Form <b>990-T</b>	E	Exempt Orga	TENDED TO Anization B			Tax Returi	n L	OMB No 1545-004
C			and proxy tax u			2006		0040
•	For ca	alendar year 2019 or other tax y					<u>20</u>	<b>2019</b>
Department of the Treasury Internal Revenue Service	<b> </b>	► Go to ww Do not enter SSN numb ►			ons and the latest info ade public if your orgar		, <u> </u>	Open to Public Inspect 501(c)(3) Organizations
A X Check box if address changed		Name of organization (	Check box if nar	me changed	d and see instructions.)		D Emplo (Empl	oyer identification num loyees' trust, see ctions)
B Exempt under section	Print	AMERICAN CO	ONSERVATORY	Y THE	ATRE FOUND	ATION	و ا	4-6135772
X 501(c)(3 0)3	_ or	Number, street, and roo						ated business activity onstructions )
408(e)220(e)	Туре	415 GEARY	TREET				_] "	isauctions )
408A 530(a)		City or town, state or pr		IP or foreig	n postal code			
C Book value of all assets at end of year		F Group exemption nur	nber (See instructions.	) 🕨				
99,440,8		<del>'                                    </del>	·	corporatio	n 501(c) trus	t 401(a	a) trust	Other to
H Enter the number of the			_	1		be the only (or first) u		
· ·		EE STATEMEN				ne, complete Parts I-V		
		ace at the end of the previ	ous sentence, complete	e Parts I ar	nd II, complete a Sched	ule M for each additioi	nal trade	or
business, then complete		<del></del>		· ·	•			
		poration a subsidiary in ai		arent-subs	idiary controlled group	? <b>•</b>	Ye	s 🗓 No
J The books are in care of		tifying number of the pare	ent corporation.		Tolo	phone number	(415	) 834-320
Part I Unrelate			come		(A) Income	(B) Expense	<del>`                                    </del>	(C) Net
1a Gross receipts or sal			<u> </u>		(7.) 15	(0, 2.40		(0) 1101
b Less returns and allo			c Balance	<b>▶</b> 1c				
2 Cost of goods sold (S		A, line 7)		2				
3 Gross profit. Subtrac				3				
4a Capital gain net incor				4a	79,97 <u>A</u>			79,9
· •	•	Part II, line 17) (attach For	m 4797)	4b				
c Capital loss deductio	n for trus	sts	ŕ	4c				
5 Income (loss) from a	partners	ship or an S corporation (	attach statement)	5	<del>√</del> 54,624	. STMT	2	-54,62
6 Rent income (Schedu	ile C)			6				
7 Unrelated debt-finance	ed incon	me (Schedule E)		7				
8 Interest, annuities, ro	yaltıes, aı	and rents from a controlled	organization (Schedule	e F) 8				
9 Investment income o	f a sectio	on 501(c)(7), (9), or (17)	organization (Schedule	G) 9				
10 Exploited exempt acti	vity inco	ome (Schedule I)		10				
11 Advertising income (		•		11		_		
12 Other income (See in		•		12	25 252	<del></del>		<u> </u>
13 Total. Combine lines	3 throu	gh 12	<del></del>	13	25,350			25,35
Part II Deduction (Deductions	must b	ot Taken Elsewhe	re (See instruction with the unrelated but	s for limita	ations on deductions One VED	)		
14 Compensation of of	icers, dir	rectors, and trustees (Sch	gdule K)		SC	.l	14	
15 Salaries and wages			4	YAMA K	18 2021	1	15	
16 Repairs and mainter	ance		B604	ίl	The state of the last of the l	<u></u>	16	
17 Bad debts			1	L	DEN, IT	1	17	
18 Interest (attach sche	dule) (se	ee instructions)	1	00	70-11		18	
19 Taxes and licenses			<u>.</u>		1 1		19	
20 Depreciation (attach		· /			20		<del>  _  </del>	
	aimed on	n Schedule A and elsewhe	re on return		21a		21b	
22 Depletion	arrad aa4	Annoncation plans					22	
<ul><li>Contributions to def</li><li>Employee benefit pro</li></ul>	,	mpensanon pians					23	
25 Excess exempt expe		chedule I)					24	
26 Excess readership c		·					25 26	<del>_</del>
27 Other deductions (a)					SEE STA	темент 3	27	3,69
28 Total deductions. A					JUL VIN		28	3,70
		ncome before net operatin	g loss deduction. Subt	tract line 28	3 from line 13		29	21,64
,		oss arising in tax years be						
(see instructions)			g unto. out	, .,			30	
	axable ın	ncome. Subtract line 30 fr	om line 29				31	21,64
		work Reduction Act Notic			***	all	1	Form <b>990-T</b> (

