PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.



AI	For the :	2020 calendar year, or tax year beginning JUN 1, 2020 and	ending M2	Y 31, 2021	
B	Check if applicable:	C Name of organization		D Employer identific	ation number
	Address change	ACTORS THEATRE OF LOUISVILLE, INC.			
	Name change	Doing business as		61-0645030	
	Initial return	Number and street (or P.0. box if mail is not delivered to street address)	Room/suite	E Telephone number	
	Final return/	316 WEST MAIN STREET		502-584-1265	
	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	8,421,270.
	Amende			H(a) Is this a group re	
	Applica- tion pending	F Name and address of principal officer: ROBERT BARKT FIERTING		for subordinates	? Yes X No
		SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No
		npt status: 🕱 501(c)(3) 📃 501(c) ()◀ (insert no.) 🗌 4947(a)(1) c	or 527	lf "No," attach a	list. See instructions
		WWW.ACTORSTHEATRE.ORG		H(c) Group exemption	· · · · · ·
		rrganization: X Corporation	L Year (of formation: 1964 N	State of legal domicile: KY
Pa		Summary			
ø	1 B	Briefly describe the organization's mission or most significant activities:	OTE THE	ADVANCEMENT OF	
anc		HEATRICAL ARTS.			
Governance	2 C	Check this box 🕨 🛄 if the organization discontinued its operations or dispos			ets. 28
200	3 N				28
		lumber of independent voting members of the governing body (Part VI, line 1b)			266
Activities &	5 T	otal number of individuals employed in calendar year 2020 (Part V, line 2a)			40
tivit	6 ⊺ 7 ⊤	otal number of volunteers (estimate if necessary)			-12,609.
Ac	l /a	otal unrelated business revenue from Part VIII, column (C), line 12			12,003.
				Prior Year	Current Year
	8 C	Contributions and grants (Part VIII, line 1h)		3,152,930.	4,150,751.
Jue	9 P	Program service revenue (Part VIII, line 2g)		2,936,849.	490,654.
Revenue	10 Ir	ivestment income (Part VIII, column (A), lines 3, 4, and 7d)		220,472.	854,262.
ň	11 C	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		711,878.	325,755.
		otal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		7,022,129.	5,821,422.
		arants and similar amounts paid (Part IX, column (A), lines 1-3)		188,953.	96,777.
		enefits paid to or for members (Part IX, column (A), line 4)		٥.	0.
s	15 S	alaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		5,221,778.	2,232,506.
Expenses	16 a P	Professional fundraising fees (Part IX, column (A), line 11e)		75,133.	1,725.
e Be	. ьт	otal fundraising expenses (Part IX, column (D), line 25)			
ш	17 C	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,069,411.	2,433,627.
	18 T	otal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		9,555,275.	4,764,635.
		levenue less expenses. Subtract line 18 from line 12		-2,533,146.	1,056,787.
S OF			Be	ginning of Current Year	End of Year
sets	20 ⊤	otal assets (Part X, line 16)		19,023,486.	21,191,144.
tAs	21 ⊺	otal liabilities (Part X, line 26)		3,212,023.	1,037,495.
ING		let assets or fund balances. Subtract line 21 from line 20		15,811,463.	20,153,649.
Pa	art II	Signature Block			

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 officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer ROBERT BARRY FLEMING, EXECUTIVE A	ATTISTIC DIRECTOR	Date
	Type or print name and title		
Paid	Print/Type preparer's name THERESA BATLINER, CPA	Fieparer S Signature	Date Check PTIN if self-employed P00543162
Preparer	Firm's name MCM CPAS & ADVISORS LLP		Firm's EIN 🕨 27-1235638
Use Only	Firm's address 🕨 462 S FOURTH ST SUITE 26	500	
	LOUISVILLE, KY 40202-344	15	Phone no.502-749-1900
May the IF	RS discuss this return with the preparer shown abo	ve? See instructions	

032001 12-23-20 LHA For Paperwork Reduction Act Notice, see the separate instructions.

10			n 990 (202
4e	Total program service expenses 3, 291, 004.		
	(Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe on Schedule O.)		
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>	
	revenue, if any, for each program service reported. a (cod:) [expenses 3,291,004. including grants of \$96,777.) (Revenue \$ACTORS THEATRE OF LOUISVILLE IS THE STATE THEATRE OF KENTUCKY AND A LEADER IN ARTISTIC INNOVATION WITHIN THE THEATRE INDUSTRY, WITH A FOCUS ON SOCIOCULTURAL TRANSPORMATION THROUGH STORTTELLING, UNDER THE LEADERSHIP OF EXECUTIVE ARTISTIC DIRECTOR ROBERT BARRY FLEMING, ACTORS THEATRE OF LOUISVILLE UNLOCKS HUMAN POTENTIAL, BUILDS COMMUNITY, AND ENRICHES QUALITY OF LIFF BY ENGAGING PEOPLE IN THEATRE THAT REFLECTS THE WONDER AND COMPLEXITY OF OUR TIME. ACTORS THEATRE OF LOUISVILLE WAS FORMED IN 1964 WITH THE MERGING OF ACTORS, INC. AND THEATRE LOUISVILLE. LED BY PRODUCING DIRECTOR JON JORY AND EXECUTIVE DIRECTOR ALEXANDER SPEER, THE THEATRE ESTABLISHED A COMPLEX IN THE ORIGINAL BANK OF LOUISVILLE BUILDING (THE THIRD-OLDEST D (Code:)(Expenses \$ including grants of \$) (Revenue \$		
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$	<u> </u>	
	ACTORS THEATRE OF LOUISVILLE WAS FORMED IN 1964 WITH THE MEDGING OF		
	THE WONDER AND COMPLEXITY OF OUR TIME.		
	ACTORS THEATRE OF LOUISVILLE IS THE STATE THEATRE OF KENTUCKY AND A		
4a		ß	495,604.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, revenue, if any, for each program service reported.	the total expenses	, and
4	Describe the organization's program service accomplishments for each of its three largest program services, as me		
	If "Yes," describe these changes on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Y	es 🛛 No
	If "Yes," describe these new services on Schedule O.	• ـــــ	
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?		es X No
<u></u>	Did the exception undertake any eignificant exception during the upper which upper activities the		
	AND COMPLEXITY OF OUR TIME.		
	QUALITY OF LIFE BY ENGAGING PEOPLE IN THEATRE THAT REFLECTS THE WONDER		
	ACTORS THEATRE UNLOCKS HUMAN POTENTIAL, BUILDS COMMUNITY AND ENRICHES		
-	,		
1	Check if Schedule O contains a response or note to any line in this Part III		X

Form 990 (2020)

Part IV Checklist of Required Schedules

ACTORS THEATRE OF LOUISVILLE, INC.

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
_	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			v
40	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40	х	
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Δ	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
-	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	44-	x	
L	Part VI	11a		
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b	x	
с	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VII</i> Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	arr		
C		11c		х
d	assets reported in Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part VIII</i> Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D. Parts XI and XII	12a	х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		x
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II	21	0000	Х
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			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
Ь	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	240 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	<u>24u</u>		
200	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
-	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L. Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		x
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
~	"Yes," complete Schedule L, Part IV	28c	x	X
29 20	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	~	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	30		x
31	contributions? <i>If</i> "Yes," <i>complete Schedule M</i> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If</i> "Yes," <i>complete Schedule N, Part I</i>	31		x
32	Did the organization requidate, terminate, or dissolve and cease operations? <i>If Yes, complete Schedule N, Part F</i> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If 'Yes,' complete</i>	- 51		
0L	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V. line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O t V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Fai	Check if Schedule O contains a response or pate to any line in this Part V			
	Check if Schedule O contains a response or note to any line in this Part V		v	
4-	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable1a75Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable1b0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U	(gambling) winnings to prize winners?	1c	х	
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Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			<u> </u>	T
		I		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 266			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	X	
-	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e -file (see instructions)			v	
			3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule (3b	X	+
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other an	•		1	
	financial account in a foreign country (such as a bank account, securities account, or other financial ac	ccount)?	4a		X
b	If "Yes," enter the name of the foreign country				
-	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac				v
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a	 	X X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac		5b	 	
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c	 	┼──
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>	 	X
D	If "Yes," did the organization include with every solicitation an express statement that such contribution		a 1		
-	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c). Did the completion receive a source of 0.75 mode partly as a contribution and partly for goods and cont	iego providad to the powerQ	7-		x
a ⊾	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv		7a 7b		
			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it wa	•	70	x	
لم	to file Form 8282?	7d 2	7c	А	-
	If "Yes," indicate the number of Forms 8282 filed during the year	14	70		x
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f		
g b	If the organization received a contribution of qualified intellectual property, did the organization file For		7g 7h		+
h 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organizat Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained		711		
0		•	8		
9	Sponsoring organizations maintaining donor advised funds.		-		
a			9a		
b			9b		+
10	Section 501(c)(7) organizations. Enter:		50		
	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	Section 501(c)(12) organizations. Enter:				
 а	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against				
	amounts due or received from them.)	11b			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
с	Enter the amount of reserves on hand	13c			
14a			14a		x
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner				
	excess parachute payment(s) during the year?		15	1	x
	If "Yes," see instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		x
	If "Yes," complete Form 4720, Schedule O.				
				000	1/2020

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Pa	rt VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a	"No" re	espon	าร
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.			
	Check if Schedule O contains a response or note to any line in this Part VI			
Sec	tion A. Governing Body and Management			
			Yes	;
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 28	1		
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule 0.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 28			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	х	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		
6	Did the organization have members or stockholders?	6		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	<u> </u>		
Ň	a surgery other than the assumption hash Q	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			l
	The governing body?	8a	x	
	Each committee with authority to act on behalf of the governing body?	8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			•
9		9		
Ser	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		•
	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		Yes	
40-	Did the eventiantian have lead charters two shoes an efficience	10-	res	ļ
	Did the organization have local chapters, branches, or affiliates?	10a		•
D	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	v	•
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	•
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	•
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	х	-
13	Did the organization have a written whistleblower policy?	13	х	
14	Did the organization have a written document retention and destruction policy?	14	х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	х	
		15b	х	
16a				
		16a		
b				l
-				
		16b		
Sec				
17				•
18		s only)	avail	•
10		s orny)	avan	
			-:-1	
10		a iinano	JIAI	
19	statements available to the public ouring the tax year.			
	Otata the name address and talankana available of the name of the			•
19 20	State the name, address, and telephone number of the person who possesses the organization's books and records \blacktriangleright			
	PEGGY SHAKE - 502-584-1265			-
20	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? 15a The organization's CEO, Executive Director, or top management official 15a Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? 16b tist the states with which a copy of this Form 990 is required to be filed ▶ KY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) a for public inspection. Indicate how you made these available. Check all that apply. Image: Comparise to the public during the tax year. Xate the name, address, and telephone number of the person who possesses the organization's books and records Image: Comparise to the public during the tax year.		000	

^{2020.05092} ACTORS THEATRE OF LOUISVI 10000083

Form 990 (2020	D) ACTORS THEATRE OF LOUISVILLE, INC.	61-0645030	Page 1
Part VII Co	ompensation of Officers, Directors, Trustees, Key Employees, Highest C	ompensated	
En	nployees, and Independent Contractors		
Ch	eck if Schedule O contains a response or note to any line in this Part VII		
Section A. O	fficers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
1a Complete t	his table for all persons required to be listed. Report compensation for the calendar year ending	g with or within the organization	's tax year.
● List all of	the organization's current officers directors trustees (whether individuals or organizations) re	ardless of amount of compan	eation

Enter -0- in columns (\widetilde{D}), (E), and (F) if no compensation was paid.

• List all of the organization's current key employees, if any. See instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.

• List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	(10		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unles	ss pei	rson i	than o s both	n an	compensation	compensation	amount of
	week		cer an I	ıd a d	irecto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	e			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	truste		e	pens		(W-2/1099-MISC)		organization
	organizations below	ual tri	ional		ploye	t com				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) ROBERT BARRY FLEMING	60.00									
EXEC. ARTISTIC DIRECTOR		1		х				166,802.	0.	8,656.
(2) PEGGY SHAKE	47.00									
CHIEF FINANCIAL OFFICER				х				77,746.	0.	3,935.
(3) KIRSTEN FORD	1.00									
DIRECTOR		Х						0.	0.	0.
(4) JAN M. GRAYSON	1.00									
DIRECTOR		х						0.	0.	0.
(5) ALEX ALVAREZ	1.00									
DIRECTOR		Х						0.	0.	0.
(6) ALLAN TASMAN MD	1.00									
DIRECTOR		Х						0.	Ο.	0.
(7) ANGIE M. EVANS	1.00									
DIRECTOR		Х						0.	Ο.	0.
(8) BARBARA W. JUCKETT	1.00									
DIRECTOR		Х						0.	Ο.	0.
(9) CHRIS COFFMAN	1.00									
DIRECTOR		Х						0.	Ο.	0.
(10) MIA SIMPSON CULP	1.00									
DIRECTOR		Х						0.	0.	0.
(11) MARSHA BECK ROTH	1.00									
DIRECTOR		Х						0.	Ο.	0.
(12) THEODORE S. ROSKY	1.00									
DIRECTOR		Х						٥.	0.	0.
(13) THERESA RENO-WEBER	1.00									
DIRECTOR		Х						٥.	٥.	0.
(14) STACEY WADE	1.00									
DIRECTOR		Х						٥.	٥.	0.
(15) WILLIAM W. CRAWFORD JR.	1.00									
DIRECTOR		Х						0.	0.	0.
(16) COLIN CRAWFORD	1.00									
DIRECTOR		х						0.	0.	0.
(17) LAYLA GEORGE	1.00									
DIRECTOR		Х						0.	0.	0.
032007 12-23-20					-	_		· · · · · · · · · · · · · · · · · · ·		Form 990 (2020)

032007 12-23-20

Form 990 (2020)

