Department of the Treasury Internal Revenue Service

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

2018 Open to Public Inspection

<u>A</u>	For th	ne 2018 c	alendar year, or tax year beginning , and ending			<del></del>
В	Check if a	applicable	C Name of organization		D Employe	r identification number
	Address	change	AMERICAN CABARET THEATRE, INC			
$\exists$		· ·	Doing business as D/B/A THE CABARET		31-1	225154
][	Name cha	· ,	Number and street (or P O box if mail is not delivered to street address)	Room/suite	E Telephon	ne number
	Initial retu		924 N. PENNSYLVANIA ST. SUITE B		<u> 317-</u>	<u>275-1169</u>
	Final retu terminate		City or town, state or province, country, and ZIP or foreign postal code		ĺ	
$\Box$			INDIANAPOLIS IN 46204		G Gross rec	eipts\$ 1,108,261
$\sqcup$	Amended	d return	F Name and address of principal officer			
$\sqcup$	Application	on pending	SHANNON FORSELL	H(a) Is this a gro	up return for s	ubordinates? Yes X No
			924 N. PENNSYLVANIA ST. SUITE B	H(b) Are all sub	ordinates incl	uded? Yes No
			INDIANAPOLIS IN 46204	1		(see instructions)
		1		₹	andorra not	
		mpt status	X 501(c)(3) 501(c) ( ) ◀ (insert no ) 4947(a)(1) or 527 😈 5	4		
<u>J</u>	Website		WW.THECABARET.ORG	H(c) Group exe		
******		organization	X Corporation Trust Association Other ▶ L Ye	ear of formation $1$	<u>987                                    </u>	f M State of legal domicile $IN$
F	art !	Su	mmary			
	1 1	Briefly de	scribe the organization's mission or most significant activities			
ų		TO E	LEVATE AND PROMOTE THE CABARET ART FORM BY PRESENTI	NG THE F	INEST	IN
ũ			ESSIONAL CABARET PERFORMANCES AND DEVELOPING THE NE			OF
Ë			RET ARTISTS.			
Governance			s box ▶ if the organization discontinued its operations or disposed o <del>f more than 25</del>	7/ of its not no		
					——————————————————————————————————————	1.0
<b>∞</b> 5	1			EIVED	3	13
ië.	4	Number o	of independent voting members of the governing body (Part VI, line 1b)		10 4	13
₹	5	Total num	nber of individuals employed in calendar year 2018 (Part V, line 2a)  SEP	0.0000	တ္တိ 5	9
Activities	6	Total num	nber of volunteers (estimate if necessary)	<b>0 9</b> 2019	5-0S(	175
•	7a	Total unre	elated business revenue from Part VIII, column (C), line 12		℃ 7a	0
	I		ated business taxable income from Form 990-T, line 38	EN LIT	7b	0
	1		and business taxable modified from the first occupance of	Prior Yea		Current Year
_	8 (	Contributi	ons and grants (Part VIII, line 1h)	1.80	1,752	609,561
Ę	1		service revenue (Part VIII, line 2g)		6,309	406,224
Æ	1					
Revenue	ľ		nt income (Part VIII, column (A), lines 3, 4, and 7d)		7,755	<u>-10,325</u>
	11 (	Other revo	enue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,368	47,322
	12	Total reve	enue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,214	4,184	<u>1,052,782</u>
	13 (	Grants an	id similar amounts paid (Part IX, column (A), lines 1–3)			0
	14 (	Benefits p	paid to or for members (Part IX, column (A), line 4)		1	0
S	15 9	Salaries.	other compensation, employee benefits (Part IX, column (A), lines 5–10)	355	5,281	337,288
Expenses	1		nal fundraising fees (Part IX, column (A), line 11e)		7 - 0 -	00.7=0
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Ä	4		- · · · · · · · · · · · · · · · · · · ·	E 2 (	5 = 5 1	025 274
_	i		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		3,551	925,374
	18	Total expe	enses Add lines 13–17 (must equal Part IX, column (A), line 25)		3,832	1,262,662
	19 F	Revenue	less expenses Subtract line 18 from line 12		0,352	-209,880
Net Assets or Fund Balances			<u> </u>	Beginning of Cur		End of Year
sets	20 -	Total asse	ets (Part X, line 16)	2,362	2 <b>,</b> 857	2,237,148
AB AB	21 -	Total liabi	lities (Part X, line 26)	53	3,238	137,409
5,5	22 1	Net assets	s or fund balances Subtract line 21 from line 20	2,309	9,619	2,099,739
	art II		mature Block			
			erjury, I declare that have examined this return, including accompanying schedules and statemen	ate and to the he	et of my ka	owledge and belief it is
trı	ue, corre	ect. and co	implete Declaration of preparer (other than stiller) is based on all information of which preparer has	as anv knowledge	e	owieuge and belief, it is
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Sig	-	1 .	gnalization		Date	•
He	re		SHANNON FORSELL CEO			
		<b>1</b> 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	pe or print name and title			
		Print/Type	preparer's name Preparer's signature	Date	Check	if PTIN
Paid	d		Daniel Holt (Mac No. 1) Lott CPA	8/7/	9 self-em	ployed P00275366
Pre	parer	Firm's par			ırm's EIN	35-2001633
	Only	Cirilisan		FI	IIII S CIN F	
	,	019	5665 North Post Road Suite 110	į		217 646 1000
		Firm's add		PI	hone no	317-546-1020
			s this return with the preparer shown above? (see instructions)			X Yes No
For DAA	Paperw	vork Redu	ction Act Notice, see the separate instructions	( )1		Form <b>990</b> (2018)
				7 ' 11		

Form 990 (2018)

986,156

4e Total program service expenses ▶

ABDGO Page 3

Pi	art IV Checklist of Required Schedules			-3-
			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	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	<u> </u>		
•	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities, or have a section 501(h)	<u> </u>		
•	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		Х
_		<del>"</del>	<del>                                     </del>	\ <u>\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	ء ا		Х
_	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5_		<u> </u>
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,	1.		١,,
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		<u>X</u>
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			١
	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	- 1		
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Χ	
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, Part VI	11a	Χ	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	İ	Х
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		Х
d				
	reported in 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		1		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	1.71		
	Schedule D, Parts XI and XII	12a		Χ
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	1		
-	"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		14a		X
b		174		
J	fundraising, business, investment, and program service activities outside the United States, or aggregate			
		145	i	Χ
4 6	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	45		Х
4.0	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	46		v
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16_		Χ
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			37
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	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	<b></b>	X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Χ
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 12 If "Yes," complete Schedule I, Parts I and II	21		X

