Form	990-T	Ex		Organization						ОМВ	No 1545-0687
FUIII	Form $990-1$ (and proxy tax under section 6033(e)) $\sqrt{909}$ For calendar year 2018 or other tax year beginning $10/01$ , 2018, and ending $09/30$ , 20									19 9M <b>10</b>	
Denar	tment of the Treasury	POI Cale	Go to	, 20 ====	·  <u>«</u>	.W 10					
	al Revenue Service	<b>▶</b> Do	not enter SS	1(c)(3)	Open to 5 501(c)(3)	Public Inspection for Organizations Only					
A	Check box if address changed		Name of org		ployer identif	ication number ee instructions )					
B Ex	empt under section		LOS A	NGELES PHILHAR	MONI	C ASSOCIATI	ON				
	501(C)(D3)	Print		reet, and room or suite no					95-	1696734	
	408(e) 220(e)	or Type									ess activity code
	408A 530(a)	1 . 7	151 S	OUTH GRAND AVE	NUE				(Se	e instructions )	
	529(a)		City or town	, state or province, countr	y, and 2	ZIP or foreign postal co	ode				
	ok value of all assets		LOS A	NGELES, CA 900	12				52		
	end of year		<del></del>	on number (See instruct							
				ation type 🕨 🐰 501			501(c)			a) trust	Other trust
				related trades or busine						nly (or first) u	
				PARTNERSHIP IN				complete Part			, describe the
				previous sentence, co	mplete	Parts I and II, com	plete a S	chedule M for o	each addi	tional	
	ade or business, th							antrollad are			Yes X No
	-			a subsidiary in an affil number of the parent co			osidiary c	controlled group	·····	🟲 🗀	_ 18 [1] 140
	ne books are in care				porati	<u>on</u>	Telenhon	e number ▶ 2	213-97	2-7300	
Par						(A) Income		(B) Exp			(C) Net
1a	Gross receipts or		<u>,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>			( , , , , , ,		(-,			<u> </u>
b	Less returns and allowa			c Balance ▶	1c						
2			ule A, line 7	)	2				•		
3				ic . <b>.</b> /./.	3						
4a	Capital gain net ii			1 1 1	4a	8,	688.				8,688.
b	Net gain (loss) (Fo	rm 4797,	Part II, line 1	7) (attach Form 4797)	4b	8,	066.				8,066.
С	Capital loss dedu	ction for t	rusts		4c						·
5	Income (loss) from a p	artnership o	r an S corporation	on (attach statement)	5	-18,	037.	ATCH	1		-18,037.
6	Rent income (Sch	edule C)			6						
7	Unrelated debt-fi	nanced in	come (Sche	dule E)	7						
8	Interest, annuities, roya	alties, and re	nts from a contr	rolled organization (Schedule F)						<u> </u>	_
9				17) organization (Schedule G)				7			
10		•	•	edule I)		RECEIVE	()	,\			
11					11	1 ( 12 )	1	<del>//</del>			
12				schedule)	12	SFP 0 1-21	1. E 8 %	<u>ئر ر</u>			-1,283.
13 Par				sewhere (See inst					(Excer	ot for contr	
									(EXOCE	7. 101 001II.	Dationo,
14	Compensation of	officers.	directors, ar	tly connected with to not trustees (Schedule K)		OGULIN			1	14	<del></del>
15										15	
16										16	
17	Bad debts								🗓	17	
18	Interest (attach s	chedule)	(see instruct	ions)					🔼	18	
19	Taxes and license	s							🔼	19	2.
20				ions for limitation rules)			4		· · ·   <u>2</u>	20	
21											
22	•			le A and elsewhere on re						2b	
23										23	
24			•	on plans						24	
25										25	
26 27										26	<del>-</del>
27										27 !8	1,000.
28 29									I .	29	1,002.
30			-	before net operating					—	30	-2,285.
31				ng in tax years beginni						31	
32			_	Subtract line 31 from line	-	•	-			32	-2,285.
For I	Paperwork Reduct	ion Act N	lotice, see II	nstructions		<u> </u>		_ <u></u>			orm <b>990-T</b> (2018)
8X274	<sup>101</sup> 6806PJ <sup>J\$</sup> 700	D 8/6	5/2020	5:43:29 AM			(	0197021	Л	16	PAGE (

