| .′   | 000 T   | 1 6        |  | TENDED TO JU                     |             |                           | ov Dotuiro              | . 1   | OMB No 1545-0687   |          |
|--|---|------------|--|----------------------------------|-------------|---------------------------|-------------------------|---|--|----------|
| Form                                       | 990-T   | [          | xempt Orgai  | iizalion bus<br>nd proxy tax und |             |                           | ax neturii              | ŀ   | 0.000 1343-0007  |          |
| , '•                                       | 4.0   | Force      | For colendar year 2018 or other tax year beginning JUL 1, 2018 and ending JUN 30, 2019 |                                  |             |                           |                         |   |  |          |
| Depart                                     | tment of the Treasury                                 |            |  |                                  |             | ons and the latest inform |                         | _   |  |          |
|  | Il Revenue Service                                    |            | Do not enter SSN number  | s on this form as it may         | be ma       | de public if your organiz | ation is a 501(c)(3)    |   | Open to Public Inspection for 501(c)(3) Organizations Only     |          |
| A L_                                       | Check box if address changed                          | }          | Name of organization (   | Check box if name c              | hanged      | and see instructions )    |                         | (Emp  | loyer identification number<br>ployees' trust, see<br>uctions) |          |
| B E>                                       | cempt under section                                   | Print      | AMERICAN CO  | NSERVATORY '                     | THE         | ATRE FOUNDAT              | NOI                     | 9   | 4-6135772  |          |
| X  | ] 501(c)(3 0 1)                                       | or<br>Type | Number, street, and room   |                                  | •           |                           |                         |   | lated business activity code<br>instructions )                 |          |
|  | 408(e) 220(e)   | 1,700      | 30 GRANT AVI   |                                  |             |                           |                         |   |  |          |
| <u> </u>                                   | ] 408A  ]530(a)  <br>] 529(a)                         | 1          | City or town, state or prov  |                                  |             | n postal code             |                         | 900   | 099  |          |
| C Box                                      | ok value of all assets                                | <u> </u>   | F Group exemption numb   |                                  | <b>&gt;</b> |                           |                         | <del>, , , , , , , , , , , , , , , , , , , </del> |  | .1       |
| - at e                                     | 96,441,2  | 78.        | G Check organization type  | 501(c) corp                      | oration     | 501(c) trust              | 401(a)                  | trust   | Other trust  | 4        |
|  |   | -          | tion's unrelated trades or b   |                                  | 1           | Describe                  | the only (or first) un  | related   | i i  | (        |
|  |   |            | EE STATEMENT   |                                  |             |                           | complete Parts I-V.     |   |  |          |
|  | scribe the first in the bi<br>siness, then complete I | •          | ce at the end of the previou   | s sentence, complete Pa          | rts I an    | d 11, complete a Schedule | M for each additions    | ai trade  | e or   |          |
|  |   |            | oration a subsidiary in an a   | ffiliated group or a paren       | it-subs     | diary controlled group?   | ▶ [                     | Ye  | es X No  |          |
|  |   | -          | ifying number of the parent  |                                  |             |                           |                         |   |  |          |
|  |   |            | OBERT FORE   | <u> </u>                         |             | Teleph                    |                         | <u>415</u>  | ) 834-3200   |          |
| 20.0.                                      | <del></del>   |            | le or Business Inc   | ome                              |             | (A) Income                | (B) Expenses            | జాకావి.   | (C) Net  |          |
|  | Gross receipts or sale                                |            |  | a Dalaman                        |             |                           |                         |   |  |          |
| _  | Less returns and allow<br>Cost of goods sold (S       |            |  | c Balance                        | 1c<br>2     |                           |                         |   |  |          |
|  | Gross profit Subtract                                 |            | 17   | $\mathcal{M}$                    | 3           |                           | THE PARTY OF THE PARTY. |   | 23. 47. 9.736. 1. 7. 37.75 37. 41.47.37.1                      |          |
|  | Capital gain net incom                                |            |  | ¥ 1                              | 4a          | 47,448.                   | 部級學家的                   |   | 47,448.  |          |
|  |   |            | art II, line 17) (attach Éorm  | 4797)                            | 4b          |                           |                         |   | ļ  |          |
|  | Capital loss deduction                                |            |  |                                  | 4c          | -59,339.                  | STMT 2                  |   | -59,339.   |          |
| 320  | Rent income (Schedul                                  | •          | hip or an S corporation (at  | ach statement)                   | 5<br>6      |                           | À.STMT™2                |   | -59,539.   |          |
| $\sim$                                     | Urrelated debt-finance                                | •          | ne (Schedule E)  |                                  | 7           |                           |                         |   |  |          |
| c®   |   |            | nd rents from a controlled o   | rganization (Schedule F)         | 8_          |                           |                         |   |  |          |
| உ  | Investment income of                                  | a sectio   | n 501(c)(7), (9), or (17) or   | ganization (Schedule G)          | 9           |                           |                         |   |  |          |
| 1 1  | Explored exempt activ                                 |            | •  |                                  | 10          |                           |                         |   | [  |          |
| 11   | Advertising income (S<br>Other income (See ins        | chedule    | J)   |                                  | 11          |                           |                         | \$ **:X\$   |  |          |
| 1520                                       | Total. Combine lines                                  | 3 throu    | s, attacii scriedule)<br>1h 12   |                                  | 13          | -11,891.                  | X 1431 X A3             |   | -11,891.   |          |
| Pai  | t'll Deduction  | ns No      | t Taken Elsewhere  | (See instructions fo             | r limita    | itions on deductions)     |                         |   | ·  |          |
|  | (Except for c   | ontribu    | tions, deductions must   | be directly connected            | with t      | he unrelated business     | income)                 |   |  |          |
| 14   |   | icers, dii | ectors, and trustees (Sche   | dule K)                          |             |                           |                         | 14  |  |          |
| 15<br>16                                   | Salaries and wages Repairs and maintena               | anco       |  |                                  |             |                           |                         | 15<br>16  |  |          |
|  | Bad debts   | ance       |  |                                  |             |                           |                         | 17  |  |          |
| 2020                                       | Interest (attach sche                                 | dule) (se  | e instructions)  |                                  |             |                           |                         | 18  |  |          |
| $\Xi_9$                                    | Taxes and licenses                                    |            |  |                                  |             | _                         | _                       | 19  | 25.  |          |
| <b>○</b> 20                                |   | -          | instructions for limitation  | rules) STATEME                   | NT          |                           | EMENT 3                 | 20  | 0.   |          |
| 21<br>U <sub>22</sub>                      | Depreciation (attach i                                |            | 62)<br>Schedule A and elsewhere  | on ratura                        |             | 21                        |                         | 200   |  |          |
| T7.53                                      | Depletion   | iiiicu oii | Schedule A allu elsewhere  | on return                        |             | 22a                       |                         | 22b<br>23   |  |          |
| —24  | Contributions to defe                                 | rred cor   | npensation plans   |                                  |             |                           |                         | 24  |  |          |
| 24<br>U 25<br>V 26<br>V 27<br>V 28<br>V 28 | Employee benefit pro                                  | grams      |  |                                  |             |                           | :                       | 25  |  |          |
| <b>≨</b> 26                                | Excess exempt expen                                   | ises (Sc   | hedule I)  |                                  |             |                           |                         | 26  | · · · · · · · · · · · · · · · · · · ·                          |          |
| <b>A</b> <sup>27</sup>                     | Excess readership co                                  | •          | ŕ  | •                                |             | SEE STAT                  | EMENT 4                 | 27  | 3,265.   |          |
| $\mathcal{O}_{28}^{28}$                    | Other deductions (att                                 |            | · .  | •                                |             | SEE SIMI                  | EMENT 4                 | 28<br>29  | 3,203.   |          |
| 30   |   |            | come before net operating  | loss deduction Subtract          | line 29     | from line 13              | 00                      | 3b  | -15,181.   |          |
| 31   |   |            | oss arising in tax years beg   | ,                                |             | _                         | 21                      | 31  |  |          |
| 32   |   |            | come Subtract line 31 from   |                                  |             |                           | 2                       | 32  | -15,181.   | ~\       |
| 823701                                     | 01-09-19 LHA Fo                                       | r Papen    | work Reduction Act Notice,   |                                  | 1           |                           | * ,Q                    |   | Form <b>990-T</b> (2018)                                       | $\omega$ |
| 61507                                      | 17 146892   | 618        | 159  | 5:<br>2018                       |             | 000 AMERICAN              |                         | TOR   | Y THE 618159   | 9_1      |
| •  | <del></del>   |            | •  |                                  |             | <b></b>                   | <del></del> .           | J. 3  |  | 1        |
|  |   |            |  |                                  |             | -                         | : <b>-</b> ~-           |   | <u></u> . 5  | 7        |

