

EXTENDED TO MAY 15, 2018  
**Exempt Organization Business Income Tax Return**  
(and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning **JUL 1, 2016**, and ending **JUN 30, 2017**

OMB No 1545-0687

**2016**

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

Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).

Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

C&E  
496

Department of the Treasury  
Internal Revenue Service

A  Check box if address changed

Name of organization (  Check box if name changed and see instructions.)

D Employer identification number (Employees' trust, see instructions.)

B Exempt under section  
 501(c)(3)  
 408(e)  220(e)  
 408A  530(a)  
 529(a)

Print or Type

**AMERICAN CONSERVATORY THEATRE FOUNDATION**

**94-6135772**

Number, street, and room or suite no. If a P.O. box, see instructions.

**30 GRANT AVENUE, 7TH FLOOR**

E Unrelated business activity codes (See instructions.)

City or town, state or province, country, and ZIP or foreign postal code

**SAN FRANCISCO, CA 94108**

**900099**

C Book value of all assets at end of year  
**102,435,003.**

F Group exemption number (See instructions.)

G Check organization type  501(c) corporation  501(c) trust  401(a) trust  Other trust

H Describe the organization's primary unrelated business activity. **INTERESTS IN EQUITY INVESTMENT PARTNERSHIPS**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?  Yes  No

If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **PETER PASTREICH** Telephone number **(415) 834-3200**

Part I	Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales			
b	Less returns and allowances			
2	Cost of goods sold (Schedule A, line 7)			
3	Gross profit. Subtract line 2 from line 1c			
4a	Capital gain net income (attach Schedule D)	<b>50,055.</b>		<b>50,055.</b>
b	Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)			
4c	Capital loss deduction for trusts			
5	Income (loss) from partnerships and S corporations (attach statement)	<b>-18,764.</b>	<b>STMT 1</b>	<b>-18,764.</b>
6	Rent income (Schedule C)			
7	Unrelated debt-financed income (Schedule E)			
8	Interest, annuities, royalties, and rents from controlled organizations (Sch. F)			
9	Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)			
10	Exploited exempt activity income (Schedule I)			
11	Advertising income (Schedule J)			
12	Other income (See instructions; attach schedule)			
13	<b>Total.</b> Combine lines 3 through 12	<b>31,291.</b>		<b>31,291.</b>

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions)  
(Except for contributions, deductions must be directly connected with the unrelated business income)

14	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)	18	
19	Taxes and licenses	19	<b>566.</b>
20	Charitable contributions (See instructions for limitation rules)	20	<b>43.</b>
21	Depreciation (attach Form 4562)	21	
22	Less depreciation claimed on Schedule A and elsewhere on return	22a	
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)	28	<b>6,439.</b>
29	<b>Total deductions.</b> Add lines 14 through 28	29	<b>7,048.</b>
30	Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	<b>24,243.</b>
31	Net operating loss deduction (limited to the amount on line 30)	31	
32	Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	<b>24,243.</b>
33	Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	33	<b>1,000.</b>
34	<b>Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	<b>23,243.</b>

RECEIVED  
MAY 25 2018  
OGDEN UT  
IRS-OSC

STATEMENT 4 SEE STATEMENT 2

SEE STATEMENT 3

SCANNED JUL 05 2018

Handwritten signature/initials

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input checked="" type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ <u>23,243.</u> (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34 <b>SEE STATEMENT 5</b>	<b>35c</b>	<b>3,486.</b>
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b>	<b>3,486.</b>

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	<b>225.</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>		
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>	<b>328.</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>		
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>	<b>553.</b>	
<b>42</b> Subtract line 41e from line 40	<b>42</b>	<b>2,933.</b>	
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>		
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>	<b>2,933.</b>	
<b>45a</b> Payments: A 2015 overpayment credited to 2016	<b>45a</b>	<b>135.</b>	
<b>b</b> 2016 estimated tax payments	<b>45b</b>	<b>5,400.</b>	
<b>c</b> Tax deposited with Form 8868	<b>45c</b>		
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>		
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	<b>0.</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>		
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>		
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>	<b>5,535.</b>	
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	<b>4.</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>		
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	<b>2,598.</b>	
<b>50</b> Enter the amount of line 49 you want: Credited to 2017 estimated tax <u>2,598.</u> Refunded	<b>50</b>	<b>0.</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority 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	Yes	No
<b>52</b> 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.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$ _____		

