29393172009060

Form 990-T	E	xempt Organ	ization Bus	ine	ss Inc	ome Ta	ax Return	-	OMB No 1545-0687		
	(and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019										
- A	For cale										
Department of the Treasury Internal Revenue Service		► Go to www.irs.gov/Form990T for instructions and the latest information. 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) Organizations Only									
A Check box if address changed		Name of organization (Check box if name changed and see instructions.) D Employees' trust, see instructions.)									
B Exempt under section	Print										
X 501(c √()3)	or	Number, street, and room	or suite no. If a P.O. box	, see ir	structions.				ed business activity code structions)		
408(e) 220(e)	Туре	900 CLEVELAN	ID AVENUE, 1	W							
408A 530(a)		City or town, state or prov	ince, country, and ZIP or 44702	foreig	n postal code	9		8129	30		
C Book value of all assets at end of year		F Group exemption numb	er (See instructions.)	lacksquare							
24,986,6	89.[G Check organization type	▼ X 501(c) corp	oration	<u> </u>	01(c) trust	401(a)	trust	Other trust		
H Enter the number of the				2		_ Describe ti	he only (or first) un	related			
		RATION OF A				-	complete Parts I-V.				
describe the first in the b	lank spac	ce at the end of the previou	s sentence, complete Par	rts I an	d II, complet	e a Schedule I	VI for each additiona	al trade o	or		
business, then complete									[TET]		
I During the tax year, was				it-subs	idiary control	lled group?	▶ 1	Yes	X No		
		fying number of the parent		_		Talanha	ne number 🕨 3	30-4	52_1075		
J The books are in care of		e or Business Inco			/A\ In	come	(B) Expenses		(C) Net		
<u> </u>		168,709.	Jille		(/// !!!	- Itoliic	(b) Expenses		(0) 1101		
1a Gross receipts or sale Less returns and allow			c Balance	10	168	3,709.					
2 Cost of goods sold (S			G Dalatice	2		,,,,,,,,,					
3 Gross profit. Subtract				3	168	3,709.	······································		168,709.		
□ dross profit: cabitact □ 4a Capital gain net incom □ 4a Capital gain net i				4a		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,					
		art II, line 17) (attach Form	4797)	4b							
- Constal Issa daduction			,	4c							
1		 hip or an S corporation (att	tach statement)	5							
6 Rent income (Schedu		, , ,	,	6							
7 Unrelated debt-financ	•	ne (Schedule E)		7							
8 Interest, annuities, roy	alties, an	nd rents from a controlled o	rganization (Schedule F)	8							
9 Investment income of	a sectioi	n 501(c)(7), (9), or (17) or	ganization (Schedule G)	9							
10 Exploited exempt activ	vity incor	me (Schedule I)		10			. <u> </u>				
11 Advertising income (S	Schedule	J)		11							
12 Other income (See in:				12	4.5				160 500		
13 Total, Combine lines			- 	13		<u>3,709.</u>			168,709.		
Part II Deductio	ns No	t laken Elsewnere tions, deductions must	(See instructions for the directly connected)	r limita Lwith 1	ations on de	eductions) id business i	ncome)				
							-	44	7,803.		
14 Compensation of off	icers, dir	ectors, and trustees (Sche	ule K) MEC	F				15	11,850.		
15 Salaries and wages			0)		2			16	11,000.		
16 Repairs and mainten	lance	i	83 MAR 0 6	1000	မြန္တု			17			
17 Bad debts18 Interest (attach sche	dula) (sa	e instructions)		2020	121			18			
19 Taxes and licenses	uuic) (sc	ic manucacins)	Francisco III	•	運			19	1,392.		
	ons (See	instructions for limitation	rules	3 1	ř			20			
21 Depreciation (attach			the same	-	-	21	88,619.				
·		Schedule A and elsewhere	on return			228		22b	88,619.		
23 Depletion								23			
24 Contributions to defe	erred con	npensation plans						24			
25 Employee benefit pro		•						25	2,781.		
26 Excess exempt expe	-	hedule I)						26			
27 Excess readership co								27			
28 Other deductions (at					SE	E STAT	/	28	104,661.		
29 Total deductions. A	dd lines	14 through 28					28	29	217,106.		
		come before net operating					- •	3b	-48,397.		
		oss arısıng ın tax years beg		ry 1, 20)18 (see inst	ructions)	21	31	<u> </u>		
		come. Subtract line 31 fro						32	-48,397.		
823701 01-09-19 LHA FO	or Papers	work Reduction Act Notice	. see instructions.					ı	Form 990-T (2018)		