| Form 990-  | (2018) AMERICAN CONSERVATORY THEATRE FOUNDATION  | <u>94-6135772</u>             | Page 2                 |
|------------|--|-------------------------------|------------------------|
| Part I     | II Total Unrelated Business Taxable Income   |                               |                        |
| 33         | Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)   | 33                            | -15,181.               |
| 34         | Amounts paid for disallowed fringes  | 34                            |                        |
| 35         | Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)  | 35                            |                        |
| 36         | Total of unrelated business taxable income before specific deduction. Subtract line 35 from the sum of   |                               |                        |
| 00         | lines 33 and 34  | 36                            | -15,181.               |
| 07         |  | 37 37                         | 1,000.                 |
| 37         | Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)  | VO 7-1-                       | 1,000.                 |
| 38         | Unrelated business taxable income Subtract line 37 from line 36. If line 37 is greater than line 36,   | 35 1                          | -15,181.               |
| Dort I     | enter the smaller of zero or line 36  V Tax Computation  | 7/1/38/                       | <u>-13,101.</u>        |
| Part I     |  |                               | 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)  | ▶ 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  | 44                            | 0.                     |
| Part \     | Tax and Payments   |                               |                        |
| 45 a       | Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a  |                               |                        |
| b          | Other credits (see instructions) 45b   |                               |                        |
| c          | General business credit Attach Form 3800 45c   |                               |                        |
| -          | Credit for prior year minimum tax (attach Form 8801 or 8827)   |                               |                        |
|            | Total credits Add lines 45a through 45d  | 45e                           |                        |
| 48         | Subtract line 45e from line 44   | 46                            | 0.                     |
| 47         |  | ach schedule) 47              | <del>``</del>          |
| _          |  |                               | 0.                     |
| 48         | Total tax Add lines 46 and 47 (see instructions)  2018 net 965 tax hability paid from Form 965-A or Form 965-B, Part II, column (k), line 2  Payments. A 2017 overpayment credited to 2018   | 48                            | 0.                     |
| 49         | 2018 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2   | 1 200 49                      | <u> </u>               |
|            |  | 1,388.                        |                        |
| b          | 2018 estimated tax payments  |                               |                        |
| C          |  | 5,000.                        |                        |
| d          | Foreign organizations, Tax paid or withheld at source (see instructions) 50d   |                               |                        |
| е          | Backup withholding (see instructions)  | <u> 17.</u>                   |                        |
| 1          | Credit for small employer health insurance premiums (attach Form 8941) 501   |                               |                        |
| g          | Other credits, adjustments, and payments: Form 2439  |                               |                        |
| •          | Form 4136 Other Total ▶ 50g  |                               |                        |
| 51         | Total payments Add lines 50a through 50g   | 51                            | 26,405.                |
| 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   | <b>▶</b> √ <b>5</b> 3         |                        |
| ( ()54     | Overpayment If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   | P 54                          | 26,405.                |
| S 255      | Enter the amount of line 54 you want Credited to 2019 estimated tax   26, 405. Refun   |                               | 0.                     |
| Part V     |  |                               |                        |
|            | <del></del>  | 2115)                         | T., T.,                |
| 56         | At any time during the 2018 calendar year, did the organization have an interest in or a signature or other authority  |                               | Yes No                 |
|            | over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file  |                               |                        |
|            | FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country  |                               |                        |
|            | here <b>&gt;</b>   |                               | X                      |
| 57         | During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreig  | n trust?                      | X                      |
|            | 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 🕨 \$   |                               |                        |
| ٥.         | Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the best correct and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | it of my knowledge and belief | , it is true,          |
| Sign       | CHIEF FINANCIAL  | May the IDC die               | cuss this return with  |
| Here       | OFFICER  | the preparer sho              |                        |
|            | Signature of efficer Date Title  | instructions)?                | X Yes No               |
|            | Print/Type preparer's name Preparer's signature Date Ch  | eck If PTIN                   |                        |
| Paid       |  | f- employed                   |                        |
|            | mpagy g pagy a magy g pagy 13 /00  |                               | 366884                 |
| Prepa      | - 10000 1D2W0 11D  |                               | 0189318                |
| Use O      | 3121 W MARCH LN, STE 200   | misting JI                    | <u> </u>               |
|            |  | hone no _ 209-95              | 5-6100                 |
| 823711 01- |  |                               | 3-0100<br>990-T (2018) |