	1 (2013)		Page 2
	art III Total Unrelated Business Taxable Income		
33	1 of thereted pusitess taxable income computed from all unrelated trades of dusinesses (see		
_	instructions).	33	115,844.
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 lines 33 and 34.	36	115,844.
37	Specific deduction (Generally \$1,000, but see line 37 instructions for exceptions)		1,000.
38	Unrelated business taxable income. Subtract line 37 from line 36. If line 37 is greater than line 36.		·
	enter the smaller of zero or line 36	38	114,844.
Pa	Tay Computation	1	
39	Organizations Taxable as Corporations. Multiply line 38 by 21% (0.21)	739	24,117.
40	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on	111	
	the amount on line 38 from: Tax rate schedule or Schedule D (Form 1041)	40	
41	<del>-</del> · · ·	7	
42	Proxy tax. See instructions	<del></del>	
43	Alternative minimum tax (trusts only)	42	
44	Total Addition 44, 42 and 43 to line 20 as 40 which are purious	44	24,117.
	Total. Add lines 41, 42, and 43 to line 39 or 40, whichever applies	144	24,117.
	tV Tax and Payments	┰┋╌	
_	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 45a	-  <b> </b>	
	Other credits (see instructions)	111	
	General business credit. Attach Form 3800 (see instructions)	111	
d	Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>↓    </b>	
е	Total credits. Add lines 45a through 45d	450	
46	Subtract line 45e from line 44	46	24,117.
	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8666 Other (attach schedule)	47	
48	Total tax. Add lines 46 and 47 (see instructions)	48	24,117.
	2018 net 965 tax ilability paid from Form 965-A or Form 965-B, Part II, column (k), line 2	49	
50 a	Payments: A 2017 overpayment credited to 2018		
	2018 estimated tax payments	1	
	Tax deposited with Form 8868	111	
	Foreign organizations: Tax paid or withheld at source (see instructions) 50d	1	
	Backup withholding (see instructions)	111	
	Credit for small employer health insurance premiums (attach Form 8941) 50f	111	
	Other credits, adjustments, and payments: Form 2439	111	
9 '	Form 4136		
51	Fotal payments. Add lines 50a through 50g	51	80,589.
	- · · ·	<del></del>	
	Estimated tax penalty (see instructions). Check if Form 2220 is attached	52	
	ax due. If line 51 is less than the total of lines 48, 49, and 52, enter amount owed	53	56 430
	overpayment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid	54	56,472.
9 55 E	nter the amount of line 54 you want: Credited to 2019 estimated tax ▶ 56, 472. Refunded ▶		
Part			
56 A	t any time during the 2018 calendar year, did the organization have an interest in or a signature or	other a	uthority Yes No
0	ver a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m	ay ha <del>ve</del>	to file
F	inCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	foreign	country
h	ere 🕨		X
57 D	uring the tax year, did the organization receive a distribution from, or was it the grentor of, or transferor to, a fore	ion trust?	X
	"Yes," see instructions for other forms the organization may have to file.	J.: 222111	
	nter the amount of tax-exempt interest received or accrued during the tax year > \$		
<u></u>	Under penetties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the b	post of my i	nowledge and belief, it is
Sign	true, correct and complete. Declaration of preparer (other than texpeyor) is based on all information of which preparer has any knowledge		
_		•	discuss this return
Here		in the pri einstructions	eparer shown below
		- =	
Paid	Print/Type preparer's name Preparer's signature  A. Wandlang  08/13/2020 Preparer's signature  08/13/2020 Preparer's signature		PTIN
	ZI WEN DIANG	mployed	P01270238
Prepar			6-6055558
Use O	Firm's address > 515 S. FLOWER STREET, 7TH FLOOR, LOS ANGELES, CA 90071 Phone	no 213	-627-1717
			Form 990-T (2018)