Form 990-			34-60	509771		Page 2
Part I	II Total Unrelated Business Tax	able Income				
33	Total of unrelated business taxable income comp	uted from all unrelated trades or businesse	s (see instructions)	33		0.
34	'Amounts paid for disallowed fringes			34		
35	Deduction for net operating loss arising in tax ye	ars beginning before January 1, 2018 (see i	nstructions) STMT 2	35		0.
36	Total of unrelated business taxable income before	e specific deduction. Subtract line 35 from t	the sum of	1		
	lines 33 and 34			36		
37	Specific deduction (Generally \$1,000, but see line	e 37 instructions for exceptions)	29	(37)	1,0	00.
38	Unrelated business taxable income. Subtract li		line 36,			
	enter the smaller of zero or line 36	·	·	38		0.
Part I	V Tax Computation					
39	Organizations Taxable as Corporations. Multip	ly line 38 by 21% (0.21)		▶ 39		0.
40	Trusts Taxable at Trust Rates. See instructions		ount on line 38 from;		·	
	Tax rate schedule or Schedule D (▶ 40		
41	Proxy tax. See instructions	,		▶ 41		
42	Alternative minimum tax (trusts only)		•	42		
43	Tax on Noncompliant Facility Income. See insti	ructions		43		
44	Total. Add lines 41, 42, and 43 to line 39 or 40, v			44	•	0.
Part \				. 1		
	Foreign tax credit (corporations attach Form 111	8: trusts attach Form 1116)	45a	<u> </u>		
b	Other credits (see instructions)	o, 11000 a.mo o	45b			
c	General business credit. Attach Form 3800		45c	- 		
ď	Credit for prior year minimum tax (attach Form 8	801 or 8827\	45d	─ (
e	Total credits. Add lines 45a through 45d	001010027	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	45e		
46	Subtract line 45e from line 44		•	46		0.
47	Other taxes. Check if from: Form 4255	Form 8611 Form 8697 Form	m 8866 Other (attach schedul			<u> </u>
	Total tax. Add lines 46 and 47 (see instructions)		THE COOL Other (attach schedul	9 48		0.
48 40				49		0.
49 50 -	2018 net 965 tax liability paid from Form 965-A c	· · · · · · · · · · · · · · · · · · ·	50a	19		
	Payments: A 2017 overpayment credited to 2018	0	50b	- 		
	2018 estimated tax payments			⊣		
	Tax deposited with Form 8868		50c	⊣		
	Foreign organizations: Tax paid or withheld at so	urce (see instructions)	50d	⊣		
	Backup withholding (see instructions)		50e	⊣		
f	Credit for small employer health insurance premi	•	50f	⊣ ∣		
9		Form 2439	.]	1 1		
	Form 4136	Other Total	► 50g	 -		
51	Total payments. Add lines 50a through 50g		•	511		
52	Estimated tax penalty (see instructions). Check if		_	52	_	
53	Tax due. If line 51 is less than the total of lines 4			53		
54	Overpayment. If line 51 is larger than the total o		1 .	54		
55	Enter the amount of line 54 you want. Credited t		Refunded	<u> </u>		
Part \		· 		<u> </u>	1	
56	At any time during the 2018 calendar year, did th	- ·			Yes	No
	over a financial account (bank, securities, or othe	, , , , , , , , , , , , , , , , , , , ,	•			1
	FinCEN Form 114, Report of Foreign Bank and Fi	nancial Accounts. If "Yes," enter the name o	f the foreign country			
	here -				-	X
57	During the tax year, did the organization receive a	•	or transferor to, a foreign trust?		-	X
	If "Yes," see instructions for other forms the orga	•			1	
58	Enter the amount of tax-exempt interest received					<u>_</u>
Sign	Under penalties of perjury, I declare that I have examin correct, and complete Declaration of preparer (other the	ed this return, including accompanying schedules all han taxpayer) is based on all information of which pri	nd statements, and to the best of my kno eparer has any knowledge	wieage and belief, it is	rue,	
Here		. 7 2 2.2.		May the IRS discuss		vith
TICIC	Sanah Salinas	<u> </u>	DENT	the preparer shown b		٦., I
	Signature of officer	Date Title		instructions)?	Yes	No
	Print/Type preparer's name	Preparer's cupnature	Date Check	l if PTIN		
Paid		11/11/11/11	1/20/10 self- employ			
Prepa	arer MARK P. CRAWFORD	1.03000	1 498186 1	P0043		
Use C	Only Firm's name ► MALONEY + N	OVOTNY LLC	Firm's EIN	▶ 34-06	7700	6
	4774 MUNS	ON STREET NW, SUITE	402			
	Firm's address ► CANTON, O	H 44718-3634	Phone no.	(330) 96		
823711 01	-09-19			Form	990-T	(2018)