| Schedule A - Cost of Goods Sold. Enter  | method of inven   | tory valuation N/A  | <u> </u>  |  |  |
|---|---|---|---|--|--|
| 1 Inventory at beginning of year 1  |   | 6 Inventory at end of ye  | ar  | 6  |  |
| 2 Purchases 2   |   | 7 Cost of goods sold S  | ubtract line 6  |  |  |
| 3 Cost of labor 3   |   | from line 5. Enter here   | and in Part I,  |  |  |
| 4a Additional section 263A costs  |   | line 2  |   | 7  |  |
| (attach schedule) 4a  |   | 8 Do the rules of section   | 1 263A (with respect to   | Yes No   |  |
| b Other costs (attach schedule) 4b  | <u></u>   | property produced or  | acquired for resale) apply to   |  |  |
| 5 Total Add lines 1 through 4b 5  |   | the organization?   |   |  |  |
| Schedule C - Rent Income (From Real I   | Property and  | Personal Property I   | eased With Real Pro   | perty)   |  |
| (see instructions)  |   |   |   |  |  |
| 1 Description of property   |   |   |   |  |  |
| (1)   |   |   |   |  |  |
| (2)   |   |   |   |  |  |
| (3)   |   |   |   |  |  |
| (4)   |   |   |   |  |  |
|   | d or accrued  | <u> </u>  | 2/a)Daduquan dusar  | by connected with the income in  |  |
| (a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%) | of rent for p   | nd personal property (if the percents<br>ersonal property exceeds 50% or if<br>it is based on profit or income) | age 3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule) |  |  |
| (1)   |   |   |   | ,                                  |  |
| (2)   |   |   |   |  |  |
| (3)   |   |   |   |  |  |
| (4)   |   |   |   |  |  |
| Total 0.  | Total   |   | 0.  |  |  |
| (c) Total income Add totals of columns 2(a) and 2(b) Ent  | ter   |   | (b) Total deductions Enter here and on page 1   | _  |  |
| here and on page 1, Part I, line 6, column (A)  | <u> </u>  |   | O . Part I line 6 column (B)  | <u>▶ 0.</u>  |  |
| Schedule E - Unrelated Debt-Financed  | income (see   | instructions)   | T   |  |  |
|   |   | 2 Gross income from   | 3 Deductions directly co<br>to debt-final   | nnected with or allocable<br>nced property                               |  |
| 1 Description of debt-financed property   |   | or allocable to debt-<br>financed property  | (a) Straight line depreciation (attach schedule)  | (D) Other deductions<br>(attach schedule)                                |  |
|   |   |   | (arraci) ochladdis)   | (anaon osmoutio)   |  |
| (1)   |   |   |   |  |  |
| (2)   |   |   |   |  |  |
| (3)   |   |   |   |  |  |
| (4)   |   |   |   |  |  |
| debt on or allocable to debt-financed of or all property (attach schedule) debt-financed                            | adjusted basis<br>flocable to<br>iced property<br>schedule) | 6 Column 4 divided<br>by column 5   | 7 Gross income reportable (column 2 x column 6)   | 8 Allocable deductions<br>(column 6 x total of columns<br>3(a) and 3(b)) |  |
| (1)   |   | %   |   |  |  |
| (2)   |   | %   |   |  |  |
| (3)   |   | %   |   |  |  |
| (4)   |   | %   |   |  |  |
|   | •   |   | Enter here and on page 1,<br>Part I, line 7 column (A)  | Enter here and on page 1<br>Part I, line 7 column (B)                    |  |
| Totals  |   | •   |   | 0.   |  |
| Total dividends-received deductions included in column  | 8   |   |   | 0.   |  |

Form 990-T (2018)

