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990-T		(a	Inization Bus and proxy tax und ear beginning JUL 1,	er se	ction 6033(e))		l	OMB No 1545-0687
epartment of the Treasury		► Go to ww	w.irs.gov/Form990T for in	structio	ns and the latest inform	nation	ļ	Open to Public Inspection fo
Check box if		Name of organization (	ers on this form as it may		and see instructions )	zation is a 50 i(c)(	D Empl	501(c)(3) Organizations Only over identification number
address changed			PRODUCTIONS					lloyees' trust, see uctions )
Exempt under section	Print	GRANDSTREET						1-0357843
X 501(c <b>(√)3</b> )	or Type		m or suite no. If a P.O bo	x, see in	structions			lated business activity code instructions )
408(e) 220(e)	.,,,,	325 NORTH I		. 4			$\dashv$	
408A 530(a) 529(a)		HELENA, MT	ovince, country, and ZIP o 59601	rioreigi	i postai code		900	002
Book value of all assets		F Group exemption nur		<b></b>				
at end of year 832,4	17.	G Check organization ty	pe 🕨 🕱 501(c) cor	poration	501(c) trust	40	l(a) trust	Other trust
Enter the number of the				1		e the only (or first)		
trade or business here						e, complete Parts I		
			ous sentence, complete Pa	ırts I an	d II, complete a Schedul	ie M for each addit	ional trade	e or
During the tax year, was			affiliated group or a pare	nt-subsi	diary controlled group?		<u> </u>	es X No
If "Yes." enter the name a				11 0000	olary controlled group		•	
The books are in care of					Telep	hone number 🕨	406-	442-4270
Part∜l⊚ Unrelate	Trac	te or Business In	come		(A) Income	(B) Expen	ses	(C) Net
1a Gross receipts or sale								
<b>b</b> Less returns and allow			_ c Balance	1c	·			
2 Cost of goods sold (S		•		3			<del>2000 - 200</del>	
<ol> <li>Gross profit. Subtract</li> <li>Capital gain net incon</li> </ol>				4a				
	-	art II, line 17) (attach For	m 4797)	4b			\$30.43Z	
c Capital loss deduction			··· ·· <b>-</b> · <b>,</b>	4c		(30) (30) (60)		
5 Income (loss) from a	partners	hip or an S corporation (	attach statement)	5				
6 Rent income (Schedu	le C)			6		ļ		
7 Unrelated debt-finance		,		7				
			organization (Schedule F)	8		<del>                                     </del>		
			organization (Schedule G)	10				
<ul> <li>Exploited exempt acti</li> <li>Advertising income (\$\frac{3}{2}\$</li> </ul>	•	•		11				
2 Other income (See in:		· .	TATEMENT 1	12	1,700.		(10)	
3 Total. Combine lines	3 throu	gh 12		13	1,700.			1,700.
Part Deductio	ns No	t Taken Elsewhe	re (See instructions for	or limita	tions on deductions	)		
			st be directly connected	with t	ne unrelated busines	s_mcome)		T
•	icers, dii	rectors, and trustees (Sci	nedule K)	1	RECEIVED	<del>-</del>	14	
<ul><li>5 Salaries and wages</li><li>6 Repairs and mainter</li></ul>	ance			I_T	4 000	(S-0S)	16	
7 Bad debts	arico			150	FEB 2 4 202	0.00	17	
8 Interest (attach sche	dule) (se	ee instructions)		5			18	
9 Taxes and licenses				-	OGDEN, U	)T	19	
	•	e instructions for limitation	n rules)	ļ.,			20	
1 Depreciation (attach					21			
•	aimed or	Schedule A and elsewho	ere on return		22a		22b 23	<u> </u>
<ol> <li>Depletion</li> <li>Contributions to defe</li> </ol>	erred co	mnensation plans				1.01	24	
5 Employee benefit pro		porrounon piurio				1	25	
6 Excess exempt expe	_	chedule I)					26	
7 Excess readership co	osts (Scl	hedule J)					27	
8 Other deductions (at		•					28	
9 Total deductions. A		•					29	1 700
		•	ng loss deduction. Subtrac				30	1,700.
<ol> <li>Deduction for net op</li> </ol>	A	AAA ANIALES IS ASII III L	eginning on or after Janua	m, 4 00	19 (000 (001):001		1 03	\$200 West William 24 common