**Sign Here** Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Signature of officer: [Signature] Date: 15/15/18 Title: EXECUTIVE DIRECTOR

May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name <b>JOUA V. LO</b>	Preparer's signature <b>JOUA V. LO</b>	Date <b>05/09/18</b>	Check <input type="checkbox"/> if self-employed	PTIN <b>P01225144</b>
	Firm's name <b>MOSS ADAMS LLP</b>			Firm's EIN <b>91-0189318</b>	
	Firm's address <b>3121 W MARCH LN, STE 200 STOCKTON, CA 95219-2367</b>			Phone no. <b>209-955-6100</b>	

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1 Inventory at beginning of year	1		6 Inventory at end of year	6	
2 Purchases	2		7 <b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	7	
3 Cost of labor	3				
4a Additional section 263A costs (attach schedule)	4a				
b Other costs (attach schedule)	4b		8 Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?		Yes No
5 <b>Total.</b> Add lines 1 through 4b	5				

**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		3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter 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 Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A). <b>0.</b>	Enter here and on page 1, Part I, line 7, column (B). <b>0.</b>
<b>Total dividends received deductions</b> included in column 8			<b>0.</b>	<b>0.</b>

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
			0.	0.

**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 directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col 3 plus col 4)
(1)				
(2)				
(3)				
(4)				
<b>Totals</b>		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols 5 through 7	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b>		Enter here and on page 1, Part I, line 10, col (A).	Enter here and on page 1, Part I, line 10, col (B).			Enter here and on page 1, Part II, line 26
		0.	0.			0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated 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)						
<b>Totals (carry to Part II, line (5))</b>		0.	0.			0.

**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)						
<b>Totals from Part I</b>	<b>0.</b>	<b>0.</b>				<b>0.</b>
<b>Totals, Part II (lines 1-5)</b>	<b>0.</b> <small>Enter here and on page 1, Part I, line 11, col. (A).</small>	<b>0.</b> <small>Enter here and on page 1, Part I, line 11, col. (B).</small>				<b>0.</b> <small>Enter here and on page 1, Part II, line 27</small>

**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)		%	
<b>Total.</b> Enter here and on page 1, Part II, line 14			<b>0.</b>

**Alternative Minimum Tax - Corporations**

▶ Attach to the corporation's tax return.

▶ Information about Form 4626 and its separate instructions is at [www.irs.gov/form4626](http://www.irs.gov/form4626).

