		PUB	LIC DISCLOS	SURE	COPY	- ST.	ATE REGIS	STRATI	ION NO.	05-15-'	
	Ω	00	Return	of O	rganiza	atior	I Exempt	From	Income	Tax	OMB No. 1545-0047
Form <b>990</b> Form <b>990</b> 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.						<b>2018</b>					
		of the Treasury enue Service				-					Open to Public Inspection
			ar year, or tax year k				r instructions an 2018 and		JUN 30,		Inspection
_	Check if		f organization	Jeginni	ig COL	±,		a chang			tion number
	applicab	ole:	organization								
	Addr		LO THEATER	FOU	DATIO	N, I	NC.				
	Name Chan	ge Doing b	usiness as							13-363	30066
	Initial returr	Number	and street (or P.O. bo			d to stree	t address)	Room/su	ite E Telephor		1 5200
	Final returr termi	ň.,	WEST 125TH								31-5300 19,344,294.
	ated Amer	nded NTETAT	own, state or province YORK , NY	e, count 10027		or foreig	n postal code		G Gross recei		
	returr Appli		nd address of princip			LE P	ROCOPE			a group retu oordinates?	
	tiòn pend		AS C ABOVE								
<u> </u>	Tax-e>			i01(c) (	) 🖌 (	(insert no	.) 4947(a)(1	) or 📃 5			t. (see instructions)
J١	Webs	ite: 🕨 WWW .	APOLLOTHEAT	rer.c	ORG			,		exemption r	
Κ	<sup>=</sup> orm o	f organization:	X Corporation	Trust	Associa	ation	Other 🕨	LYe	ar of formation:	<b>1991 м</b> в	itate of legal domicile: ${f NY}$
Pa	art I	Summary									
ġ	1	Briefly describ	e the organization's r	mission (	or most sigr	nificant a	ctivities: SEE	SCHEI	DULE O		
Activities & Governance											
ern	2	Check this bo	x 🕨 🛄 if the org	anizatio	n discontinu	ied its o	perations or disp	osed of m	ore than 25% of		
Š	3		ting members of the g	-							28
~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	4		ependent voting mer								27
ies	5		of individuals employ								497
tivit	6		of volunteers (estimat								27
Act			d business revenue fr								0. -250.
	b	Net unrelated	business taxable inco	ome fror	n Form 990-	T, line 3	8				
		o						F	Prior Yea 10,502		Current Year 12, 392, 785.
an	8		and grants (Part VIII,					Г	6,703		5,325,249.
Revenue	9	-	ce revenue (Part VIII,						0,705	147.	237.
Re	10		come (Part VIII, colum e (Part VIII, column (A)						390	,663.	472,296.
	11		- add lines 8 through					E CONTRACTOR OF CONTRACTOR OFO	17,597		18,190,567.
	13		nilar amounts paid (P						11,007	0.	0.
	14		to or for members (Pa							0.	0.
ú			compensation, empl						8,552	-	8,671,510.
Expenses			undraising fees (Part			10)				0.	0.
per			ng expenses (Part IX				2,266,1	156.		-	-
щ			es (Part IX, column (A			-			9,016	,623.	8,701,352.
	18		s. Add lines 13-17 (m						17,569		17,372,862.
	19		expenses. Subtract li							,108.	817,705.
or			•						Beginning of Cur		End of Year
Net Assets or Fund Balances	20	Total assets (I	Part X, line 16)					Г	45,791	,326.	47,113,769.
dB	21		(Part X, line 26)					Г	2,299		2,803,855.
Fun	22	Net assets or	fund balances. Subtr						43,492	,209.	44,309,914.
	art II	Signatur	e Block								
						-				-	nowledge and belief, it is
true	, corre	ct, and complete	Declaration of preparer	(other th	an officer) is	based on	all information of v	which prepa	irer has any knowl	edge.	