Schedule A - Cost of Goods	s Sold. Enter	method of inve	ntory v	valuation N/A			
1 Inventory at beginning of year	1		$\overline{}$	Inventory at end of yea	r		6
2 Purchases	2			Cost of goods sold. Su	ubtract I	ine 6	
3 Cost of labor	3		from line 5. Enter here and ii			Part I,	
4a Additional section 263A costs			line 2				7
(attach schedule)	4a		8	Do the rules of section	263A (with respect to	Yes No
 Other costs (attach schedule) 	4b		╛	property produced or a	cquired	for resale) apply to	<u> </u>
5 Total. Add lines 1 through 4b	5		<u> </u>	the organization?			
Schedule C - Rent Income ((see instructions)	(From Real	Property and	d Per	sonal Property L	ease	d With Real Prope	rty)
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%)	centage of than	of rent for	persona	sonal property (if the percentar I property exceeds 50% or if sed on profit or income)	ge	3(a) Deductions directly c columns 2(a) and	onnected with the income in 2(b) (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	ınstr	uctions)			
			.	2. Gross income from		Deductions directly conne to debt-finance	
Description of debt-financed property				or allocable to debt- financed property		Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)			1				
(2)			1				
(3)			1				
(4)			1 -				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	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 deductions (column 6 x total of columns 3(a) and 3(b))
(1)				%			
(2)				%			
(3)				%			-11.
(4)				%			
	•					inter 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 columi	n 8				>	0.
							Form 990-T (2018)

Schedule F - Interest,	-		•		Controlled O					truction		
Name of controlled organization		ıdentıf	nployer ication nber	Net unrelated income (loss) (see instructions)		4. Toti payn	ments made inclu-		5. Part of column 4 that is included in the controlling organization's gross income		6. Deductions directly connected with income in column 5	
(1)												
(2)				_	-							
(3)				ļ .				ļ				
_(4)				<u> </u>		l		L				
Nonexempt Controlled Organi	zations			<u>,</u>								
7. Taxable income		nrelated incon see instruction		9. Total	of specified payr made	nents	10. Part of colu in the controll gross	mn 9 that ng organi s income	is included zation's		ductions directly connected income in column 10	
(1)												
(2)												
(3)												
(4)												
							Add colum Enter here and line 8, c	-	1, Part I,	Enter h	ld columns 6 and 11 ere and on page 1, Part I, line 8, column (B)	
Totals						•			0.		0.	
Schedule G - Investme (see inst	nt Incon	ne of a	Section	501(c)(7), (9), or (17) Org	anization					
1. Desc	cription of inco	me			2. Amount of	income	3. Deduction directly connected (attach scheduler)	cted	4. Set-		5. Total deductions and set-asides (col 3 plus col 4)	
(1)											ļ	
(2)	_											
(3)												
(4)												
					Enter here and Part I, line 9, co						Enter here and on page 1. Part I, line 9, column (B)	
Totals				•	•	0.					0.	
Schedule I - Exploited (see instru	-	Activity	Incom	e, Other	Than Adv		g Income		.,-		•	
Description of exploited activity	2. G	ross business e from business	directly of with pro of un	spenses connected oduction related is income	4. Net inconfrom unrelated business (cominus colum gain, compute through	I trade or dumn 2 n 3) If a e cols 5	5. Gross inco from activity to is not unrelate business inco	hat ed	6. Exp attributi colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)	İ							Î				
(2)												
(3)			-, -									
(4)												
Totals •	Enter her page 1 line 10,		page	ere and on 1, Part I, , col (B)	İ						Enter here and on page 1, Part II, line 26	
Schedule J - Advertisi	ng Incor		Instruction									
Part I Income From					solidated	Basis						
1. Name of periodical		2. Gross advertising income	adv	3. Direct ertising costs	4. Advert or (loss) (c col 3) If a g cols 5 th		5. Circula income		6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)	
(1)											•	
(2)					_							
(3)											-	
(4)]				
Totals (carry to Part II, line (5))	•		0.	0	<u>. </u>						0.	
											Form 990-T (2018	