**2016**

Name		Employer identification number
<b>AMERICAN CONSERVATORY THEATRE FOUNDATION</b>		<b>94-6135772</b>
<b>Note:</b> See the instructions to find out if the corporation is a small corporation exempt from the alternative minimum tax (AMT) under section 55(e).		
<b>1</b>	Taxable income or (loss) before net operating loss deduction	<b>23,243.</b>
<b>2</b>	<b>Adjustments and preferences:</b>	
<b>a</b>	Depreciation of post-1986 property	
<b>b</b>	Amortization of certified pollution control facilities	
<b>c</b>	Amortization of mining exploration and development costs	
<b>d</b>	Amortization of circulation expenditures (personal holding companies only)	
<b>e</b>	Adjusted gain or loss	
<b>f</b>	Long-term contracts	
<b>g</b>	Merchant marine capital construction funds	
<b>h</b>	Section 833(b) deduction (Blue Cross, Blue Shield, and similar type organizations only)	
<b>i</b>	Tax shelter farm activities (personal service corporations only)	
<b>j</b>	Passive activities (closely held corporations and personal service corporations only)	
<b>k</b>	Loss limitations	
<b>l</b>	Depletion	
<b>m</b>	Tax-exempt interest income from specified private activity bonds	
<b>n</b>	Intangible drilling costs	
<b>o</b>	Other adjustments and preferences *	
<b>3</b>	Pre-adjustment alternative minimum taxable income (AMTI). Combine lines 1 through 2o	<b>23,243.</b>
<b>4</b>	<b>Adjusted current earnings (ACE) adjustment:</b>	
<b>a</b>	ACE from line 10 of the ACE worksheet in the instructions	<b>23,243.</b>
<b>b</b>	Subtract line 3 from line 4a. If line 3 exceeds line 4a, enter the difference as a negative amount. See instructions	<b>0.</b>
<b>c</b>	Multiply line 4b by 75% (0.75). Enter the result as a positive amount	
<b>d</b>	Enter the excess, if any, of the corporation's total increases in AMTI from prior year ACE adjustments over its total reductions in AMTI from prior year ACE adjustments. See instructions. <b>Note:</b> You <b>must</b> enter an amount on line 4d (even if line 4b is positive)	
<b>e</b>	ACE adjustment.	
	<ul style="list-style-type: none"> <li>If line 4b is zero or more, enter the amount from line 4c</li> <li>If line 4b is less than zero, enter the <b>smaller</b> of line 4c or line 4d as a negative amount</li> </ul>	<b>0.</b>
<b>5</b>	Combine lines 3 and 4e. If zero or less, stop here; the corporation does not owe any AMT	<b>23,243.</b>
<b>6</b>	Alternative tax net operating loss deduction. See instructions	
<b>7</b>	<b>Alternative minimum taxable income.</b> Subtract line 6 from line 5. If the corporation held a residual interest in a REMIC, see instructions	<b>23,243.</b>
<b>8</b>	<b>Exemption phase-out</b> (if line 7 is \$310,000 or more, skip lines 8a and 8b and enter -0- on line 8c):	
<b>a</b>	Subtract \$150,000 from line 7 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	<b>0.</b>
<b>b</b>	Multiply line 8a by 25% (0.25)	<b>0.</b>
<b>c</b>	Exemption. Subtract line 8b from \$40,000 (if completing this line for a member of a controlled group, see instructions). If zero or less, enter -0-	<b>40,000.</b>
<b>9</b>	Subtract line 8c from line 7. If zero or less, enter -0-	<b>0.</b>
<b>10</b>	Multiply line 9 by 20% (0.20)	<b>0.</b>
<b>11</b>	Alternative minimum tax foreign tax credit (AMTFTC). See instructions	
<b>12</b>	Tentative minimum tax. Subtract line 11 from line 10	<b>0.</b>
<b>13</b>	Regular tax liability before applying all credits except the foreign tax credit	
<b>14</b>	<b>Alternative minimum tax.</b> Subtract line 13 from line 12. If zero or less, enter -0-. Enter here and on Form 1120, Schedule J, line 3, or the appropriate line of the corporation's income tax return	<b>0.</b>

JWA For Paperwork Reduction Act Notice, see separate instructions.

Form 4626 (2016)

\* SEE ALSO

**STATEMENT 6**

Adjusted Current Earnings (ACE) Worksheet

▶ See ACE Worksheet Instructions.

1 Pre-adjustment AMTI. Enter the amount from line 3 of Form 4626		1	23,243.
2 ACE depreciation adjustment:			
a AMT depreciation		2a	
b ACE depreciation:			
(1) Post-1993 property	2b(1)		
(2) Post-1989, pre-1994 property	2b(2)		
(3) Pre-1990 MACRS property	2b(3)		
(4) Pre-1990 original ACRS property	2b(4)		
(5) Property described in sections 168(f)(1) through (4)	2b(5)		
(6) Other property	2b(6)		
(7) Total ACE depreciation. Add lines 2b(1) through 2b(6)	2b(7)		
e ACE depreciation adjustment. Subtract line 2b(7) from line 2a		2c	
3 Inclusion in ACE of items included in earnings and profits (E&P):			
a Tax-exempt interest income		3a	
b Death benefits from life insurance contracts		3b	
c All other distributions from life insurance contracts (including surrenders)		3c	
d Inside buildup of undistributed income in life insurance contracts		3d	
e Other items (see Regulations sections 1.56(g)-1(c)(6)(iii) through (ix) for a partial list)		3e	
f Total increase to ACE from inclusion in ACE of items included in E&P. Add lines 3a through 3e		3f	
4 Disallowance of items not deductible from E&P:			
a Certain dividends received		4a	
b Dividends paid on certain preferred stock of public utilities that are deductible under section 247 (as affected by P.L. 113-295, Div. A, section 221(a)(41)(A), Dec. 19, 2014, 128 Stat. 4043)		4b	
c Dividends paid to an ESOP that are deductible under section 404(k)		4c	
d Nonpatronage dividends that are paid and deductible under section 1382(c)		4d	
e Other items (see Regulations sections 1.56(g)-1(d)(3)(i) and (ii) for a partial list)		4e	
f Total increase to ACE because of disallowance of items not deductible from E&P. Add lines 4a through 4e		4f	
5 Other adjustments based on rules for figuring E&P:			
a Intangible drilling costs		5a	
b Circulation expenditures		5b	
c Organizational expenditures		5c	
d LIFO inventory adjustments		5d	
e Installment sales		5e	
f Total other E&P adjustments. Combine lines 5a through 5e		5f	
6 Disallowance of loss on exchange of debt pools		6	
7 Acquisition expenses of life insurance companies for qualified foreign contracts		7	
8 Depletion		8	
9 Basis adjustments in determining gain or loss from sale or exchange of pre-1994 property		9	
10 Adjusted current earnings. Combine lines 1, 2c, 3f, 4f, and 5f through 9. Enter the result here and on line 4a of Form 4626		10	23,243.