Form 990-T (2018) AMERICAN CONSERVATORY THEATRE FOUNDATION 94-61357
| Partill 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)                         |  |  |       |  |  |
|-----------------------------|--|--|-------|--|--|
|                             |  |  |       |  |  |
| (2)                         | ]  |  | ŀ     |  |  |
| (3)                         |  |  |       |  |  |
| (4)                         |  |  |       |  |  |
| Totals from Part I          | 0.   | 0.   |       |  | 0.   |
|                             | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on<br>page 1, Part I,<br>line 11, col (B) |       |  | Enter here and<br>on page 1,<br>Part II, line 27 |
| Totals, Part II (lines 1-5) | • \ \ 0.   | 0.   | 54446 |  | 0.   |

| 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>&gt;</b>                           | 0.  |

Form 990-T (2018)

| FORM 990-T        | DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED | STATEMENT 1 |  |  |  |  |  |  |
|-------------------|---|-------------|--|--|--|--|--|--|
| BUSINESS ACTIVITY |   |             |  |  |  |  |  |  |
|                   |   |             |  |  |  |  |  |  |

## INTERESTS IN EQUITY INVESTMENT PARTNERSHIPS

TO FORM 990-T, PAGE 1

| FORM 990-T INCOM                   | E (LOSS) FROM PARTNERSHIPS   | STATEMENT 2             |
|------------------------------------|------------------------------|-------------------------|
| DESCRIPTION                        |                              | NET INCOME<br>OR (LOSS) |
| - ORDINARY BUSINESS INCOME (1      | LOSS)                        | -59,339.                |
| TOTAL INCLUDED ON FORM 990-T;      | PAGE 1, LINE 5               | -59,339.                |
|                                    |                              |                         |
| FORM 990-T                         | CONTRIBUTIONS                | STATEMENT 3             |
| DESCRIPTION/KIND OF PROPERTY       | METHOD USED TO DETERMINE FMV | AMOUNT                  |
| PASSTHROUGH FROM 20-4310816        | N/A                          | 39.                     |
| TOTAL TO FORM 990-T, PAGE 1, I     | LINE 20                      | 39.                     |
| FORM 990-T                         | OTHER DEDUCTIONS             | STATEMENT 4             |
| DESCRIPTION                        |                              | AMOUNT                  |
| MANAGEMENT FEES<br>ACCOUNTING FEES |                              | 990.<br>2,275.          |
| TOTAL TO FORM 990-T, PAGE 1, I     | LINE 28                      | 3,265.                  |

| FORM 990-T   | CONTRIBUTIONS SUMMARY                        | STA           | TEMENT 5 |
|--|--|---------------|----------|
| QUALIFIED CO   | ONTRIBUTIONS SUBJECT TO 100% LIMIT           |               |          |
| CARRYOVER OF FOR TAX YOU | EAR 2014<br>EAR 2015<br>BAR 2016             |               |          |
| TOTAL CARRYOTAL CURREN   | OVER<br>NT YEAR 10% CONTRIBUTIONS            | 39            |          |
|  | BUTIONS AVAILABLE OME LIMITATION AS ADJUSTED | 39<br>0       |          |
| EXCESS 100%  | CONTRIBUTIONS CONTRIBUTIONS CONTRIBUTIONS    | 39<br>0<br>39 |          |
| ALLOWABLE CO   | ONTRIBUTIONS DEDUCTION                       |               | 0        |
| TOTAL CONTR  | IBUTION DEDUCTION                            |               | 0        |

## SCHEDULE D' (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

▶ Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

▶ Go to www irs gov/Form1120 for instructions and the latest information

OMB No 1545-0123

Name

Employer identification number

| AMERICAN CONSERVAT   |                                       | 94-6135772                        |  |              |   |  |
|--|---------------------------------------|-----------------------------------|--|--------------|---|--|
| ্টPart্রার্থে Short-Term Capital Ga  | ins and Losses (See                   | instructions)                     |  |              |   |  |
| See instructions for how to figure the amounts to enter on the lines below   | (d)<br>Proceeds                       | (e)<br>Cost                       | (g) Adjustments to gain or loss from Form(s) 8949,                               |              | (h) Gain or (loss) Subtract column (e) from column (d) and  |  |
| This form may be easier to complete if you round off cents to whole dollars  | (sales price)                         | (or other basis)                  | Part I, line 2 column (g   | ı)<br>       | combine the result with column (g)  |  |
| 1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions) However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b | ,                                     |                                   |  |              | . ,   |  |
| 1b Totals for all transactions reported on Form(s) 8949 with Box A checked   |                                       |                                   |  |              |   |  |
| 2 Totals for all transactions reported on  |                                       |                                   |  |              |   |  |
| Form(s) 8949 with Box B checked  |                                       |                                   |  |              |   |  |
| 3 Totals for all transactions reported on  |                                       |                                   |  |              |   |  |
| Form(s) 8949 with Box C checked  |                                       |                                   |  |              | -2,868.   |  |
| 4 Short-term capital gain from installment sales   | from Form 6252, line 26 or 37         | 7                                 |  | 4            |   |  |
| 5 Short-term capital gain or (loss) from like-kin  | d exchanges from Form 8824            |                                   |  | 5            |   |  |
| 6 Unused capital loss carryover (attach comput   | ation)                                |                                   |  | 8_           |   |  |
| 7 Net short-term capital gain or (loss) Combin   | e lines 1a through 6 in column        | h                                 |  | 7            | -2,868.   |  |
| Part II Long-Term Capital Gai  | ns and Losses (See II                 | nstructions)                      | <del></del>  |              |   |  |
| See instructions for how to figure the amounts . to enter on the lines below  This form may be easier to complete if you   | (d)<br>Proceeds<br>· (sales price)    | (e)<br>Cost<br>. (or other basis) | (0) Adjustments to gai<br>or loss from Form(s) 894<br>Part II, line 2, column (g | n<br>9<br>1) | (ħ) Gain or (loss) Subtract<br>column (e) from column (d) and<br>combine the result with column (g) |  |
| 8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b |                                       |                                   |  |              |   |  |
| 8b Totals for all transactions reported on   |                                       |                                   |  |              | 1   |  |
| Form(s) 8949 with Box D checked  |                                       |                                   |  |              |   |  |
| 9 Totals for all transactions reported on  |                                       |                                   |  |              | - ·   |  |
| Form(s) 8949 with Box E checked  |                                       |                                   |  |              |   |  |
| 10 Totals for all transactions reported on   |                                       |                                   |  |              | 50,316.   |  |
| Form(s) 8949 with Box F checked  |                                       |                                   |  | 4.           | 30,310.   |  |
| 11 Enter gain from Form 4797, line 7 or 9  | from Form 6050 line 06 or 07          | ,                                 |  | 11           |   |  |
| 12 Long-term capital gain from installment sales   |                                       |                                   |  | 13           |   |  |
| 13 Long form capital gain or (loss) from like-kin  | u exchanges from Form 6024            |                                   |  |              |   |  |
| 14 Capital gain distributions  | lunge 95 through 14 in column         | . h                               | ť  | 15           | 50,316.   |  |
| 15 Net long term capital gain or (loss)   Combine  |                                       |                                   |  | 10_          |   |  |
| 16 Enter excess of net short-term capital gain (lii  | · · · · · · · · · · · · · · · · · · · | Lines (line 15)                   |  | 10           |   |  |
| 17 Net capital gain Enter excess of net long term  | , - ,                                 | , ,                               | ne 7)  | 17           | 47,448.   |  |
| 18 Add lines 16 and 17 Enter here and on Form  |                                       | · · · · · ·                       | ,  | 18           | 47,448.   |  |
| Note If losses exceed gains, see Capital loss  |                                       | •                                 | ,  |              |   |  |