12350407 758005 1000008818.TAX

Form 990 (2020) ACTORS THEATR	E OF LOUIS	VIL	LE,	IN	C.				61-06450	30	P	age 8
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	oloy	ees,	and	l Hig	ghes	t C	ompensated Employee	s (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		ا than o	ne	Reportable	Reportable	E	stimate	ed
	hours per	box	, unles	ss per	rson i	s both	an	compensation	compensation	a	mount	of
	week		cer an	id a di	Irecto	or/trust	ee)	from	from related		other	
	(list any	rector						the	organizations		npensa	
	hours for related	or di	ee.			ated		organization	(W-2/1099-MISC)		rom th	
	organizations	ustee	trustee		e.	bens		(W-2/1099-MISC)			ganizat	
	below	ual tr	tional		ploye	t con /ee					nd relat anizati	
	line)	ndividual trustee or director	In stit utio nal 1	Officer	ƙey employee	Highest compensated employee	Former				anzau	0113
(18) STEWART LUSSKY	1.00	_		0	×					1		
DIRECTOR		х						0.	0	.		0.
(19) JENNIFER MACKIN	1.00											
DIRECTOR		х						0.	0			٥.
(20) SEEMA SHETH	1.00											
DIRECTOR		х						0.	0			٥.
(21) ROBBIE TINDALL	1.00											
DIRECTOR		х						0.	0			0.
(22) NATALIA BISHOP	1.00											
DIRECTOR		х						0.	0			٥.
(23) DAVID DOVE	1.00											
DIRECTOR		х						0.	0			٥.
(24) AARON JAHN	1.00											
DIRECTOR		х						0.	0			0.
(25) CORRIE SHULL	1.00											
DIRECTOR		х						0.	0			0.
(26) KARL VICTOR III	1.00											
DIRECTOR		Х						0.	0			0.
1b Subtotal								244,548.	0	·	12,	591.
c Total from continuation sheets to Part VII								0.	0	·		0.
d Total (add lines 1b and 1c)								244,548.	0	·	12,	591.
2 Total number of individuals (including but no	ot limited to th	ose	liste	d ab	ove) who	o re	eceived more than \$100,	000 of reportable			
compensation from the organization												1
											Yes	No
3 Did the organization list any former officer,				•					•			
line 1a? If "Yes," complete Schedule J for su										3		X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										4	х	
5 Did any person listed on line 1a receive or a												
rendered to the organization? If "Yes." com	plete Schedule	e J f	or su	ıch r	oers	on .				5		X
Section B. Independent Contractors												
1 Complete this table for your five highest cor	•	•							· ·	ation fr	om	
the organization. Report compensation for t	ne calendar ye	ear e	enain	ig w		or wit	nin.		ear.			
(A) Name and business	address							(B) Description of s	ervices) Compe	C) ensatio	'n
TP MECHANICAL CONTRACTORS, INC							_	Beschption of s				
1500 KEMPER MEADOW DR, CINCINNATI, OF	1 45240							HVAC SERVICES			161	994.
1900 REMIER MEADOW DR, CINCINNAII, OI	1 45240						-	IVAC BERVICES			101,	<u> </u>
2 Total number of independent contractors (ir	ncludina but n	ot lir	niter	t of	thos	se list	ted	above) who received mo	ore than			
\$100,000 of compensation from the organiz						1						
SEE PART VII, SECTION A CONTINU		TS								Form	990 (2020)
032008 12-23-20												

Part VII Section A. Officers, Directors, True (A) Name and title 27) TODD PARKER LOWE RESIDENT 28) SCOTT SCHAFTLEIN ICE-PRESIDENT 29) DAVID E. TATE REASURER 30) JONATHAN LOWE ECRETARY	stees, Key En (B) Average hours per week (list any hours for related organizations below line) 5.00 5.00 5.00	stee or director		((Pos	C) ition			(D) Reportable compensation from the organization (W-2/1099-MISC)	es (continued) (E) Reportable compensation from related organizations (W-2/1099-MISC) (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
Name and title 27) TODD PARKER LOWE RESIDENT 28) SCOTT SCHAFTLEIN ICE-PRESIDENT 29) DAVID E. TATE REASURER 30) JONATHAN LOWE	Average hours per week (list any hours for related organizations below line) 5.00 5.00	X X Individual trustee or director	heck	Posi all 1	ition that	app		Reportable compensation from the organization (W-2/1099-MISC)	Reportable compensation from related organizations (W-2/1099-MISC)	Estimated amount of other compensation from the organization and related organizations
27) TODD PARKER LOWE RESIDENT 28) SCOTT SCHAFTLEIN ICE-PRESIDENT 29) DAVID E. TATE REASURER 30) JONATHAN LOWE	week (list any hours for related organizations below line) 5.00 5.00	x x x	Institutional trustee	x	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatior from the organization and related organizations
RESIDENT 28) SCOTT SCHAFTLEIN ICE-PRESIDENT 29) DAVID E. TATE REASURER 30) JONATHAN LOWE	5.00	x							0.	(
28) SCOTT SCHAFTLEIN ICE-PRESIDENT 29) DAVID E. TATE REASURER 30) JONATHAN LOWE	5.00	x							0.	
ICE-PRESIDENT 29) DAVID E. TATE REASURER 30) JONATHAN LOWE	5.00	x		x						
29) DAVID E. TATE REASURER 30) JONATHAN LOWE		x						0.	0.	
REASURER 30) JONATHAN LOWE								••	••	
30) JONATHAN LOWE	5.00		-	х				0.	0.	
		x								
				x				0.	0.	
		·								

032201 04-01-20

ar	t VIII									F
		Check if Schedule O	conta	ains a respo	nse	or note to any line I	in this Part VIII	(R)	(C)	<u> </u> (D)
							Total revenue	Related or exempt	Unrelated business revenue	Revenue exclu
S	1 a	Federated campaigns		1a		-				360110113 3 12 -
un		Membership dues								
e E		Fundraising events				76,990.				
ar A		Related organizations								
and Other Similar Amounts		Government grants (contr				1,695,924.				
2	f	All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f								
the					2,377,837.					
D	g				79,866.					
an	h	Total. Add lines 1a-1f				>	4,150,751.			
						Business Code				
	2 a	TICKET SALES EDUCATION PROGRAM REVE			711110	451,881.	451,881.			
Ð	b				711110	27,376.	27,376.			
enu	с	TICKET FEES				711110	11,397.	11,397.		
Revenue	d									
٦	е									
		All other program service					100 CEA			
+		Total. Add lines 2a-2f					490,654.			
	3	3 Investment income (including dividends, interest,				·	185,058.		-12,609.	197,6
	4	other similar amounts) Income from investment c					105,050.		12,005.	157,0
	4 5						2,229.			2,2
	3	Royalties	·····	(i) Rea		(ii) Personal	-,			
	6 9	Gross rents	6a	545,7		(
		Less: rental expenses	6b	225,4						
		Rental income or (loss)	6c	320,3						
		Net rental income or (loss)				>	320,351.			320,3
		Gross amount from sales of	/ <u> </u>	(i) Securit		(ii) Other				,
		assets other than inventory	7a	2,851,5	538.	170,877.				
	b	Less: cost or other basis								
		and sales expenses	7b	2,275,0)50.	78,161.				
	с	Gain or (loss)	7c	576,4	188.	92,716.				
	d	Net gain or (loss)			<u></u>	►	669,204.			669,2
	8 a	Gross income from fundraisi	ng ev	ents (not						
		including \$	76,	990. of						
		contributions reported on		,						
		Part IV, line 18			<u>8a</u>	19,434.				
		Less: direct expenses			8b	21,209.				
		Net income or (loss) from				▶	-1,775.			-1,7
	9 a	Gross income from gamin	-							
		Part IV, line 19			9a					
		Less: direct expenses			9b					
		Net income or (loss) from			s					
	io a	Gross sales of inventory, I			10a					
	h	and allowances Less: cost of goods sold			10a					
		Net income or (loss) from								
╈	U		Jaits		y	Business Code				
	11 a	AUXILLARY OPERATION	s			900099	4,693.	4,693.		
Hevenue	u h	MISCELLANEOUS INCOM				900099	257.	257.		
SVe	c									
ř		All other revenue								
		Total. Add lines 11a-11d					4,950.			
-	-	Total revenue. See instruction				F	5,821,422.	495,604.	-12,609.	1,187,6

2020.05092 ACTORS THEATRE OF LOUISVI 10000083

Form 990 (2020) ACTORS THEATRE OF LO
Part IX Statement of Functional Expenses ACTORS THEATRE OF LOUISVILLE, INC.

	Check if Schedule O contains a respons t include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	p, 9b, and 10b of Part VIII.		expenses	general expenses	expenses
	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
	Grants and other assistance to domestic	06 777	06 777		
	ndividuals. See Part IV, line 22	96,777.	96,777.		
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	ndividuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members				
	Compensation of current officers, directors,	257,139.	105,275.	107,999.	43,865
	rustees, and key employees	257,135.	105,275.	107,555.	45,005
	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	1,597,036.	1,282,759.	166,269.	148 008
	Other salaries and wages	±, <i>357</i> ,030.	1,202,139.	100,209.	148,008
	Pension plan accruals and contributions (include	38,376.	17,908.	18,948.	1,520
	section 401(k) and 403(b) employer contributions)	218,039.	173,483.	32,239.	12,317
	Other employee benefits	121,916.	84,693.	26,257.	10,966
	Payroll taxes	121,910.	04,095.	20,237.	10,900
	Fees for services (nonemployees):				
	Management	4 012		4 012	
	_egal	4,012.		4,012.	
		40,908.		40,908.	
	_obbying	1 725			1 705
	Professional fundraising services. See Part IV, line 17	1,725. 46,210.		46 010	1,725
	nvestment management fees	40,210.		46,210.	
-	Other. (If line 11g amount exceeds 10% of line 25,	228 244	100 005	27 250	
	column (A) amount, list line 11g expenses on Sch 0.)	228,244.	190,886.	37,358.	
	Advertising and promotion	270,701. 44,794.	270,701.	39,488.	2 205
	Office expenses	,	3,101.	,	2,205
	nformation technology	87,466.	69,972.	13,120.	4,374
	Royalties	29,666.	29,666.	75 114	
		145,747. 707.	70,633. 312.	75,114.	
-		/0/.	512.	595.	
	Payments of travel or entertainment expenses				
	or any federal, state, or local public officials				
	Conferences, conventions, and meetings	10 207	15,262.	2,206.	010
		18,387.	15,202.	2,200.	919
	Payments to affiliates	E10 610	162 701	E1 076	
	Depreciation, depletion, and amortization	518,610.	463,784.	54,826.	
		134,688.	115,832.	18,856.	
a li	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If ine 24e amount exceeds 10% of line 25, column (A)				
-	amount, list line 24e expenses on Schedule O.)	517 516		2 5 2 2	51/ 02/
		517,546. 135,327	125 227	3,522.	514,024
~ -	GUEST ARTIST TRAVEL AND	135,327.	135,327.		
	PRODUCTION EXPENSES	105,295.	105,295.	22 711	10 025
	AISCELLANEOUS	79,994.	38,245.	22,714.	19,035
	All other expenses	25,325.	21,093.		4,131
	Fotal functional expenses. Add lines 1 through 24e	4,764,635.	3,291,004.	710,542.	763,089
	Joint costs. Complete this line only if the organization				
	eported in column (B) joint costs from a combined				
e	educational campaign and fundraising solicitation.				

032010 12-23-20

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Form 990 (2020)

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1,905,099.

3,212,023.

6,244,551.

9,566,912.

15,811,463.

19,023,486.

25

26

27

28

29

30

31

32

33

67,594. 406,807. Accounts receivable, net 4 4 Loans and other receivables from any current or former officer, director, 5 trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 5 Loans and other receivables from other disqualified persons (as defined 6 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 7 Notes and loans receivable, net 18,076. 17,586. 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 315,658. 9 106,665. **10a** Land, buildings, and equipment: cost or other 26,271,167. basis. Complete Part VI of Schedule D _____ 10a 19,673,832. 7,079,871. 6,597,335. b Less: accumulated depreciation 10b 10c 7,875,416. 11,134,830. 11 Investments - publicly traded securities 11 Investments - other securities. See Part IV, line 11 1,040,452. 1,214,461. 12 12 Investments - program-related. See Part IV, line 11 13 13 14 14 Intangible assets Other assets. See Part IV, line 11 15 15 19,023,486. 21,191,144. 16 **Total assets.** Add lines 1 through 15 (must equal line 33) 16 602,287. 557,124. Accounts payable and accrued expenses 17 17 18 18 Grants payable 704,637. 350,647. 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons 22 Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third

ACTORS THEATRE OF LOUISVILLE, INC. Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X

Cash - non-interest-bearing

Savings and temporary cash investments

Pledges and grants receivable, net

parties, and other liabilities not included on lines 17-24). Complete Part X

Organizations that follow FASB ASC 958, check here 🕨 🗵

Total liabilities. Add lines 17 through 25

and complete lines 27, 28, 32, and 33.

and complete lines 29 through 33.

Total liabilities and net assets/fund balances

of Schedule D

Net assets without donor restrictions

Net assets with donor restrictions

Capital stock or trust principal, or current funds

Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Organizations that do not follow FASB ASC 958, check here

(A) Beginning of year

983,543.

144,034.

1,498,842.

1

2

3

(B) End of year

756,040.

653,493.

303,927.

129,724.

1,037,495.

9,267,256.

10,886,393.

20,153,649.

21,191,144.