Form 990-1	BROADWATER PRODUCTIONS, INC.  [(2018) GRANDSTREET THEATRE	81-03	579/3	Page
Part		01-02	37043	
			T 00 T	1,700.
33	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		33	
34	Amounts paid for disallowed fringes	TMT 2	34	1,700.
35	, , , , , , , , , , , , , , , , , , , ,	IMI Z	35	1,700.
36	Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of			
0.7	lines 33 and 34	.3	$S^{\frac{36}{37}}$	1,000.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)	J.	δ <del>37  </del>	1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36, enter the smaller of zero or line 36		1,	0.
Part I			38	<u> </u>
			<del> </del>	0.
39	Organizations Taxable as Corporations Multiply line 38 by 21% (0.21)		39	<u> </u>
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on the amount on line 38 from Tax rate schedule or Schedule D (Form 1041)			
44	Proxy tax. See instructions		40	
41	Alternative minimum tax (trusts only)		42	
42 43	Tax on Noncompliant Facility Income. See instructions		43	
44	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies		44	0.
	V <sub>⊗</sub> Tax and Payments	<u> </u>	1 45 1	
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)		N. 322	
b	Other credits (see instructions)			
c	General business credit Attach Form 3800 45c			
d	Credit for prior year minimum tax (attach Form 8801 or 8827)			
e	The Manager of the Control of the Co		45e	
46	Subtract line 45e from line 44		46	0.
47	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other	(attach schedule)		
48	Total tax. Add lines 46 and 47 (see instructions)		48	0.
49	2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2		49	0.
50 a	Payments: A 2017 overpayment credited to 2018		7 <b>.</b>	
b	2018 estimated tax payments 50b			
C	Tax deposited with Form 8868	·		
d	Foreign organizations: Tax paid or withheld at source (see instructions) 50d		_ ``	
е	Backup withholding (see instructions) 5be		_ ``	
f	Credit for small employer health insurance premiums (attach Form 8941) 50f			
9	Other credits, adjustments, and payments: Form 2439			
	Form 4136 Other Total ▶ <b>50g</b>			
51	Total payments. Add lines 50a through 50g		5#	
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	Þ	53	
54	Overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid		54	
55		efunded <b>&gt;</b>	<u>   55   </u>	<del> </del>
Part \				
56	At any time during the 2018 calendar year, did the organization have an interest in or a signature or other author	-		Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to fi			
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country	'		
	here >			-   X
57	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fo	reign trust?		1
	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 \$\infty\$\$  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the	e hest of my know	dedge and belief it is	s true
Sign	correct, and complete Declaration of propage (other than taxpayer) is based on all information of which preparer has any knowledge	je		1
Here	X 2/17/2020 MANAGING DIRECT	ם מסתת	May the IRS discuss	
	Signature of officer Date Title	.101	the preparer shown instructions)?	•
		Check	if PTIN	1100 110
	Print/Type preparer's name Preparer's signature Date LINSAY CARLSON,			
Paid	T TYGAY GARI GOY GRA GRA	self- employe	"   P015	28923
Prepa	- ANDERGON GIRMIRIU EN C CO D C	Firm's EIN		385940
Use C	P.O. BOX 748	THIN S LINE	<u> </u>	
	1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	1		

Form **990-T** (2018)

