Form 9	90-T	Ex	cempt Orga	xtended to Manization Bu	sine	ss Incom				OMB No 154	5-0047
				(and proxy tax und		-				20-	10
		For calend		year beginning JUL 1					<u>-</u>	20 1	19
	ent of the Treasury evenue Service	► n.		ww.irs gov/Form990T for i bers on this form as it ma					<u> </u>	Open to Public In 501(c)(3) Organiza	spection for
A 🔲	Check box if address changed			(Check box if name					D Emplo	oyer identification oyees' trust, see ctions)	
A Fyen	npt under section	Print C	ENTER THE	ATRE GROUP C	OF LO	S ANGELE	ES		و ا	5-24661	183
	601(c b/3 _)	OI N		om or suite no. If a P.O. bo					E Unrela	ated business act	
=	08(e) 220(e)			LE ST, NO. 1				_] (000111	ist dottoris)	
40	08A 530(a)	C	ity or town, state or p	province, country, and ZIP	or foreig	n postal code			1		
5	29(a)	I	OS ANGELE	S, CA 90012	2				54		
Book v	elue of all assets of year	F	<u>'</u>	imber (See instructions)	<u> </u>						
	83,231,55		Check organization t					401(a		Oth	ner trust
	the number of the or	-		-	1			he only (or first) ur			
				SPONSORSHIP			•	complete Parts I-V.		•	
				vious sentence, complete P	Parts I an	d II, complete a So	hedule l	M for each addition	al trade	or	
	ess, then complete Pa									[Tr]	
	• • •	•	-	an affiliated group or a pare	ent-subsi	diary controlled gr	oup	▶ !	Ye	s X No	
	s," enter the name and						Talaaba		112	972-734	10
Part	ooks are in care of		or Business Ir		-	(A) Income		ne number > 2 (B) Expenses		(C) N	
		made	150,000		_	(A) illedille	+	(D) Expense.	•		
	oss receipts or sales ess returns and allowa		130,000	c Balance	. ,,	150,0	ا مم		Ï		
	ess returns and anowa ost of goods sold (Sch	_	line 7\	C Dalatice	1c 2	130,0	•••		$\overline{}$	<u> </u>	
	oss profit. Subtract li	-	•		3	150,0	00.			150	,000
	ipital gain net income				4a	230,0					
	et gain (loss) (Form 4)			orm 4797)	4b		\rightarrow		_		
	ipital loss deduction f		ii, iiio 17) (attacii i c		4c			 -			
	come (loss) from a pa		or an S cornoration	(attach statement)	5		1		-		
	ent income (Schedule	•	, or an o corporation	(attaon otatomont)	6	/			1		
	related debt-financed	•	(Schedule E)	•	1						
			•	ed organization (Schedule F)	8						
9 Inv	vestment income of a	section 5	501(c)(7), (9), or (17)) organization (Schedyle G	9			-			
	ploited exempt activit				10						
I1 Ad	ivertising income (Sci	nedule J)			11						
12 Ot	her income (See instr	uctions;	attach schedule)		12			,	<u>"</u> '		
	otal. Combine lines 3	through	12		13	150,0				150	,000
Part	Deduction:	s Not '	Taken Elsewhe	ere (See instructions f with the unrelated busi	for limita	itions on deduct	ions)				
14 C				Chedule KECEIVE		1			14		
· •	Salaries and wages	,, un oo	1010, 4110 4103100	KECEIVE					15	59	712
15 S	Repairs and maintenar	ıce	/	v[]	. 10	31			16	.	
3 3			/ 17	MAY /2 \$ 20	21 P) [17		
6 R	•		/ \^	7) IVIALIA V	- ' '	<u>, </u>			-		
i 6 R I 7 B	Bad debts nterest (attach schedu	ıle) (see ı	instructions)		16	2			18		
i6 R i7 B i8 Ir	Bad debts	ıle) (see ı	nstructions) -			2			18 19		
6 R 17 B 18 Ir 19 T:	ad debts nterest (attach schedu	,		OGDEN, L		20	l		-		
16 R 17 B 18 Ir 19 T	Bad debts nterest (attach schedu Taxes and licenses	orm 4562)	OGDEN, I		20 21a			-		
16 R 17 B 18 Ir 19 T 19 D	and debts Interest (attach schedu Taxes and licenses Depreciation (attach Fo	orm 4562)	OGDEN, I					19		
16 R 17 B 18 Ir 19 T 19 D 11 L 12 D	Bad debts Interest (attach schedu Taxes and licenses Depreciation (attach Fo Less depreciation clain	orm 4562 med on So	t) chedule A and elsewh	OGDEN, I					19 21b		
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166 R 17 B 188 Ir 199 T: 100 D 111 L: 122 D 123 C 124 E 125 E	and debts Interest (attach schedulaxes and licenses Depreciation (attach Foless depreciation clain Depletion Contributions to deferr	orm 4562 med on So red compo rams ees (Scheo	chedule A and elsewh ensation plans dule I)	OGDEN, I					21b 22 23 24 25 26		
16 R 17 B 18 Ir 19 T: 20 D 21 L: 22 D 23 C 24 E 25 E:	and debts Interest (attach schedulaxes and licenses Depreciation (attach Foless depreciation clain Contributions to defend Imployee benefit prog Excess exempt expens	orm 4562 med on So red compo rams ses (Sched	chedule A and elsewh ensation plans dule I) dule J)	OGDEN, I				EMENT 1	19 21b 22 23 24 25		
16 R 17 B 18 Iri 19 T: 10 D 11 L 12 D 13 C 14 E 15 E 16 E 17 O 18 T	and debts interest (attach schedulaxes and licenses depreciation (attach Foless depreciation claim depletion contributions to defer imployee benefit prog excess exempt expens excess readership cost other deductions. Add	orm 4562 med on So red comporants ies (Sched ts (Sched the sched the sched the sched	chedule A and elsewh ensation plans dule I) dule J) ule) through 27	OGDEN, L	UT !	SEE S		EMENT 1	19 21b 22 23 24 25 26 27 28	158,	,684
116 R 117 B 118 Ir 119 T. 120 D 121 L 122 D 123 C 124 E 125 E 126 E 127 O 128 T 129 U	and debts interest (attach schedulaxes and licenses depreciation (attach Foless depreciation claim depletion contributions to defer imployee benefit progracess exempt expens excess readership cost other deductions. Additional deductions tax	ed comporants ses (Sched ts (Sched the sched the ines 14 table inco	chedule A and elsewh ensation plans dule I) dule J) ule) through 27 ome before net operat	OGDEN, Language of the control of th	UT	21a		EMENT 1	21b 22 23 24 25 26 27	158,	,684,
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116 R 117 B 118 Ir 119 T 120 D 121 L 122 D 122 D 1223 C 1224 E 1225 E 1226 E 1227 O 1228 T 1229 U 1330 O 15	and debts interest (attach schedulaxes and licenses depreciation (attach Foless depreciation claim depletion contributions to defer imployee benefit progracess exempt expens excess readership cost other deductions. Additional deductions tax	red comported co	ensation plans dule I) dule J) ule) through 27 ome before net operat s arising in tax years	OGDEN, Ling loss deduction. Subtra	UT	21a		EMENT 1	19 21b 22 23 24 25 26 27 28	158, -8,	, 972. , 684. , 684.