Form 990-T (2018) Page 3 Schedule A - Cost of Goods Sold. Enter method of inventory valuation 6 Inventory at end of year . . . . . . . . . Inventory at beginning of year . 1 6 Purchases . . . . . . . . . 2 Cost of goods sold. Subtract line Cost of labor . . . . . . . . . 3 6 from line 5 Enter here and in 4a Additional section 263A costs (attach schedule) . . . . . . . **l**∡a 8 Do the rules of section 263A (with respect to No b Other costs (attach schedule) . 4b property produced or acquired for resale) apply Total. Add lines 1 through 4b . | 5 to the organization? Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions) 1. Description of property (1) (2) (3) (4) 2. Rent received or accrued (a) From personal property (if the percentage of rent (b) From real and personal property (if the 3(a) Deductions directly connected with the income for personal property is more than 10% but not percentage of rent for personal property exceeds in columns 2(a) and 2(b) (attach schedule) more than 50%) 50% or if the rent is based on profit or income) (1) (2) (3) (4) Total (b) Total deductions. (c) Total income. Add totals of columns 2(a) and 2(b) Enter Enter here and on page 1, here and on page 1, Part I, line 6, column (A) . . . . . ▶ Part I, line 6, column (B) Schedule E - Unrelated Debt-Financed Income (see instructions) 3 Deductions directly connected with or allocable to 2 Gross income from or debt-financed property 1 Description of debt-financed property allocable to debt-financed (a) Straight line depreciation (b) Other deductions property (attach schedule) (attach schedule) (1) (2) (3) (4) 4 Amount of average 5 Average adjusted basis 6 Column 8 Allocable deductions acquisition debt on or of or allocable to 7 Gross income reportable 4 divided (column 6 x total of columns allocable to debt-financed debt-financed property (column 2 x column 6) by column 5 3(a) and 3(b)) (attach schedule) property (attach schedule) % (1) % (2) % (3) % (4) Enter here and on page 1, Enter here and on page 1, Part I, line 7, column (A) Part I, line 7, column (B)

Total dividends-received deductions included in column 8.

Form 990-T (2018)

▶

Schedule F-Interest, Anni	uities, Royalties	, and R	ents Fro	om Contro	lled Or	ganiza	tions (see	Instruction	ons)	
		E:	kempt Co	ontrolled Org	ganızatı	ons				
Name of controlled organization	2 Employer identification numb	e 1		ated income instructions)		of specific	included			6 Deductions directly connected with income in column 5
(1)			_							-
(2)										·
(3)										
(4)										
Nonexempt Controlled Organia	zations							_	<u> </u>	
7. Taxable Income	8 Net unrelated in (loss) (see instruct		1	Total of specific payments made		inclu	art of column ded in the co ization's gros	ntrolling		Deductions directly nected with income in column 10
(1)			}							
(2)										
(3)	_									
(4)										
Totals				(9), or (17		Ente Par	d columns 5 a r here and on I, line 8, colui	page 1, mn (A)		er here and on page 1, nt I, line 8, column (B)
1 Description of income	2 Amount of	ıncome		3 Deduction of the 3 december 3 d	inected			t-asides schedule)		5 Total deductions and set-asides (col 3 plus col 4)
(1)										
(2)										
(3)										
(4)	Enter here and									Enter here and on page 1,
Totals ▶ Schedule I-Exploited Exe	empt Activity In	come, (	Other Th			come	(see instru	ictions)		
1 Description of exploited activity	2 Gross unrelated business income from trade or business	dir connec produ unr	penses ectly cted with iction of elated iss income	4 Net inconfrom unrelated or business 2 minus coll f a gain, coll 5 three	ed tradé (column umn 3) ompute	from a	Gross income from activity that is not unrelated business income      G Expenses attributable to column 5		7 Excess exempt expenses (column 6 minus column 5, but not more than column 4)	
(1)			· · · · · · · · · · · · · · · · · · ·	+		_				- <del></del>
(2)	1 "			<del>                                     </del>				<b></b>		<del>-</del>
(3)										
(4)	<del> </del>			1						
	Enter here and on page 1, Part I, line 10, col (A)	page	ere and on 1, Part I, , col (B)						Enter here and on page 1, Part II, line 26	
Totals ▶ Schedule J- Advertising Ir	come (see insti	uctions)		<u> </u>						
			Conce	idated Bar	eie .					
Part I Income From Per	logicals Report	eu on a	Conso	iluateu bas	515	<u> </u>				_
1. Name of periodical	2. Gross advertising income		Direct sing costs	4 Advertigan or (los 2 minus co a gain, co cols 5 thro	s) (col ol 3) If mpute	5 Circulation 6 Readership income costs		7 Excess readership costs (column 6 minus column 5, but not more than column 4)		
(1)	<del> </del>									
(2)	<del> </del>			1				<u> </u>		7
(3)	<del>   </del>			1						7
(4)				1						7
· · · · · · · · · · · · · · · · · · ·	·-	-				l —	_			
Totals (carry to Part II, line (5))		. — -						<u></u>		Form <b>990-T</b> (2018)