FORM 990-T INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS STATEMENT 1

DESCRIPTION	AMOUNT
PASSTHROUGH FROM 20-4310816	-18,764.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-18,764.

FORM 990-T CONTRIBUTIONS STATEMENT 2

DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
PASSTHROUGH FROM 20-4310816	N/A	43.
TOTAL TO FORM 990-T, PAGE 1, LINE 20		43.

FORM 990-T OTHER DEDUCTIONS STATEMENT 3

DESCRIPTION	AMOUNT
MANAGEMENT FEES	4,739.
ACCOUNTING FEES	1,700.
TOTAL TO FORM 990-T, PAGE 1, LINE 28	6,439.



FORM 990-T

CONTRIBUTIONS SUMMARY

STATEMENT 4

QUALIFIED CONTRIBUTIONS SUBJECT TO 100% LIMIT

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2011  
 FOR TAX YEAR 2012  
 FOR TAX YEAR 2013  
 FOR TAX YEAR 2014  
 FOR TAX YEAR 2015

TOTAL CARRYOVER

TOTAL CURRENT YEAR 10% CONTRIBUTIONS

43

TOTAL CONTRIBUTIONS AVAILABLE

43

TAXABLE INCOME LIMITATION AS ADJUSTED

2,329

EXCESS 10% CONTRIBUTIONS

0

EXCESS 100% CONTRIBUTIONS

0

TOTAL EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS DEDUCTION

43

TOTAL CONTRIBUTION DEDUCTION

43

FORM 990-T	TAX COMPUTATION	STATEMENT 5
1. TAXABLE INCOME . . . . .		23,243
2. LESSER OF LINE 1 OR FIRST BRACKET AMOUNT .		23,243
3. LINE 1 LESS LINE 2 . . . . .		0
4. LESSER OF LINE 3 OR SECOND BRACKET AMOUNT .		0
5. LINE 3 LESS LINE 4 . . . . .		0
6. INCOME SUBJECT TO 34% TAX RATE . . . . .		0
7. INCOME SUBJECT TO 35% TAX RATE . . . . .		0
8. 15 PERCENT OF LINE 2 . . . . .		3,486
9. 25 PERCENT OF LINE 4 . . . . .		0
10. 34 PERCENT OF LINE 6 . . . . .		0
11. 35 PERCENT OF LINE 7 . . . . .		0
12. ADDITIONAL 5% SURTAX. . . . .		0
13. ADDITIONAL 3% SURTAX . . . . .		0
14. TOTAL OF LINES 8 THROUGH 13 TO FORM 990-T, PAGE 2, LINE 35C		<u>3,486</u>

FORM 4626

AMT CONTRIBUTIONS

STATEMENT 6

CARRYOVER OF PRIOR YEARS UNUSED CONTRIBUTIONS

FOR TAX YEAR 2011  
 FOR TAX YEAR 2012  
 FOR TAX YEAR 2013  
 FOR TAX YEAR 2014  
 FOR TAX YEAR 2015

TOTAL CARRYOVER

CURRENT YEAR CONTRIBUTIONS

43

TOTAL CONTRIBUTIONS

43

10% OF TAXABLE INCOME AS ADJUSTED

2,329

EXCESS CONTRIBUTIONS

0

ALLOWABLE CONTRIBUTIONS

43

AMT CHARITABLE DEDUCTION

43

REGULAR CONTRIBUTION DEDUCTION

43

AMT CONTRIBUTION ADJUSTMENT

0

**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.  
▶ Information about Schedule D (Form 1120) and its separate instructions is at [www.irs.gov/form1120](http://www.irs.gov/form1120).