Form 990	CENTER THEATRE GROUP OF LOS ANGELES	95-	-2466183 Page 2
Part	Yotal Unrelated Business Taxable Income	1	
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see instructions)	32	-8,684.
	Amounts paid for disallowed fringes	38	
	Charitable contributions (see instructions for limitation rules)	34	0.
	Total unrelated business taxable income before pre-2018 NOLs and specific deduction Subtract line 34 from the sum of lines 32 and 33	\sim $ -$	-8,684.
	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see instructions)		3,0011
		$1 \frac{36}{37} +$	-8,684.
	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35		1,000.
	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	O 38+	1,000.
	Unrelated business taxable income Subtract line 38 from line 37. If line 38 is greater than line 37,	1 1	0 604
	enter the smaller of zero or line 37	1 39 1	-8,684.
Part	Tax Computation	 _	
40 /	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	▶ 40	0.
41	Trusts Taxable at Trust Rates See instructions for tax computation. Income tax on the amount on line 39 from:		
	Tax rate schedule or Schedule D (Form 1041)	▶ 41	
42	Proxy tax. See instructions	▶ 42	
43	Alternative minimum tax (trusts only)	43	
44	Tax on Noncompliant Facility Income. See instructions	44	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	0.
Part	·/		
462	Foreign tax credit (corporations attach Form 1118, trusts attach Form 1116) 46a		
	Other credits (see instructions) 46b		
	General business credit Attach Form 3800 46c	-	
-	Credit for prior year minimum tax (attach Form 8801 or 8827)	\neg	
	Total credits. Add lines 46a through 46d	46e	
	Subtract line 46e from line 45	47	0.
			0.
	Total tax Add lines 47 and 48 (see instructions)	49	0.
	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	<u> </u>
	Payments: A 2018 overpayment credited to 2019		
	2019 estimated tax payments 7,500	<u>'</u>	
	Tax deposited with Form 8868		
	Foreign organizations Tax paid or withheld at source (see instructions) 51d	_	
е	Backup withholding (see instructions) 51e	_	
f	Credit for small employer health insurance premiums (attach Form 8941) 51f	_	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ 51g	_	
52	Total payments. Add lines 51a through 51g	\$2	7,500.
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	\$3	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	▶ \$4	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	▶ 55	7,500.
56	Enter the amount of line 55 you want. Credited to 2020 estimated tax	▶ 56	7,500.
Part	VI Statements Regarding Certain Activities and Other Information (see instructions)		
	At any time during the 2019 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		1 1
	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		_x
1	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here		X
58	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust?		X
58	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.		
58	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$\$\$\$\$\$\$\$\$\$\$\$	worden and ho	X
58 59	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file.	wledge and be	X
58 59 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$ \$,	X
58 59	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known.	May the IRS the preparer	discuss this return with shown below (see
58 59 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge OFFO Title	May the IRS the preparer instructions)?	discuss this return with shown below (see ? X Yes No
58 59 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature Date CFO Title	May the IRS the preparer instructions)?	discuss this return with shown below (see ? X Yes No
58 59 Sign	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature LAUREN A. CFO Title Check Self-employed	May the IRS the preparer instructions)? If PTIN	discuss this return with shown below (see ? X Yes No
58 59 Sign Here	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge CFO Title	May the IRS the preparer instructions)? If PTIN ed P0	discuss this return with shown below (see 7 X Yes No
58 59 Sign Here Paid	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year \$ Under penelties of porjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my known correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge	May the IRS the preparer instructions)? If PTIN ed P0	discuss this return with shown below (see ? X Yes No
58 59 Sign Here	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature LAUREN A. LAUREN A. HAVERLOCK HAVERLOCK Firm's name MOSS ADAMS LLP Firm's EIN 10960 WILSHIRE BLVD SUITE 1100	May the IRS the preparer a instructions)? If PTIN ed P0 P0	discuss this return with shown below (see 7 X Yes No
58 59 Sign Here Paid	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country here During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If "Yes," see instructions for other forms the organization may have to file. Enter the amount of tax-exempt interest received or accrued during the tax year Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my know correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge Print/Type preparer's name Preparer's signature LAUREN A. LAUREN A. HAVERLOCK HAVERLOCK Firm's name MOSS ADAMS LLP Firm's EIN 10960 WILSHIRE BLVD SUITE 1100	May the IRS the preparer a instructions)? If PTIN ed P0 P0	discuss this return with shown below (see 2 X Yes No