Form 990	)-T (2019)	AMERICAN CONSERVATORY THEATRE FOUNDATION		94	-6135772 Page 2
Part	IIL	Total Unrelated Business Taxable Income			
•32	Total o	f unrelated business taxable income computed from all unrelated trades or businesses (see instructions)		32	21,645.
33	Amoun	ts paid for disallowed fringes		33	
34		ble contributions (see instructions for limitation rules) STMT 4 STMT 5	2	34	72.
35	Total u	nrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line 34 from the sum of line	s 32 and 33	<b>5</b> 35	21,573.
36		ion for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		36	
37		f unrelated business taxable income before specific deduction. Subtract line 36 from line 35	•	7 37	21,573.
38		c deduction (Generally \$1,000, but see line 38 instructions for exceptions)	9	38	1,000.
39		ted business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,	.,	' H	
11		ne smaller of zero or line 37	11	39	20,573.
		Tax Computation		1 1	20/3/30
40	-	zations Taxable as Corporations. Multiply line 39 by 21% (0.21)		- 40	4,320.
41		Taxable at Trust Rates. See instructions for tax computation, Income tax on the amount on line 39 from:		1 7	7,520.
41		· ·	_	.   4	
40					
42		tax. See instructions		42	
43		tive minimum tax (trusts only)		43	
44		Noncompliant Facility Income. See instructions	7	44	4 220
		Add lines 42, 43, and 44 to line 40 or 41, whichever applies  Tax and Payments		45	4,320.
			456	<del></del>	
	-	tax credit (corporations attach Form 1118; trusts attach Form 1116)	456	-	
b		redits (see instructions)	140	- 1	
С		business credit. Attach Form 3800	140	- 1	
		for prior year minimum tax (attach Form 8801 or 8827)	<del></del>	_ - -	500
е		redits. Add lines 46a through 46d	li		596.
47	Subtrac	ct line 46e from line 45		47	3,724.
48			ach schedule)		
49	Total to	ax. Add lines 47 and 48 (see instructions)	_	49	3,724.
50	2019 n	et 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3		50	0.
51 a	Payme		<u>6,405</u>	-	
		stimated tax payments 51b		<b>-</b>	
C	Tax dep	posited with Form 8868		<b>.</b>	
đ	Foreign	organizations: Tax paid or withheld at source (see instructions)  51d		_	
е	Backup	withholding (see instructions) . Loe 51e	9	<u>.</u>	
f	Credit f	or small employer health insurance premiums (attach Form 8941)		_	
g	Other c	redits, adjustments, and payments: Form 2439		] ]	
	F	orm 4136 Other Total ▶ <b>5</b> 10			
52	Total p	ayments. Add lines 51a through 51g		52	26,414.
53	Estimat	ted tax penalty (see instructions). Check if Form 2220 is attached 🕨 🔲		53	
54	Tax du	e. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	طی ا	54	
55	Overpa	yment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	10>	55	22,690.
1-58	Enter th	ne amount of line 55 you want: Credited to 2020 estimated tax > 22,690. Refund	ded 🕨	56	0.
Part		Statements Regarding Certain Activities and Other Information (see instruction	ons)	1	
57	At any t	time during the 2019 calendar year, did the organization have an interest in or a signature or other authority			Yes No
		financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file			
		Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country			
	here	•			X
58		the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign t	rust?		Т
•••	•	' see instructions for other forms the organization may have to file.			
59		ne amount of tax-exempt interest received or accrued during the tax year > \$			
	Uı	nder penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best	t of my know!	edge and b	pelief, it is true,
Sign	co	orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.  CHIEF FINANCIAL	_		
Here		tin Sini 14/8/21 NOFFICER		-	S discuss this return with ir shown below (see
		Signature of officer Date Title			s)? X Yes No
			eck	ıf PTI	
<b>.</b>					14
Paid		TRACY S. PAGLIA TRACY S. PAGLIA 04/08/21	f- employed		00366884
Prep			rm's EIN		1-0189318
Use	Only	3121 W MARCH LN, STE 200	IIII 9 EIN	• 9	
			hone no.	200_	955-6100
		PI   PI   PI   PI   PI   PI   PI   PI	IOHE HO.	<u> </u>	
923711 (	1-27-20				Form <b>990-T</b> (2019)