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JWA

For Paperwork Reduction Act Notice, see the Instructions for Form 1120

Schedule D (Form 1120) 2018

Department of the Treasu Internal Revenue Service

# Sales and Other Dispositions of Capital Assets

▶ Go to www.irs.gov/Form8949 for instructions and the latest information. ► File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D OMB No 1545 0074

Attachment Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

## AMERICAN CONSERVATORY THEATRE FOUNDATION

94-6135772 Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute

| state<br>brok | ement will have the same inform<br>er and may even tell you which | box to check          |                           |                          |                                       |                        |  | is by your                             |
|---------------|---|-----------------------|---------------------------|--------------------------|---------------------------------------|------------------------|--|--|
| Pε            | rt,I∛ Short-Term. <sub>Transac</sub>                              | tions involving capit | al assets you held        | 1 year or less are ge    | enerally short-term (see              | nstruction             | s) For long-term                             |  |
|               | transactions, see page 2 Note: You may aggregate a                |                       |                           |                          |                                       |                        |  |  |
| <del>V</del>  | codes are required Enter the<br>must check Box A, B, or C below   |                       |                           |                          |                                       |                        |  |  |
|               | have more short-term transactions than w                          |                       |                           |                          |                                       |                        |  | each applicable box                    |
|               | (A) Short-term transactions re                                    | eported on Form(s     | s) 1099 B showin          | ng basis was repo        | rted to the IRS (see                  | Note ab                | ove)   |  |
|               | ] (B) Short term transactions re                                  | eported on Form(s     | s) 1099-B showin          | ng basis <b>wasn't</b> r | eported to the IRS                    |                        |  |  |
| X             | (C) Short-term transactions n                                     | ot reported to you    | on Form 1099 I            | B                        |                                       | ·                      |  |  |
| 1             | (a)   | (b)                   | (c)                       | (d)<br>Proceeds          | (e)                                   | Adjustmer<br>loss if v | nt, if any, to gain or<br>ou enter an amount | 1 ()                                   |
|               | Description of property (Example 100 sh XYZ Co)                   | Date acquired         | Date sold or              | (sales price)            | Cost or other basis See the           | in column              | (g), enter a code in                         | Gain or (loss).<br>Subtract column (e) |
|               | (Example 100 Str X12 Co)  | (Mo , day, yr )       | disposed of (Mo, day, yr) | ,                        | Note below and                        | <u> </u>               | See instructions                             | from column (d) &                      |
|               |   |                       | (wo , day, y. )           |                          | see Column (e) in<br>the instructions | (f)<br>Code(s)         | (g)<br>Amount of<br>adjustment               | combine the result with column (g)     |
| PA            | SSTHROUGH FROM  |                       |                           |                          |                                       |                        |  |  |
| 20            | -4310816  |                       |                           |                          |                                       |                        |  | <2,868.                                |
|               |   |                       |                           |                          |                                       |                        |  |  |
|               |   |                       |                           |                          |                                       |                        |  |  |
|               |   |                       |                           |                          |                                       |                        |  |  |
|               |   |                       |                           |                          |                                       |                        |  |  |
|               |   |                       |                           |                          |                                       |                        |  |  |
|               |   |                       |                           |                          |                                       |                        |  |  |
|               |   |                       |                           |                          |                                       |                        |  |  |
|               |   | <u> </u>              |                           |                          | <u> </u>                              |                        |  |  |
|               |   | <u> </u>              |                           |                          |                                       |                        |  |  |
|               |   |                       |                           |                          |                                       |                        |  | `                                      |
|               |   | <u> </u>              |                           |                          |                                       |                        |  |  |
|               |   | ļ                     |                           |                          |                                       |                        |  |  |
|               |   |                       |                           |                          |                                       |                        |  |  |
|               |   |                       |                           |                          | <u> </u>                              |                        |  |  |
|               |   |                       |                           |                          |                                       |                        |  |  |
|               | <del></del>   |                       |                           |                          |                                       |                        |  |  |
|               |   |                       |                           |                          |                                       |                        |  |  |
|               |   |                       |                           |                          |                                       |                        |  |  |
|               |   | <b>_</b>              |                           |                          | <b></b> _                             |                        |  | ļ                                      |
|               |   | <u>'</u>              |                           |                          |                                       |                        |  | <u> </u>                               |
|               |   | ļ                     |                           |                          | ļ <u>-</u>                            |                        |  |  |
|               |   | <del> </del>          |                           |                          |                                       |                        | !<br>  | ·                                      |
|               |   | <del></del>           | <del></del>               |                          | <del> </del>                          |                        |  | ļ <u></u>                              |
|               |   | <del> </del>          |                           |                          | ļ                                     | _                      |  | <u> </u>                               |
|               |   | <b></b>               |                           |                          | <u> </u>                              |                        |  | ļ                                      |
|               |   | <u> </u>              |                           |                          | ļ                                     |                        |  | <u></u>                                |
|               |   | <b></b>               |                           |                          | <b></b>                               |                        |  | ļ                                      |
|               |   | ļ                     |                           | _                        | <del> </del>                          | <u> </u>               |  |  |
|               |   | <del> </del>          |                           |                          |                                       |                        |  | <del></del>                            |
|               |   |                       | <u> </u>                  |                          | ļ                                     |                        |  |  |
| 2 T           | otals Add the amounts in colu                                     | mns (d), (e), (g), a  | nd (h) (subtract          |                          |                                       |                        |  | (                                      |
|               | egative amounts) Enter each to                                    |                       | -                         |                          |                                       |                        |  |  |
|               | chedule D, line 1b (if Box A ab                                   | •                     | •                         |                          |                                       |                        |  | 0.000                                  |
|               | bove is checked), or line 3 (if E                                 |                       |                           | <del></del>              | L                                     |                        |  | <2,868.>                               |
| -             | u If you obsolved Day A shows I                                   | aut the been rene     | Wood to the IDC           | uaa maarraat aat         | ar in actiums for tha                 | DACID 20 "             | anartad ta the IDC                           | and onter an                           |