Yes Part IX, column (A), Ine 27 II "Yes," complete Schedule I, Parts I and III  Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), Ine 27 II "Yes," complete Schedule I, Parts I and III  Did the organization answer "Yes" to Part VII, Section A, Iine 3, 4, or 5 about compensation of the organization's current and former offices, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J  23 but the organization naves tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the light day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24 and complete Schedule IX II "No." Jo to line 25a but through 24 and complete Schedule IX II "No." Jo to line 25a but through 24 and complete Schedule IX II "No." Jo to line 25a but through 24 and complete Schedule IX II "No." Jo to line 25a but the organization mine an escrow account other than a refunding escrow at any time during the year?  24b Did the organization are an an accrow account other than a refunding escrow at any time during the year?  25c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "14s," is complete Schedule II. Part II II Is the organization aware that the graged 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 sprine Forms 990 or 990-E27 If "Yes," complete Schedule II. Part II II 25a II "Yes," complete Schedule II. Part II II 25b II Did the organization aware that the transaction has not been reported on any of the organization prior payables to any current or former officers, directors, trustees, key employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or affirm organization related to	
Part IX. column (A), Ine 2? ("Yes," complete Schedule I, Parts I and III    23 Did the organization answer" 'Yes" to Part VII. Section A, Ine 3, 4, or 5 about compensation of the organization's current and former officers, directors, fivistees, key employees, and highest compensated employees? If "Yes," complete Schedule J    24 Did the organization have at take-empt bond issue with an outstanding principal amount of more than 3100,000 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 IX. If No.," go to the 25s    25 b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  26 b Did the organization minist and escrow account other than a refunding secrow at any time during the year to delease any tax-exempt bonds?  26 b Did the organization and at as an 'on behalf of "issuer for bonds outstanding at any time during the year?"  27 b Section 501(c)(3), 501(c)(4), 401 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is 18th organization wave that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I is 18th organization and 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 is 18th organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, whichest compensated employees, or disqualified person's If "Yes," complete Schedule L, Part II is 18th organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, it usides, or key employee.  27 bid the organization reported a grant or other assistance to an officer, director, trustee, key employee.  28 bid	No
23 Did the organization answer "Yes" to Part VII. Section A, Inie 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. Part II. 24b Did the organization have a tax-exempt bond is sue 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 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds" of Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds" of Substantial of Schedule A. Part II. 25a Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part II. 25a Ib the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part II. 25a Ib the organization aware that it engaged in an excess benefit transaction with a disqualified person or payable to any oursent or former officers, directors, itusiees, key employees, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990-E27 If "Yes," complete Schedule L, Part II. 25b Did the organization report any amount on Part X, Inte 5, 6, or 22 for receivables from or payables to any oursent or former officers, directors, itusiees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II. 25b Did the organization report any of these persons? If "Yes," complete Schedule L, Part III. 27c and the part of the internation of the following parties (see Schedule L, Part IV. 25a Did the organization or applicable filing thresholds, conditions, and exceptions	
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.  23 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 Introdup? 42d and complete Schedule II. If 'No', go to line 25a	Χ
employees? If "Pes," complete Schedule J  23 Dd the organization have a tax-exempt bond issue with an outstanding principal amount of more than  3100,000 as of the list 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  24b D off the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24c D off the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d D off the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d D off the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d D off the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d D is the organization as an "on behalf of" issuer for bonds outstanding at any time during the year?  25d D off 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 sprior Forms 990 or 990-E22 if ""es," complete Schedule L, Part I of the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any oursers of former officer, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II of the organization organization provide a grant or other assistance to an officer, director, trustee, key employees, usubstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV  27d Was the organization for applicable filing thresholds, conditions, and exceptions)  28d A current or former officer, director, trustee, or key employee? If "Ye	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the list day of the year, that was issued after December 31, 2002? If "Yes," arrawer lines 24b through 24d and complete Schedule K. If "No," go to line 25a through 24d and complete Schedule K. If "No," go to line 25a through 24d and complete Schedule K. If "No," go to line 25a through 24d and complete Schedule K. If "No," go to line 25a through 24d and complete Schedule K. Part II to defease any tax-exempt bonds?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year to defease any tax-exempt bonds?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II is is the organization waver that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part II is 15 the organization expert that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction that it ransaction 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 II is 10 the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, director, trustees, key employees, or disqualified persons? If "Yes," complete Schedule L, Part III is 10 the organization provide a grant or other assistance to an officer, director, trustee, key employees, usubstantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Part IV instructions for applicable lifting thresons? If "Yes," c	
\$100,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and compilets Schedule K. If "No," go to line 25a  b) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage 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 year for year, and that the transaction has not been reported on any of the organization year for year. Press Complete Schedule L. Part II  25a Did the organization provide a grant or other assistance to any officer, director, trustee, key employees, undestanding a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III  27 Was the organization provide any of these persons? If "Yes," complete Schedule L. Part IV  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV  b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV  c) A demandant of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L. Part IV  d) A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M. Part II	Χ
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  24c Did the organization amantain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d Did the organization are as an "on behalf of "issuer for bonds outstanding at any time during the year?  24d Section \$01(c)(3), \$01(c)(4), and \$01(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 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-E27 If "Yes," complete Schedule L, Part I Is Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, it usitess, key employees, injehest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II is provided persons? If "Yes," complete Schedule L, Part III is provided persons? If "Yes," complete Schedule L, Part III is provided persons? If "Yes," complete Schedule L, Part III is provided entity or family member of any of these persons? If "Yes," complete Schedule L, Part IV is the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV 28a A turrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28a A turrent or former officer, director, trustee, or key employee? If "Yes," complete Schedule M 29 Did the organization are constructed or indirect owner? If "Yes," complete Schedule L, Part IV 28a Did the organization related or indirect owner? If "Yes," complete Schedule M 29 Did the organization liquidate, terminate, or dissolve and cease	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  24d Did the organization act as an "on behalf of issuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I  25a 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-E27 If "Yes," complete Schedule L, Part I  25b Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III  28 Was the organization a pray to a business transaction with one of the following parties (see Schedule L, Part IV  28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  28 A nentry of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule N, Part II  30 Did the organization lequidate, terminate, or dissolve and cas	
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400 Make, All Farms 000 filese are recovered to accomplate Oaks dula O	
19? Note. All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance	
	П
Check if Schedule O contains a response or note to any line in this Part V	<u></u> М-
Yes 10 Enter the sumber consider Bur 2 of Four 4000 Fates 0 of antique back in	No
1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable  1a 25	
b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the executation comply with health a withheld as a vide for constable assuments to wenders and	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	
reportable gaming (gambling) winnings to prize winners?  1c X  Form 990	(2019)

<u>ra</u>	Statements Regarding Other INS Fillings and Tax Compliance (Continu	ueu)				T
20	Enter the number of ampleyans reported on Form IV/2. Transmittel of IV/are and Tay	1 1			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	9			
b	Statements, filed for the calendar year ending with or within the year covered by this return				Χ	•
U	If at least one is reported on line 2a, did the organization file all required federal employment tax returnation. Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions					
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	')		3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule	0		3b		<u> </u>
	At any time during the calendar year, did the organization have an interest in, or a signature or other a		tv over	55		
	a financial account in a foreign country (such as a bank account, securities account, or other financial		-	4a		Х
b	If "Yes," enter the name of the foreign country		<b>,</b>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		,	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction	tion?		5b		Х
С	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 th	е				
	organization solicit any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ns or				
	gifts were not tax deductible?			6b		<u> </u>
7	Organizations that may receive deductible contributions under section 170(c).					
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for g	joods				
	and services provided to the payor?			7a	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Χ	<u> </u>
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s				
	required to file Form 8282?			7c		X
d	if "Yes," indicate the number of Forms 8282 filed during the year	7d				
е	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	act?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 889	9 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by th	е			
	sponsoring organization have excess business holdings at any time during the year?			8		
9	Sponsoring organizations maintaining donor advised funds.					
a	Did the sponsoring organization make any taxable distributions under section 4966?			9a		_
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations Enter	الممدا				
	Initiation fees and capital contributions included on Part VIII, line 12	10a		-		
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	•••	$\dashv$		
11	Section 501(c)(12) organizations. Enter Gross income from members or shareholders	11a				
a		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			)	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b		1.20		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	14.17				
	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				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		Χ
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	0		14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		or			
	excess parachute payment(s) during the year?			15		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	incom	e <sup>9</sup>	16		X
	If "Yes," complete Form 4720, Schedule O					<u> </u>
				For	m <b>99</b> 0	(2018)