**2016**

Name

Employer identification number

**AMERICAN CONSERVATORY THEATRE FOUNDATION**

**94-6135772**

**Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less**

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 to gain or loss from Form(s) 8949, Part I, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>1a</b> 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				
<b>1b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box A</b> checked				
<b>2</b> Totals for all transactions reported on Form(s) 8949 with <b>Box B</b> checked				
<b>3</b> Totals for all transactions reported on Form(s) 8949 with <b>Box C</b> checked				<b>1,306.</b>
<b>4</b> Short-term capital gain from installment sales from Form 6252, line 26 or 37				<b>4</b>
<b>5</b> Short-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>5</b>
<b>6</b> Unused capital loss carryover (attach computation)				<b>6</b> ( )
<b>7</b> Net short-term capital gain or (loss). Combine lines 1a through 6 in column h				<b>7</b> <b>1,306.</b>

**Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year**

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 to gain or loss from Form(s) 8949, Part II, line 2, column (g)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
<b>8a</b> 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				
<b>8b</b> Totals for all transactions reported on Form(s) 8949 with <b>Box D</b> checked				
<b>9</b> Totals for all transactions reported on Form(s) 8949 with <b>Box E</b> checked				
<b>10</b> Totals for all transactions reported on Form(s) 8949 with <b>Box F</b> checked				<b>48,749.</b>
<b>11</b> Enter gain from Form 4797, line 7 or 9				<b>11</b>
<b>12</b> Long-term capital gain from installment sales from Form 6252, line 26 or 37				<b>12</b>
<b>13</b> Long-term capital gain or (loss) from like-kind exchanges from Form 8824				<b>13</b>
<b>14</b> Capital gain distributions				<b>14</b>
<b>15</b> Net long-term capital gain or (loss). Combine lines 8a through 14 in column h				<b>15</b> <b>48,749.</b>

**Part III Summary of Parts I and II**

<b>16</b> Enter excess of net short-term capital gain (line 7) over net long-term capital loss (line 15)	<b>16</b>	<b>1,306.</b>
<b>17</b> Net capital gain. Enter excess of net long-term capital gain (line 15) over net short-term capital loss (line 7)	<b>17</b>	<b>48,749.</b>
<b>18</b> Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the proper line on other returns. If the corporation has qualified timber gain, also complete Part IV <b>Note:</b> If losses exceed gains, see <b>Capital losses</b> in the instructions.	<b>18</b>	<b>50,055.</b>

**Part IV Alternative Tax for Corporations with Qualified Timber Gain.** Complete Part IV only if the corporation has qualified timber gain under section 1201(b). Skip this part if you are filing Form 1120-RIC. See instructions.

<b>19</b> Enter qualified timber gain (as defined in section 1201(b)(2))	<b>19</b>	
<b>20</b> Enter taxable income from Form 1120, page 1, line 30, or the applicable line of your tax return	<b>20</b>	
<b>21</b> Enter the smallest of: (a) the amount on line 19; (b) the amount on line 20; or (c) the amount on Part III, line 17	<b>21</b>	
<b>22</b> Multiply line 21 by 23.8% (0.238)	<b>22</b>	
<b>23</b> Subtract line 17 from line 20. If zero or less, enter -0-	<b>23</b>	
<b>24</b> Enter the tax on line 23, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	<b>24</b>	
<b>25</b> Add lines 21 and 23	<b>25</b>	
<b>26</b> Subtract line 25 from line 20. If zero or less, enter -0-	<b>26</b>	
<b>27</b> Multiply line 26 by 35% (0.35)	<b>27</b>	
<b>28</b> Add lines 22, 24, and 27	<b>28</b>	
<b>29</b> Enter the tax on line 20, figured using the Tax Rate Schedule (or applicable tax rate) appropriate for the return with which Schedule D (Form 1120) is being filed	<b>29</b>	
<b>30</b> Enter the smaller of line 28 or line 29. Also enter this amount on Form 1120, Schedule J, line 2, or the applicable line of your tax return	<b>30</b>	

Schedule D (Form 1120) 2016





Department of the Treasury  
Internal Revenue Service (99)

► Information about Form 3800 and its separate instructions is at [www.irs.gov/form3800](http://www.irs.gov/form3800).  
► You must attach all pages of Form 3800, pages 1, 2, and 3, to your tax return.