Schedule A - Cost of Good	s Sold. Ente	r method of inve	ntory valuation N/				<u>.</u>	
1 Inventory at beginning of year	_1		6 Inventory at end of ye		···	T 6	· · · ·	
2 Purchases	2	_	7 Cost of goods sold.		line 6			
3 Cost of labor	3		from line 5. Enter her					
4 a Additional section 263A costs			line 2		,,	7		
(attach schedule)	4a		8 Do the rules of section	n 263A (	(with respect to		Yes	No
<b>b</b> Other costs (attach schedule)	4b	<u> </u>	property produced or					
5 Total. Add lines 1 through 4b	5	<del>,</del>	the organization?	-				
Schedule C - Rent Income (see instructions)	(From Real	Property and	Personal Property	Lease	ed With Real Pro	oerty)		
1. Description of property								
(1)				-	<del></del>			
(2)								
(3)							<u> </u>	
(4)								
-	2. Rent receiv	red or accrued		-				
(a) From personal property (if the per rent for personal property is moi 10% but not more than 50%	re than	of rent for	and personal property (if the percent personal property exceeds 50% or if nt is based on profit or income)	age	3(a) Deductions directi columns 2(a) a		ted with the income in ittach schedule)	n
(1)	·	1	<del>-</del> · <u>-</u> -					
(2)				-	<u> </u>		<del></del>	
(3)						-		
(4)								
Total	0.	Total		0.			····	
(c) Total income. Add totals of columns here and on page 1, Part I, line 6, columns		iter		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (8)			0.
Schedule E - Unrelated De		Income (see	instructions)		The try line of column (c)		<del></del>	<del>.</del>
			2. Gross income from		3. Deductions directly control to debt-finan			
1. Description of debt-f	inanced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	
(1)			<del> </del>	1	<del></del>	+		
(2)		-		+ -	<del></del>	_		
(3)				+-	<del></del>	+		
(4)				†		+		
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis allocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(c	8. Allocable deducti column 6 x total of col 3(a) and 3(b))	
(1)			%	+		-	<del></del>	
(2)			%			$\top$	•	
(3)			%	1		1	_	
(4)			%					
					inter here and on page 1, Part I, line 7, column (A)		nter here and on page Part I, line 7, column (l	
Totals					0	1		0.
Total dividends-received deductions	ncluded in column	1.8		<u></u>				<del>~</del>

Form 990-T (2019)