Form 990 (2018) AMERICAN CABARET THEATRE, INC 31-1225154 Page 6 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 13 1a Enter the number of voting members of the governing body at the end of the tax year 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 in Schedule O 13 b Enter the number of voting members included in line 1a, above, who are independent 1b Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Χ 2 any other officer, director, trustee, or key employee? 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 5 Did the organization become aware during the year of a significant diversion of the organization's assets? 6 6 Did the organization have members or stockholders? 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 b Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b stockholders, or persons other than the governing body? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following a The governing body? 8a Χ 8ь **b** Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code ) No Yes  $X_{\underline{\phantom{a}}}$ 10a Did the organization have local chapters, branches, or affiliates? 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 Χ 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Χ Did the organization have a written whistleblower policy? 13 13 14 Did the organization have a written document retention and destruction policy? 14 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? a The organization's CEO, Executive Director, or top management official 15a Χ 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 b 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 Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed ▶ ΙN 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) available for public inspection. Indicate how you made these available. Check all that apply Own website Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year State the name, address, and telephone number of the person who possesses the organization's books and records > 924 N. PENNSYLVANIA ST. SUITE B SHANNON FORSELL

IN 46204

INDIANAPOLIS

Form 990 (2018)	AMERICAN	CABARET	THEATRE.	TNC

31-1225154

#### Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and **Independent Contractors**

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

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees Section A.

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation Enter -0- in columns (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 List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

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

(A) Name and Title	(B) Average hours per week (list any	bo	(C) (D) (E)  Position Reportable Reportable (do not check more than one box, unless person is both an officer and a director/frustee) the organizations organization (W-2/1099-MISC)							(F) Estimated amount of other compensation	
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization and related organizations	
(1) KEVIN MCGOFF	10.00										
CHAID	10.00	X		,					^	0	
CHAIR (2) TONY PICKELL	0.00	\ <u>\</u>	-	X				0	0	<u> </u>	
(2) TONT TICKELL	10.00										
VICE CHAIR	0.00	X		Х				l ol	0	0	
(3) JOSEPH P. VANDE	BOSCHE	<u> </u>									
	10.00										
TREASURER	0.00	Х		Х				0	0	0	
(4) KAREN ARLAND											
	10.00										
SECRETARY	0.00	X		Х				0	0	0	
(5) DEBORAH BALOGH	1000										
27270707	10.00	, ,							•	_	
DIRECTOR (6) CATHY CHAPELLE	0.00	X					-	0	0	0	
(6) CAIHI CHAPELLE	10.00										
DIRECTOR	0.00	X						0	0	0	
(7) ROBERT DEVOSS	0.00	$\triangle$						Ŭ,	<u> </u>		
(.) ROBBINI BEVOOD	10.00										
DIRECTOR	0.00	Х						ol	0	0	
(8) JUAN GRANADOS-ZU											
	10.00										
DIRECTOR	0.00	Χ				l l		0	0	0	
(9) DR. CHARLES O. N	CCORMIC	K ]	ΙI								
	10.00										
DIRECTOR	0.00	Χ						0	0	0	
(10) SARAH MILLSPAUGE											
	10.00		İ								
DIRECTOR C MITTOUT	0.00	Χ				$\vdash \vdash$		0	0	0	
(11) NASHARA C MITCHE	10.00										
DIRECTOR	0.00	Х						ol	0	0	
DAA	0.00		L			لـــا		<u> </u>		Form <b>990</b> (2018)	

Part VII Section A. Officers  (A)  Name and title	(B) Average hours per week (list any	(d bo	o not o	Pos check ess pe	c) ition more rson irecto	than o	one an ee)	(D) Reportable compensation from the organization	(E)  Reportable  compensation from  related  organizations  (W-2/1099-MISC)	(F) Estimated amount of other compensation from the			
	related organizations below dotted line)	or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)			organiza and rela organiza	ated	
(12) PHILLIP B SOI	OMON 10.00 0.00	X						0	0				0
(13) JUDITH THOMAS													
DIRECTOR	0.00	X						0	0				0
				!									
1b Sub-total c Total from continuation shee d Total (add lines 1b and 1c)	ets to Part VII,	Sect	on A	4		<b>.</b>	<b>&gt; &gt; &gt;</b>						
Total number of individuals (in reportable compensation from				thos	e lıs	ted a	bov	e) who received more than	\$100,000 of				
3 Did the organization list any fo				trust	ee, I	кеу е	mpl	oyee, or highest compensa	ited			Yes	No
employee on line 1a? If "Yes,"  For any individual listed on line organization and related organ	1a, is the sum	of re	port	able	com	pens	atio				3 4		X
5 Did any person listed on line 1 for services rendered to the or Section B. Independent Contracto	ganization? If "Y								ındıvıdual		5		Х
Complete this table for your five compensation from the organization.										ear			
Name and	(A) business address		_					Descript	(B) tion of services		Cor	(C) mpensa	tion
										<del></del>			
				-									
Total number of independent or received more than \$100,000 or received.								se listed above) who	0				
DAA					176m			<del>.</del> .			For	<sub>n</sub> 990	(2018)

Form 990 (2018) AMERICAN CABARET THEATRE, INC 31-1225154 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) (D) Revenue excluded from tax (A) Total revenue Unrelated exempt function business revenue 512-514 revenue Grants , 1a Federated campaigns 1a **b** Membership dues 1b c Fundraising events 1c Gifts, ilar Ar 1d d Related organizations Contributions, and Other Sim e Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 609,561 10,000 g Noncash contributions included in lines 1a-1f h Total. Add lines 1a-1f 609,561 Program Service Revenue Busn Code 711110 359,674 359,674 2a TICKET SALES AND PERFOMANCES 711110 <u>28</u>,750 28,750 b EDUCATION INCOME 711110 17,800 17,800 С FACILITY RENTALS d f All other program service revenue ▶ 406,224 Total. Add lines 2a-2f Investment income (including dividends, interest, 5,336 and other similar amounts) 5,336 Income from investment of tax-exempt bond proceeds Royalties (ı) Real (II) Personal 6a Gross rents b Less rental exps Rental inc or (loss) Net rental income or (loss) 7a Gross amount from (i) Securities (II) Other sales of assets 7,681 other than inventor **b** Less cost or other . 23,342 basis & sales exps -15,661 c Gain or (loss) -15,661-15,661d Net gain or (loss) 8a Gross income from fundraising events Other Revenue (not including \$