Form 990 (2020)

1

2

3

Assets

Liabilities

Net Assets or Fund Balances

26

27

28

29

30

31

32

33

Form	990 (2020) ACTORS THEATRE OF LOUISVILLE, INC.	61-064503	D	Pa	_{ae} 12
	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	5,	821,	422.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,	764,	635.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,	056,	787.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,	811,	463.
5	Net unrealized gains (losses) on investments	5	3,	285,	399.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	20,	153,	649.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X X
		r		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule (D.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				
	review, or compilation of its financial statements and selection of an independent accountant?	l l	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	gle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b	000	

Form **990** (2020)

032012 12-23-20

SCHEDUL	E A.
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Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047
2020
Open to Public

Inspection

Nan	ne of t	he organization							identification number
De	<u>ا</u> اس		THEATRE OF LOU						61-0645030
Pa		Reason for Public (ee instruction	IS.	
The	organi	zation is not a private found	ation because it is: (For lines 1 through 12, c	heck only o	one box.)			
1		A church, convention of ch					I)(A)(i).		
2		A school described in sect	ion 170(b)(1)(A)(ii).(Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3		A hospital or a cooperative					•		
4		A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,							
		city, and state:							
5		An organization operated for		llege or university owned	l or operat	ed by a go	overnmental u	nit describe	ed in
		section 170(b)(1)(A)(iv). (C							
6		A federal, state, or local gov	•				.,		
7	X	An organization that norma	-	ntial part of its support fr	om a gove	ernmental	unit or from tl	ne general p	oublic described in
_		section 170(b)(1)(A)(vi). (C							
8		A community trust describe			-				
9		An agricultural research org				-		-	-
		or university or a non-land-g	grant college of agric	ulture (see instructions).	Enter the I	name, city	, and state of	the college	or
		university:							
10		An organization that norma	•					-	•
		activities related to its exem		-					-
		income and unrelated busir		(less section 511 tax) fro	m busines	ses acqui	rea by the org	ganization a	iπer June 30, 1975.
		See section 509(a)(2). (Con					O(-)(A)		
11		An organization organized a	-	•	•				numpered of one or
12		An organization organized a	-	-	-			•	
		more publicly supported or	-						
		lines 12a through 12d that	• •					-	aivina
а		Type I. A supporting orgative the supported organization		-	•	-		•••••	
		organization. You must o			majonty o				ipporting
b		Type II. A supporting org			ion with its	e sunnorte	d organizatio	n(s) by bay	vina
, D		control or management o	-				-		•
		organization(s). You mus			ame perso	113 11121 001	ntiol of mana	ge the supp	Joned
с		Type III functionally inte			in connect	tion with	and functiona	llv integrate	od with
Ū		its supported organization						ny mograto	a with,
d		Type III non-functionally						rted organiz	zation(s)
		that is not functionally int	• · ·					Ŭ,	
		requirement (see instructi			•				
е		Check this box if the orga	,	•				II. Type III	
	-	functionally integrated, or					JI 7 JI	, ,,	
f	Ente	r the number of supported of		, , , , , , , , , , , , , , , , , , , ,					
g	Prov	ide the following informatior							
	(i) Name of supported	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	anization listed ng document?	(v) Amount o	-	(vi) Amount of other
		organization		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
.									
<u>Tota</u> тна		aperwork Reduction Act N	lotice see the Instr	uctions for Form 990 o	990_F7	032021_01	1 25-21 Sche	dule A (For	m 990 or 990-EZ) 2020

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Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	3,233,151.	3,538,832.	4,151,663.	3,152,930.	4,150,751.	18,227,327.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	3,233,151.	3,538,832.	4,151,663.	3,152,930.	4,150,751.	18,227,327.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2,569,786.
6	Public support. Subtract line 5 from line 4.						15,657,541.
	ction B. Total Support					•	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 4	3,233,151.	3,538,832.	4,151,663.	3,152,930.	4,150,751.	18,227,327.
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1,059,375.	1,096,591.	1,094,140.	1,001,420.	733,066.	4,984,592.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						23,211,919.
12	· · · · · · · · · · · · · · · · · · ·	etc. (see instructio	uns)			12	15,701,434.
	First 5 years. If the Form 990 is for th	-		ourth. or fifth tax v	ear as a section 5		
	organization, check this box and stop	-					
Sec	ction C. Computation of Public						
	Public support percentage for 2020 (li			olumn (f))		14	67.45 %
15	Public support percentage from 2019					15	60.97 %
16a	33 1/3% support test - 2020. If the c					ore, check this bo	and
	stop here. The organization qualifies						
b	33 1/3% support test - 2019. If the c	organization did no	t check a box on li				
	and stop here. The organization quali	fies as a publicly s	upported organiza	tion			
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts	s-and-circumstance	es test, check this	box and stop her	r e. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances te	st. The organizatio	n qualifies as a pul	blicly supported or	ganization	-	
b	0 10% -facts-and-circumstances test	•	•		•		
	more, and if the organization meets th	-					
	organization meets the facts-and-circu						
18	Private foundation. If the organizatio		•		•		
						edule A (Form 990	

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Schedule A (Form 990 or 990-EZ) 2020 ACTORS THEATRE OF LOUISVILLE, INC.

61-0645030

Schedule A (Form 990 or 990-EZ) 2020 ACTORS THEATRE OF LOUISVILLE, INC.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support		,				
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf				_		
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and						
h	3 received from disqualified persons						
	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	, ,					
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	01(c)(3) organizat	ion,
	check this box and stop here						
Sec	ction C. Computation of Public	<u>c Support Per</u>	centage			, <u>,</u>	
	Public support percentage for 2020 (I			column (f))		15	%
	Public support percentage from 2019					16	%
	ction D. Computation of Inves						
	Investment income percentage for 20					17	%
	Investment income percentage from					18	<u>%</u>
19a	33 1/3% support tests - 2020. If the						
	more than 33 1/3%, check this box an						
b	33 1/3% support tests - 2019. If the						
00	line 18 is not more than 33 1/3%, che						
	Private foundation. If the organization	IT UIU HOT CHECK A	box on line 14, 19	a, or 190, check t			
03202	23 01-25-21		16		Sch	euule A (Form 99	90 or 990-EZ) 2020

1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If* "Yes," *describe in* **Part VI** *how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in* Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? *If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).*
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," *provide detail in* **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990 or 990-EZ) 2020

Part IV Supporting Organizations (continued)

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		Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?			
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
11c below, the governing body of a supported organization?	11a		
b A family member of a person described in line 11a above?	11b		
c A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, pro	ovide		
detail in Part VI.	11c		
Section B. Type I Supporting Organizations			
		Yes	No

			100	110	
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> Part VI <i>how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the</i>				
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.				
2	Did the organization operate for the benefit of any supported organization other than the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in				
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
	supervised or controlled the supporting organization	2			

Sup	CIVISC	- u. <i>u</i> cu		Supportin	iy olyanization.	
Section	ı C. '	Týpe I	Support	ing Org	janizations	

 Yes
 No

 1
 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed
 Image: Control organization is control or management of the supporting organization was vested in the same persons that controlled or managed
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Sec	ction D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		1

<u>supported organizations played in this regard.</u> Section E. Type III Functionally Integrated Supporting Organizations

		· · · · ·
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year	(see instructions).

- a ____ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*

c 🗋	The organization supported a g	governmental entity. Describe ii	Part VI how yo	ou supported a g	governmental entity	, (see instruction <u>s</u>	;).
-----	--------------------------------	----------------------------------	----------------	------------------	---------------------	-----------------------------	-----

- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "No" provide details in **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard.*

Schedule A (Form 990 or 990-EZ) 2020

2a

2b

3a

3b

Yes No

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art V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Organi	zations	
Check here if the organization satisfied the Integral Part Test as a qualifyin			Part VI). See instruction
All other Type III non-functionally integrated supporting organizations must	complete S	Sections A through E.	1
ction A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
Net short-term capital gain	1		
Recoveries of prior-year distributions	2		
Other gross income (see instructions)	3		
Add lines 1 through 3.	4		
Depreciation and depletion	5		
Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
Other expenses (see instructions)	7		
Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ction B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors			
(explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
Subtract line 2 from line 1d.	3		
Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instructions).	4		
Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
Multiply line 5 by 0.035.	6		
Recoveries of prior-year distributions	7		
Minimum Asset Amount (add line 7 to line 6)	8		
ction C - Distributable Amount			Current Year
Adjusted net income for prior year (from Section A, line 8, column A)	1		
Enter 0.85 of line 1.	2		
Minimum asset amount for prior year (from Section B, line 8, column A)	3		
Enter greater of line 2 or line 3.	4		
Income tax imposed in prior year	5		
Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
Check here if the current year is the organization's first as a non-functional	ly integrated	Type III supporting orga	anization (see

instructions).

Schedule A (Form 990 or 990-EZ) 2020

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			~		
Schedule A (Form 990 or 990-EZ) 2020	ACTORS	THEATRE	OF	LOUISVILLE,	INC.

Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continu	ıed)	
Secti	on D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive)		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	1		10	
		(i)	(ii)		(iii)
Secti	on E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2020	IS	Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2020 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2020				
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
e	From 2019				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
i	Carryover from 2015 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from Section D,				
	line 7: \$				
<u>a</u>	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount				
C	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2016				
	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
е	Excess from 2020				

Schedule A (Form 990 or 990-EZ) 2020

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Schedule A	(Form 990 or 990-EZ) 2020 ACTORS THEATRE OF LOUISVILLE, INC.	61-0645030	Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any addit (See instructions.)	s 1 and 2; Part IV, Sectio rt V, Section B, line 1e; P	n C,
032028 01-25-2		dule A (Form 990 or 990	-EZ) 2020
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Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury ** PUBLIC DISCLOSURE COPY **

Schedule of Contributors

Attach to Form 990. Form 990-EZ, or Form 990-PF. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2020

Internal Revenue Service		
Name of the organization		Employer identification number
	61-0645030	
Organization type (chec	k one):	
Filers of:		
Form 990 or 990-EZ	X 501(c)(³) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	e. See instructions.
General Rule		
•	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling any one contributor. Complete Parts I and II. See instructions for determining a contributor'	
Special Rules		
sections 509(a)	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, utor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amou	or 16b, and that received from

___ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

or (ii) Form 990-EZ, line 1. Complete Parts I and II.

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name	of	organization
1 Maille	U.	organization

Employer identification number

ACTORS THEATRE OF LOUISVILLE, INC.

61-0645030

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$285,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$250,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$599,970.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$86,738.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$200,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$102,596.	Person X Payroll Image: Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

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023452 11-25-20

12350407 758005 1000008818.TAX

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name	of	organization
1 Maille	U.	organization

Employer identification number

ACTORS THEATRE OF LOUISVILLE, INC.

61-0645030

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		- \$\$1,018,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		- \$\$541,986. -	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		_ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- _ \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		- \$\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

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Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

023452 11-25-20

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization

ACTORS THEATRE OF LOUISVILLE, INC.

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. rom Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-=		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-		\$	
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
53 11-25-20		\$	990, 990-EZ, or 990-PF) (2

Employer identification number

61-0645030

12350407 758005 1000008818.TAX

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Page 4

ame of org	ganization		Employer identification number
CTORS TH	HEATRE OF LOUISVILLE, INC.		61-0645030
Part III	Exclusively religious, charitable, etc., contributio	through (e) and the following line entr haritable, etc., contributions of \$1,000 or le	tion 501(c)(7), (8), or (10) that total more than \$1,000 for the yes for organizations sets for the year. (Enter this info. once.) \blacktriangleright \$
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gift	
-	Transferee's name, address, an 	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
-	Transferee's name, address, an		Relationship of transferor to transferee
a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
—			
F	I	(e) Transfer of gift	I
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee
454 11-25-2	20	26	Schedule B (Form 990, 990-EZ, or 990-PF) (2

_				0		OMB No.	. 1545-0047
	HEDULE D n 990)	Supplementa ► Complete if the org: Part IV, line 6, 7, 8, 9, 10	anization answered	"Yes" on Form 990.		20)20
	ment of the Treasury I Revenue Service		Attach to Form 990			Open Inspe	to Public ction
	e of the organizati			nd the latest mormation.	Em	ployer identificat	
	-	ACTORS THEATRE OF LOUISVILL				61-06450	30
Pa	rt I Organiza	ations Maintaining Donor Advise	d Funds or Othe	r Similar Funds or Ac	cour	nts. Complete i	f the
	organizatio	n answered "Yes" on Form 990, Part IV, lin	e 6.				
			(a) Donor ad	vised funds	(b) Fur	nds and other acc	ounts
1	Total number at er	nd of year					
2	Aggregate value o	f contributions to (during year)					
3		f grants from (during year)					
4		t end of year					
5	-	on inform all donors and donor advisors in v	-				
		on's property, subject to the organization's				Yes	No
6	•	on inform all grantees, donors, and donor a	•	•			
		oses and not for the benefit of the donor o			•		
Pa		ate benefit? ation Easements. Complete if the org					No
1		servation easements held by the organization				•	
•		of land for public use (for example, recrea	· · ·	Preservation of a histo	orically	important land a	rea
		f natural habitat		Preservation of a certi	-		i cu
		n of open space					
2		through 2d if the organization held a qualif	ied conservation cor	tribution in the form of a co	nserva	ation easement on	the last
	day of the tax year	r.				Held at the End of	f the Tax Year
а	Total number of co	onservation easements			2a		
b	Total acreage rest	ricted by conservation easements			2b		
с		vation easements on a certified historic stru			2c		
d	Number of conser	vation easements included in (c) acquired a	fter 7/25/06, and no	t on a historic structure			
	listed in the Nation	nal Register			2d		
3	Number of conser	vation easements modified, transferred, rel	eased, extinguished,	or terminated by the organi	ization	during the tax	
	year 🕨						
4		where property subject to conservation eas					
5	•	tion have a written policy regarding the per	e ,				
•	,	orcement of the conservation easements it					No No
6	Starr and voluntee	r hours devoted to monitoring, inspecting,	nandling of violations	s, and enforcing conservation	on ease	ements during the	e year
7		 es incurred in monitoring, inspecting, hand	ling of violations, on	d onforcing concernation on		to during the year	
7	► \$	es incurred in morntoning, inspecting, nand	ing of violations, and	a enforcing conservation ea	Semen	its during the year	
8		vation easement reported on line 2(d) abov	e satisfy the requiren	nents of section 170(h)(4)(B)	(i)		
U	and section 170(h)		•			Yes	No
9		be how the organization reports conservation					
	-	d include, if applicable, the text of the footn		•			
	organization's acc	ounting for conservation easements.					
Pa	t III Organiza	ations Maintaining Collections of	Art, Historical	Freasures, or Other S	Simila	r Assets.	
	Complete i	f the organization answered "Yes" on Form	990, Part IV, line 8.				
1 a	If the organization	elected, as permitted under FASB ASC 95	8, not to report in its	revenue statement and bala	ance sl	heet works	
		easures, or other similar assets held for pub			nce of	public	
		Part XIII the text of the footnote to its finar					
b	-	elected, as permitted under FASB ASC 95	· ·				
		sures, or other similar assets held for public	exhibition, educatio	n, or research in furtherance	e of pu	blic service,	
		ing amounts relating to these items:				•	
		ded on Form 990, Part VIII, line 1				\$	
~	.,				▶	\$	
2		received or held works of art, historical treat			provide	e	
_	-	unts required to be reported under FASB A	-		•	¢	
a	nevenue included	on Form 990, Part VIII, line 1				φ	