823011 11-28-18 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Name(s) shown on return. Name and SSN or taxpayer identification no inot required if shown on page 1

Social security number or taxpayer identification no.

# AMERICAN CONSERVATORY THEATRE FOUNDATION

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long term (see instructions). For short-term transactions, see page 1

Note You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Note You may aggregate all long-term transactions reported on Form 8949 (see instructions) codes are required Enter the totals directly on Schedule D, line 8a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box D, E, or F below Check only one box if more than one box applies for your long-term transactions, complete a separate Form 8949 page 2, for each applicable box if you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099 B showing basis wasn't reported to the IRS X (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or loss If you enter an amount (e) (h) (d) Proceeds Cost or other Gain or (loss). Description of property Date acquired Date sold or in column (g), enter a code in (sales price) basis See the Subtract column (e) (Example 100 sh XYZ Co) disposed of (Mo, day, yr) column (f) See instructions. Note below and from column (d) & (Mo, day, yr) (f) (a) combine the result see Column (e) In Amount of Code(s) with column (g) the instructions adjustment PASSTHROUGH FROM 20-4310816 50,316. 2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts) Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment

Form 8949 (2018)

above is checked), or line 10 (if Box F above is checked)

# Form 3800

**General Business Credit** 

► Go to www.irs.gov/Form3800 for instructions and the latest information.

► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

OMB No. 1545-0895

2018

Attachment
Sequence No 22

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Identifying number

| AMER | ICAN CONSERVATORY THEATRE FOUNDATION  |             | 94-6135772 |
|------|---|-------------|------------|
| Part | Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (T  | MT)         |            |
|      | (See instructions and complete Part(s) III before Parts I and II.)  |             |            |
| 1    | General business credit from line 2 of all Parts III with box A checked   | 1           | 760        |
| 2    | Passive activity credits from line 2 of all Parts III with box B checked   2  |             |            |
| 3    | Enter the applicable passive activity credits allowed for 2018. See instructions  | 3           |            |
| 4    | Carryforward of general business credit to 2018 Enter the amount from line 2 of Part III with   |             |            |
| •    | box C checked. See instructions for statement to attach   | 4           |            |
| 5    | Carryback of general business credit from 2019 Enter the amount from line 2 of Part III with box D checked See instructions   | 5           |            |
| 6    | Add lines 1, 3, 4, and 5  | 6           | 760        |
| Part | II Allowable Credit   |             |            |
| 7    | Regular tax before credits  | 200         |            |
|      | • Individuals Enter the sum of the amounts from Form 1040, line 11a, and Schedule 2 (Form 1040), line 46, or the sum of the amounts from Form 1040NR, lines 42 and 44 |             |            |
|      | Corporations Enter the amount from Form 1120, Schedule J, Part I, line 2, or the applicable line of your return   | 7           | 0          |
| •    | Estates and trusts Enter the sum of the amounts from Form 1041, Schedule G, lines 1a and 1b, or the amount from the applicable line of your return                    |             |            |
| 8    | Alternative minimum tax.  |             |            |
|      | <ul> <li>Individuals Enter the amount from Form 6251, line 11</li> <li>Corporations Enter -0-</li> </ul>  | 8           |            |
|      | • Estates and trusts Enter the amount from Schedule I (Form 1041), line 56  | <b>***</b>  |            |
|      |   | 200         |            |
| 9    | Add lines 7 and 8   | 9           | o          |
|      |   | 30/63       |            |
| 10a  | Foreign tax credit  |             |            |
| ь    | Certain allowable credits (see instructions)  | <b>∀</b>    |            |
| c    | Add lines 10a and 10b   | 10c         | 332        |
| ·    | Add lines for and for   | · · · · ·   |            |
| 11   | Net income tax. Subtract line 10c from line 9 If zero, skip lines 12 through 15 and enter -0- on line 16  | 11          | o          |
|      |   |             | .          |
| 12   | Net regular tax. Subtract line 10c from line 7 If zero or less, enter -0-   |             |            |
| 13   | Enter 25% (0 25) of the excess, if any, of line 12 over \$25,000. See   |             |            |
|      | instructions , 13   | -  <b> </b> |            |
| 14   | Tentative minimum tax   |             |            |
|      | • Individuals. Enter the amount from Form 6251, line 9  |             |            |
|      | • Corporations. Enter -0  |             |            |
|      | • Estates and trusts. Enter the amount from Schedule I' (Form 1041), line 54  |             |            |
| 15   | Enter the greater of line 13 or line 14   | 15          | 0          |
| 16   | Subtract line 15 from line 11 If zero or less, enter -0-  | 16          | 0          |
| 17   | Enter the smaller of line 6 or line 16  | 17          | 0          |
|      | C corporations: See the line 17 instructions if there has been an ownership change, acquisition,  |             |            |
|      | or reorganization   |             |            |
|      | or reorganization   | \$C.\$33    |            |