`			Exempt	Controlled O	rganizatio	ons							
1. Name of controlled organiz	Name of controlled organization     2. Employer identification number		dentification		3. Net un (loss) (se	related income e instructions)	4. Tota paym	al of specified nents made	5. Part of column 4 that is included in the controlling organization's gross income		olling [	6. Deductions directly connected with income in column 5	
(1)													
(2)													
(3)										· <del>-</del>			
(4)				-									
Nonexempt Controlled Organ	nizations			_									
7. Taxable Income	8. Net unrelated inco (see instruction		9. Total	of specified payr made	ments	10. Part of colur in the controllingross	nn 9 that ng organi income	ાક ાncluded zation's	11, Dec with	ductions directly connected income in column 10			
(1)													
(2)													
(3)													
(4)													
						Add colum Enter here and line 8, c		1, Part I, )	Enter h	d columns 6 and 11 ere and on page 1, Part I, line 8, column (B)			
Totals					<b>_</b> _			0.		0			
Schedule G - Investme	ent Income of a structions)	Section	501(c)(7	7), (9), or (	17) Org	anization							
	scription of income			2. Amount of	ıncome	3. Deduction directly connect (attach sched)	cted	4. Set-a		5. Total deductions and set-asides (col 3 plus col 4)			
(1)		-		<u> </u>		,				(-5, 5 p.35 50; 4)			
(2)				<del> </del>						·			
(3)			-	-	-								
(4)													
(1)				Enter here and o Part I, line 9, co						Enter here and on page Part I, line 9, column (B)			
Totals				.	0.					0			
Schedule I - Exploited	· ·	y Incom	e, Other	Than Adv		g Income							
1. Description of exploited activity	2. Gross unrelated business income from trade or business	directly with pi of ur	xpenses connected roduction nrelated ss income	4. Net incomfrom unrelated business (cominus columingain, compute through	I trade or lumn 2 n 3) If a e cols 5	5. Gross inco from activity the is not unrelate business income	hat ed	6. Exp attributa colun	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4)			
(1)													
(1) (2) (3)	1									<u> </u>			
(3)		1								† · · · · · · · · · · · · · · · · · · ·			
(4)		<del>                                     </del>		<del>                                     </del>			$\neg \uparrow$	·					
Totals	Enter here and on page 1, Part I, line 10, col (A)	page line 10	ere and on 1, Part I, 0, col (B)		. <u> </u>	_	<u>I</u>		,	Enter here and on page 1, Part II, line 25			
Schedule J - Advertis	ing Income (see	instructio	ns)										
Part I Income From	Periodicals Rep	orted o	n a Con	solidated	Basis	<del></del> _							
1. Name of periodical	2. Gross advertising income	adv	3. Direct vertising costs	4. Advert or (loss) (co col 3) If a ga cols 5 th	ol 2 minus ain, compute	5. Circulati	ion	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4)			
(1)							_						
(2)	I			<b>-</b>		<del></del>	$\rightarrow$						
(2)				_		<u> </u>							
					<u>-</u>		<del>-</del>						

Part II 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)			_	1			-
Totals from Part I	<b>•</b>	0.	0.				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 26
Totals, 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	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 (2019)

						_
FORM 990-T	DESCRIPTION OF	ORGANIZATION'S	PRIMARY	UNRELATED	STATEMENT 1	
•		BUSINESS ACTIVITY	Y			

### INTERESTS IN EQUITY INVESTMENT PARTNERSHIPS

TO FORM 990-T, PAGE 1

FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 2
DESCRIPTION		NET INCOME OR (LOSS)
PASSTHROUGH - ORDINAR	Y BUSINESS INCOME (LOSS)	-54,624.
TOTAL INCLUDED ON FOR	M 990-T, PAGE 1, LINE 5	-54,624.
FORM 990-T	OTHER DEDUCTIONS	STATEMENT 3
		SIAIEMENI 3
DESCRIPTION		AMOUNT
DESCRIPTION  MANAGEMENT FEES ACCOUNTING FEES		

FORM 990-T	CONTRIBUTIONS	STATEMENT 4
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PASSTHROUGH FROM 20-4310816	N/A	33.
TOTAL TO FORM 990-T, PAGE 2, L	INE 34	33.