a Revenue included on Form 990, Part VIII, line 1	

b Assets included in Form 990, Part X

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 032051 12-01-20

Schedule D (Form 990) 2020

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		ATRE OF LOUISVIL				645030	Page 2
Par	t III Organizations Maintaining C	ollections of Art	, Historical Tre	asures, or Oth	er Similar Asse	ets _{(contir}	nued)
3	Using the organization's acquisition, accession	on, and other records	, check any of the f	ollowing that make	significant use of i	ts	
	collection items (check all that apply):						
а	Public exhibition	d	Loan or exc	hange program			
b	Scholarly research	е	Other				
с	Preservation for future generations						
4	Provide a description of the organization's co	ellections and explain	how they further th	e organization's ex	empt purpose in Pa	art XIII.	
5	During the year, did the organization solicit o						
	to be sold to raise funds rather than to be ma			•		Yes	🗌 No
Par	t IV Escrow and Custodial Arrang						
	reported an amount on Form 990, Par	t X, line 21.	g			-,,	
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets no	t included		
, a	on Form 990, Part X?					Yes	No
h	If "Yes," explain the arrangement in Part XIII						
D			owing table.			Amount	+
~	Reginning balance				1c	Amoun	ι
	Beginning balance						
	Additions during the year						
	Distributions during the year						
	Ending balance Did the organization include an amount on Fo					Yes	No
Par	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete i						
							r vooro book
4.	Designing of your holes of	(a) Current year 8,971,723.	(b) Prior year 9,486,990.	(c) Two years back 10,525,789			,103,996.
	Beginning of year balance	2,473.	33,254.				105,550.
	Contributions	,			· · · · ·		061 180
	Net investment earnings, gains, and losses	4,093,363.	191,479.	-368,656	. 1,697,02	<u> </u>	,061,180.
	Grants or scholarships						
е	Other expenditures for facilities	200 700	740 000	740.000	4 705 00		750 000
	and programs	299,700.	740,000.	740,000	. 4,725,00	<u>.</u>	750,000.
f	Administrative expenses	10 555 050	0.054.500	0.405.000	10 505 50	- 12	
g	End of year balance	12,767,859.			. 10,525,78	9. 13,	,415,176.
2	Provide the estimated percentage of the curr		(line 1g, column (a))) held as:			
	Board designated or quasi-endowment	18.0800	_%				
	Permanent endowment 48.7700	%					
С	Term endowment 33.1500	%					
	The percentages on lines 2a, 2b, and 2c show	•					
3a	Are there endowment funds not in the posse	ssion of the organizat	tion that are held ar	nd administered for	the organization	r	
	by:						Yes No
	(i) Unrelated organizations					3a(i)	X
	(ii) Related organizations						X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?			3b	
4	Describe in Part XIII the intended uses of the		vment funds.				
Par	t VI Land, Buildings, and Equipm	ent.					
	Complete if the organization answered	d "Yes" on Form 990,	Part IV, line 11a. S	ee Form 990, Part 2	X, line 10.		
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulated	(d) Bool	k value
		basis (investm	ient) basis	(other) c	depreciation		
1a	Land		1	,381,105.		1,	,381,105.
	Buildings		22	,493,688.	17,494,409.	4,	,999,279.
	Leasehold improvements				-		
	Equipment		2	,396,374.	2,179,423.		216,951.
	Other			· · · · · · · · · · · · · · · · · · ·			
	. Add lines 1a through 1e. (Column (d) must e		(column (R) line 1	0c)		6	,597,335.
		quai i Unn 330, Fall /					n 990) 2020
					Scileu		1 3301 2020

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Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely held equity interests		
(3) Other		
(A) INVESTMENT IN LIMITED PARTNERSHIPS	1,214,461.	COST
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total (Col (b) must equal Form 990 Part X col (B) line 12)	1 214 461.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X. col. (B) line 15.)	
Part X Other Liabilities.	
Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.	
(a) Description of liability	(b) Book value

1.	(a) Description of hability	(b) DOOK value
(1)	Federal income taxes	
(2)	SERP PAYABLE	129,724.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	129,724.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2020

032053 12-01-20

Sche	dule D (Form 990) 2020 ACTORS THEATRE OF LOUISVILLE, INC.			61-0645030	Page 4
Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With F	Revenue per Ret	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	a.			
1	Total revenue, gains, and other support per audited financial statements			1	9,293,289.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	. 2a	3,285,399.		
b	Donated services and use of facilities	2b	7,250.		
с	Recoveries of prior year grants	. 2c			
d	Other (Describe in Part XIII.)		225,428.		
е	Add lines 2a through 2d			2e	3,518,077.
3	Subtract line 2e from line 1			3	5,775,212.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	46,210.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	46,210.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990. Part I, line 12.)			5	5,821,422.
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per R	leturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	a.			
1	Total expenses and losses per audited financial statements			1	4,951,103.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	. 2a	7,250.		
b	Prior year adjustments	2b			
с	Other losses				
d	Other (Describe in Part XIII.)		225,428.		
е	Add lines 2a through 2d			2e	232,678.
3	Subtract line 2e from line 1			3	4,718,425.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	46,210.		
b	Other (Describe in Part XIII.)	4b			
с	Add lines 4a and 4b			4c	46,210.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	4,764,635.
Pa	rt XIII Supplemental Information.				

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

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PART V, LINE 4:

DONOR RESTRICTED FUNDS ARE TO BE USED FOR SHAKESPEARE PLAYS, THEATRICAL

PRODUCTIONS, AND ACTORS ARTISTIC PROGRAMMING. BOARD DESIGNATED FUNDS ARE

TO BE USED TO FURTHER THE THEATRE'S CHARITABLE PURPOSE.

PART X, LINE 2:

THE THEATRE HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE

SERVICE INDICATING THAT IT QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER

SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO INCOME

TAXES HAVE BEEN PROVIDED FOR IN THE ACCOMPANYING FINANCIAL STATEMENTS.

THE THEATRE RECOGNIZES UNCERTAIN INCOME TAX POSITIONS USING THE

032054 12-01-20

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 ACTORS THEATRE OF LOUISVILLE, INC.	61-0645030	Page 5
Schedule D (Form 990) 2020 ACTORS THEATRE OF LOUISVILLE, INC. Part XIII Supplemental Information (continued)		
"MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC. NO LIABILITY FOR		
UNCERTAIN TAX POSITIONS HAS BEEN REOCRDED IN THE ACCOMPANYING FINANCIAL		
STATEMENTS.		
PART XI, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSES 225,428.		
PART XII, LINE 2D - OTHER ADJUSTMENTS:		
RENTAL EXPENSES 225,428.		
032055 12-01-20	Schedule D (Form	1 990) 202

SCHEDULE G	Suppleme	ntal Information Regarding	Fund	raisi	ng or Gaming A	ctiv	/ities	OMB No. 1545-0047
(Form 990 or 990-EZ)	Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.					2020		
Department of the Treasury Internal Revenue Service	Attach to Form 990 or Form 990-EZ.					_	Open to Public Inspection	
Name of the organization		to www.irs.gov/Form990 for instr	uction	s and	the latest informati	on.	Employer id	entification number
		ATRE OF LOUISVILLE, INC.					61-06450	
Part I Fundrais required to		Complete if the organization answe	ered "Y	es" or	n Form 990, Part IV, I	ine 1	7. Form 990-E	Z filers are not
		ed funds through any of the followin	g activ	ities. (Check all that apply.			
a Mail solicitations e Solicitation of non-government grants								
	email solicitations				nment grants			
c Phone solici		g Special	fundra	ising	events			
d In-person so		r and agreement with any individual	(includ	ina of	ficara directore true	+	or	
		or oral agreement with any individual art VII) or entity in connection with p				lees	, or Ye	s No
		viduals or entities (fundraisers) pursu			•	he fu		
compensated at le	ast \$5,000 by the	organization.		-				
			(iii)	Did		(v)	Amount paid	
(i) Name and addres		(ii) Activity	(iii) fundr have c	aiser Jstody	(iv) Gross receipts	to (or retained by)	(vi) Amount paid to (or retained by)
or entity (fund	Iraiser)		or con contribu	trol of	from activity	lis	fundraiser sted in col. (i)	organization
			Yes	No				
Total								
	ich the organizatio	n is registered or licensed to solicit o	contrib	utions	or has been notified	it is	exempt from r	egistration
or licensing.								
LHA For Paperwork Re	eduction Act Noti	ce, see the Instructions for Form S	990 or	990-E	Z. 9	Sche	edule G (Form	990 or 990-EZ) 2020

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		of fundraising event contributions and gro	(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through col. (c))
-			(event type)	(event type)	(total number)	coi. (c))
Revenue	1	Gross receipts	96,424.			96,424.
	2	Less: Contributions	76,990.			76,990.
	3	Gross income (line 1 minus line 2)	19,434.			19,434.
	4	Cash prizes				
6	5	Noncash prizes	3,367.			3,367.
bense	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
D	8	Entertainment	7,000.			7,000.
	9	Other direct expenses				10,842.
	10	Direct expense summary. Add lines 4 through			►	21,209.
_	11	-1,775.				
Ра	rt I	 Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a. 	answered "Yes" on Form	1 990, Part IV, line 19, or r	eported more than	
anue		• · · · · · · · · · · · · · · · · · · ·	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
	•					
ses	2	Cash prizes				
Expen	3	Noncash prizes				
Direct Expenses	4	Rent/facility costs				

 7 Direct expense summary. Add lines 2 through 5 in column (d) 2 Not complex summary. Or bitment lines 7 from line 1, oclumn (d) 	•	
8 Net gaming income summary. Subtract line 7 from line 1, column (d)		
9 Enter the state(s) in which the organization conducts gaming activities:		
a Is the organization licensed to conduct gaming activities in each of these states?	Yes	No
b If "No," explain:		
10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?	Yes	No
b If "Yes," explain:		

%

Yes

No

%

Yes

No

%

Yes

No

032082 11-25-20

5

Schedule G (Form 990 or 990-EZ) 2020

Other direct expenses

6 Volunteer labor

Sch	edule G (Form 990 or 990-EZ) 2020 ACTORS THEATRE OF LOUISVILLE, INC.	61-06	4503	0	Pag	ge 3
11	Does the organization conduct gaming activities with nonmembers?			Yes		No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed					
	to administer charitable gaming?			Yes		No
13	Indicate the percentage of gaming activity conducted in:					
	a The organization's facility		13a			%
	An outside facility		13b			%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	···· L				
	Name 🕨					
	Address 🕨					
15:	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	ľ		Yes		No
101						
	o If "Yes," enter the amount of gaming revenue received by the organization 🕨 \$ and the amount					
•	of gaming revenue retained by the third party \$					
	s If "Yes," enter name and address of the third party:					
Ċ	and address of the third party.					
	Nama					
	Address					
16	Gaming manager information:					
	Name					
	Gaming manager compensation 🕨 💲					
	Description of services provided 🕨					
	Director/officer Employee Independent contractor					
17	Mandatory distributions:					
á	a Is the organization required under state law to make charitable distributions from the gaming proceeds to					
	retain the state gaming license?			Yes		No
ł	• Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in th	e				
	organization's own exempt activities during the tax year 🕨 💲					
Pa	ITTIV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and	d Part	III, lin	es 9,	9b, 10	ıb,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.					
0320	83 11-25-20 Schedule G (Form	990 o	or 990	-EZ) 2	2020
_	34					

	Schedule G (F	orm 990 or 990-EZ)

032084 04-01-20

SCHEDULE I Grants and Other Assistance to Organizations, (Form 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.						OMB No. 1545-0047		
	Department of the Treasury Attach to Form 990. Internal Revenue Service Go to www.irs.gov/Form990 for the latest information.						Open to Public Inspection	
Name of the or	ganization ACTORS THEATRI	E OF LOUISVILI	LE, INC.					Employer identification number 61-0645030
Part I Ge	eneral Information on Grants a	nd Assistance						
criteria u 2 Describe	e organization maintain records t sed to award the grants or assis in Part IV the organization's pro- conte and Other Assistance to b	stance? ocedures for monit	oring the use of grant	funds in the United	d States.			X Yes No
~	ants and Other Assistance to I cipient that received more than \$					anization answered if	es on Form 990, Par	t IV, line 21, for any
	e and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
3 Enter tot	al number of section 501(c)(3) and a number of other organizations	s listed in the line 1	I table					Schedule I /Earm 000) 2020

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Part III

Schedule I (Form 990) 2020

APPRENTICE GRANTS TO ASSIST WITH COST OF LIVING	20	96,777.	0.	

(c) Amount of

cash grant

(d) Amount of non-

cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

(b) Number of

recipients

PART I, LINE 2:

THE APPRENTICES WERE REQUIRED TO PURCHASE EQUIPMENT TO ALLOW FOR ONLINE

TRAINING AND MEETINGS. THE TIME SPENT IN THE APPRENTICESHIP LIMITED THEIR

ABILITY TO WORK. THE GRANT WAS PROVIDED TO HELP OFFSET EQUIPMENT AND LIVING

EXPENSES.