1,052,782

390,563

of contributions reported on line 1c)
See Part IV, line 18

b Less direct expenses
c Net income or (loss) from fundraising events
See Part IV, line 19
b Less direct expenses
c Net income or (loss) from gaming activities
See Part IV, line 19
c Net income or (loss) from gaming activities
c Net income or (loss) from gaming activities

10a Gross sales of inventory, less

b

C Net income or (loss) from sales of inventory

Miscellaneous Revenue

Busn Code

11a

b

d All other revenue
e Total. Add lines 11a-11d

Total revenue. See instructions

returns and allowances

b Less cost of goods sold

Form **990** (2018)

5,336

0

C

Part IX Statement of Functional Expenses

Form 990 (2018)

Seci	tion 501(c)(3) and 501(c)(1) organizations must co			elete column (A)	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		ехрепзез	general expenses	axpenses
•	and domestic governments See Part IV, line 21				
2	Grants and other assistance to domestic				
_	individuals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	316,250	217,475	25,157	<u>73,618</u>
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes	21 <b>,</b> 038	14,588	1,437	5,013
11	Fees for services (non-employees)				
а	Management				
þ		88,912	53,588	18,477	16,847
С	Accounting				
d	· · · · · · · · · · · · · · · · · · ·		-		
е	Professional fundraising services See Part IV, line 17				
f	Investment management fees				
9	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O )	70 270	67.654	1 707	2 011
12	Advertising and promotion	72,372	67,654	1,707	3,011
13	Office expenses	41,560	29,092	3,325	9,143
14	Information technology				
15	Royalties	112 217	00 006	0 ((1	22 027
16	Occupancy	113,317	80,826	8,664	23,827
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	136,369	95,458	10,909	30,002
23	Insurance	24,541	21,861	2,484	196
24	Other expenses Itemize expenses not covered		21/001	2/101	
	above (List miscellaneous expenses in line 24e If			•	
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O)				
а	PRODUCTION EXPENSES	366,157	363,400	1,590	1,167
b	BANK FEES	25,438	18,981	5,075	1,382
c	OTHER EXPENSES	18,321	2,252	16,069	
d	UTILITIES	15,509	10,856	1,241	3,412
	All other expenses	22,878	10,125	11,897	856
25	Total functional expenses Add lines 1 through 24e	1,262,662	986,156	108,032	168,474
26	Joint costs. Complete this line only if the		, , , , , , , , , , , , , , , , , , , ,		
	organization reported in column (B) joint costs	1			
	from a combined educational campaign and fundraising solicitation. Check here   If following SOP 98.7 (ASC 958.720).				

**Balance Sheet** 

Part X

Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 295,939 240, Cash-non-interest bearing 116 606,2362 2 Savings and temporary cash investments 115,083 Pledges and grants receivable, net 3 2,386 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees 5 Complete Part II of Schedule L 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 Notes and loans receivable, net 7 8 Inventories for sale or use 285 5,630 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment cost or 1,433,687 other basis Complete Part VI of Schedule D 10a 519,022 1,280,460 10b 10c b Less accumulated depreciation 11 11 Investments—publicly traded securities 12 Investments—other securities See Part IV, line 11 12 13 13 Investments-program-related See Part IV, line 11 14 Intangible assets 14 549,805 601,335 15 15 Other assets See Part IV, line 11 2,362,857 2,237,148 16 Total assets. Add lines 1 through 15 (must equal line 34) 97,495 35,713 17 17 Accounts payable and accrued expenses 18 Grants payable 18 17,525 39,914 19 19 Deferred revenue 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability Complete Part IV of Schedule D Loans and other payables to current and former officers, directors, Liabilities trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties 23 24 24 Unsecured notes and loans payable to unrelated third parties 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D 53,238 26 137,409 26 Total liabilities. Add lines 17 through 25 Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34 27 817,390 1,447,630 Unrestricted net assets 242,229 402,109 28 28 Temporarily restricted net assets 250,000 250,000 29 Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 Retained earnings, endowment, accumulated income, or other funds 2,099, 309,619 33 33 Total net assets or fund balances 2,237,148 362,857 Total liabilities and net assets/fund balances

Form	990 (2018) AMERICAN CABARET THEATRE, INC 31-1225154			Pac	ge <b>12</b>
	art XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				П
1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,05	52,	782
2	Total expenses (must equal Part IX, column (A), line 25)	2	$1,\overline{26}$	62,	<del>662</del>
3	Revenue less expenses Subtract line 2 from line 1	3	-20	09,	380
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	2,30	09,	619
5	Net unrealized gains (losses) on investments	5			
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 in Schedule O)	9			
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	2,09	99,	<u>739</u>
Pa	at XII Financial Statements and Reporting				_
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990 Cash X Accrual Other				ĺ
	If the organization changed its method of accounting from a prior year or checked "Other," explain in				
	Schedule O				
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				i
	reviewed on a separate basis, consolidated basis, or both				
	X Separate basis Consolidated basis Both consolidated and separate basis				;
b	Were the organization's financial statements audited by an independent accountant?		2b		<u>X</u>
	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				
	Separate basis Consolidated basis Both consolidated and separate basis				ř
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight				
	of the audit, review, or compilation of its financial statements and selection of an independent accountant?		2c	Χ	<del></del>
	If the organization changed either its oversight process or selection process during the tax year, explain in				
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in				ı
	the Single 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 audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			For	<b>- 990</b>	(2018)

#### SCHEDULE A (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

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

AMERICAN CABARET THEATRE, INC

Employer identification number 31-1225154

Schedule A (Form 990 or 990-EZ) 2018

Pa	πı	Reas	on for Public Charity	Status (All organizations	must co	omplete	this part ) See instruction	n <u>s</u>				
The o	rga	nization is not	a private foundation because	se it is (For lines 1 through 12,	check onl	y one box	:)	71				
1		A church, co-	nvention of churches, or ass	ociation of churches described	ın sectio	170(b)(	1)(A)(ı).	F) T				
2		A school des	scribed in section 170(b)(1)(	A)(ii) (Attach Schedule E (Forr	n 990 or 9	90-EZ))						
3 [		A hospital or	a cooperative hospital servi	ce organization described in se	ction 170	(b)(1)(A)	iii).					
4		A medical re-	search organization operate	d in conjunction with a hospital	described	ın sectio	on 170(b)(1)(A)(iii). Enter the h	nospital's name,				
		city, and stat	e									
5 [		An organizat	ion operated for the benefit of	of a college or university owned	or operat	ed by a g	overnmental unit described in					
	_	section 170(	(b)(1)(A)(ıv). (Complete Part	II)								
6		A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).										
7 (	X)	_	ion that normally receives a section 170(b)(1)(A)(vi). (C	substantial part of its support fr omplete Part II)	om a govi	ernmenta	l unit or from the general publi	С				
8		A community	trust described in section	1 <mark>70(b)(1)(A)(vı) (</mark> Complete Par	t II)							
9 (	$ \bot $	An agricultur	al research organization des	cribed in section 170(b)(1)(A)(	ix) operat	ed in con	junction with a land-grant colle	ge				
		or university university	or a non-land-grant college	of agriculture (see instructions)	Enter the	name, c	ty, and state of the college or					
10				1) more than 33 1/3% of its sup								
				npt functions—subject to certain								
				nd unrelated business taxable in 0, 1975 See section 509(a)(2)								
11	$\neg$	•	•	exclusively to test for public saf	•		•					
12	┪			exclusively for the benefit of, to				nses				
ا		-		-								
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g											
	a	Type I. A	supporting organization ope	erated, supervised, or controlled	d by its su	pported o	organization(s), typically by give	ing				
			•	ver to regularly appoint or elect		of the di	rectors or trustees of the					
				omplete Part IV, Sections A a								
	b			pervised or controlled in connection			• • • •					
			- ''	ting organization vested in the s Part IV, Sections A and C.	same pers	sons mai	control of manage the support	eu				
	С	Type III f	functionally integrated. A s	upporting organization operated				rith,				
	d			tructions) You must complete  I. A supporting organization ope				n(a)				
'	u			e organization generally must sa			• • • • •	* *				
			• •	nust complete Part IV, Section	•		•					
	е	Check th	is box if the organization rec	eived a written determination fro	om the IR	S that it is	s a Type I, Type II, Type III					
				n-functionally integrated suppor	ting organ	ızatıon						
	f		mber of supported organizati									
	g	Provide the fo	ollowing information about th	ie supported organization(s)	1			1				
(i) N		e of supported anization	(ii) EIN	(iii) Type of organization (described on lines 1–10		rganization ir governing	(v) Amount of monetary	(vi) Amount of other support (see				
	org	B1112811011		above (see instructions))		nent?	support (see instructions)	instructions)				
					Yes	No						
(A)												
(B)												
					<u> </u>							
(C)												
(D)		-										
(E)				-								
Cotal					1							