**2016**  
Attachment  
Sequence No **22**

Name(s) shown on return

Identifying number

AMERICAN CONSERVATORY THEATRE FOUNDATION

94-6135772

**Part 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	5
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 2016 (see instructions) . . . . .	3	
4	Carryforward of general business credit to 2016. 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 2017. 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	5

**Part II Allowable Credit**

7	Regular tax before credits: • Individuals. Enter the sum of the amounts from Form 1040, lines 44 and 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 . . . . . • 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 . . . . .	7	3,486
8	Alternative minimum tax: • Individuals. Enter the amount from Form 6251, line 35 . . . . . • Corporations. Enter the amount from Form 4626, line 14 . . . . . • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 56 . . . . .	8	
9	Add lines 7 and 8 . . . . .	9	3,486
10a	Foreign tax credit . . . . .	10a	225
b	Certain allowable credits (see instructions) . . . . .	10b	
c	Add lines 10a and 10b . . . . .	10c	225
11	Net income tax. Subtract line 10c from line 9. If zero, skip lines 12 through 15 and enter -0- on line 16 . . . . .	11	3,261
12	Net regular tax. Subtract line 10c from line 7. If zero or less, enter -0- . . . . .	12	3,261
13	Enter 25% (.25) of the excess, if any, of line 12 over \$25,000 (see instructions) . . . . .	13	0
14	Tentative minimum tax: • Individuals. Enter the amount from Form 6251, line 33 . . . . . • Corporations. Enter the amount from Form 4626, line 12 . . . . . • Estates and trusts. Enter the amount from Schedule I (Form 1041), line 54 . . . . .	14	0
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	3,261
17	Enter the smaller of line 6 or line 16 . . . . . <b>C corporations:</b> See the line 17 instructions if there has been an ownership change, acquisition, or reorganization.	17	5



**Part II Allowable Credit (Continued)**

**Note:** If you are not required to report any amounts on lines 22 or 24 below, skip lines 18 through 25 and enter -0- on line 26.

18	Multiply line 14 by 75% (.75) (see instructions) . . . . .	18	0
19	Enter the greater of line 13 or line 18 . . . . .	19	0
20	Subtract line 19 from line 11. If zero or less, enter -0- . . . . .	20	3,261
21	Subtract line 17 from line 20. If zero or less, enter -0- . . . . .	21	3,255
22	Combine the amounts from line 3 of all Parts III with box A, C, or D checked . . . . .	22	0
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 2016 (see instructions) . . . . .	24	0
25	Add lines 22 and 24 . . . . .	25	0
26	Empowerment zone and renewal community employment credit allowed. Enter the smaller of line 21 or line 25 . . . . .	26	1
27	Subtract line 13 from line 11. If zero or less, enter -0- . . . . .	27	3,261
28	Add lines 17 and 26 . . . . .	28	6
29	Subtract line 28 from line 27. If zero or less, enter -0- . . . . .	29	3,255
30	Enter the general business credit from line 5 of all Parts III with box A checked . . . . .	30	322
31	Reserved . . . . .	31	
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 2016 (see instructions) . . . . .	33	
34	Carryforward of business credit to 2016. 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 2017. 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	322
37	Enter the <b>smaller</b> of line 29 or line 36 . . . . .	37	322
38	<b>Credit allowed for the current year.</b> 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. Form 1040, line 54, or Form 1040NR, line 51 . . . . . • Corporations. Form 1120, Schedule J, Part I, line 5c . . . . . • Estates and trusts. Form 1041, Schedule G, line 2b . . . . .	38	328

Name(s) shown on return <b>AMERICAN CONSERVATORY THEATRE FOUNDATION</b>	Identifying number <b>94-6135772</b>
--	---

**Part III General Business Credits or Eligible Small Business Credits (see instructions)**

Complete a separate Part III for each box checked below (see instructions).

- |   |   |
|---|---|
| <p><b>A</b> <input checked="" type="checkbox"/> General Business Credit From a Non-Passive Activity</p> <p><b>B</b> <input type="checkbox"/> General Business Credit From a Passive Activity</p> <p><b>C</b> <input type="checkbox"/> General Business Credit Carryforwards</p> <p><b>D</b> <input type="checkbox"/> General Business Credit Carrybacks</p> | <p><b>E</b> <input type="checkbox"/> Reserved</p> <p><b>F</b> <input checked="" type="checkbox"/> Reserved</p> <p><b>G</b> <input type="checkbox"/> Eligible Small Business Credit Carryforwards</p> <p><b>H</b> <input checked="" type="checkbox"/> Reserved</p> |
|---|---|

