Click on the question-mark icons to display help windows.

The information provided will enable you to file a more complete return and reduce the chances the IRS has to contact you.

**990-E7** 

## 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 2018

▶ Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

▶ Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 07/01/2018 , 2018, and ending 06/30/2019 , 20 19						<b>, 20</b> 19	
B Check if applicable: C Name of organization		plicable:	C Name of organization			D Employer identification	
	Address change		Tacoma Urban Performing Arts Center		82-09724	11	
	Name change			om/suite	E Teleph	one nu	mber
H	Initial return		705 Opera Alley 307	7	253 <b>-</b> 327-	18738	
H	Final return/terminated Amended return		City or town, state or province, country, and ZIP or foreign postal code		F Group Exemption		nption
	Application		Tacoma WA 98402		Numl	ber ▶	•
G	Account	ing Method:	☑ Cash Accrual Other (specify) ►	Н	Check ▶	· 🛭 i	f the organization is <b>not</b>
1	Website	www.	tacomaupac.org		required	to atta	ach Schedule B
J	Tax-exem	npt status (ch	eck only one) — 📈 501(c)(3) 🔲 501(c) ( ) ◀ (insert no.) 🔲 4947(a)(1) or [	527	(Form 99	90, 990	)-EZ, or 990-PF).
			Corporation Trust Association Other				
L	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more	e, or if total	assets		
(Pa	art II, coli		\$500,000 or more, tile Form 990 instead of Form 990-EZ:			\$	76497
F	Part I		e, Expenses, and Changes in Net Assets or Fund Balances				
		Check if	the organization used Schedule O to respond to any question in t	his Part I	,		<u> </u>
	1	Contributi	ons, gifts, grants, and similar amounts received		[	1	32,000
	2	Program s	ervice revenue including government fees and contracts		[	2	
	3	Membersh	iip dues and assessments		[	3	
	4	Investmen	t income		[	4	
	5a	Gross amo	ount from sale of assets other than inventory 5a		44497		
	b	Less: cost	or other basis and sales expenses		13775		
	С	Gain or (lo	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)				30722
	6	Gaming and fundraising events:					
Ne	а	Gross income from gaming (attach Schedule G if greater than \$15,000)					
Revenue	b						
36		from fundraising events reported on line 1) (attach Schedule G if the					
Contract of the Contract of th		sum of su	ch gross income and contributions exceeds \$15,000)   6b		İ		
	6	Less: dire	ot expenses from gaming and fundraising events 6c		20850		
	d		e or (loss) from gaming and fundraising events (add lines 6a and 6	b and sul	otract		
		line 6c)				6d	11150
	7a	Gross sale	es of inventory, less returns and allowances		44497		
	b	Less: cost	of goods sold		14322		
	C	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)			7c	30175
	8		enue (describe in Schedule O)			8	V Martin VI.
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8		. ▶	9	76497
S	10	Grants an	d similar amounts paid (list in Schedule O)	1 1 1		10	
	11	Benefits p	aid to or for members		[	11	
	12	Salaries, other compensation, and employee benefits					50021
Fynenses	13		nal fees and other payments to independent contractors			13	5000
9	14		cy, rent, utilities, and maintenance			14	42000
Ų	1 15	Printing, publications, postage, and shipping					5670.
_	16	Other expenses (describe in Schedule O)					
	17	Total exp	enses, Add lines 10 through 16	<u></u> .	. ▶	1.7	102691
Net Assets	18	Excess or	(deficit) for the year (Subtract line 17 from line 9) , , , , , , ,			18	-16193
	19		s or fund balances at beginning of year (from line 27, column (A)) (n				
	2		ar figure reported on prior year's return)			19	
4	20		nges in net assets or fund balances (explain in Schedule O)			20	
_	21	Net asset	s or fund balances at end of year. Combine lines 18 through 20 .		. 🕨	21	

	00 22 (20.0)		THE RESIDENCE OF THE PARTY OF T			
Par				David II		_
	Check if the organization used Schedule	O to respond to an	y question in this	Part II (A) Beginning of year		B) End of year
				(A) beginning or year		of the or year
22	Cash, savings, and investments				23	
23	Land and buildings				24	
24	Other assets (describe in Schedule O)				25	
25	Total assets				26	
26	<b>Total liabilities</b> (describe in Schedule O) <b>Net assets or fund balances</b> (line 27 of column	(D) muset serve with	ine 21)		27	
27 Par				Part III)	21	
Par	Check if the organization used Schedule					Expenses
Mhat		provide racially and soc				ired for section
		·				)(3) and 501(c)(4) izations, optional for
as m	ribe the organization's program service accomplise easured by expenses. In a clear and concise mans benefited, and other relevant information for each	anner, describe the	services provide	d, the number of	others	
28	Tacoma Urban performing Arts Center works to promote an	d develop interest in cla	assical ballet instruction	n and related arts to		
	marginalized communities of Tacoma through pre-profession					
	community outreach and education. TUPAC engaged instru					
	(erants \$ 3500) If this amount				28a	38895
29						
	production readired over 60 performers and played to 3 sold out perform			had never attended		
	a Ballet before. Dances and performers introduced several					
	(Grants \$ 5000) If this amount				29a	13775
30	Tacoma Urban Performing Arts Center produced an original					
	Tubman, an inspiring figure integral to the Amancipation Mo					
	State of the City Address, Festivals, Special Eventsand TV				30a	6600
24	(Grants \$ 3000) If this amount Other program services (describe in Schedule O)	includes foreign gra	nts, check here		Sua	6600
91		includes foreign gra	nts check here	<b>▶</b> □	31a	
32	Total program service expenses (add lines 28a t	hrough 31a)	ins, check here		32	53300
Par						
	Check if the organization used Schedule					
		(b) Average	(c) Reportable	(d) Health benefits,	T	
	(a) Name and title	hours per week devoted to position	compensation (Forms W-2/1099-MIS (if not paid, enter -0		0	Estimated amount of their compensation
Pam	ela Bridges	1				
Pres	dent			0		
	Douville	1				
Reco	rding Secretary			0		
	Hardiman	1			1	
Trus				0		
	s Pope	1				
Trea				0		
	Clasell	1		}	ł	
Trus				0		
	Ferwerdk	1				
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Part \	Other Information (Note the Schedule A and personal benefit contract statement requirements	in th	e	
	instructions for Part V.) Check if the organization used Schedule O to respond to any question in this		∨ . Yes	No
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	103	1
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		<b>V</b>
<b>35</b> a	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		<b>/</b>
C	If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 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	35b 35c		✓ ✓
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		<b>/</b>
37a b 38a	Enter amount of political expenditures, direct or indirect, as described in the instructions   Did the organization file Form 1120-POL for this year?  Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return?	37b 38a		<b>/</b>
5 39 a b	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b  Section 501(c)(7) organizations. Enter:  Initiation fees and capital contributions included on line 9			
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ ; section 4912 ▶ ; section 4955 ▶			
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		/
C	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			
e	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		/
41 42a	List the states with which a copy of this return is filed   Washington  Talanhana na   A 333 5	20 50		
720	The organization's books are in care of ► Klair Ethnidge  Located at ► 705 Opera Alley, Tacoma WA  Telephone no. ► 323-8 98402		55	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority over a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  If "Yes," enter the name of the foreign country	42b	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	40		
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		
43	Section 4947(a)(i) nonexempt charitable trusts filing Form 990-EZ in fieu of Form 1041 – Check here and enter the amount of tax-exempt interest received or accrued during the tax year		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		/
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 d	Did the organization receive any payments for indoor tanning services during the year?	44c		1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a	-	
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the 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	45b		