(f) Description of noncash assistance

Page 2

(e) Method of valuation (book, FMV, appraisal, other)

ACTORS THEATRE OF LOUISVILLE, INC.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance

SC	HEDULE J	Compensa	ation Information	I	OMB No. 1	545-004	47
	rm 990)		s, Trustees, Key Employees, and Highest		20	20	<u> </u>
			nsated Employees swered "Yes" on Form 990, Part IV, line 23.		20	ZU	J
Depar	tment of the Treasury		ch to Form 990.		Open to		ic
Intern	al Revenue Service	Go to www.irs.gov/Form990	for instructions and the latest information.		Inspe		
Nam	e of the organization			Employer id		on nur	nber
		ACTORS THEATRE OF LOUISVILLE	I, INC.	61-06	545030		
Pa	rt I Question	s Regarding Compensation					
	o					Yes	No
1a			the following to or for a person listed on Form	990,			
		line 1a. Complete Part III to provide any releva					
	First-class or c		Housing allowance or residence for person				
	Travel for com		Payments for business use of personal res				
		ation and gross-up payments	 Health or social club dues or initiation fees Personal services (such as maid, chauffeu 				
		pending account	Personal services (such as maid, chauneu	r, chei)			
h	If any of the boxes	on line 1a are checked, did the organization fo	Now a written policy regarding payment or				
D	•	·	ve? If "No," complete Part III to explain		1b		
2		require substantiation prior to reimbursing or					
-	•		Inding the items checked on line 1a?		2		
	tradiced, and onloc						
3	Indicate which, if a	v, of the following the organization used to es	stablish the compensation of the organization's				
			poxes for methods used by a related organization	on to			
		ation of the CEO/Executive Director, but expla	, ,				
	X Compensation		X Written employment contract				
	·	ompensation consultant	X Compensation survey or study				
	X Form 990 of o		X Approval by the board or compensation c	ommittee			
4	During the year, did	any person listed on Form 990, Part VII, Sect	ion A, line 1a, with respect to the filing				
	organization or a re	lated organization:					
а	Receive a severance	e payment or change-of-control payment?			. 4a		X
b	Participate in or rec	eive payment from a supplemental nonqualifie	ed retirement plan?		4b		x
С	Participate in or rec	eive payment from an equity-based compensa	ation arrangement?		4c		X
	If "Yes" to any of lir	es 4a-c, list the persons and provide the appli	icable amounts for each item in Part III.				
)(3), 501(c)(4), and 501(c)(29) organizations	-				
5			ne organization pay or accrue any compensatio	n			
	contingent on the r						v
							X X
b	Any related organiz				. <u>5b</u>		^
•		r 5b, describe in Part III.					
6			ne organization pay or accrue any compensatio	n			
а	contingent on the r	5			6a		x
							x
U		r 6b, describe in Part III.			. 00		
7			ne organization provide any nonfixed payments				
'			le organization provide any normixed payments		7		x
8			ed pursuant to a contract that was subject to th				
5	-	ption described in Regulations section 53.495		e	8		x
9		d the organization also follow the rebuttable p					
5	Regulations section				9		
LHA		eduction Act Notice, see the Instructions fo			ile J (Forn	n 990)	2020

032111 12-07-20

Schedule J (Form 990) 2020

61-0645030

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits			
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990	
(1) ROBERT BARRY FLEMING	(i)	166,267.	0.	535.	916.	7,740.	175,458.	0.	
EXEC. ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.	
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
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	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								
	(i)								
	(ii)								

Schedule J (Form 990) 2020

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2020

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury
Internal Revenue Service

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
 Attach to Form 990.

2020 Open to Public Inspection

Employer identification number 61-0645030

Name of the	organization
-------------	--------------

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Part I Types of	Property				
	ACTORS	THEATRE	OF	LOUISVILLE,	INC.
Name of the organization					

		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on	(d) Method of de noncash contribu		its
			Items contributed	Form 990, Part VIII, line 1g			
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes						
8	Intellectual property						
9	Securities - Publicly traded	Х	4	56,032.	AVG. PRICE ON DON	NAT. DAY	
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles	Х	1	23,450.	FAIR MARKET VALUE	3	
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (PRINTED ITEMS)	Х	2	384.	FAIR MARKET VALU	JE	
26	Other ► ()						
27	Other ► ()						
28	Other 🕨 (
29	Number of Forms 8283 received by the organization	ation during	the tax year for co	ontributions			
	for which the organization completed Form 828	3, Part V, D	onee Acknowledg	ement			
						Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1 throug	h 28, that it		
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required to be us	ed for		
	exempt purposes for the entire holding period?					30a	x
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance po	olicy that re	quires the review o	of any nonstandard contribut	ions?	31 X	
32a	Does the organization hire or use third parties o	r related or	ganizations to solid	cit, process, or sell noncash			
	contributions?		•	· • ·		32a X	
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in co	olumn (c) foi	r a type of property	r for which column (a) is cheo	ked,		
	describe in Part II.						

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) 2020

032141 11-23-20

Schedule M (Form 990) 2020 ACTORS THEATRE OF LOUISVILLE, INC.	61-0645030	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 3 is reporting in Part I, column (b), the number of contributions, the number of items received, or a cor this part for any additional information.	33, and whether the organi mbination of both. Also co	zation nplete
SCHEDULE M, LINE 32B:		
VE ENGAGED AN AUCTION HOUSE TO SELL THE COLLECTIBLES DONATED TO THE		
THEATRE.		
32142 11-23-20	Schedule M (For	m 990) 2020
42 50407 758005 1000008818.TAX 2020.05092 ACTORS THEA	TRE OF LOUISV	c 1000C

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury	Supplemental Information to Form 990 or 99 Complete to provide information for responses to specific questions or Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or 990-EZ.					
Internal Revenue Service	Go to www.irs.gov/Form990 for the latest information.	Inspection				
Name of the organization	ACTORS THEATRE OF LOUISVILLE, INC.	Employer identification number 61-0645030				
FORM 990, PART III,	LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:					
BUILDING STILL STAN	DING IN DOWNTOWN LOUISVILLE), WITH THE PAMELA BROWN					
AUDITORIUM OPENING	IN 1972 AND THE VICTOR JORY THEATRE THE FOLLOWING					
YEAR. IN 1976, JORY	CREATED THE HUMANA FESTIVAL OF NEW AMERICAN PLAYS,					
WHICH QUICKLY BECAM	E THE PREMIER NEW PLAY FESTIVAL IN THE NATION AND					
INTRODUCED MORE THA	N 450 PLAYS INTO THE AMERICAN THEATRE REPERTOIRE.					
ACTORS THEATRE OF L	OUISVILLE SERVES RESIDENTS ACROSS LOUISVILLE AND					
KENTUCKY, AS WELL A	S AUDIENCES NATIONWIDE AND INTERNATIONALLY. LAST					
YEAR, OUR PROGRAMMI	NG REACHED 49,434 PEOPLE AND INCLUDED MEMBERS					
(REPLACING THE FORM	(REPLACING THE FORMER SUBSCRIPTION MODEL), SINGLE TICKET BUYERS,					
STUDENTS, AND SOCIA	L MEDIA AND YOUTUBE SUBSCRIBERS. LOCALLY, WE SERVED					
THE MAJORITY OF ZIP	CODES IN LOUISVILLE AND 45 COUNTIES ACROSS					
KENTUCKY. THANKS TO	OUR DIGITAL PROGRAMMING, ACTORS THEATRE OF					
LOUISVILLE HAS REAC	HED WELL BEYOND OUR REGION TO ENGAGE AUDIENCES IN 47					
STATES ACROSS THE U	.S. INTERNATIONALLY, WE HAVE REACHED 20 COUNTRIES					
OUTSIDE OF THE UNIT	ED STATES, INCLUDING MEXICO, CANADA, ENGLAND, AND					
GERMANY. THIS INCRE	DIBLE REACH CEMENTS OUR PLACE AS A					
NATIONALLY-RECOGNIZ	ED THEATRE AND BUILDS LOUISVILLE'S ARTISTIC BRAND					
ACROSS THE WORLD.						
THROUGHOUT ITS HIST	ORY, ACTORS THEATRE OF LOUISVILLE HAS LED THE WAY IN					
ARTISTIC INNOVATION	AND EXPRESSION, WHICH HAS RESULTED IN THE THEATRE					
RECEIVING THE THREE	RECEIVING THE THREE MOST PRESTIGIOUS AWARDS GIVEN TO REGIONAL THEATRES:					
THE MARGO JONES AWA	RD, THE SHUBERT FOUNDATION'S JAMES N. VAUGHAN					
MEMORIAL AWARD, AND	A TONY AWARD. NOW IN OUR 58TH YEAR, ACTORS THEATRE					
LHA For Paperwork Red	duction Act Notice, see the Instructions for Form 990 or 990-EZ.	chedule O (Form 990 or 990-EZ) 2020				
	4 5					

Schedule O (Form 990 or 990-EZ) 2020 Name of the organization	Page 2
ACTORS THEATRE OF LOUISVILLE, INC.	61-0645030
OF LOUISVILLE IS A LEADER AMONG REGIONAL THEATRES ACROSS THE UNITED	
STATES. IN RESPONSE TO THE COVID-19 PANDEMIC, ACTORS THEATRE EMBRACED	
THE POSSIBILITIES INHERENT IN BOTH OLD AND NEW MEDIA TO BECOME A	
MULTIPLATFORM ENTERTAINMENT COMPANY, CENTERED IN THEATRICAL	
EXPERIENCES. THIS YEAR, WE PRESENTED DIGITAL STREAMING PRODUCTIONS,	
RADIO PLAYS, ANIMATED SHORTS, A PODCAST, LIVE VIRTUAL EVENTS, AND	
VIRTUAL REALITY EXPERIENCES FOR A REGIONAL AND NATIONAL AUDIENCE. WE	
ARE THRILLED TO HAVE RECENTLY REINCORPORATED IN-PERSON PERFORMANCES	
INTO OUR WORK, RESULTING IN A HYBRID MODEL OF BOTH VIRTUAL AND LIVE	
OFFERINGS THAT ARE ACCESSIBLE THROUGH OUR NEW MEMBERSHIP PROGRAM AND	
THROUGH SINGLE TICKET SALES.	
IN ADDITION, EDUCATION AND COMMUNITY ENGAGEMENT INITIATIVES ARE	
INTEGRAL TO ACTORS THEATRE OF LOUISVILLE. WE HAVE PARTNERED WITH MANY	
MISSION-ALIGNED ORGANIZATIONS TO SHINE A LIGHT ON AND RAISE FUNDS FOR	
THEIR WORK THROUGH OUR COMMUNITY DONATION PARTNERSHIPS. MOREOVER, WE	
HAVE LAUNCHED AN ARRAY OF PROGRAMS TO HOST CIVIC DIALOGUE ON OUR	
PLATFORMS: UNSCRIPTED, LIVE VIRTUAL DISCUSSIONS FOCUSING ON MYRIAD	
ISSUES FACING OUR COMMUNITY AND FEATURING LOCAL LEADERS FROM ACROSS THE	
CITY; BORROWED WISDOM WITH ROBERT BARRY FLEMING, A PODCAST FEATURING	
CONVERSATIONS WITH LEADING FIGURES FROM A VARIETY OF DISCIPLINES ON A	
WIDE RANGE OF SOCIAL JUSTICE AND COMMUNITY WELLNESS-RELATED SUBJECTS;	
AND COMMUNITY CONVERSATION, AN ANNUAL EVENT THAT BRINGS MEMBERS OF THE	
COMMUNITY TOGETHER TO EXPLORE IMPORTANT TOPICS IN LOUISVILLE'S CULTURAL	
LANDSCAPE. OUR LEARNING AND CREATIVE ENGAGEMENT OFFERINGS INCLUDE	
VIRTUAL FIELD TRIPS AND IN-SCHOOL RESIDENCIES, REACHING THOUSANDS OF	
STUDENTS IN CLASSROOMS AND PERFORMANCE SPACES ACROSS KENTUCKY, AND	
NATIONALLY THROUGH OUR VIRTUAL FIELD TRIPS AND RESIDENCIES.	
032212 11-20-20 44	Schedule O (Form 990 or 990-EZ) 2020

Name of the organization	Employer identification number
ACTORS THEATRE OF LOUISVILLE, INC.	61-0645030
FORM 990, PART VI, SECTION A, LINE 4:	
JPDATES TO BY-LAWS:	
ADDED MISSION STATEMENT AND CORE VALUES.	
REDUCED THE NUMBER OF DIRECTORS.	
ELIMINATED SUSTAINING DIRECTORS.	
UPDATED STANDING COMMITTEES. MOVED INVESTMENT COMMITTEE UNDER FINANCE	
COMMITTEE.	
ESTABLISHED A NATIONAL ADVISORY BOARD FOR THE HUMANA FESTIVAL OF NEW	
AMERICAN PLAYS.	
ADDED NON-DISCRIMINATION/ANTI-HARASSMENT AND EQUITY, DIVERSITY AND	
FORM 990, PART VI, SECTION B, LINE 11B:	
THE MEMBERS OF THE INTERNAL AFFAIRS COMMITTEE REVIEW AND COMMENT ON THE	
FORM 990 PRIOR TO ITS FILING. A FINAL VERSION OF THE FORM 990 IS PROVIDED	
TO ALL MEMBERS OF THE BOARD PRIOR TO ITS FILING.	
FORM 990, PART VI, SECTION B, LINE 12C:	
OFFICERS AND DIRECTORS ARE TO DISCLOSE ACTUAL AND APPARENT "CONFLICTS OF	
INTEREST IMMEDIATELY TO THE BOARD PRESIDENT AND MANAGING DIRECTOR, EITHER	
IN WRITING OR STATEMENT THAT WILL BE RECORDED IN THE MEETING MINUTES.	
DISCLOSE THE CONFLICT FOR THE MEETING MINUTES; REMOVE THEIR PERSON FROM THE	
PORTION OF THE MEETING WHERE THE MATTER GIVING RISE TO THE CONFLICT OF	
INTEREST IS BEING DISCUSSED; REFRAIN FROM ALL DISCUSSION OF THE MATTER	
GIVING RISE TO THE CONFLICT OF INTEREST; AND REFRAIN FROM VOTING AT ANY	
032212 11-20-20 4 5	Schedule O (Form 990 or 990-EZ) 20

12350407 758005 1000008818.TAX

^{2020.05092} ACTORS THEATRE OF LOUISVI 10000083

Schedule O (Form 990 or 990-EZ) 2020	Page 2
Name of the organization	Employer identification number
ACTORS THEATRE OF LOUISVILLE, INC.	61-0645030
BOARD MEETING ON THE MATTER GIVING RISE TO THE CONFLICT OF INTEREST.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE EXECUTIVE COMPENSATION COMMITTEE IS COMPOSED OF THE BOARD PRESIDENT,	
THE BOARD IMMEDIATE PAST-PRESIDENT, ONE MEMBER SELECTED FROM THE EXECUTIVE	
COMMITTEE AND ONE MEMBER SELECTED FROM THE BOARD NOT ON THE EXECUTIVE	
COMMITTEE. THE FUNCTION OF THIS COMMITTEE IS TO ESTABLISH THE COMPENSATION	
OF THE EXECUTIVE ARTISTIC DIRECTOR. THIS GROUP REVIEWS EXECUTIVE	
COMPENSATION AS EACH CONTRACT COMES TO TERM. THEY REVIEW COMPARABLE DATA	
AMONGST NATIONAL AND LOCAL PEERS.	
FORM 990, PART VI, SECTION C, LINE 19:	
AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.	
FORM 990, PART XI, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR. THE ORGANIZATION	
MAINTAINS AN AUDIT AND INTERNAL AFFAIRS COMMITTEE COMPRISED OF	
DIRECTORS AND INDEPENDENT LOCAL FINANCIAL PROFESSIONALS WHO SELECT THE	
INDEPENDENT AUDITOR. THE COMMITTEE MEETS WITH THE INDEPENDENT AUDITOR	
PRIOR TO AND AT THE CONCLUSION OF THE ANNUAL AUDIT, INCLUDING AN	
EXECUTIVE SESSION WITHOUT MANAGEMENT.	