34-6609771 Form 990-T (2018) ARTS IN STARK Part III 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) 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 7. Excess readership 2. Gross advertising income costs (column 6 minus column 5, but not more than column 4) 3. Direct 5. Circulation 6. Readership 1. Name of periodical costs advertising costs (1) (2) (3) (4) 0. 0. 0. Totals from Part I Enter here and Enter here and on Enter here and on page 1, Part I, line 11, col (B) page 1, Part I, line 11, col (A) on page 1, Part II, line 27 0. Totals, Part II (lines 1-5) 0 Schedule K - Compensation of Officers, Directors, and Trustees (see instructions) 3. Percent of time devoted to business Compensation attributable to unrelated business 2. Title 1. Name PRESIDENT 5.00% 7,803. (1) ROBERT J. HANKINS (2) % (3) % (4)

Form 990-T (2018)

7,803.

▶

Total. Enter here and on page 1, Part II, line 14

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
DIRECT GARAGE EXPENSES GARAGE MANAGEMENT FEES		96,693. 7,968.
TOTAL TO FORM 990-T, PAGE 1, LI	NE 28	104,661.

FORM 990-T	NET	OPERATING LOSS	DEDUCTION	STATEMENT 2
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/07	12,339.	. 0.	12,339.	12,339.
06/30/08	34,347.	0.	34,347.	34,347.
06/30/09	27,998.	0.	27,998.	27,998.
06/30/10	48,847.	0.	48,847.	48,847.
06/30/11	56,186.	0.	56,186.	56,186.
06/30/12	40,949.	0.	40,949.	40,949.
06/30/13	63,553.	0.	63,553.	63,553.
06/30/14	95,477.	0.	95,477.	95,477.
06/30/15	51,018.	0.	51,018.	51,018.
06/30/16	1,147.	0.	1,147.	1,147.
06/30/17	5,515.	0.	5,515.	5,515.
06/30/18	46,100.	0.	46,100.	46,100.
NOL CARRYO	VER AVAILABLE THIS	YEAR	483,476.	483,476.

SCHEDULE M (Form 990-T)

Unrelated Business Taxable Income for Unrelated Trade or Business

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

2018

OMB No 1545-0687

1

ENTITY

Employer Identification number

34-6609771

Department of the Treasury
Internal Revenue Service (99)

Name of the organization

ARTS IN STARK

▶ Go to www.irs.gov/Form990T for instructions and the latest information.
 ▶ 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) Organizations Only