Sign Here	Signature of officer JONELLE PROCOPE, PRESI Type or print name and title	DENT	Date
Paid	Print/Type preparer's name DONALD SHAEFITZ	Preparer's signature Dat	e Check PTIN
Preparer	Firm's name <b>LUTZ AND CARR</b> , C		Firm's EIN 13-1655065
Use Only	Firm's address 551 FIFTH AVENUE NEW YORK, NY 101		Phone no. 212-697-2299
May the I	RS discuss this return with the preparer shown abo	ove? (see instructions)	X Yes No

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2018)

			FOUNDATIO	<u>1, IN</u>	NC.	13-363	30066	Paç
Pai	rt III Statement of Program Ser		•	4 111				
1	Check if Schedule O contains a res Briefly describe the organization's missio		e to any line in this P	art III	<u></u>		<u></u>	
	SEE SCHEDULE O							
2	Did the organization undertake any signif	icant program	services during the	year whi	ich were not li	sted on the		
							Yes	X
_	If "Yes," describe these new services on						<u> </u>	v
3	Did the organization cease conducting, o		cant changes in how	it condu	ucts, any prog	ram services?	Yes	L X
4	If "Yes," describe these changes on Scho Describe the organization's program serv		hments for each of i	s three l	largest progra	m services, as measured b	v expense	s.
	Section 501(c)(3) and 501(c)(4) organizati							
	revenue, if any, for each program service	reported.						
4a	(Code: ) (Expenses \$ 10,4	475,328	• including grants of \$			) (Revenue \$	5,325,	24
	2018 - 2019 PERFORMI	NG ARTS	PROGRAMS					
	FY 2019 WAS THE APOL	LO'S 85'	TH ANNIVER	SARY	SEASON	AND IT CELEBR	RATED	IT
	LEGACY THROUGHOUT THI	E YEAR.						
	AMATEUR NIGHT RUNS ANNUALLY ON WEDI			<u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u><u></u></u>				
	EMERGING TALENT, WITH							
	THE 2018-2019 SEASON							
	AT 50! CELEBRATING TH							
	ANTHEM. THE CONCERT,							'IA
	MCBRIDE, INCLUDED AN						2	
4b	(Code: ) (Expenses \$ 3 , 2 EDUCATION AND COMMUN	ZUI,UIS	• including grants of \$			) (Revenue \$		
	THE APOLLO REMAINS A							
	THE 125TH STREET COR							
	200,000, INCLUDING HA		ND NEW YOR	( RES	SIDENTS	AS WELL AS NA	ATIONA	Ч
	AND INTERNATIONAL TO	SKIDID.						
	IN ADDITION TO PERFOR	RMING A	RTS, THE A	POLLC	O OFFER	S COMMUNITY PI	ROGRAM	IS
	THAT ADDRESS IMPORTAN							
	INCLUDING: THE ANNUAL							UΑ
	OPEN HOUSE; APOLLO HE SERIES FOSTERING DIA							λ
40	(Code:) (Expenses \$							
	(codc) (Expenses #					) (nevenue ¢		
4d	Other program services (Describe in Sch	edule O.)						
		including grants o	f\$ 76 211		) (Revenue \$		)	
4e	Total program service expenses 🕨	13,6	76,341.				Form <b>S</b>	
3200	2 12-31-18	SEE	SCHEDULE O	FOR	CONTIN	JATION(S)	Form S	,90(
			2					
50	312 759420 133630066	201	8.05051 AF	OLLO	THEATE	R FOUNDATION,	133	63

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Form	990	(2018)

 Form 990 (2018)
 APOLLO THEATER FOUNDATION, INC.

 Part IV
 Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect		х	
-	during the tax year? If "Yes," complete Schedule C, Part II	4		<u> </u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		- 23
6	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,	0		
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	- '		
0	Schedule D, Part III	8	х	
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
Ū	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or 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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VII, 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	Х	
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		X
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		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			v
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		х	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		x
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X
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15350312 759420 133630066 2018.05051 APOLLO THEATER FOUNDATION, 13363001

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Form 990 (2018)
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Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		37	
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	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		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
06		200		
26	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, biohest componented employees, or discuslified persons 2 if "Yes,"			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			x
07	complete Schedule L, Part II	26		
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			v
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
2	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
00	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
07		37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	- 07		
00	Note. All Form 990 filers are required to complete Schedule O	38	х	
Par		00		
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
10	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 146		103	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	-		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
U		10	х	
00000	(gambling) winnings to prize winners?	<b>1</b> c		(2018)
a32004	↓ 12-31-18 <b>4</b>	FOLL	550	(2018)

15350312 759420 133630066 2018.05051 APOLLO THEATER FOUNDATION, 13363001

Form 990	1== · • •		FOUNDATION	mpliance (continued)