032212 11-20-20

			PUBLIC DISCLOSURE COPY		
Form	990-T	E	Exempt Organization Business Income Tax Retur	n	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		0000
		For ca	endar year 2020 or other tax year beginning JUN 1, 2020 , and ending MAY 31, 2021		2020
Departm	ent of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.	-	Open to Public Inspection for
Internal	Revenue Service		Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3	3).	501(c)(3) Organizations Only
A	Check box if address changed.		Name of organization (Check box if name changed and see instructions.)	DEmble	oyer identification number
B Exe	mpt under section	Print	ACTORS THEATRE OF LOUISVILLE, INC.		61-0645030
X	501(c)(3)	or	Number, street, and room or suite no. If a P.O. box, see instructions.	E Group (see i	o exemption number nstructions)
	408(e) 220(e)	Type	316 WEST MAIN STREET		
	408A 530(a)		City or town, state or province, country, and ZIP or foreign postal code		
	529(a) 529S		LOUISVILLE, KY 40202	F	Check box if
		С Во	ok value of all assets at end of year		an amended return.
G CI	neck organization	type 🕨	X 501(c) corporation 501(c) trust 401(a) trust Other trust	Applical	ble reinsurance entity
H C	neck if filing only to	5 🕨	Claim credit from Form 8941 Claim a refund shown on Form 2439		
	neck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation	<u></u>)
			ed Schedules A (Form 990-T)		1
K Du	uring the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation.		
	ne books are in car			502-58	4-1265
Par			d Business Taxable Income		
1	Total of unrelated	busine	ss taxable income computed from all unrelated trades or businesses (see		
	instructions)			1	-12,609.
2	Reserved			2	
-	Add lines 1 and 2				-12,609.
			see instructions for limitation rules)		0.
			taxable income before net operating losses. Subtract line 4 from line 3		-12,609.
		•	ng loss. See instructions	6	0.
			ss taxable income before specific deduction and section 199A deduction.	_	12 600
	Subtract line 6 fro				-12,609. 1,000.
			ally \$1,000, but see instructions for exceptions)		1,000.
			duction. See instructions		1,000.
	Total deductions			10	1,000.
		ss taxa	ble income. Subtract line 10 from line 7. If line 10 is greater than line 7,		0.
Par	enter zero	nutat		11	υ.
		•	s corporations. Multiply Part I, line 11 by 21% (0.21)	▶ 1	0.
			ates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11 from	_	Tax rate schedule or Schedule D (Form 1041)	2	
	Proxy tax. See ins			3	
	Other tax amounts				
-	Alternative minimu			_	
			cility income. See instructions		
	•		n 6 to line 1 or 2, whichever applies	7	0.
т н л			on Act Natice see instructions		Eorm 990-T (2020)

LHA For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

023701 02-02-21

Form 9	90-T (2020)			P	age 2
Part	III Tax and Payments				
1a	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)				
b	Other credits (see instructions) 1b				
с	General business credit. Attach Form 3800 (see instructions)				
d	Credit for prior year minimum tax (attach Form 8801 or 8827) 1d				
е	Total credits. Add lines 1a through 1d	1e			
2	Subtract line 1e from Part II, line 7	2			٥.
3	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866				
	Other (attach statement)	3			
4	Total tax. Add lines 2 and 3 (see instructions).				
	section 1294. Enter tax amount here	4			0.
5	2020 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 4	5			٥.
6a	Payments: A 2019 overpayment credited to 2020 6a				
b	2020 estimated tax payments. Check if section 643(g) election applies				
с	Tax deposited with Form 8868 6c				
d	Foreign organizations: Tax paid or withheld at source (see instructions) 6d				
е	Backup withholding (see instructions) 6e				
f	Credit for small employer health insurance premiums (attach Form 8941)				
g	Other credits, adjustments, and payments: Form 2439				
	□ Form 4136 Other Total ► 6g				
7	Total payments. Add lines 6a through 6g	7			
8	Estimated tax penalty (see instructions). Check if Form 2220 is attached	8			
9	Tax due. If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed	9			
10	Overpayment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid	10			
11	Enter the amount of line 10 you want: Credited to 2021 estimated tax Refunded	11			
Part	IV Statements Regarding Certain Activities and Other Information (see instructions)				
1	At any time during the 2020 calendar year, did the organization have an interest in or a signature or other authority		Ľ	Yes	No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization may have to file				
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the foreign country				
	here				<u>x</u>
2	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a				
	foreign trust?		L		X
	If "Yes," see instructions for other forms the organization may have to file.				
3	Enter the amount of tax-exempt interest received or accrued during the tax year				
4a	Did the organization change its method of accounting? (see instructions)		L		X
b	If 4a is "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form 1128? If "No,"				
	explain in Part V	<u></u>	<u></u>		
Part	V Supplemental Information				

Provide the explanation required by Part IV, line 4b. Also, provide any other additional information. See instructions.

Sign	nder 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, orrect, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.											
Here	Signature of officer	Date	EXECUTI Title	VE ARTISTIC	DIRECTOR	the pr	he IRS discuss this return reparer shown below (see ctions)? X Yes	with				
I	Print/Type preparer's name	Preparer's signature		Date	Check] if	PTIN					
Paid Preparer	THERESA BATLINER, CPA			04/07/22	self- employ	/ed	P00543162					
Use Only		Firm's EIN		27-1235638								
	462 S FOURTH											
	Firm's address 🕨 LOUISVILLE, K	Phone no.	502	-749-1900								

Form **990-T** (2020)

023711 02-02-21

SCHE	DULE A
(Form	990-T)

Department of the Treasury

Internal Revenue Service

Unrelated Business Taxable Income From an Unrelated Trade or Business

► 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).

OMB No. 1545-0047

ENTITY

B Employer identification number

1

of

61 - 0645030

D Sequence:

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

1

Α Name of the organization ACTORS THEATRE OF LOUISVILLE, INC.

523000 C Unrelated business activity code (see instructions)

E Describe the unrelated trade or business **INVESTMENTS** IN PARTNERSHIPS

Part I Unrelated Trade or Business Income			(A) Income	(B) Expenses	(C) Net
1a	Gross receipts or sales				
b	Less returns and allowances c Balance >	1c			
2	Cost of goods sold (Part III, line 8)	2			
3	Gross profit. Subtract line 2 from line 1c	3			
4a	Capital gain net income (attach Sch D (Form 1041 or Form				
	1120)) (see instructions)	4a	809.		809.
b	Net gain (loss) (Form 4797) (attach Form 4797) (see instructions)	4b			
с	Capital loss deduction for trusts	4c			
5	Income (loss) from a partnership or an S corporation (attach				
	statement) STATEMENT 1	5	-13,605.		-13,605.
6	Rent income (Part IV)	6			
7	Unrelated debt-financed income (Part V)	7			
8	Interest, annuities, royalties, and rents from a controlled				
	organization (Part VI)	8			
9	Investment income of section 501(c)(7), (9), or (17)				
	organizations (Part VII)	9			
10	Exploited exempt activity income (Part VIII)	10			
11	Advertising income (Part IX)	11			
12	Other income (see instructions; attach statement) STMT 2	12	187.		187.
13	Total. Combine lines 3 through 12	13	-12,609.		-12,609.

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

1	Compensation of officers, directors, and trustees (Part X)	1			
2	Salaries and wages	2			
3	Repairs and maintenance			3	
4	Bad debts			4	
5	Interest (attach statement) (see instructions)			5	
6	Taxes and licenses			6	
7	Depreciation (attach Form 4562) (see instructions)	7			
8	Less depreciation claimed in Part III and elsewhere on return	8a		8b	
9	Depletion			9	
10	Contributions to deferred compensation plans			10	
11	Employee benefit programs			11	
12	Excess exempt expenses (Part VIII)			12	
13	Excess readership costs (Part IX)			13	
14	Other deductions (attach statement)			14	
15	Total deductions. Add lines 1 through 14	15	0.		
16	Unrelated business income before net operating loss deduction. Subtract line 15 from				
	column (C)			16	-12,609.
17	Deduction for net operating loss (see instructions)			17	0.
18	Unrelated business taxable income. Subtract line 17 from line 16			18	-12,609.
LHA	For Paperwork Reduction Act Notice, see instructions.			Schedu	ıle A (Form 990-T) 2020

023741 12-23-20

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	ile A (Form 990-T) 2020					Page
art	II Cost of Goods Sold Enter metho	d of inventory valuation	n 🕨			
1	Inventory at beginning of year			1		
2	Purchases					
3	Cost of labor					
4	Additional section 263A costs (attach statement)					
5	Other costs (attach statement)					
6	Total. Add lines 1 through 5					
7	Inventory at end of year					
B	Cost of goods sold. Subtract line 7 from line 6. Enter her				Yes	
9 art	Do the rules of section 263A (with respect to property pro V Rent Income (From Real Property and F		4 1 1 4	<u>u</u>	Tes	No
1						
	Description of property (property street address, city, stat		a dual-use (see instruc	Stions)		
	в 🗌					
	c 🗌					
	▶					
		Α	В	С	D	
2	Rent received or accrued			v		
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)					
с	Total rents received or accrued by property.					
4	Add lines 2a and 2b, columns A through D					
3 4 5 art '	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Ente V Unrelated Debt-Financed Income (see	r here and on Part I, lir instructions)	ie 6, column (B)			
4 5	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	r here and on Part I, lir instructions)	ie 6, column (B)			
4 5 art '	Total rents received or accrued. Add line 2c columns A the Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	r here and on Part I, lir instructions)	ie 6, column (B)			
4 5 art '	Total rents received or accrued. Add line 2c columns A the Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	r here and on Part I, lir instructions)	ie 6, column (B)			
4 5 art '	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	r here and on Part I, lir instructions)	ie 6, column (B)			
4 5 art '	Total rents received or accrued. Add line 2c columns A the Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	r here and on Part I, lir instructions) r, state, ZIP code). Che	eck if a dual-use (see in	nstructions)		
4 <u>5</u> art ' 1	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	r here and on Part I, lir instructions)	ie 6, column (B)			
4 5 art '	Total rents received or accrued. Add line 2c columns A the Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	r here and on Part I, lir instructions) r, state, ZIP code). Che	eck if a dual-use (see in	nstructions)		
4 <u>5</u> art ' 1	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	r here and on Part I, lir instructions) r, state, ZIP code). Che	eck if a dual-use (see in	nstructions)		
4 <u>5</u> 1 2	Total rents received or accrued. Add line 2c columns A the Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	r here and on Part I, lir instructions) r, state, ZIP code). Che	eck if a dual-use (see in	nstructions)		
4 <u>5</u> 1 2	Total rents received or accrued. Add line 2c columns A the Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	r here and on Part I, lir instructions) r, state, ZIP code). Che	eck if a dual-use (see in	nstructions)		
4 5 art ' 1 2 3	Total rents received or accrued. Add line 2c columns A the Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	r here and on Part I, lir instructions) r, state, ZIP code). Che	eck if a dual-use (see in	nstructions)		
4 5 1 1 2 3 3	Total rents received or accrued. Add line 2c columns A the Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement)	r here and on Part I, lir instructions) r, state, ZIP code). Che	eck if a dual-use (see in	nstructions)		
4 <u>5</u> 1 2 3 a b	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter ✓ Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A	r here and on Part I, lir instructions) r, state, ZIP code). Che	eck if a dual-use (see in	nstructions)		
4 <u>5</u> 1 2 3 a b	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter ✓ Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A	r here and on Part I, lir instructions) r, state, ZIP code). Che	eck if a dual-use (see in	nstructions)		
4 <u>5</u> art' 1 2 3 a b c	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A	r here and on Part I, lir instructions) r, state, ZIP code). Che	eck if a dual-use (see in	nstructions)		
4 <u>5</u> art' 1 2 3 a b c	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A	r here and on Part I, lir instructions) r, state, ZIP code). Che	eck if a dual-use (see in	nstructions)		
4 5 art ' 1 2 3 a b c 4	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A	r here and on Part I, lir instructions) r, state, ZIP code). Che	eck if a dual-use (see in	nstructions)		
4 5 art ' 1 2 3 a b c 4	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) D Amount of average acquisition debt on or allocable to debt-financed property (attach statement) D Aver	r here and on Part I, lir instructions) r, state, ZIP code). Che	eck if a dual-use (see in	nstructions)	D	0
4 5 1 1 2 3 a b c 4 5	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Entere V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement)	A	B B	nstructions)		
4 5 1 2 3 a b c 4 5 6	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Enter V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) D Amount of average acquisition debt on or allocable to debt-financed property (attach statement) D Aver	A A %	B B %	nstructions)		0
4 5 1 2 3 a b c 4 5 6 7	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Entere V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). <	A A N A A A A A A A A A A A A A A A A A	B B (, line 7, column (A)	C C		0
4 5 1 2 3 a b c 4 5 6 7 8	Total rents received or accrued. Add line 2c columns A th Deductions directly connected with the income in lines 2(a) and 2(b) (attach statement) Total deductions. Add line 4 columns A through D. Entere V Unrelated Debt-Financed Income (see Description of debt-financed property (street address, city A B C D Gross income from or allocable to debt-financed property Deductions directly connected with or allocable to debt-financed property Straight line depreciation (attach statement) Other deductions (add lines 3a and 3b, columns A through D) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable to debt-financed property (attach statement) Amount of average acquisition debt on or allocable financed property (attach statement) Divide line 4 by line 5 Gross income reportable. Multiply line 2 by line 6 Total gross income (add line 7, columns A through D). <td>A A A A A A A A A A A A A A A A A A A</td> <td>B B (, line 7, column (A)</td> <td>C C</td> <td></td> <td>0 0</td>	A A A A A A A A A A A A A A A A A A A	B B (, line 7, column (A)	C C		0 0