**I** If you are filing more than one Part III with box A or B checked, complete and attach first an additional Part III combining amounts from all Parts III with box A or B checked. Check here if this is the consolidated Part III

(a) Description of credit	(b) If claiming the credit from a pass-through entity, enter the EIN	(c) Enter the appropriate amount
<b>Note:</b> On any line where the credit is from more than one source, a separate Part III is needed for each pass-through entity.		
<b>1a</b> Investment (Form 3468, Part II only) (attach Form 3468)	<b>1a</b>	
<b>b</b> Reserved	<b>1b</b>	
<b>c</b> Increasing research activities (Form 6765)	<b>1c</b>	
<b>d</b> Low-income housing (Form 8586, Part I only)	<b>1d</b>	
<b>e</b> Disabled access (Form 8826) (see instructions for limitation)	<b>1e</b>	
<b>f</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>1f</b>	
<b>g</b> Indian employment (Form 8845)	<b>1g</b>	
<b>h</b> Orphan drug (Form 8820)	<b>1h</b>	
<b>i</b> New markets (Form 8874)	<b>1i</b>	
<b>j</b> Small employer pension plan startup costs (Form 8881) (see instructions for limitation)	<b>1j</b>	
<b>k</b> Employer-provided child care facilities and services (Form 8882) (see instructions for limitation)	<b>1k</b>	
<b>l</b> Biodiesel and renewable diesel fuels (attach Form 8864)	<b>1l</b>	
<b>m</b> Low sulfur diesel fuel production (Form 8896)	<b>1m</b>	
<b>n</b> Distilled spirits (Form 8906)	<b>1n</b>	
<b>o</b> Nonconventional source fuel (carryforward only)	<b>1o</b>	
<b>p</b> Energy efficient home (Form 8908)	<b>1p</b> 20-4310816	5
<b>q</b> Energy efficient appliance (carryforward only)	<b>1q</b>	
<b>r</b> Alternative motor vehicle (Form 8910)	<b>1r</b>	
<b>s</b> Alternative fuel vehicle refueling property (Form 8911)	<b>1s</b>	
<b>t</b> Reserved	<b>1t</b>	
<b>u</b> Mine rescue team training (Form 8923)	<b>1u</b>	
<b>v</b> Agricultural chemicals security (carryforward only)	<b>1v</b>	
<b>w</b> Employer differential wage payments (Form 8932)	<b>1w</b>	
<b>x</b> Carbon dioxide sequestration (Form 8933)	<b>1x</b>	
<b>y</b> Qualified plug-in electric drive motor vehicle (Form 8936)	<b>1y</b>	
<b>z</b> Qualified plug-in electric vehicle (carryforward only)	<b>1z</b>	
<b>aa</b> New hire retention (carryforward only)	<b>1aa</b>	
<b>bb</b> General credits from an electing large partnership (Schedule K-1 (Form 1065-B))	<b>1bb</b>	
<b>zz</b> Other. Enhanced oil recovery (Form 8830) and certain other credits	<b>1zz</b>	
<b>2</b> Add lines 1a through 1zz and enter here and on the applicable line of Part I	<b>2</b>	5
<b>3</b> Enter the amount from Form 8844 here and on the applicable line of Part II	<b>3</b>	
<b>4a</b> Investment (Form 3468, Part III) (attach Form 3468)	<b>4a</b>	
<b>b</b> Work opportunity (Form 5884)	<b>4b</b> 20-4310816	3
<b>c</b> Biofuel producer (Form 6478)	<b>4c</b>	
<b>d</b> Low-income housing (Form 8586, Part II)	<b>4d</b>	
<b>e</b> Renewable electricity, refined coal, and Indian coal production (Form 8835)	<b>4e</b>	
<b>f</b> Employer social security and Medicare taxes paid on certain employee tips (Form 8846)	<b>4f</b> 20-4310816	3
<b>g</b> Qualified railroad track maintenance (Form 8900)	<b>4g</b>	
<b>h</b> Small employer health insurance premiums (Form 8941)	<b>4h</b>	
<b>i</b> Increasing research activities (Form 6765)	<b>4i</b> 20-4310816	11
<b>j</b> Reserved	<b>4j</b>	
<b>z</b> Other	<b>4z</b> 20-4310816	305
<b>5</b> Add lines 4a through 4z and enter here and on the applicable line of Part II	<b>5</b>	322
<b>6</b> Add lines 2, 3, and 5 and enter here and on the applicable line of Part II	<b>6</b>	327