Page (

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)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col (A)	Enter here and on page 1, Part I, line 11, col (B)				Enter here and on page 1, Part II, line 27
Totals, Part II (lines 1-5) ▶						

Schedule K - Compensation of Officers, Directors, and Trustees (see Instructions)

1 Name	2 Title	3. Percent of time devoted to business	4 Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	-
(4)		%	
Total. Enter here and on page 1, Part II, line 14			

Form 990-T (2018)

### SCHEDULE M (Form 990-T)

### **Unrelated Business Taxable Income for Unrelated Trade or Business**

OMB No 1545-0687

2018

Department of the Treasury Internal Revenue Service

For calendar year 2018 or other tax year beginning  $\frac{10/01}{}$  , 2018, and ending ► Go to www.irs.gov/Form990T for instructions and the latest information Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3)

Open to Public Inspection for 501(c)(3) Organizations Only

Name of organization

LOS ANGELES PHILHARMONIC ASSOCIATION

Employer identification number 95-1696734

09/30 .2019

Unrelated business activity code (see instructions) ▶ 45 Describe the unrelated trade or business ▶GIFT SHOP RETAIL INCOME

Par	t I Unrelated Trade or Business Income		(A) Income	(B) Expenses		(C) Net
1a	Gross receipts or sales 769, 162.					!
b	Less returns and allowances c Balance	1c	769,162.			;
2	Cost of goods sold (Schedule A, line 7)	2	628,614.			
3	Gross profit Subtract line 2 from line 1c	3	140,548.			140,548.
4a	Capital gain net income (attach Schedule D)	4a				
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b				
С	Capital loss deduction for trusts	4c				
5	Income (loss) from a partnership or an S corporation (attach					
	statement)	5				
6	Rent income (Schedule C)	6				
7	Unrelated debt-financed income (Schedule E)	7_				
8	Interest, annuities, royalties, and rents from a controlled					
	organization (Schedule F)	8				
9	Investment income of a section 501(c)(7), (9), or (17)					
	organization (Schedule G)	9				
10	Exploited exempt activity income (Schedule I)	10				
11	Advertising income (Schedule J)	11				
12	Other income (See instructions, attach schedule)	12				
13	Total. Combine lines 3 through 12	13	140,548.			140,548.
14	deductions must be directly connected with the ur  Compensation of officers, directors, and trustees (Schedule K)				14	
15	Salaries and wages				15	- •
16	Repairs and maintenance				16	
17	Bad debts				17	
18	Interest (attach schedule) (see instructions)				18	
19	Taxes and licenses				19	10,832.
20	Charitable contributions (See instructions for limitation rules)				20	12,872.
21	Depreciation (attach Form 4562)				1 veral -	
22	Less depreciation claimed on Schedule A and elsewhere on re				22b	
23	Depletion				23	
24	Contributions to deferred compensation plans				24	
25	Employee benefit programs				25	
26	Excess exempt expenses (Schedule I)				26	
27	Excess readership costs (Schedule J)				27	
28	Other deductions (attach schedule)			ATCH 5	28	1,000.
29	Total deductions Add lines 14 through 28				29	24,704.
30	Unrelated business taxable income before net operating	loss	deduction Subtract line	29 from line 13	30	115,844.
31	Deduction for net operating loss arising in tax years	begir	nning on or after Januar	y 1, 2018 (see		
	instructions)				31	
32	Unrelated business taxable income Subtract line 31 from line	30 .			32	115,844.