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ

Schedule A (Form 990 or 990-EZ) 2018 Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (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	tion A. Public Support										
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants").	435,575	417,249	541,234	1,801,752	609,561	3,805,371				
2	Tax revenues levied for the organization'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	435,575	417,249	541,234	1,801,752	609,561	3,805,371				
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)						710 605				
6	Public support. Subtract line 5 from line 4	-					710,685 3,094,686				
	tion B. Total Support				1		3,094,686				
	idar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total				
7	Amounts from line 4	435,575	417,249	541,234	1,801,752	609,561	3,805,371				
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	42,266	5,563	5,220	5,948	5,336	64,333				
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						3,869,704				
12	Gross receipts from related activities, etc	(see instructions)				12	2,065,432				
13	First five years. If the Form 990 is for the	organization's first,	second, third, fou	rth, or fifth tax year	as a section 501	c)(3)	_				
	organization, check this box and stop her						<b>•</b>				
	tion C. Computation of Public Su	<del>· · · · · · · · · · · · · · · · · · · </del>									
14	Public support percentage for 2018 (line 6	* *	•	ı (f))		14	79 97 <b>%</b>				
15	Public support percentage from 2017 Sche					15	71 26%				
16a	33 1/3% support test—2018. If the organ				3 1/3% or more, ch	neck this	<b>⊾</b> ⊽				
	box and stop here. The organization quali	, ,	• •			1 1	ightharpoons				
D	33 1/3% support test—2017 If the organi				is 33 1/3% or mo	re, cneck	▶ □				
172	this box and stop here. The organization of 10%-facts-and-circumstances test—201				or 16h and line	14 10					
174	10% or more, and if the organization meet										
b	Part VI how the organization meets the "fa organization  10%-facts-and-circumstances test—201	cts-and-circumstan	ces" test The orga	anization qualifies	as a publicly supp	orted	▶ 🗆				
	15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here.										
40	Explain in Part VI how the organization me supported organization			-		•	<b>•</b> [				
18	Private foundation If the organization did instructions	i not check a box of	т шпе тз, тоа, тбр	, i/a, or i/b, chec	K this box and see		<b>&gt;</b> _				

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 or if the organization fails to qualify under the tests listed below please complete Part II.)

	If the organization fails to	qualify under the	he tests listed	below, please o	complete Part I	1)	<u>/</u>
	tion A. Public Support	1		<del></del>			<del>,</del>
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 performed, 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 business under section 513		\				
4	Tax revenues levied for the organization'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						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons			X			
b	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						
С	Add lines 7a and 7b			\\			
8	Public support. (Subtract line 7c from			1	<u> </u>		
	line 6)	<u> </u>	L	<u> </u>	1	L	
	tion B. Total Support	1	1	\ 	1)	T	1
	ndar year (or fiscal year beginning in)	(a) 2014	/ (b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	/			1		
10a	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						
С	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, 10¢, 11, and 12)						
14	First five years If the Form 990 is for the		t, second, third, fo	urth, or fifth tax ye	ar as a section 50	1(c)(ǯ)	
	organization, check this box and stop her					\	<b>▶</b>
Sec	<u>tion C. Computation of Public Si</u>						
15	Public support percentage for 2018 (line 8			mn (f))		15	%
16	Public support percentage from 2017 Sch				·	16	<u>%</u>
	tion D. Computation of Investme						
17	Investment income percentage for 2018 (I			3, column (f))		47	%
18	Investment income percentage from 2017					18	<u> </u>
19a	33 1/3% support tests—2018. If the orga					•	<b>\</b>
	17 is not more than 33 1/3%, check this b		_				
b	33 1/3% support tests—2017. If the orga						
20	line 18 is not more than 33 1/3%, check the		=			=	- \ 【片
20	Private foundation. If the organization die	и посслеск а рох (	on line 14, 19a, or	ian, check this bo	ox and see instruct	แบทร	` \ ▶ ⊔

#### Part IV **Supporting Organizations**

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

Section	Δ	ΔΠ	Sunn	ortina	Organ	nizations
Section	ı M.	MII	Supp	Ji liniu	Organ	nzauons

- 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 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 (b) and (c) below
- Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and b satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination
- 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
- Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below
- 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
- 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)
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) 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)
- 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?
- Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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.
- 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)
- 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)
- Was the organization controlled directly or indirectly at any time during the tax year by one or more 9a 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.
- 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.
- 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 10b below
  - 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 )

	Yes	No
1_1_		
2		
3a		
3b		
3с		
4a		
4b		
4c	ļ	
F .		
<u>5a</u>		<del></del>
5b	ļ	
5c		
6		
7		
8		
9a		
9b		
9c		
10a		
100		
10b	90 or 990-	EZ) 2040
(Form 9	90 OF 990-	CZ) ZU18

ra	striv Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			<del></del>
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI 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 directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		ļ
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		
Sect	tion C. Type II Supporting Organizations			
		<b></b>	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			
	the supported organization(s)	1		
Sect	tion 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 (2), 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		
Sect	ion 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)			
а	The organization satisfied the Activities Test Complete line 2 below			
þ	The organization is the parent of each of its supported organizations. Complete line 3 below			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instruction)	tions)		
		1		
2	Activities Test Answer (a) and (b) below.	إا	Yes	No
а	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	2a		
b	Did the activities described in (a) 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	2b		
3	Parent of Supported Organizations Answer (a) and (b) below			
а	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? Provide details in Part VI.	3a		
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	3b		