			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 497						
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х				
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)						
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X			
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b					
4a	<b>4a</b> At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a						
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?						
D	If "Yes," enter the name of the foreign country:						
۶a	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		х			
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X			
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c					
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 contributions or gifts						
	were not tax deductible?	6b					
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 goods and services provided to the payor?	7a	Х				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х				
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required						
	to file Form 8282?	7c		X			
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			х			
е	e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?						
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f 7g		X			
g							
h							
8	8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the						
9	sponsoring organization have excess business holdings at any time during the year?						
э а	Sponsoring organizations maintaining donor advised funds. 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:	0.0					
а	Initiation fees and capital contributions included on Part VIII, line 12 10a						
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b						
11	Section 501(c)(12) organizations. Enter:						
а	Gross income from members or shareholders 11a						
b	Gross income from other sources (Do not net amounts due or paid to other sources against						
	amounts due or received from them.)						
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a					
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	-					
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	40					
а	Is the organization licensed to issue qualified health plans in more than one state?	13a					
h	<b>Note.</b> 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						
c	organization is licensed to issue qualified health plans       13b         Enter the amount of reserves on hand       13c						
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X			
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b					
15 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration 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 income?	16		Х			
	If "Yes," complete Form 4720, Schedule O.						

Form **990** (2018)

832005 12-31-18

Form 990	(2018)	)
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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					
ect	tion A. Governing Body and Management					Т
		т. т	2	٥ <b></b>	Yes	╀
	Enter the number of voting members of the governing body at the end of the tax year	<b>1</b> a	2	8		l
	If there are material differences in voting rights among members of the governing body, or if the governing					l
	body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.			_		I
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2	7		I
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	ip with any	y other			
	officer, director, trustee, or key employee?			2		
3	Did the organization delegate control over management duties customarily performed by or under th	ne direct s	upervision			
	of officers, directors, or trustees, or key employees to a management company or other person?			3		
	Did the organization make any significant changes to its governing documents since the prior Form					Ī
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		I
	Did the organization have members or stockholders?			6		1
	Did the organization have members, stockholders, or other persons who had the power to elect or a					1
	more members of the governing body?			7a		
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	stockholde	ers or	74		t
				7b		
	Did the organization contemporaneously document the meetings held or written actions undertaken during the ye			10		ł
		-	-	0-	x	I
a	The governing body?			8a	X	┦
	Each committee with authority to act on behalf of the governing body?			8b		┦
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					ļ
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		
ect	tion B. Policies (This Section B requests information about policies not required by the Internal R	levenue C	ode.)			
					Yes	_
	Did the organization have local chapters, branches, or affiliates?			10a		_
	If "Yes," did the organization have written policies and procedures governing the activities of such c					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy before f	filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise	e to conflict	s?	12b	Х	Ι
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "V					1
	in Schedule O how this was done			12c	Х	
	Did the organization have a written whistleblower policy?				Х	1
	Did the organization have a written document retention and destruction policy?				Х	1
	Did the process for determining compensation of the following persons include a review and approv					t
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		pendent			
				45-	х	l
	The organization's CEO, Executive Director, or top management official				X	
	Other officers or key employees of the organization			15b	Λ	╁
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ment with	a			ł
	taxable entity during the year?			16a		1
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the orga	inization's				
	exempt status with respect to such arrangements?			16b		
ect	tion C. Disclosure					
ect						
ect	tion C. Disclosure	nd 990-T (	Section 501(c)(	3)s only	) avail	a
ect 7 8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply	nd 990-T (	Section 501(c)(	3)s only	) avail	a
ect 7 8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an			3)s only	) avail	e
ect 7 8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain)	n in Sched	lule O)			a
iect 7 8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply	n in Sched	lule O)			a
ect 7 8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year.	n in Sched	<i>lule O)</i> hterest policy, ar			a
ect 7 8	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	n in Sched	<i>lule O)</i> hterest policy, ar			a
ect 7 8 9	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ►NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo THE ORGANIZATION - (212)531-5307	n in Sched	<i>lule O)</i> hterest policy, ar			a
9 0	tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, an for public inspection. Indicate how you made these available. Check all that apply. Own website Another's website X Upon request Other (explain Describe in Schedule O whether (and if so, how) the organization made its governing documents, co statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's bo	n in Sched	<i>lule O)</i> hterest policy, ar	nd finan		

Part VII	Compensation of Officer	s, Directors,	Trustees,	Key Employees,	Highest	Compensated
	Employees, and Indepen	dent Contrac	ctors			

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

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

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.