For Paperwork Reduction Act Notice, see instructions

Schedule M (Form 990-T) 2018

### FORM 990T - LINE 5 -INCOME (LOSS) FROM PARTNERSHIPS OR S CORPORATIONS

INCOME (LOSS) FROM PARTNERSHIP

-18,037.

INCOME (LOSS) FROM PARTNERSHIPS

-18,037.

### FORM 990T - PART II - LINE 28 - TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

1,000.

PART II - LINE 28 - OTHER DEDUCTIONS

1,000.

# SCHEDULE M LINE 20 - CHARITABLE CONTRIBUTIONS

UNRELATED TRADE OR BUSINESS INCOME  ADD: DOMESTIC PRODUCTION ACTIVITIES DEDUCTION (DPAD)  LESS: DEDUCTIONS W/O CHARITABLE CONTRIBUTIONS & DPAD & NOL CARRYOVER  NOL CARRYOVER	140,548. 0. 11,832. 0.
CHARITABLE CONTRIBUTION LIMITATION (10%)	* 10% 12,872.
CHARITABLE CONTRIBUTION	12,872.
CHARITABLE CONTRIBUTION DEDUCTION (SMALLER OF THE ABOVE TWO)	12,872.

### SCHEDULE M - PART II LINE 28 TOTAL OTHER DEDUCTIONS

TAX PREPARATION FEES

1,000.

PART II - LINE 28 - OTHER DEDUCTIONS

1,000.

0197021

### **SCHEDULE D** (Form 1120)

# **Capital Gains and Losses**

OMB No 1545-0123

► 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

Department of the Treasury Internal Revenue Service

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

Employer identification number 95-1696734

LOS	ANGELES PHILHARMONIC ASSOCIATION	95-1696734				
Part	Short-Term Capital Gains and Losses					
	See instructions for how to figure the amounts to enter on the lines below  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 or loss from Form 8949, Part I, line column (g)	n(s)	(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.					
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	5,055.				5,055.
		5,0001		<u></u>	T -	3,0001
4	Short-term capital gain from installment sales from I	Form 6252, line 26 or 3	7		4	
	<b>3</b>					-
5	Short-term capital gain or (loss) from like-kind exchain	nges from Form 8824			5	
6	Unused capital loss carryover (attach computation)				6	(
						- 055
	Net short-term capital gain or (loss) Combine lines				7	5,055.
Part		(See instructions)		14344		[ (b) Colo on (local)
	See instructions for how to figure the amounts to enter on the lines below	(d)	(e)	(g) Adjustments or loss from Form		(h) Gain or (loss) Subtract column (e) from
	This form may be easier to complete if you round off cents to	Proceeds (sales price)	Cost (or other basis)	8949, Part II, line	<b>≥</b> 2,	column (d) and combine
Ra	whole dollars  Totals for all long-term transactions reported on Form	(,		column (g)		the result with column (g)
	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 Form(s) 8949 with Box Echecked					
10	Totals for all transactions reported on Form(s) 8949 with Box F checked	3,633.				3,633.
11	Enter gain from Form 4797, line 7 or 9				11	8,066.
12	Long-term capital gain from installment sales from F	Form 6252, line 26 or 37	,		12	
13	Long-term capital gain or (loss) from like-kind exchar		13			
14	Capital gain distributions (see instructions)	14				
15	Net long-term capital gain or (loss) Combine lines 8	· · · · · · · · · · · · · · · · · · ·	15	11,699.		
Part	Summary of Parts I and II				1	Τ
16	Enter excess of net short-term capital gain (line 7) o	ver net long-term capita	l loss (line 15)		16	5,055.
17	Net capital gain Enter excess of net long-term capit	tal gain (line 15) over ne	et short-term capital lo	ss (line 7)	17	11,699.
18	Add lines 16 and 17 Enter here and on Form 1120,	, page 1, line 8, or the p	proper line on other ret	urns	18	16,754.
	Note. If losses exceed gains, see Capital losses in the	e instructions				