Page 5

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting O		ons	7134 Fage 0
1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on			See
instructions All other Type III non-functionally integrated supporting organizations r			
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		<del></del>	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 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)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	·	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	······································	
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4	***************************************	
5 Income tax imposed in prior year	5	······································	
6 Distributable Amount Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functionally integrate		supporting organization (	see
, and the second	71/2	,,	

_Par	<b>t V</b> Type III Non-Functionally Integrated 509(a)(3	) Supporting Organiza	tions (continued)	·-
Sect	ion D - Distributions			Current Year
1_	Amounts paid to supported organizations to accomplish exempt pur	rposes		
2	Amounts paid to perform activity that directly furthers exempt purpo	ses of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purposes of su	pported organizations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
6_	Other distributions (describe in Part VI) See instructions		·	
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the organ			
	(provide details in Part VI) See instructions			
9_	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(ıiı) Dıstributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required-explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
<u>a</u>	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
<u>e</u>	From 2017			
f	Total of lines 3a through e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount		, , , , , , , , , , , , , , , , , , ,	
<u>    i                                </u>	Carryover from 2013 not applied (see instructions)			
1	Remainder Subtract lines 3g, 3h, and 3i from 3f		······································	
4	Distributions for 2018 from			
	Section D, line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			· · · · · · · · · · · · · · · · · · ·
<u>C</u>	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2018, 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 2018 Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2019 Add lines 3j			
	and 4c			
8	Breakdown of line 7	<u> </u>		
	Excess from 2014			
	Excess from 2015		//	} 
	Excess from 2016			
	Excess from 2017			
_	Excess from 2018	1		t .

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, Part III, line 12, 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 1 and 2, Part IV, Section C, 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 V, Section B, line 1e, Part V, Section D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE D** (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

OMB No 1545-0047

▶ Go to www irs gov/Form990 for instructions and the latest information. Inspection Name of the organization Employer identification number

Open to Public

Α	MERICAN CABARET THEATRE, INC			31-1225154					
Pa		Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.  Complete if the organization answered "Yes" on Form 990, Part IV, line 6							
	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 6							
		(a) Donor advised funds	(1	b) Funds and other accounts					
1	Total number at end of year								
2	Aggregate value of contributions to (during year)								
3	Aggregate value of grants from (during year)								
4	Aggregate value at end of year								
5	Did the organization inform all donors and donor advisors in writing that	the assets held in donor advised							
	funds are the organization's property, subject to the organization's exclusive			Yes No					
6	Did the organization inform all grantees, donors, and donor advisors in								
	only for charitable purposes and not for the benefit of the donor or donor	• •							
	conferring impermissible private benefit?	,, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		Yes No					
Pá	art II Conservation Easements.								
•	Complete if the organization answered "Yes" on F	Form 990, Part IV, line 7							
1	Purpose(s) of conservation easements held by the organization (check								
•	Preservation of land for public use (e.g., recreation or education)	Preservation of a historically imp	nortant land	d area					
	Protection of natural habitat	Preservation of a certified histor							
	Preservation of open space	Treservation of a certified filstor	ic structure	•					
2	Complete lines 2a through 2d if the organization held a qualified conser	evention contribution in the form of a cons	onvation						
2	easement on the last day of the tax year	valion contribution in the form of a cons	ervation	Held at the End of the Tax Year					
_	·			Held at the End of the Tax Tear					
a	Total number of conservation easements		2a						
b	Total acreage restricted by conservation easements		<u>2b</u>						
С.	Number of conservation easements on a certified historic structure inclination		2c	<u> </u>					
d	Number of conservation easements included in (c) acquired after 7/25/0	06, and not on a							
	historic structure listed in the National Register		2d						
3	Number of conservation easements modified, transferred, released, ex	tinguished, or terminated by the organiza	ation during	g the					
	tax year ▶								
4	Number of states where property subject to conservation easement is le	ocated ►							
5	Does the organization have a written policy regarding the periodic moni	toring, inspection, handling of							
	violations, and enforcement of the conservation easements it holds?			∐ Yes ∐ No					
6	Staff and volunteer hours devoted to monitoring, inspecting, handling or	f violations, and enforcing conservation (	easements	during the year					
	<b>&gt;</b>								
7	Amount of expenses incurred in monitoring, inspecting, handling of violation	ations, and enforcing conservation ease	ments duri	ng the year					
	<b>▶</b> \$								
8	Does each conservation easement reported on line 2(d) above satisfy t	he requirements of section 170(h)(4)(B)	(1)						
	and section 170(h)(4)(B)(ii)?			Yes No					
9	In Part XIII, describe how the organization reports conservation easeme	ents in its revenue and expense stateme	nt, and						
	balance sheet, and include, if applicable, the text of the footnote to the	organization's financial statements that o	describes t	the					
	organization's accounting for conservation easements								
Pa	art III Organizations Maintaining Collections of Art,		Similar	Assets.					
	Complete if the organization answered "Yes" on F	form 990, Part IV, line 8							
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), no	ot to report in its revenue statement and	balance sl	heet					
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of						
	public service, provide, in Part XIII, the text of the footnote to its financial	al statements that describes these items	3						
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to	report in its revenue statement and bala	ance sheet	t					
	works of art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	herance of						
	public service, provide the following amounts relating to these items								
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$					
	(ii) Assets included in Form 990, Part X		•	\$					
2	If the organization received or held works of art, historical treasures, or	other similar assets for financial dain or	rovide the	•					
-	following amounts required to be reported under SFAS 116 (ASC 958)	•	37.30 010						
а	Revenue included on Form 990, Part VIII, line 1	ionaling to these terms		\$					
	Assets included in Form 990, Part X			· «					
	_/ 100cto moduce in Form 550, Fart A			<u> </u>					