| Part' |  |             | •                |             |
|-------|--|-------------|------------------|-------------|
| Note: | If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and e   | nter -      | 0- on line 26    |             |
| 18    | Multiply line 14 by 75% (0.75) See instructions  | 18          |                  |             |
| 19    | Enter the greater of line 13 or line 18  | 19          |                  |             |
| 20    | Subtract line 19 from line 11. If zero or less, enter -0-  | 20          | 0                |             |
| 21,   | Subtract line 17 from line 20. If zero,or less, enter -0   | 21          | 0                | <del></del> |
| 22    | Combine the amounts from line 3 of all Parts III with box A, C, or D checked   | 22          |                  |             |
| 23    | Passive activity credit from line 3 of all Parts III with box B checked 23   |             |                  |             |
| 24    | Enter the applicable passive activity credit allowed for 2018. See instructions .  | 24          |                  |             |
| 25    | Add lines 22 and 24.   | 25          |                  |             |
| 26    | Empowerment zone and renewal community employment credit allowed Enter the smaller of line 21 or line 25   | 26          |                  |             |
| 27    | Subtract line 13 from line 11 If zero or less, enter -0-   | 27          | 0                | <del></del> |
| 28    | Add lines 17 and 26  | 28          |                  |             |
| 29    | Subtract line 28 from line 27 If zero or less, enter -0-   | 29          | 0                |             |
| 30    | Enter the general business credit from line 5 of all Parts III with box A checked  | 30          | 251              |             |
| 31    | Reserved   | 31<br>2์แน่ |                  |             |
| 32    | Passive activity credits from line 5 of all Parts III with box B checked 32  |             |                  |             |
| 33    | Enter the applicable passive activity credits allowed for 2018 See instructions .  | 33          |                  |             |
| 34    | Carryforward of business credit to 2018 Enter the amount from line 5 of Part III with box C checked and line 6 of Part III with box G checked See instructions for statement to attach   | 34          |                  |             |
| 35    | Carryback of business credit from 2019 Enter the amount from line 5 of Part III with box D checked See instructions  | 35          |                  |             |
| 36    | Add lines 30, 33, 34, and 35   | 36          | 251              |             |
| 37    | Enter the <b>smaller</b> of line 29 or line 36   | 37          | 0                |             |
| 38    | Credit allowed for the current year. Add lines 28 and 37   |             |                  |             |
|       | Report the amount from line 38 (if smaller than the sum of Part I, line 6, and Part II, lines 25 and 36, see instructions) as indicated below or on the applicable line of your return.  • Individuals. Schedule 3 (Form 1040), line 54, or Form 1040NR, line 51 |             | ,                |             |
|       | Corporations. Form 1120, Schedule J, Part I, line 5c   | 100         |                  |             |
|       | Corporations: Form 1120, Schedule 3, Part 1, line 5c     Estates and trusts: Form 1041, Schedule G, line 2b  | 38          | م                |             |
|       |  |             | Form <b>3800</b> | (2018)      |