# Form **3800**

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

### **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

2019
Attachment

Identifying number

AM	ERICAN CONSERVATORY THEATRE FOUNDATION		94-6135772
Pa	rt I Current Year Credit for Credits Not Allowed Against Tentative Minimum Tax (TMT)		
	(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	
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 2019. See instructions	3	
4	Carryforward of general business credit to 2019. 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 2020 Enter the amount from line 2 of Part III with box D		
•	checked	5	
6	Add lines 1, 3, 4, and 5	6	
	rt II Allowable Credit		
7	Regular tax before credits		
·	• Individuals. Enter the sum of the amounts from Form 1040 or 1040-SR, line 12a, and		
	Schedule 2 (Form 1040 or 1040-SR), line 2, or the sum of the amounts from Form		
	1040-NR, lines 42 and 44		
	Corporations. Enter the amount from Form 1120, Schedule J, Part I, line 2, or the	7	4,320.
	applicable line of your return		
	• 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		
	Individuals. Enter the amount from Form 6251, line 11		
	• Corporations. Enter -0-	8	0.
	• Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54	Ť	
	)		
9	Add lines 7 and 8	9	4,320.
Ū	7 (dd 111.00 )	۲	
10a	Foreign tax credit 456.		
	Certain allowable credits (see instructions)		
	Add lines 10a and 10b	10c	456.
Ŭ			
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16	11	3,864.
• •			
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		
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 52	_	
15	Enter the greater of line 13 or line 14	15	
	Subtract line 15 from line 11. If zero or less, enter -0-	16	3,864.
	Enter the smaller of line 6 or line 16	17	
	C corporations: See the line 17 instructions if there has been an ownership change, acquisition, or		
	reorganization.		
LHA	For Paperwork Reduction Act Notice, see separate instructions.		Form <b>3800</b> (2019)
			, ,

ĮP.	art III Allowable Credit (continued)		
No	te: If you are not required to report any amounts on line 22 or 24 below, skip lines 18 through 25 and enter -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	
21	Subtract line 17 from line 20. If zero or less, enter -0-	21	
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		
24	Enter the applicable passive activity credit allowed for 2019. 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	0.
27	Subtract line 13 from line 11. If zero or less, enter -0-	27	3,864.
28	Add lines 17 and 26	28	
29	Subtract line 28 from line 27. If zero or less, enter -0-	29	3,864.
30	Enter the general business credit from line 5 of all Parts III with box A checked	30	
31	Reserved	31	
32	Passive activity credits from line 5 of all Parts III with box B checked		
33	Enter the applicable passive activity credits allowed for 2019. See instructions	33	140.
34	Carryforward of business credit to 2019 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 2020. 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	140.
37	Enter the smaller of line 29 or line 36	37	140.
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 or 1040-SR), line 6, or Form 1040-NR, line 51  Corporations Form 1120, Schedule J, Part I, line 5c		
	Estates and trusts. Form 1041, Schedule G, line 2b	38	140.