U	nrelated business activity code (see instructions) - 72251						
	escribe the unrelated trade or business OPERATION	OF	CONCESSI	ON SI	ANDS	T T	
Par	t I Unrelated Trade or Business Income		(A) Income		(B) Expense	es	(C) Net
1 a	Gross receipts or sales 28,049.						
b	Less returns and allowances c Balance ▶	1c	28,0	49.			
2	Cost of goods sold (Schedule A, line 7)	2					
3	Gross profit Subtract line 2 from line 1c	3	28,0	49.			28,049.
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		<u> </u>			
7	Unrelated debt-financed income (Schedule E)	7					 _
8	Interest, annuities, royalties, and rents from a controlled	1	i				
	organization (Schedule F)	8_					
9	Investment income of a section 501(c)(7), (9), or (17)						
	organization (Schedule G)	9		-			
10	Exploited exempt activity income (Schedule I)	10					
11	Advertising income (Schedule J)	11	<u> </u>				··
12	Other income (See instructions, attach schedule)	12	20 0	40			28,049.
<u>13</u>	Total. Combine lines 3 through 12	13	28,0				•
Par	TII Deductions Not Taken Elsewhere (See instruct deductions must be directly connected with the unit of the connected with the unit of the connected with the conne	unrela	ated business i	ncome) 	r r	Contributions,
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)		۱	1		20	
21	Depreciation (attach Form 4562)		21			-	
22	Less depreciation claimed on Schedule A and elsewhere on return		22a	<u> </u>		22b	
23	Depletion					23	· · · · · · · · · · · · · · · · · · ·
24	Contributions to deferred compensation plans					24	-
25 26	Employee benefit programs Excess exempt expenses (Schedule I)					26	
26	, , ,					- t	
27	Excess readership costs (Schedule J) Other deductions (attach schedule)		SEE G	ደጥልጥ ክ	MENT 3	28	51,326.
28	Other deductions (attach schedule)		91110	JIAIL	TIDITI J	29	51,326.
29 20	Total deductions. Add lines 14 through 28	ction	Subtract line 20 4-	om kaa 1	3	30	-23,277.
30 31	Unrelated business taxable income before net operating loss dedu Deduction for net operating loss arising in tax years beginning on o				J	30	23,211.
31		n aitei	Canuary 1, 2010 (1200		31	
32	instructions) Unrelated business taxable income. Subtract line 31 from line 30					32	-23,277.
	For Paperwork Reduction Act Notice, see instructions.	-			<u> </u>		M (Form 990-T) 2018
_ , ,, ,	ap				•		

Т	Y	Τ

ARTS IN ST	ARK				34-6609	771
Schedule A - Cost of Goods		method of inver	ntory valuation N/A			
1 Inventory at beginning of year	1 _		6 Inventory at end of year	r		6
2 Purchases	2			7 Cost of goods sold. Subtract line 6		
3 Cost of labor	3	from line 5. Enter here				
4a Additional section 263A costs		_	line 2			7
(attach schedule)	4a		8 Do the rules of section	263A (v	vith respect to	Yes No
b Other costs (attach schedule)	4b		property produced or a	cquired	for resale) apply to	
5 Total. Add lines 1 through 4b	5		the organization?			X
Schedule C - Rent Income (F	rom Real I	Property and	l Personal Property L	ease	d With Real Prope	erty)
(see instructions)						
1. Description of property						
(1)						
(2)						
(3)						
(4)			.		· · · · · · · · · · · · · · · · · · ·	
	<u> </u>	ed or accrued			3/a \ Deductions directly c	onnected with the income in
 (a) From personal property (if the perceivent for personal property is more to 10% but not more than 50%) 	entage of han	` of rent for	and personal property (if the percentag personal property exceeds 50% or if nt is based on profit or income)	ge	columns 2(a) and	2(b) (attach schedule)
(1)						
(2)						
(3)						. <u></u>
(4)						
Total ,	0.	Total		0.		
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column	(A)	>		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Debt	t-Financed	Income (see	instructions)			
			2. Gross income from		Deductions directly connects to debt-finances	
1. Description of debt-fine	inced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)		•			· · · · · · · · · · · · · · · · · · ·	
(2)						
(3)						
(4)	-					
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a	adjusted basis allocable to nced property in 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 and on page 1, Part I, line 7, column (B)
Totals			•		0.	0.
Total dividends-received deductions and	cluded in column	ı 8			•	0.
		· -				Form 990-T (2018)

FORM 990-T, (M)	OTHER DEDUCTIONS	STATEMENT 3
DESCRIPTION,		AMOUNT
CONCESSIONS EXPENSE		51,326.
TOTAL TO SCHEDULE M, PART	II, LINE 28	51,326.