| Name(s) shown on return                  |   |             |                            |                              |                   |          |  |
|--|---|-------------|----------------------------|------------------------------|-------------------|----------|--|
| AMERICAN CONSERVATORY THEATRE FOUNDATION |   |             |                            | 94-6135772                   |                   |          |  |
|  | General Business Credits or Eligible Small Business Credits (se   | e inst      | ructions)                  | -                            |                   |          |  |
|  | plete a separate Part III for each box checked below. See instructions  |             |                            |                              |                   |          |  |
|  | ☑ General Business Credit From a Non-Passive Activity   E  □ Reserved   |             |                            |                              |                   |          |  |
| в  | Reserved  |             |                            |                              |                   |          |  |
|  | General Business Credit Carryforwards  General Business Credit Carryforwards  General Business Credit Carryforwards |             |                            |                              |                   |          |  |
|  | General Business Credit Carrybacks  H Reserved  |             |                            |                              |                   |          |  |
|  |   |             | and also a second Dame.    | 111                          |                   |          |  |
|  | you are filing more than one Part III with box A or B checked, complete and attach fire                             | st an a     | additional Part            | III COIT                     | ibining amounts t | rom<br>_ |  |
|  | Il Parts III with box A or B checked. Check here if this is the consolidated Part III                               |             | T                          |                              | <b></b>           |          |  |
|  | (a) Description of credit   |             | (b) If claiming the c      | credit Enter the appropriate |                   |          |  |
|  | On any line where the credit is from more than one source, a separate Part III is needed for e                      | each        | from a pass-through amount |                              | ale               |          |  |
|  | through entity  | <del></del> | entity, enter the          | e EIN                        |                   |          |  |
| 1a                                       | ,   | 1a          | <b></b>                    |                              |                   |          |  |
| Ŀ  |   | 1b          |                            |                              |                   |          |  |
| С  | ,   | 1c          |                            |                              |                   |          |  |
| d  | Low-income housing (Form 8586, Part I only)   | 1d          |                            |                              |                   |          |  |
| e  | , , ,   | 1e          |                            |                              |                   |          |  |
| f  | Renewable electricity, refined coal, and Indian coal production (Form 8835)   | 1f          |                            |                              |                   |          |  |
| g  | Indian employment (Form 8845)   | 1g          | L                          |                              |                   |          |  |
| h  | Orphan drug (Form 8820)   | _1h         |                            |                              |                   |          |  |
| i  | New markets (Form 8874)   | 1i          |                            |                              |                   |          |  |
| j  | Small employer pension plan startup costs (Form 8881) (see instructions for limitation)                             | 1j          |                            |                              |                   |          |  |
| k  | Employer-provided child care facilities and services (Form 8882) (see   |             |                            |                              |                   |          |  |
|  | instructions for limitation)  | 1k          |                            | - 1                          |                   |          |  |
| ı  | Biodiesel and renewable diesel fuels (attach Form 8864)   | 11          |                            |                              |                   |          |  |
| n  |   | 1m          |                            |                              |                   |          |  |
| n  | 5   | 1n          | <del></del>                |                              |                   |          |  |
| 0  | Nonconventional source fuel (carryforward only)   | 10          |                            |                              |                   |          |  |
|  | 5 (5 1) (5 0000)  | 1p          | · — · — ·                  |                              |                   |          |  |
| p  |   | 1q          |                            |                              |                   |          |  |
| q  |   | 1r          |                            | +-                           |                   |          |  |
| r  | Alternative motor vehicle (Form 8910)   | <del></del> |                            |                              |                   |          |  |
| S  | Alternative fuel vehicle refueling property (Form 8911)   | 1s          |                            | _ +                          |                   |          |  |
| t  | Enhanced oil recovery credit (Form 8830)  | 1t          | 20-4310816                 | 6                            | 760               |          |  |
| u  |   | 1u          |                            |                              |                   |          |  |
| V  | Agricultural chemicals security (carryforward only)   | 10          |                            |                              |                   |          |  |
| V  | · · · · · · · · · · · · · · · · · · ·   | 1w          |                            |                              |                   |          |  |
| X  | Carbon oxide sequestration (Form 8933)  | 1x          |                            |                              |                   |          |  |
| <b>Y</b>                                 | Qualified plug-in electric drive motor vehicle (Form 8936)  | <u>1y</u>   |                            |                              |                   |          |  |
| Z  | Qualified plug-in electric vehicle (carryforward only)  | 1z          |                            |                              |                   |          |  |
| а  | a Employee retention (Form 5884-A)  | 1aa         |                            |                              |                   |          |  |
| b  | <b>b</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))                            | 1bb         |                            |                              |                   |          |  |
| Z  | Other Oil and gas production from marginal wells (Form 8904) and certain  |             |                            | l                            |                   |          |  |
|  | other credits (see instructions)  | 1zz         |                            |                              |                   |          |  |
| 2  | Add lines 1a through 1zz and enter here and on the applicable line of Part I  | 2           |                            |                              | 760               |          |  |
| 3  | Enter the amount from Form 8844 here and on the applicable line of Part II  | 3           |                            |                              |                   |          |  |
| 4a                                       | Investment (Form 3468, Part III) (attach Form 3468)   | 4a          | 20-4310816                 | 6                            | 63                |          |  |
| b  | Work opportunity (Form 5884)  | 4b          | 20-4310816                 | $\neg \neg$                  | 12                |          |  |
| c  | Biofuel producer (Form 6478)  | 4c          | 20 70 10010                |                              |                   |          |  |
| d  | Low-income housing (Form 8586, Part II)   | 4d          |                            | $\dashv$                     |                   |          |  |
| e  | Renewable electricity, refined coal, and Indian coal production (Form 8835)   | 4e          | ļ                          |                              |                   |          |  |
| f  | Employer social security and Medicare taxes paid on certain employee tips (Form 8846)                               | 4f          | 20 4240046                 | $\pm$                        | 22                |          |  |
|  |   |             | 20-4310816                 | <u>'</u>                     |                   |          |  |
| g  | Qualified railroad track maintenance (Form 8900)  | 4g          | <u> </u>                   | -+                           |                   |          |  |
| h<br>Ti                                  | Small employer health insurance premiums (Form 8941)  | 4h          |                            |                              |                   |          |  |
| i  | Increasing research activities (Form 6765)  | 4i          | 20-4310816                 | <u> </u>                     | 152               |          |  |
| J  | Employer credit for paid family and medical leave (Form 8994)   | 4 <u>j</u>  |                            |                              |                   |          |  |
| z<br>-                                   | Other   | 4z          | 20-4310816                 | 5                            | 2                 |          |  |
| 5  | Add lines 4a through 4z and enter here and on the applicable line of Part II  | 5           |                            |                              | 251               |          |  |
| 6  | Add lines 2.3, and 5 and enter here and on the applicable line of Part II   | ואו         |                            | - 1                          | 1011              |          |  |