Phone no 406-782-0451

823711 01-09-19

Firm's address ► BUTTE, MT 59703

## BROADWATER PRODUCTIONS, INC.

Form 990,T (2018) GRANDSTREET THEATRE

Schedule A - Cost of Good	s Sold. Enter	method of inver	ntory v	aluation > N/A			
1 Inventory at beginning of year	1 1	111011100 01 111101		Inventory at end of yea			6
2 Purchases	2		_	Cost of goods sold. Su		ine 6	33
3 Cost of labor	3		7	from line 5 Enter here		Part I,	
4a Additional section 263A costs			1	line 2		,	7
(attach schedule)	4a		8	Do the rules of section	263A (\	with respect to	Yes No
<b>b</b> Other costs (attach schedule)	4b		7 `	property produced or a	•	•	/3 ii 3 8 8
5 Total Add lines 1 through 4b	5			the organization?	•	,,	w. C.
Schedule C - Rent Income		Property and	Per	sonal Property L	ease	d With Real Prope	erty)
(see instructions)	·						
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	personal	onal property (if the percentage property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly of columns 2(a) and	connected with the income in d 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)	<b>&gt;</b>			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	0.
Schedule E - Unrelated Det	ot-Financed	Income (see	ınstru	ctions)			
			2	. Gross income from		3. Deductions directly conne to debt-finance	
1. Description of debt-fi	nanced 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 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)		-		%			
(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	ncluded in columi	n 8				<b>•</b>	0.
. U.C. GITIGORGO LOGORIONO MODERATIONS (I		• • • • • • • • • • • • • • • • • • • •					Form 000 T (2018)

81-0357843 Form 990-T (2018) GRANDSTREET THEATRE Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions) **Exempt Controlled Organizations** 2 Employer identification number 6 Deductions directly 1. Name of controlled organization 3. Net unrelated income (loss) (see instructions) 4. Total of specified 5 Part of column 4 that is connected with income organization's gross incor in column 5 (1) (2) (3) (4) Nonexempt Controlled Organizations 10. Part of column 9 that is included in the controlling organization's gross income 7 Taxable Income 8 Net unrelated income (loss) 9. Total of specified payments Deductions directly connected with income in column 10 (see instructions) (1) (2) (3) (4) Add columns 5 and 10 Add columns 6 and 11 Enter here and on page 1, Part I, Enter here and on page 1, Part I, line 8, column (A) line 8, column (B) 0 0. **Totals** Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 5. Total deductions 4. Set-asides 2 Amount of income 1 Description of income directly connected and set-asides (attach schedule) (col 3 plus col 4) (1) (2) (3) (4) Enter here and on page Part I, line 9, column (A) Enter here and on page 1, Part I, line 9, column (B) 0. Totals Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 4 Net income (loss) 3. Expenses 2 Gross from unrelated trade or 5. Gross income 6 Expenses expenses (column directly connected 1 Description of exploited activity unrelated business income from from activity that is not unrelated business (column 2 with production attributable to 6 minus column 5. minus column 3) If a gain, compute cols 5 of unrelated but not more than trade or business business income husiness income column 4) through 7 (1) (2) (3) (4) Enter here and on Enter here and on Enter here and page 1, Part I, line 10, col (A) page 1, Part I, line 10, col (B) 0. Totals Schedule J - Advertising Income (see instructions) Part | Income From Periodicals Reported on a Consolidated Basis 4. Advertising gain 7. Excess readership 2. Gross 3. Direct or (loss) (col 2 minus 5. Circulation 6 Readership costs (column 6 minus advertising 1. Name of periodical col 3) If a gain, compute cols 5 through 7 column 5, but not more advertising costs income than column 4) (1) (2) (3) (4)

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0.

0.

Form 990-T (2018)

Totals (carry to Part II, line (5))

Form 990-T (2018) GRANDSTREET THEATRE 81 – 03578

[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)

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)							
otals from Part I	▶	0.	0.	2-3:4-3:4	A. (1986)		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
otals, 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	-	<b>•</b>	0.

Form 990-T (2018)

FORM 990-T	OTHER INCOME	STATEMENT 1
DESCRIPTION		AMOUNT
PROGRAM ADVERTISING		1,700.
TOTAL TO FORM 990-T, PAGE 1, L	INE 12	1,700.

FORM 990-1	NET	STATEMENT 2		
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
06/30/16	3,009.	0.	3,009.	3,009.
06/30/17	5,362.	0.	5,362.	5,362.
06/30/18	11,718.	0.	11,718.	11,718.
NOL CARRYC	VER AVAILABLE THIS	YEAR	20,089.	20,089.