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

Schedule D (Form 1120) 2018

# Form 8949

# 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.

2018

Attachment Sequence No 12A

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

<del>-</del>"

LOS ANGELES PHILHARMONIC ASSOCIATION

Social security number or taxpayer identification number

95-1696734

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 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 I Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term transactions, see page 2

**Note:** You may aggregate all short-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 1a, you aren't required to report these transactions on Form 8949 (see instructions)

You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-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

(A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(B) Short-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other basis See the Note below	Adjustment, if a lift you enter a constant See the separate	(h) Gain or (loss) Subtract column (e)	
(Example 100 sh XYZ Co)	(Mo , day, yr )	disposed of (Mo , day, yr )	(sales price) (see instructions)	and see Column (e) in the separate instructions	(f) Code(s) from instructions	(g) Amount of adjustment	from column (d) and combine the result with column (g)
NET SHORT TERM CAPITAL GAIN	VAR	VAR	5,055				5,055
			_				
2 Totals Add the amounts in columns negative amounts) Enter each tota Schedule D, line 1b (if Box A above above is checked), or line 3 (if Box C al	l here and inc is checked), lin	lude on your e 2 (if Box B	5, 055				5,055

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

For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2018)

ttachment Sequence No.	124	Page 2
ittachment Sequence No.	1ZA	Page Z

Form 8949 (2018)

Will 6343 (2010)	Attachment coduction to
Name(s) shown on return. Name and SSN or taxpayer identification no not required if shown on other side	Social security number or taxpayer identification number
LOS ANGELES PHILHARMONIC ASSOCIATION	95-1696734

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 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)

Yo	You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-te	rm transactions, complete								
a s	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									
mo	more of the boxes, complete as many forms with the same box checked as you need									
Г	(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)									
Г	(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									
1	Adjustment, if any, to									

(a) Description of property (Example 100 sh XYZ Co)	(b) Date acquired (Mo , day, yr )	(c) Date sold or disposed of (Mo , day, yr )	(d) Proceeds (sales price) (see instructions)	(e) Cost or other basis See the Note below and see Column (e) in the separate instructions			(h) Gain or (loss). Subtract column (e) from column (d) and
					(f) Code(s) from instructions	(g) Amount of adjustment	combine the result with column (g)
NET LONG TERN CAPITAL GAIN	VAR	VAR	3,633.				3,633
				-			
2 Totals Add the amounts in columns negative amounts) Enter each total Schedule D, line 8b (if Box D above above is checked), or line 10 (if Box	here and inclusion in the here and inclusion in the here and inclusion in the here.	ude on your 9 (if Box E	3,633				3, 633

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)

LOS ANGELES PHILHARMONIC ASSOCIATION

EIN: 95-1696734

TAX - NET OPERATING LOSS CARRYFORWARD SCHEDULE

FOR THE YEAR ENDED 09/30/2019

FORM 990-T, PART II, LINE 31

DEDUCTION FOR NOL ARISING IN TAX YEARS BEGINNING AFTER 01/01/2018

BUCKET #1 - UBI FROM PARTNERSHIP INVESTMENTS

Year	NOL GENERATED	NOL UTILIZED IN PY	NOL UTILIZED	CARRYOVER TO NEXT YEAR
9/30/2019	2,285	-	- 10 10 10 10 10 10 10 10 10 10 10 10 10	2,285
Totals	2,285			2,285

### NET OPERATING LOSS DISCLOSURE

THE ORGANIZATION ELECTS TO WAIVE THE FIVE YEAR CARRYBACK PROVIDED UNDER THE CORONAVIRUS AID, RELIEF, AND ECONOMIC SECURITY ACT 2020 (CARES ACT) AND CARRY THE NET OPERATING LOSS GENERATED FOR THE TAX YEAR ENDED SEPTEMBER 30, 2019 FORWARD.