50 2020.05092 ACTORS THEATRE OF LOUISVI 10000083

	ule A (Form 990-T) 2020										Page 3
Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fron	n Contro		-		e instruct	,	
					Exempt Controlled Organizations						
	1. Name of controlle organization	d	2. Employer identification	incon	unrelated ne (loss)	1	al of specified nents made	that is	irt of colur included olling orga	in the	Deductions directly connected with
			number	(see ins	structions)			tion's	gross inc	come ^I	ncome in column 5
<u>(1)</u>											
(2)											
(3)											
(4)						<u> </u>					
				· · · ·	Controlled O	<u> </u>	1				
7	. Taxable Income		Net unrelated		otal of speci		10. Part of that is inc				eductions directly onnected with
			ncome (loss) e instructions)	pa	yments mac	le	controlling	organiz	ation's		me in column 10
(4)		(00)					gross	incom	e		
(<u>1</u>)											
(<u>2</u>)											
<u>(3)</u>											
(4)							Add colum		nd 10	Add a	columns 6 and 11.
							Enter here				here and on Part I,
							line 8, c	column	(A)	line	e 8, column (B)
Totals									0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7). (9). or (17)	Orgar	nization (s	ee inst	ructions)	I	_
		cription of		-(-//-//	2. Amol	-	3. Deductio		4. Set-	asides	5. Total deductions
		·			incor		directly conne (attach stater	ected	(attach st		and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)											
()					Add amo	unts in					Add amounts in
					column 2						column 5. Enter
					here and o line 9, colu	,					here and on Part I, line 9, column (B)
Totals						0.					0.
Part	VIII Exploited E	xempt /	Activity Income,	, Other T	han Advo	ertising	g Income	(see ins	structions)	1	
1	Description of exploite		-						,		
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)		2	
3	Expenses directly con										
	line 10, column (B)		·							3	
4	Net income (loss) from										
	lines 5 through 7									4	
5	Gross income from ac	tivity that	is not unrelated busi	iness incor	ne					5	
6	Expenses attributable	to income	entered on line 5							6	
7	Excess exempt expen										
	4. Enter here and on F	Part II, line	12							7	

Schedule A (Form 990-T) 2020

023731 12-23-20

Sched Part	ule A (Form 990-T) 2020 IX Advertising Income					Page 4
1	Name(s) of periodical(s). Check box if report A B C D D	ing two or mo	re periodicals on a	consolidated basis		
Enter a	amounts for each periodical listed above in the	e correspon <u>dir</u>	ng column.			
			Α	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and o	n Part I, line 1	1, column (A)		►	0.
а		_		1		
3	Direct advertising costs by periodical	L				
а	Add columns A through D. Enter here and o	n Part I, line 1	1, column (B)		▶	0.
4 5 6	Advertising gain (loss). Subtract line 3 from I 2. For any column in line 4 showing a gain, complete lines 5 through 8. For any column line 4 showing a loss or zero, do not comple lines 5 through 7, and enter zero on line 8 Readership costs Circulation income	in te				
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is l					
•	than line 6, enter zero	······ –				
8 a	Excess readership costs allowed as a deduction. For each column showing a gain line 4, enter the lesser of line 4 or line 7 Add line 8, columns A through D. Enter the g		line 9a columna to		den	
a	Part II, line 13	-				0.
Part		irectors, a	nd Trustees (s			
	1. Name		2. Title		3. Percentage of time devoted to business	 Compensation attributable to unrelated business
<u>(1)</u>					%	
(2)					%	
(3)					%	
(4)					%	
Total Part						0.
			ю <u>ј</u>			

023732 12-23-20

12350407 758005 1000008818.TAX

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
FORT WASHINGTON PRIVATE EQUITY INVESTORS IV, L.P	
ORDINARY BUSINESS INCOME	109.
FORT WASHINGTON PRIVATE EQUITY INVESTORS VII, L.P ORDINARY BUSINESS INCOM	4,784.
FORT WASHINGTON PRIVATE EQUITY INVESTORS VII, L.P NET	4,704.
RENTAL REAL ESTATE	-50.
FORT WASHINGTON PRIVATE EQUITY INVESTORS VII, L.P OTHER	
NET RENTAL INCOME	16.
FORT WASHINGTON PRIVATE EQUITY INVESTORS VII, L.P	
INTEREST INCOME	11.
FORT WASHINGTON PRIVATE EQUITY INVESTORS VII, L.P ROYALTIES	3.
FORT WASHINGTON PRIVATE EQUITY INVESTORS VII, L.P OTHER	J.
INCOME (LOSS)	-1,508.
FORT WASHINGTON PRIVATE EQUITY OPPORTUNITIES FUND II, L.P.	
- ORDINARY BUSINE	134.
FORT WASHINGTON PRIVATE EQUITY OPPORTUNITIES FUND II, L.P.	
- OTHER INCOME (L	45.
FORT WASHINGTON PRIVATE EQUITY INVESTORS IX, LLP - ORDINARY BUSINESS INCOME	-6,672.
FORT WASHINGTON PRIVATE EQUITY INVESTORS IX, LLP - NET	-,
RENTAL REAL ESTATE IN	49.
FORT WASHINGTON PRIVATE EQUITY INVESTORS IX, LLP -	
INTEREST INCOME	461.
FORT WASHINGTON PRIVATE EQUITY INVESTORS IX, LLP -	40.
DIVIDEND INCOME FORT WASHINGTON PRIVATE EQUITY INVESTORS IX, LLP -	40.
ROYALTIES	6.
FORT WASHINGTON PRIVATE EQUITY INVESTORS IX, LLP - OTHER	
INCOME (LOSS)	-6,885.
FORT WASHINGTON PRIVATE EQUITY INVESTORS X, LP - ORDINARY	
BUSINESS INCOME (L	210.
FORT WASHINGTON PRIVATE EQUITY INVESTORS X, LP - OTHER NET RENTAL INCOME (LO	48.
FORT WASHINGTON PRIVATE EQUITY INVESTORS X, LP - INTEREST	
INCOME	12.
FORT WASHINGTON PRIVATE EQUITY INVESTORS X, LP - ROYALTIES	65.
FORT WASHINGTON PRIVATE EQUITY INVESTORS X, LP - OTHER	
INCOME (LOSS)	-4,483.
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	-13,605.

FORM 990-T (A) OTHER INCO	ME STATEMENT 2
DESCRIPTION	AMOUNT
CANCELLATION OF DEBT - FORT WASHINGTON PRI INVESTORS VII, L.P.	VATE EQUITY 187.
TOTAL TO SCHEDULE A, PART I, LINE 12	187.

61-0645030

Department of the Treasury Internal Revenue Service

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

ıber

Name				Empl	oyer identification number
ACTORS THEATRE OF LOUISVILL	E, INC.			61-	0645030
Did the corporation dispose of any investment	t(s) in a qualified opportur	nity fund during the tax y	ear?		▶ Yes X No
If "Yes," attach Form 8949 and see its instru-					
Part I Short-Term Capital Ga	ns and Losses - Ass	ets Held One Year	or Less		
See instructions for how to figure the amounts to enter on the lines below.	(d)	(e)	(g) Adjustments to ga		(h) Gain or (loss) Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars.	Proceeds (sales price)	Cost (or other basis)	or loss from Form(s) 89 Part I, line 2, column		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					-8.
4 Short-term capital gain from installment sales				4	
5 Short-term capital gain or (loss) from like-king				5	
6 Unused capital loss carryover (attach compute				6	()
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Gai	e lines 1a through 6 in column	ih ata Hald Mara Tha	n One Veer	7	-8.
	115 dilu Lusses - Ass				
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89		(h) Gain or (loss) Subtract column (e) from
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column		column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					183.
				11	634.
12 Long-term capital gain from installment sales	from Form 6252 line 26 or 3			12	
13 Long-term capital gain or (loss) from like-king				13	
44.0 11.1 11.11.11	-			14	
15 Net long-term capital gain or (loss). Combine	lines 8a through 14 in colum			15	817.
Part III Summary of Parts I and				10	1
16 Enter excess of net short-term capital gain (lir	ne 7) over net long-term capita	al loss (line 15)		16	
17 Net capital gain. Enter excess of net long-term				17	809.

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns Note: If losses exceed gains, see Capital Losses in the instructions.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2020

809.

021051 12-14-20

2020.05092 ACTORS THEATRE OF LOUISVI 10000083

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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.

Name(s) shown on return

2020
Attachment Seguence No. 12A

OMB No. 1545-0074

Social security number or taxpayer identification no.

ACTORS	THEATRE	OF	LOUISVILLE,	INC.
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ACTORS THEATRE OF LO	UISVILLE, INC	•				61-0	645030
Before you check Box A, B, or C bel statement will have the same inform broker and may even tell you which	low, see whether ation as Form 109 box to check.	you received any 99-B. Either will s	/ Form(s) 1099-B show whether you	or substitute staterr ır basis (usually you	nent(s) from r cost) was	n your broker. A su reported to the IF	bstitute IS by your
Part I Short-Term. Transact	tions involving capit	al assets you held	1 year or less are ge	enerally short-term (see	e instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate a codes are required. Enter th							
You must check Box A, B, or C below. If you have more short-term transactions than wi	Check only one bo	x. If more than one b	oox applies for your sho	rt-term transactions, comp	olete a separat	e Form 8949, page 1, for	each applicable box.
(A) Short-term transactions re							
(B) Short-term transactions re						,	
X (C) Short-term transactions no							
1 (a)	(b)	(c)	(d)	(e)		t, if any, to gain or	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis. See the	in column	(g), enter a code in . See instructions.	Gain or (loss). Subtract column (e)
		(Mo., day, yr.)		Note below and see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	from column (d) & combine the result with column (g)
FORT WASHINGTON PRIVATE							
EQUITY INVESTORS							<1.>
FORT WASHINGTON PRIVATE							
EQUITY INVESTORS							<7.>
							ļ
							
							ļ
2 Totals. Add the amounts in colu	mns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each to							
Schedule D, line 1b (if Box A ab	ove is checked),	line 2 (if Box B					
above is checked), or line 3 (if E							<8.>
Note: If you checked Box A above b	out the basis repo	orted to the IRS	was incorrect, ent	ter in column (e) the	basis as r	eported 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

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Form 8949 (2020)				Attachn	nent Seque	nce No. 12A	Page 2
Name(s) shown on return. Name and	d SSN or taxpaye	er identification n	o. not required if			Social secu	ity number or ntification no.
ACTORS THEATRE OF LOU	JISVILLE, INC					61-0	645030
Before you check Box D, E, or F belo statement will have the same informa- broker and may even tell you which I Part II Long-Term. Transacti	box to check.		-				
see page 1.							
Note: You may aggregate al codes are required. Enter the							
You must check Box D, E, or F below.							each applicable box.
(D) Long-term transactions rep					-		
(E) Long-term transactions rep	ported on Form(s) 1099-B showing	g basis wasn't re	eported to the IRS			
(F) Long-term transactions no	t reported to you	on Form 1099-B		-			
1 (a)	(b)	(c)	(d) Proceeds	(e)		t, if any, to gain or ou enter an amount	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	(sales price)	Cost or other basis. See the	in column	(g), enter a code in	Gain or (loss). Subtract column (e)
(Example: 100 sh. XTZ CO.)	(1010., day, yr.)	(Mo., day, yr.)		Note below and	(f)	. See instructions. (g)	from column (d) &
				see Column (e) in the instructions	Code(s)	Amount of	combine the result with column (g)
FORT WASHINGTON PRIVATE						adjustment	(3)
EQUITY INVESTORS							38.
FORT WASHINGTON PRIVATE							
EQUITY OPPORTUNI							204.
FORT WASHINGTON PRIVATE							
EQUITY INVESTORS							2.
FORT WASHINGTON PRIVATE							
EQUITY INVESTORS							<61.>
							<u> </u>
2 Totals Add the amounts in colu		 nd (b) (subtract					
2 Totals. Add the amounts in columnegative amounts). Enter each to							
Schedule D, line 8b (if Box D ab		-					
above is checked), or line 10 (if I		•					183.
Note: If you checked Box D above b	out the basis repo	orted to the IRS					
adjustment in column (g) to correct	the basis. See C	<i>olumn (g)</i> in the s	separate instructi	ons for how to figur	re the amou	unt of the adjustm	ent.

