the				ļ		
	organization made the determination.	3b		ļ	7		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)				ļ		
4-	purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c			7		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If			ļ	ļ		
	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.	4a	<u> </u>	ļ	7		
. b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign		ŀ		ı		
	supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		—				
		4b		-	ī		
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used				ĺ		
	to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B)				l		
	purposes.	4-	—	i	l		
En		4c		<b>-</b>	ī		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN	ł		1	İ		
	numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action;				ĺ		
	(iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action				ı		
	was accomplished (such as by amendment to the organizing document).	5a			ł		
h	Type I or Type II only. Was any added or substituted supported organization part of a class already	- Sa		<del> </del>	ī		
_	designated in the organization's organizing document?	5b			j		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		-	-		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to				ì		
•	anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited				ı		
	by one or more of its supported organizations, or (iii) other supporting organizations that also support or				ĺ		
	benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.	6			•		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor				ĺ		
	(as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity	ĺ			١		
	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	7			•		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?				İ		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8			•		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more				İ		
	disqualified persons as defined in section 4946 (other than foundation managers and organizations described	<b></b>			١		
	ın section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI.</b>	9a					
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which				ĺ		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b			_		
C	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit				ĺ		
	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	9с		L			
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section	1			ĺ		
	4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated				l		
	supporting organizations)? If "Yes," answer 10b below.	10a			_		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to				ĺ		
	determine whether the organization had excess business holdings.)	10b					

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	l		
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	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 Part VI.	11c		
Section	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			ľ
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			ŀ
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	ļ!		1
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			T
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			1
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			l
	supervised, or controlled the supporting organization.	2		
Section	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
-	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		[
Section	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			].
	supported organizations played in this regard.	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instru	ction	s).
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	(see in:	struct	ions)
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			<u> </u>
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			_
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes" describe in Part VI the role placed by the organization in this regard	3h		1

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	gan	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.			
Section A—Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		,
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B—Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	•	• •
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C—Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to		·	
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly int	egrated Type III support	ing organization (see
instructions).	-	J 71 11	

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)					
Section D—Distributions				Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes				
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purposes of supported organizations				
4	Amounts paid to acquire exempt-use assets				
5	Qualified set-aside amounts (prior IRS approval required)				
6	Other distributions (describe in Part VI). See instructions.				
7	Total annual distributions. Add lines 1 through 6.				
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
10	Line 8 amount divided by line 9 amount				
Sect	ion E—Distribution Allocations (see Instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018	
_1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions.				
3	Excess distributions carryover, if any, to 2018				
a	From 2013				
b	From 2014				
C	From 2015				
d	From 2016				
е	From 2017				
f	Total of lines 3a through e				
g	Applied to underdistributions of prior years				
h	Applied to 2018 distributable amount				
i	Carryover from 2013 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.	_			
4	Distributions for 2018 from				
	Section D, line 7:				
a	Applied to underdistributions of prior years			<u> </u>	
b	Applied to 2018 distributable amount		·		
c	Remainder. Subtract lines 4a and 4b from 4.				
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
6	Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in <b>Part VI.</b> See instructions.				
7	Excess distributions carryover to 2019. Add lines 3j and 4c.				
-8	Breakdown of line 7:				
а	Excess from 2014				
b	Excess from 2015				
С	Excess from 2016				
d	Excess from 2017				
	Excess from 2018				

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

0MB No 1545-0047 2018

**2018** 

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Name of the organization	Employer identification number					
FRIENDS OF THE PERFORMING ARTS CENTER INC	20-1803405					
Form 990-EZ, Part I, Line 8 - Program Advertisement Sales 5350 Ticket Sales SVC 693 Concessions 1183						
Form 990-EZ, Part I, Line 10 - Scholarships Middleton Cross Plains High School 4300 Donation to Middleton Fire Dept 100 Donation to St						
Lukes Lutheran Church 250 Donation to Middleton Performing Arts Center 1930						
Form 990-EZ, Part I, Line 16 - General Liability Insurance 700 Chamber of Commerce Dues 125 Phone I	Form 990-EZ, Part I, Line 16 - General Liability Insurance 700 Chamber of Commerce Dues 125 Phone Expenses 230 Sales Tax Paid to					
State of Wisconsin 3759 Credit Card SVC 483 Advertising 7354						
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