Nar	ne(s) s	hown on return			Identifying nur	nber
ΑN	NERIC	AN CONSERVATORY THEATRE FOUNDATION		ĺ	94-	6135772
	art II		tructi	ons)		
Со	mple	te a separate Part III for each box checked below. See instructions.				
		General Business Credit From a Non-Passive Activity E 🔳 Reserved				
		General Business Credit From a Passive Activity F Reserved				
		General Business Credit Carryforwards  G   G   Eligible Small Busin	1ess (	redit i	Carndonward	9
		General Business Credit Carrybacks H  Reserved	.000	) out	our yror ward	•
ı		u are filing more than one Part III with box A or B checked, complete and attach first an	a al al i ti a	anal Da	unt III aanabinu	
•	all P	arts III with box A or B checked. Check here if this is the consolidated Part III	addille	mai Pa	art III Combinii	ng amounts from
	QII I	(a) Description of credit	• •	· ·		(c)
				If clain	(b) ning the credit	
NO.	te: Or	any line where the credit is from more than one source, a separate Part III is needed for each bugh entity		from a	pass-through	appropriate amount
			14-	entity,	enter the EIN	amount
	1a	Investment (Form 3468, Part II only) (attach Form 3468)	1a			
	b	Reserved	1b			
	C	Increasing research activities (Form 6765)	1c			
	ď	Low-income housing (Form 8586, Part I only)	1d			
	е	Disabled access (Form 8826) (see instructions for limitation)	1e			
	f	Renewable electricity, refined coal, and Indian coal production (Form 8835)	1f			
	g	Indian employment (Form 8845)	1g			
	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			
	ı	Biodiesel and renewable diesel fuels (attach Form 8864)	11			
	m	Low sulfur diesel fuel production (Form 8896)	1m			
_	n	Distilled spirits (Form 8906)	1n			
	0	Nonconventional source fuel (carryforward only)	10			
	р	Energy efficient home (Form 8908)	1p	-		
	q q	Energy efficient appliance (carryforward only)	1q			
	r	Alternative motor vehicle (Form 8910)	1r			-
	S	Alternative fuel vehicle refueling property (Form 8911)	1s			· · ·
	t	Enhanced oil recovery credit (Form 8830)	1t		<del></del>	_
	u	Mine rescue team training (Form 8923)	1u			
	v	Agricultural chemicals security (carryforward only)	10			<del></del>
	w	Employer differential wage payments (Form 8932)	1w		-	
		Carbon oxide sequestration (Form 8933)	1x	-	-	
	X	Qualified plug-in-electric drive motor vehicle (Form 8936)			-	
	y z	Qualified plug-in electric vehicle (carryforward only)	1y		-	
			1z			
	aa	Employee retention (Form 5884-A)	1aa			
	bb	General credits from an electing large partnership (carryforward only)	1bb			
	ZZ	Other. Oil and gas production from marginal wells (Form 8904) and certain other				
_		credits (see instructions)	1zz			
2		Add lines 1a through 1zz and enter here and on the applicable line of Part I	2			
3		Enter the amount from Form 8844 here and on the applicable line of Part II	3			(
	a	Investment (Form 3468, Part III) (attach Form 3468)	4a			
	b	Work opportunity (Form 5884)	4b	20-	4310816	· · · · · · · · · · · · · · · · · · ·
	C	Biofuel producer (Form 6478)	4c			
	d	Low-income housing (Form 8586, Part II)	4d			
	e	Renewable electricity, refined coal, and Indian coal production (Form 8835)	4e			
	f	Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	4f	20-	4310816	11
	g	Qualified railroad track maintenance (Form 8900)	4g			
	h	Small employer health insurance premiums (Form 8941)	4h			
	i	Increasing research activities (Form 6765)	4i	20-	4310816	127
	j	Employer credit for paid family and medical leave (Form 8994)	4j			
	Z	Other	4z	20-	4310816	
5		Add lines 4a through 4z and enter here and on the applicable line of Part II	5			140
6		Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	6			14(

#### SCHEDULE D (Form 1128)

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	OKI INDAIKE F(	DONDATION		94-	·0135//2	
Di	d the corporation dispose of any investme	nt(s) in a qualified opportur	nity fund during the tax y	ear?		Yes X No	
lf '	'Yes," attach Form 8949 and see its instru	ctions for additional require	ements for reporting your	r gain or loss.			
	Part I Short-Term Capital Ga	ins and Losses (See	instructions.)				
Se to	e instructions for how to figure the amounts enter on the lines below.	(d) Proceeds	(e)	(0) Adjustments to gain	,	(h) Gain or (loss) Subtract	
Th rou	is form may be easier to complete if you and off cents to whole dollars.	Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gair or loss from Form(s) 894 Part I, line 2, column (g)	9,	(h) Gain or (loss) Subtract column (e) from column (d) and 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						
16	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					24,181.	
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-kind	d exchanges from Form 8824			5		
6	Unused capital loss carryover (attach computa	ation)			6	(	
	Net short-term capital gain or (loss). Combini				7	24,181.	
	Part II   Long-Term Capital Gai	ns and Losses (See i	nstructions.)				
Se	e instructions for how to figure the amounts enter on the lines below.	(4)	(e)	(n) Adjustments to gain		(h) Gain or (loss) Subtract	
This form may be easier to complete if you round off cents to whole dollars.		(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gain or loss from Form(s) 8949, Part II, line 2, column (g)		column (e) from column (d) and 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						
_	Form(s) 8949 with Box D checked			-			
9	Totals for all transactions reported on						
40	Form(s) 8949 with Box E checked			<del></del>			
10	Totals for all transactions reported on					EE 702	
4.	Form(s) 8949 with Box F checked			1	4.4	55,793.	
	Enter gain from Form 4797, line 7 or 9	form Form 0050 loss 00 or 07		-	11		
	Long-term capital gain from installment sales	·		-	12		
	Long-term capital gain or (loss) from like-king	exchanges from Form 8824		-	13		
	Capital gain distributions	1 0		}	14	EE 702	
	Net long-term capital gain or (loss). Combine Part III Summary of Parts I and		<u> 1 n</u>		15	55,793.	
	Enter excess of net short-term capital gain (lin		loss (line 15)		16	24,181.	
	Net capital gain. Enter excess of net long-term			, <sub>7)</sub>	17	55,793.	
	Add lines 16 and 17. Enter here and on Form	18	79,974.				
	Note: If losses exceed gains, see Capital Loss		For 1110 Oil Othor Total 113	L	10	.5,5, 1	
	Capital Los.	, , , , , , , , , , , , , , , , , , ,					