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory v	aluation ► N/A					
1 Inventory at beginning of year	1		6	Inventory at end of year	ear 6				
2 Purchases	urchases 2 7			Cost of goods sold. S	Subtract line 6				
3 Cost of labor	3			from line 5. Enter here	and in F	Part I,			
4a Additional section 263A costs				line 2			7	_	
(attach schedule)	4a		8	Do the rules of section	263A (1	with respect to		Yes No	
b Other costs (attach schedule)	4b		1	property produced or a	acquired	l for resale) apply to			
5 Total Add lines 1 through 4b	5		1	the organization?	•				
Schedule C - Rent Income (From Real	Property and	Per	sonal Property L	.ease	d With Real Prope	erty)		
(see instructions)									
1. Description of property									
(1)		- "							
(2)									
(3)									
(4)									
	2. Rent receiv	ed or accrued							
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	centage of than	of rent for p	ersonal	onal property (if the percenta property exceeds 50% or if ed on profit or income)	ge	3(a) Deductions directly columns 2(a) an	connected with t d 2(b) (attach sch	ne income in ledule)	
(1)									
(2)									
(3)									
(4)	_								
Total	0.	Total			0.				
(c) Total income Add totals of columns here and on page 1, Part I, line 6, column	(A)	•			0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	-	0.	
Schedule E - Unrelated Deb	t-Financed	Income (see	ınstru	ctions)					
			2	. Gross income from		Deductions directly conn to debt-finance		cable	
1. Description of debt-fin	anced property			or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		er deductions h schedule)	
(1)									
(2)									
(3)									
(4)									
Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6	Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)	(column 6	able deductions x total of columns a) and 3(b))	
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						nter here and on page 1, Part I, line 7, column (A)		and on page 1, o 7, column (B)	
Totals				•		0.		0.	
Total dividends-received deductions in	<u>cluded in colu</u> mr							0.	
	· <u> </u>						Fo	rm 990-T (2019)	