023012 12-11-20

Department of the Treasury Internal Revenue Service

Capital Gains and Losses Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T. ▶ Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

2020

ber

Name				Empl	oyer identification number		
ACTORS THEATRE OF LOUISVILLE	, INC.			61-	0645030		
Did the corporation dispose of any investment	; t(s) in a qualified opportun	ity fund during the tax y	ear?		Yes X No		
If "Yes," attach Form 8949 and see its instruc							
Part I Short-Term Capital Gair	ns and Losses - Ass	ets Held One Year	or Less				
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to g or loss from Form(s) 8	(g) Adjustments to gain r loss from Form(c) 8949 Subtract column (e) fro			
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column		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					-8.		
4 Short-term capital gain from installment sales f	rom Form 6252, line 26 or 3	7		4			
5 Short-term capital gain or (loss) from like-kind				5			
6 Unused capital loss carryover (attach computat				6	()		
7 Net short-term capital gain or (loss). Combine Part II Long-Term Capital Gain				7	-8.		
Part II Long-Term Capital Gain	s and Losses - Ass	ets Held More Tha	n One Year				
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to g or loss from Form(s) 8		(h) Gain or (loss) Subtract column (e) from		
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column		column (d) and combine the result with column (g)		
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b							
8b Totals for all transactions reported on							
Form(s) 8949 with Box D checked							
9 Totals for all transactions reported on							
Form(s) 8949 with Box E checked							
10 Totals for all transactions reported on							
Form(s) 8949 with Box F checked					183.		
				11	634.		
12 Long-term capital gain from installment sales f	rom Form 6252, line 26 or 3	7		12			
13 Long-term capital gain or (loss) from like-kind	exchanges from Form 8824			13			
				14			
15 Net long-term capital gain or (loss). Combine		nh		15	817.		
Part III Summary of Parts I and				1	1		
16 Enter excess of net short-term capital gain (line				16			
17 Net capital gain. Enter excess of net long-term				17	809.		
18 Add lines 16 and 17. Enter here and on Form 1	120, page 1, line 8, or the ap	olicable line on other return	S	18	809.		

18 Add lines 16 and 17. Enter here and on Form 1120, page 1, line 8, or the applicable line on other returns Note: If losses exceed gains, see Capital Losses in the instructions.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2020

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021051 12-14-20



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.

Name(s) shown on return

	ZU	Z	U
Attachment Sequence No. 12A			2A

OMB No. 1545-0074

Social security number or taxpayer identification no.

ACTORS	THEATRE	OF	LOUISVILLE,	INC.
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ACTORS THEATRE OF LC	UISVILLE, INC	: .				61-0	645030
Before you check Box A, B, or C be statement will have the same inform broker and may even tell you which	low, see whether nation as Form 109 box to check	you received any 99-B. Either will s	/ Form(s) 1099-B show whether you	or substitute statem Ir basis (usually you	nent(s) from r cost) was	n your broker. A su reported to the IF	bstitute IS by your
Part I Short-Term. Transac	tions involving capit	al assets you held	1 year or less are ge	enerally short-term (see	e instruction	s). For long-term	
transactions, see page 2. Note: You may aggregate a codes are required. Enter th							
You must check Box A, B, or C below. If you have more short-term transactions than w							each applicable box.
(A) Short-term transactions re					-		
(B) Short-term transactions re							
X (C) Short-term transactions n	ot reported to you	u on Form 1099-I	3				
1 (a)	(b)	(c)	(d)	(e)		it, if any, to gain or	(h)
Description of property (Example: 100 sh. XYZ Co.)	Date acquired (Mo., day, yr.)	Date sold or disposed of	Proceeds (sales price)	Cost or other basis. See the Note below and	in column	(g), enter a amount (g), enter a code in See instructions.	Gain or (loss). Subtract column (e) from column (d) &
		(Mo., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
FORT WASHINGTON PRIVATE						,	
EQUITY INVESTORS							<1.>
FORT WASHINGTON PRIVATE							
EQUITY INVESTORS							<7.>
							ļ
							ļ
							ļ
2 Totals. Add the amounts in colu	ımns (d), (e), (g), a	nd (h) (subtract					
negative amounts). Enter each t							
Schedule D, line 1b (if Box A at							
above is checked), or line 3 (if l				<u> </u>			<8.>
Note: If you checked Box A above	but the basis repo	orted to the IRS v	was incorrect, ent	er in column (e) the	basis as r	eported 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

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Form 8949 (2020)				Attachn	nent Sequer	nce No. 12A	Page 2
Name(s) shown on return. Name and	SSN or taxpaye	er identification n	o. not required if			Social secur	ity number or ntification no.
ACTORS THEATRE OF LOU	ISVILLE INC	1.					645030
Before you check Box D, E, or F belo statement will have the same information	/		r Form(s) 1099-B c show whether you	or substitute statem Ir basis (usually you	ent(s) from y r cost) was r		
Part II Long-Term. Transaction	oox to check.		-				
see page 1. Note: You may aggregate all							
codes are required. Enter the You must check Box D, E, or F below. C							
If you have more long-term transactions than will	fit on this page for one	e or more of the boxes	, complete as many forn	ns with the same box cheo	cked as you need	d.	
(D) Long-term transactions rep			•		Note abov	/e)	
(E) Long-term transactions rep			-	eported to the IRS			
(F) Long-term transactions not				(-)	Adjustment	, if any, to gain or	(1-)
1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds	(e) Cost or other	loss. If you	i enter an amount	(h) Gain or (loss).
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of	(sales price)	basis. See the	column (g	g), enter a code in See instructions .	Subtract column (e)
, i , ,		(Mo., day, yr.)		Note below and	(f)	(g)	from column (d) & combine the result
				see Column (e) in the instructions	Code(s)	Amount of adjustment	with column (g)
FORT WASHINGTON PRIVATE						aujustment	(0)
EQUITY INVESTORS							38.
FORT WASHINGTON PRIVATE							
EQUITY OPPORTUNI							204.
FORT WASHINGTON PRIVATE							
EQUITY INVESTORS							2.
FORT WASHINGTON PRIVATE							
EQUITY INVESTORS							<61.>
							
2 Totals. Add the amounts in colur							
negative amounts). Enter each to		-					
Schedule D, line 8b (if Box D abo							100
above is checked), or line 10 (if E					h		183.
Note: If you checked Box D above b adjustment in column (g) to correct t				. ,			
							orm 8949 (2020)
023012 12-11-20						1	0,

ACTORS THEATRE OF LOUISVILLE, INC.

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

	OMB No. 1545-0184
	2020
	ζυζυ
	Attachment Sequence No. 27
Ide	entifying number

Jirreturn			

61-0645030

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S

(or substitute statement) that you are including on line 2, 10, or 20

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale		(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
SEE	STATEMENT 3							634.
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment s	ales from Form 6	8252, line 26 or 3	37			4	
5	Section 1231 gain or (loss) from like-	kind exchanges f	from Form 8824				5	
6	Gain, if any, from line 32, from other	than casualty or	theft				6	
7	Combine lines 2 through 6. Enter the	e gain or (loss) he	re and on the a	opropriate line as f	ollows		7	634.
	Partnerships and S corporations. I line 10, or Form 1120-S, Schedule K				or Form 1065, Sch	edule K,		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 loss	ses from prior yea	ars. See instruct	tions			8	
9	Subtract line 8 from line 7. If zero or	less, enter -0 If	line 9 is zero, en	ter the gain from li	ne 7 on line 12 bel	ow. If		
	line 9 is more than zero, enter the an	nount from line 8	on line 12 below	w and enter the gai	in from line 9 as a	ong-term		
	capital gain on the Schedule D filed	with your return.	See instructions	8			9	634.

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property	/ held 1 year or less):				
11	Loss, if any, from line 7			11	()
12	Gain, if any, from line 7 or amount from line 8, if applicable			12		
13	Gain, if any, from line 31			13		
14	Net gain or (loss) from Form 4684, lines 31 and 38a					
15		Ordinary gain from installment sales from Form 6252, line 25 or 36				
16				16		
17				17		
18			I			
	a and b below. For individual returns, complete lines a and b below.					
а	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter	that part of the loss h	ere. Enter the			
	loss from income-producing property on Schedule A (Form 1040), line 16. (Do no	property used				
	as an employee.) Identify as from "Form 4797, line 18a." See instructions		18a			
b	b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. E					
	(Form 1040), Part I, line 4			18b		

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2020)

018011 12-18-20

Dago	2

Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions) (b) Date acquired (c) Date sold 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (mo., day, yr.) (mo., day, yr.) Δ В С D These columns relate to the properties on **Property A Property B Property C Property D** lines 19A through 19D. 20 Gross sales price (Note: See line 1 before completing.) 20 21 21 Cost or other basis plus expense of sale 22 Depreciation (or depletion) allowed or allowable 22 Adjusted basis. Subtract line 22 from line 21 23 23 24 Total gain. Subtract line 23 from line 20 24 If section 1245 property: 25 a Depreciation allowed or allowable from line 22 25a 25b b Enter the smaller of line 24 or 25a 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. **a** Additional depreciation after 1975. See instructions 26a b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions 26b c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e 26c d Additional depreciation after 1969 and before 1976 26d e Enter the smaller of line 26c or 26d 26e **f** Section 291 amount (corporations only) 26f 26g g Add lines 26b, 26e, and 26f If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for 27 a partnership. a Soil, water, and land clearing expenses 27a **b** Line 27a multiplied by applicable percentage 27b c Enter the smaller of line 24 or 27b 27c 28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, 28a mining exploration costs, and depletion. See instructions b Enter the smaller of line 24 or 28a 28b 29 If section 1255 property: a Applicable percentage of payments excluded 29a from income under section 126. See instructions b Enter the smaller of line 24 or 29a. See instructions 29b Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. Total gains for all properties. Add property columns A through D, line 24 30 30 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 31 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 32

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
0180	12 12-18-20			Form 4797 (2020)

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12350407 758005 1000008818.TAX

2020.05092 ACTORS THEATRE OF LOUISVI 10000083

FORM 4797	PRO	PERTY HELI	MORE THAN	N ONE YEAR	ST.	ATEMENT 3
DESCRIPTION	DATE ACQUIRED	DATE SOLD	SALES PRICE	DEPR.	COST OR BASIS	GAIN OR LOSS
FORT WASHINGTON PRIVATE EQUITY INVESTORS FORT WASHINGTON PRIVATE EQUITY OPPORTUNI						213.
FORT WASHINGTON PRIVATE EQUITY INVESTORS FORT WASHINGTON PRIVATE EQUITY						-5.
INVESTORS						245.
TOTAL TO 4797, PA	ART I, LINE	2				634.

ACTORS THEATRE OF LOUISVILLE, INC.

Sales of Business Property (Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2)) ► Attach to your tax return. ► Go to www.irs.gov/Form4797 for instructions and the latest information.

	OMB No. 1545-0184
	2020
	Attachment Sequence No. 27
Ide	entifying number

61-0645030	

1 Enter the gross proceeds from sales or exchanges reported to you for 2020 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20

Part I Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions)

			-					
2	(a) Description of property	(b) Date acquired (mo., day, yr.)	(C) Date sold (mo., day, yr.)	(d) Gross sales price	(e) Depreciation allowed or allowable since acquisition	(f) Cost or other basis, plus improvements and expense of sale		(g) Gain or (loss) Subtract (f) from the sum of (d) and (e)
3	Gain, if any, from Form 4684, line 39						3	
4	Section 1231 gain from installment s	ales from Form 6	6252, line 26 or	37			4	
5	Section 1231 gain or (loss) from like-	kind exchanges	from Form 8824				5	
6	Gain, if any, from line 32, from other	than casualty or	theft				6	
7	Combine lines 2 through 6. Enter the						7	634.
	Partnerships and S corporations. line 10, or Form 1120-S, Schedule K		· · · ·	5	or Form 1065, Sch	edule K,		
	Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below.							
8	Nonrecaptured net section 1231 los	ses from prior ye	ars. See instruc	tions			8	
9	Subtract line 8 from line 7. If zero or	less, enter -0 If	line 9 is zero, er	nter the gain from li	ne 7 on line 12 bel	ow. If		
	line 9 is more than zero, enter the an	nount from line 8	on line 12 belo	w and enter the ga	in from line 9 as a	ong-term		
	capital gain on the Schedule D filed	with your return.	See instructions	S			9	634.

Part II Ordinary Gains and Losses (see instructions)

10	Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less):							
11	Loss, if any, from line 7		1	11	(
12	Gain, if any, from line 7 or amount from line 8, if applicable			12				
13	Gain, if any, from line 31		1	13				
14	Net gain or (loss) from Form 4684, lines 31 and 38a		14					
15	Ordinary gain from installment sales from Form 6252, line 25 or 36			15				
16	Ordinary gain or (loss) from like-kind exchanges from Form 8824			16				
17	Combine lines 10 through 16			17				
18	For all except individual returns, enter the amount from line 17 on the appropriate lin							
	a and b below. For individual returns, complete lines a and b below.							
а	a If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that	part of the loss here.	Enter the					
	loss from income-producing property on Schedule A (Form 1040), line 16. (Do not inc	erty used						
	as an employee.) Identify as from "Form 4797, line 18a." See instructions		8a					
b	${\bf b}$ Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter	here and on Schedule	e 1					
	(Form 1040), Part I, line 4		18	8b				

LHA For Paperwork Reduction Act Notice, see separate instructions.

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Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions) (b) Date acquired (c) Date sold 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (mo., day, yr.) (mo., day, yr.) Δ В С D These columns relate to the properties on **Property A Property B Property C Property D** lines 19A through 19D. 20 Gross sales price (Note: See line 1 before completing.) 20 21 21 Cost or other basis plus expense of sale 22 Depreciation (or depletion) allowed or allowable 22 Adjusted basis. Subtract line 22 from line 21 23 23 24 Total gain. Subtract line 23 from line 20 24 If section 1245 property: 25 a Depreciation allowed or allowable from line 22 25a 25b b Enter the smaller of line 24 or 25a 26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. **a** Additional depreciation after 1975. See instructions 26a b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions 26b c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e 26c d Additional depreciation after 1969 and before 1976 26d e Enter the smaller of line 26c or 26d 26e **f** Section 291 amount (corporations only) 26f 26g g Add lines 26b, 26e, and 26f If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for 27 a partnership. a Soil, water, and land clearing expenses 27a **b** Line 27a multiplied by applicable percentage 27b c Enter the smaller of line 24 or 27b 27c 28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, 28a mining exploration costs, and depletion. See instructions b Enter the smaller of line 24 or 28a 28b 29 If section 1255 property: a Applicable percentage of payments excluded 29a from income under section 126. See instructions b Enter the smaller of line 24 or 29a. See instructions 29b Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. Total gains for all properties. Add property columns A through D, line 24 30 30 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 31 32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 32

Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions)

			(a) Section 179	(b) Section 280F(b)(2)
33	Section 179 expense deduction or depreciation allowable in prior years	33		
34	Recomputed depreciation. See instructions	34		
35	Recapture amount. Subtract line 34 from line 33. See the instructions for where to report	35		
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