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

Schedule D (Form 1120) 2019

# Form **8949**

Department of the Treasury 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

ZUT9
Attachment
Sequence No 12A

Name(s) shown on return

Social security number or taxpayer identification no.

						taxpayer i	dentification no.				
AMERICAN CONS	ERVATORY '	THEATRE I	OUNDATIO	N		94-6	135772				
Before you check Box A, B, or C b statement will have the same inform	elow, see whether nation as Form 10	vou received an	/ Form/s) 1000_B	or substitute statem	nent(s) from y r cost) was n	our broker A su	ihstituta				
Part I Short-Term. Transa transactions, see page 2 Note: You may aggregate	ctions involving capit						duistments or				
codes are required. Enter t	he totals directly on :	Schedule D, line 1a	, you aren't require	d to report these trans	actions on For	m 8949 (see instru	ctions).				
You must check Box A, B, or C below If you have more short-term transactions than	/. Check only one bo	X. If more than one b	ox applies for your sho	rt-term transactions, comp	olete a separate F	Form 8949, page 1, foi	each applicable box				
(A) Short-term transactions i	• =		•		•						
(B) Short-term transactions i			-	· ·	11010 0001	~,					
Table   1				eported to the into							
Description of property	Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If you	enter an amount	f Gain or (loss). Subtract column (e				
(Example 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	in column (g	)), enter a code in See instructions.					
(	(,,, ,,	(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) &				
		` ' ', ', '		see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)				
PASSTHROUGH FROM	+	-				adjustment	(g)				
20-4310816				<del></del>			24,181.				
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<del></del>	1	-		†			<del> </del>				
-	1				+		-				
2 Totals. Add the amounts in colu	umns (d). (e) (d) ar	nd (h) (subtract					<u> </u>				
negative amounts). Enter each t											
Schedule D, line 1b (if Box A at		· · · · · · · · · · · · · · · · · · ·									
above is checked), or line 3 (if	•	,		1			24,181.				

Note: If you checked Box A 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

923011 12-11-19 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2019)

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

Social security number or taxpayer identification no.

AMERICAN CONSERVATORY THEATRE FOUNDATION 94-6135772 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 [Partill] 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 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 (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or (b) (c) (d) (e) (h) loss. If you enter an amount Date acquired Proceeds Description of property Date sold or Cost or other Gain or (loss). in column (g), enter a code in column (f). See instructions. (sales price) basis. See the (Example: 100 sh. XYZ Co.) Subtract column (e) (Mo, day, yr.) disposed of Note below and from column (d) & (Mo., day, yr.) see *Column (e)* ın combine the result Amount of Code(s) the instructions with column (g) adjustment PASSTHROUGH FROM 20-4310816 55,793: 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 55,793. above is checked), or line 10 (if Box F above is checked)

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 (2019)