ocne	edule D (Form 990) 2018 AMERICAN (	ADAKEI II	EAIRE, INC		<u> </u>	<u> </u>			Page ∠
Pŧ	art III Organizations Maintaining	Collections of	Art, Historical Tr	easures,	or Othe	r Similar Asse	ts (cor	ntınued	)
3	Using the organization's acquisition, accession collection items (check all that apply)	n, and other records	s, check any of the foll	owing that ai	re a signifi	cant use of its			
а	Public exhibition	d 🔲 1	Loan or exchange prog	grams					
b	Scholarly research	е 🔲 (	Other						
С	Preservation for future generations								
4	Provide a description of the organization's coll	ections and explain	how they further the o	organization's	s exempt p	ourpose in Part			
	XIII								
5	During the year, did the organization solicit or	receive donations o	of art, historical treasur	es, or other	sımılar		_		_
	assets to be sold to raise funds rather than to		art of the organization	s collection?	) 			Yes	No
Pa	ert IV Escrow and Custodial Arra Complete if the organization a	_	on Form 990, Pa	rt IV, line 9	a, or repo	orted an amou	nt on F	orm	
	990, Part X, line 21								
1a	Is the organization an agent, trustee, custodial	n or other intermed	ary for contributions o	r other asset	s not		_	, ,	_
	included on Form 990, Part X?							Yes	No
b	If "Yes," explain the arrangement in Part XIII a	nd complete the fol	lowing table						
							Am	ount	
	Beginning balance					1c			
	Additions during the year					1d			
	Distributions during the year					1e			
	Ending balance					1f		1 F	<del></del>
	Did the organization include an amount on For				-		L	] Yes	- No
	If "Yes," explain the arrangement in Part XIII (	Check here if the ex	planation has been pr	ovided on Pa	art XIII		<del></del>		
Pa	ert V Endowment Funds.	anautored "Vee"	Farm 000 Ba		0				
	Complete if the organization a					(d) There were her		\ Causea.	- b - el -
4.	Parameter ( and below	(a) Current year	(b) Prior year	(c) Two yea		(d) Three years bac		Four years	
	Beginning of year balance	601,335	560,549	30	6,878	613,1	.20	011	<u>,071</u>
	Contributions						+		
C	Net investment earnings, gains, and	-17,155	74 463		7 700	-9,5	550	30	,721
a	Grants or scholarships	-17,133	74,463	2	27,709		,,,,,		, / 2 1
	Other expenditures for facilities and				+		$\dashv$		
•	programs	34,375	28,027		28,344	30,6	556	30	,553
f	Administrative expenses	34,373	5,650		5,694	6,0			,113
g	End of year balance	549,805	601,335	5,6	50,549	566,8		•	,126
2	Provide the estimated percentage of the current				00/010	300,0	. , 01		7120
a	Board designated or quasi-endowment	%	, time 1g, column (a))	noid do					
	Permanent endowment ► 45.47 %	,,							
		.53%							
	The percentages on lines 2a, 2b, and 2c should								
3a	Are there endowment funds not in the possess		tion that are held and	administered	for the				
	organization by	ŭ						Yes	No
	(i) unrelated organizations						38	a(ı) X	
	(ii) related organizations							a(II)	Х
b	If "Yes" on line 3a(ii), are the related organization	ions listed as requir	red on Schedule R?				3	3b	
4	Describe in Part XIII the intended uses of the o								
Pa	ert VI Land, Buildings, and Equip	ment.							
	Complete if the organization a	answered "Yes"	on Form 990, Par	rt IV, line 1	1a See	Form 990, Pa	irt X, lin	ie 10	
	Description of property	(a) Cost or other b		Ī		ccumulated		Book value	
		(investment)	(othe	r)	de	oreciation			
1a	Land								
b	Buildings								
С	Leasehold improvements		1,03	30,754		82,238		948,	516
d	Equipment			02,933		70,989		331,	944
е	Other								
otal	I. Add lines 1a through 1e (Column (d) must eq	ual Form 990, Part	X, column (B), line 10	c)		<b>•</b>	1,	,280,	460

Schedule D (	Form 990) 2018 AMERICAN CABARET THE	ATRE, INC	31-1225154	Page
Part VII	Investments—Other Securities.		<del></del>	
	Complete if the organization answered "Yes" or	n Form 990, Part IV, Iır	ne 11b See Form 990, Pa	t X, line 12
	(a) Description of security or category	(b) Book value	(c) Method of va	
	(including name of security)		Cost or end-of-year n	narket value
(1) Financial				
	neld equity interests			
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
	nn (b) must equal Form 990, Part X, col (B) line 12 ) ▶	.		
Part VIII	Investments—Program Related.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, Iir	ne 11c See Form 990, Pai	t X, line 13
	(a) Description of investment	(b) Book value	(c) Method of va	uation
			Cost or end-of-year n	narket value
<u>(1)</u>				
(2)		,		
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col (B) line 13 ) ▶			
Part IX	Other Assets.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, Iir	<u>ne 11d. See Form 990, Pai</u>	t X, line 15
	(a) Description			(b) Book value
(1)	CICF ENDOWMENT FUNDS			549,80
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	nn (b) must equal Form 990, Part X, col. (B) line 15.)		<b>&gt;</b>	549,80
Part X	Other Liabilities.			
	Complete if the organization answered "Yes" or	n Form 990, Part IV, Iir	ne 11e or 11f See Form 99	90, Part X,
	line 25			
1.	(a) Description of liability	(b) Book value		
(1) Federa	I income taxes			
(2)				
(3)				
(4)			1	
(5)			1	
(6)			1	
(7)			1	
(8)			1	
	<del></del>	<del>-  </del>	⊣	

(9)

Total. (Column (b) must equal Form 990, Part X, col (B) line 25 ) ▶

<sup>2.</sup> 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 FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

cne	dule D (Form 990) 2018 AMERICAN CABARET THEATRE,	<u> INC 31-</u>	1225154	Page
Pa	art XI Reconciliation of Revenue per Audited Financial S	tatements With Reveni	ue per Return.	
_	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	_
3	Subtract line 2e from line 1	3		
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		
b	Other (Describe in Part XIII )	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue Add lines 3 and 4c (This must equal Form 990, Part I, line 12)		5	
Pa	rt XII Reconciliation of Expenses per Audited Financial	Statements With Expen	ses per Return.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 12a		
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII )	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
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		
b	Other (Describe in Part XIII )	4b		

Supplemental Information.

c Add lines 4a and 4b

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 Part X - FIN 48 Footnote

Total expenses Add lines 3 and 4c (This must equal Form 990, Part I, line 18)

THE CABARET RECOGNIZES A TAX POSITION AS A BENEFIT ONLY IF IT IS MORE-LIKELY-THAN-NOT THAT THE POSITION WILL BE SUSTAINED UPON EXAMINATION, INCLUDING RESOLUTIONS OF ANY RELATED APPEALS OR LITIGATION PROCESS, BASED ON THE TAX POSITION'S TECHNICAL MERITS. AT DECEMBER 31, 2018, THE CABARET DID NOT RECOGNIZE A BENEFIT FROM ANY UNCERTAIN TAX POSITIONS. DIFFICULT TO PREDICT THE FINAL TIMING AND RESOLUTION OF ANY PARTICULAR UNCERTAIN TAX POSITIONS. BASED ON THE CABARET'S ASSESSMENT OF MANY FACTORS, INCLUDING PAST EXPERIENCE AND COMPLEX JUDGEMENTS ABOUT FUTURE EVENTS, THE CABARET DOES NOT CURRENTLY ANTICIPATE ANY SIGNIFICANT CHANGES IN ITS UNCERTAIN TAX POSITIONS OVER THE NEXT TWELVE MONTHS.

Part XIII Supplemental Information (continued)

Part XIII - Supplemental Financial Information PT X, LINE 2 UNDER THE TERMS OF A 1999 GRANT AGREEMENT, THE CABARET TRANSFERRED PERMANENTLY AND TEMPORARILY RESTRICTED DONOR FUNDS TO THE CENTRAL INDIANA COMMUNITY FOUNDATION (CICF) TO ESTABLISH AN ENDOWMENT FUND. UNDER THE TERMS OF THE ORIGINAL DONOR GRANT AGREEMENT, IN ANY CALENDAR YEAR, THE ANNUAL DISTRIBUTION FROM THE EARNINGS GENERATED BY THE ENDOWMENT SHALL NOT BE LESS THAN FIVE PERCENT (5%) OF THE ENDOWMENT VALUE, UNLESS A VOTE OF NOT LESS THAN THREE-FOURTHS OF THE CABARET'S BOARD OF DIRECTORS, A REPRESENTATIVE OF THE FOUNDATION (CICF) AND A REPRESENTATIVE OF THE INVESTMENT MANAGER (CICF) SHALL DETERMINE THE APPROPRIATE ANNUAL DISTRIBUTION FROM THE ENDOWMENT FUND.

#### SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ

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

2018

Open to Public

Employer identification number Name of the organization AMERICAN CABARET THEATRE, INC 31-1225154 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17 Form 990-EZ filers are not required to complete this part Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Special fundraising events Phone solicitations In-person solicitations Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (III) Did fund-(vi) Amount paid to (v) Amount paid to raiser have (i) Name and address of individual (iv) Gross receipts (or retained by) (or retained by) custody or (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization control of contributions? col (i) Yes No 10 Total

_	than \$15,000 of	vents. Complete if the organic fundraising event contribution preater than \$5,000		on Form 990, Part IV, line	
<b>6</b> )		(a) Event #1  THE NIGHT (event type)	(b) Event #2	(c) Other events  None (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	79,459			79,459
	Less Contributions     Gross income (line 1 minus line 2)	79,459			79,459
	4 Cash prizes				_
	5 Noncash prizes				
uses	6 Rent/facility costs				
Direct Expenses	7 Food and beverages				
Direc	8 Entertainment				
	9 Other direct expenses	32,137	<u> </u>		32,137
P	11 Net income summary Su art III Gaming. Comp	Add lines 4 through 9 in column (d) btract line 10 from line 3, column (d) plete if the organization answin Form 990-EZ, line 6a	)	Part IV, line 19, or repor	32,137 47,322 ted more
Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Ř	1 Gross revenue				
ses	2 Cash prizes		<del> </del>		
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs		<del></del>		
	5 Other direct expenses	Yes %	Yes %	Yes %	
	6 Volunteer labor	No No	No No	No No	
		Add lines 2 through 5 in column (d)		1	
	Enter the state(s) in which the	organization conducts gaming activities in each o	vities		Yes No
	Were any of the organization's	s gaming licenses revoked, suspend	ded, or terminated during the t	ax year?	Yes No

11	dule G (Form 990 or 990-EZ) 2018 AMERICAN CABARET THEATRE, INC  Does the organization conduct gaming activities with nonmembers?	31-12251		es	ge 3 No
12				es _	] 140
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?		$\sqcap$ $\checkmark$	es 🗀	No
13	· ·		<b>□</b> '	es	] 140
	Indicate the percentage of gaming activity conducted in	1120	1		0/
a	The organization's facility  An outside facility	13a			<u>%</u> %
b 14	An outside facility				70_
' -	Enter the name and address of the person who prepares the organization's gaming/special events books and records				
	Name ►				
	Address ▶				
15a	Does the organization have a contract with a third party from whom the organization receives gaming		ш.,	_	۱.,
1-	revenue?		Y	es [_	No
D	If "Yes," enter the amount of gaming revenue received by the organization > \$	and the			
	amount of gaming revenue retained by the third party ▶ \$ If "Yes," enter name and address of the third party				
С	Tres, enter hame and address of the tillid party				
	Name ▶				
	Address ▶				
16	Gaming manager information				
	Name ▶				
	Gaming manager compensation ▶ \$				
	Description of services provided ▶				
	☐ Director/officer ☐ Employee ☐ Independent contractor				
17	Mandatory distributions				
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?			es	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or				-
	spent in the organization's own exempt activities during the tax year ▶ \$				
Pai	rt iV Supplemental Information. Provide the explanations required by Part I, line 2b	, columns (III) and (	v), and		
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any a	additional information	n		
	See instructions				

#### **SCHEDULE 0** (Form 990 or 990-EZ)

### Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

▶ Attach to Form 990 or 990-EZ.

Name of the organization

▶ Go to www irs.gov/Form990 for the latest information.

AMERICAN CABARET THEATRE, INC

31-1225154

Employer identification number

Doing Business As - Addıtional Names D/B/A THE CABARET

Form 990, Part III, Line 4d - All Other Accomplishments Other program expenses

Form 990, Part VI, Line 11b - Organization's Process to Review Form 990 PT VI, LINE 11B A DRAFT OF FORM 990 WAS PROVIDED TO THE ARTISTIC DIRECTOR AND CEO, MANAGING DIRECTOR AND COO, BUSINESS MANAGER, BOARD CHAIR, AND TREASURER FOR REVIEW AND APPROVAL ON BEHALF OF THE BOARD OF DIRECTORS. THE COMPLETED FORM 990 AND SUPPORTING FORMS ARE THEN SUBMITTED TO THE ARTISTIC DIRECTOR AND CEO FOR SIGNATURE. THE COMPLETED FORM 990 AND SUPPORTING FORMS ARE THEN SENT TO THE FULL BOARD IN PDF FORMAT AND FILED WITH THE APPROPRIATE GOVERNMENT AGENCIES.

Form 990, Part VI, Line 12c - Enforcement of Conflicts Policy PT VI, LINE 12C ON AN ANNUAL BASIS, ALL BOARD MEMBERS SHALL BE PROVIDED WITH A COPY OF THE CONFLICT OF INTEREST POLICY AND ARE REQUIRED TO COMPLETE AND SIGN THE ACKNOWLEDMENT.

Form 990, Part VI, Line 15a - Compensation Process for Top Official PT VI, LINE 15A THE FINANCE COMMITTEE AND EXECUTIVE OFFICERS ANNUALLY REVIEW COMPENSATION OF KEY EMPLOYEES WHEN THE NEXT YEAR'S FISCAL BUDGET IS DEVELOPED. COMPARABILITY DATA FROM OTHER AREA ARTS ORGANIZATIONS OF SIMILAR SIZE AND STRUCTURE PROVIDE BENCHMARKS, DOCUMENTATION OF DELIBERATION AND

AMERICAN CABARET THEATRE, INC

Employer identification number

31-1225154

FINAL DECISION IS RECORDED AND RETAINED IN THE WRITTEN COMMITTEE REPORTS.

Form 990, Part VI, Line 15b - Compensation Process for Officers

THE FINANCE COMMITTEE AND EXECUTIVE OFFICERS ANNUALLY REVIEW COMPENSATION

OF KEY EMPLOYEES AT THE TIME THE NEXT YEAR'S FISCAL BUDGET IS DEVELOPED.

COMPARIBILITY DATA FROM OTHER AREA ARTS ORGANIZATIONS OF SIMILAR SIZE AND

STRUCTURE PROVIDE BENCHMARKS. DOCUMENTATION OF DELIBERATION AND FINAL

DECISION IS RECORDED AND RETAINED IN THE WRITTEN COMMITTEE REPORTS.

Form 990, Part VI, Line 19 - Governing Documents Disclosure Explanation PT VI, LINE 19 COPIES OF THE CURRENT AND MOST RECENT THREE YEARS FORM 990 WILL BE PROVIDED WITHIN THREE BUSINESS DAYS IN THE CASE OF IN-PEROSN REQUESTS. REQUESTS RECEIVED IN WRITING, BY PHONE, FAX, OR E-MAIL WILL BE HONORED BY PROVIDING THE CURRENT FORM 990, CONFLICT OF INTEREST POLICY, AND ANY ANNUAL REPORT IN THE PDF FORMAT VIA E-MAIL WITHIN THREE BUSINESS DAYS.