1

Complete of the control of the con	Schedule F - Interest, A	induces, Roy	ailles, à					100115	(see ins	truction	s)	
Part	1 Name of controlled organizat	ide	ntification	3. Net unre	related income 4, T		al of specified	included in the controlling		olling	6. Deductions directly connected with income in column 5	
An An An An An An An An	(1)		 					 				
Continue Controlled Organizations S Note an entire decrease freed S Total of specific payments 10 Foreign organizations 11 Description of controlled Organizations S Total of specific payments 10 Foreign organizations 11 Description of controlled payments S Total of specific payments 10 Foreign organizations S Total of specific payments S Total of												
Moneyeampt Controlled Organizations	·					·	-					
Nonexempt Controlled Organizations 8 Next unrelated microse from 9 Total of securined asymments made 10 Part of calcum in the centralizing organizations 11 Description of income in column in the centralizing organizations 11 Description of income in column in the centralizing organizations 11 Description of income 2 Amount of income 3 Description of income							-				· · · · · · · · · · · · · · · · · · ·	
7. Taxable income 8 Net invariable desired income basis (new maturchore) 9. Total of expected payments and to payments and the payments and the payments and to payments and the pa		zations		<u> </u>								
(4) Add columns 6 and 10 Enter here and on page 1, Part 1, Inne 8, column (A) (See instructions) 1. Description of income (see instructions) 2. Coses (see instructions) 4. Net income (board with practical in the 8, column (A) Pert I, line 9, column (8 Net unrelated in		9. Total o		nents	in the controlli	ng organiz	s included ation's			
(d) Add columns 6 and 10 Enter have and on page 1, Part 1, Inne 8, column (A) Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income (d) (2) (3) (4) Enter have and on page 1, Part 1, Inne 8, column (B) First Inne 8, column (B) Fi	(1)											
(4) Add columns 5 and 10 Enter here and on page 1, Pert I, Iron 8, column (8) Totals Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization (see instructions) 1. Description of income 2. Amount of income 3. Deductions (1) (2) (3) (4) Finite have and on page 1, Pert I, Iron 8, column (8) Finite have and on page 1, Pert I, Iron 8, column (9) Totals D. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of income 2. Coss Totals D. Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of income (see instructions) 1. Description of income Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (see instructions) 1. Description of income (see instructions) 2. Gross Totals D. Gross income of income income production (income From Periodicals Reported on a Consolidated Basis 1. Alama of periodical Income From Periodicals Reported on a Consolidated Basis 1. Alama of periodical Income From Periodicals Reported on a Consolidated Basis 1. Alama of periodical Income From Periodicals Reported on a Consolidated Basis 1. Alama of periodical Income From Periodicals Reported on a Consolidated Basis Income From Periodicals Reported on a Consolidated Basis Income From Periodicals Reported on a Consolidated Basis Income From Periodical Reported on a Consolidated Basis Income From Periodical Reported on a Consolidated Basis Income From Pe							-					
Add columns 5 and 10 Enter here and on page 1. Part I, line 8, column (5) 1. Description of income 2. Amount of ricome 2. Amount of ricome 3. Description of income 4. Series and on page 1. Part I, line 8, column (6) (1) (2) (3) (4) Enter here and on page 1. Part I, line 8, column (7) (2) (3) (4) Enter here and on page 1. Part I, line 8, column (8) (4) Enter here and on page 1. Part I, line 8, column (8) (4) Enter here and on page 1. Part I, line 8, column (8) (4) Enter here and on page 1. Part I, line 8, column (8) (5) Total deduction (cold 3 glus cell (6) (6) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (8ee instructions) 3. Expresses (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (8ee instructions) 4. Net norms Back 1 (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (1) (2) (3) (4) (4) (5) Finances or completed activity income, Other Than Advertising Income (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (1) (2) (3) (4) (4) (5) Finances or completed Exempt Activity Income, Other Than Advertising Income (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (1) (2) (3) (4) (4) (5) Finances or completed Exempt Activity Income, Other Than Advertising Income (9) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (1) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (1) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (1) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (1) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (1) Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income (1) Sched												
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(4)											· · · · · · · · · · · · · · · · · · ·	
(4)					7							
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	Totals (carry to Part II, line (5))	>	0.	0	•						0 . Form 990-T (2019	

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Form 990-T (2019) CENTER THEATRE GROUP OF LOS ANGELES 95-24661

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	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)			1			
(3)						
(4)						
Totals from Part I	▶ 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	 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		>	0.

Form 990-T (2019)

FORM 990-T	OTHER DEDUCTIONS	STATEMENT 1
DESCRIPTION		AMOUNT
EVENT EXPENSE ADVERTISING MATERIALS POSTAGE & SHIPPING MISC		8,634. 81,841. 7,301. 1,196.
TOTAL TO FORM 990-T, PAGE 1, LIN	IE 27	98,972.