(A)	(B)	(C)		(D)	(E)	(F)				
Name and Title	Average	(do		Pos		) than	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an	nd a d I	recto	or/trus	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or dir	æ			tted		organization	(W-2/1099-MISC)	from the
	related	stee	ruste			cen se		(W-2/1099-MISC)		organization
	organizations	al tru	onal t		oloye	co m				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) RICHARD PARSONS	line)	Ĕ	ű	9	ъ З	ΞË	요			
CHAIRMAN	1.00	x		x				0.	0.	0.
	1.00	~						0.	0.	0.
(2) WILLIE E. WOODS	1.00			37						0
TREASURER	1 00	X		X				0.	0.	0.
(3) DAISEY M. HOLMES	1.00									
SECRETARY		Х		Х				0.	0.	0.
(4) RONALD O. PERELMAN	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(5) CHARLES PHILLIPS	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(6) NIKKI A. BETHEL	1.00									
MEMBER		Х						0.	0.	0.
(7) TINA R. DAVIS	1.00									
MEMBER		X						0.	0.	0.
(8) JOHN D. DEMSEY	1.00									
MEMBER		Х						0.	0.	0.
(9) T. TROY DIXON	1.00									
MEMBER		Х						0.	0.	0.
(10) YOLANDA FERRELL-BROWN	1.00									
MEMBER		Х						0.	0.	0.
(11) MAYA L. HARRIS	1.00									
MEMBER		Х						0.	0.	0.
(12) PAUL TUDOR JONES II	1.00									
MEMBER		X						0.	0.	0.
(13) ROBERT K. KRAFT	1.00									
MEMBER		X						0.	0.	0.
(14) LOIDA NICOLAS LEWIS	1.00									
MEMBER		X						0.	0.	0.
(15) CAROLYN MINICK MASON	1.00									
MEMBER		X						0.	0.	0.
(16) RACQUEL ODEN	1.00									
MEMBER		х						0.	0.	0.
(17) KAREN L. PAVLIN	1.00									
MEMBER		Х						0.	0.	0.
832007 12-31-18										Form <b>990</b> (2018)

832007 12-31-18

15350312 759420 133630066

7 2018.05051 APOLLO THEATER FOUNDATION, Form 990 (2018)

Form 990 (	2018)
Dort VII	•

APOLLO THEATER FOUNDATION, INC. 13-3630066 Page 8

Part \	/II Section A. Officers, Directors, Tru	stees, Key Em	ploy	rees	, an	d Hi	ighe	st (	Compensated Employe	es (continued)				
	(A)	(B)				C)			(D)	(E)			(F)	
	Name and title	Average	Position (do not check more than one					000	Reportable	Reportable		Es	timate	əd
		hours per	box	, unle	ss pe	erson	is bot	h an	compensation	compensatio	n	am	nount	of
		week	<u> </u>	cer an	id a c I	irecto	or/trus	stee)	from	from related			other	
		(list any hours for	recto						the	organization			pensa	
		related	e or di	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	5C)		om th	
		organizations	rustee	l trus		ee	npen		(00-2/1099-00130)			•	anizat d relat	
		below	Individual trustee or director	Institutional trustee		nploy	st coi	5					nizati	
		line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				0		
(18) V	ERDUN PERRY	1.00				<u> </u>								
MEMBER			X						0.		0.			0.
(19) J	OANN PRICE	1.00												
MEMBER			X						0.		0.			0.
(20) M	ARCUS SAMUELSSON	1.00												
MEMBER			Х						0.		0.			0.
(21) L	ESLIE M. UGGAMS	1.00												
MEMBER			Х						0.		0.			0.
(22) B	RONSON VAN WYCK	1.00												
MEMBER			Х						0.		0.			0.
(23) D	AWANNA WILLIAMS	1.00												
MEMBER			Х						0.		0.			0.
(24) P	HARRELL WILLIAMS	1.00	1											-
MEMBER			Х						0.		0.			0.
(25) P	ATRICIA MILLER ZOLLAR	1.00	l											
MEMBER			X						0.		0.			0.
	LFRED C. LIGGINS, III	1.00	l											•
MEMBER			Х						0.		0.			0.
	ub-total								0.		0.			0.
	otal from continuation sheets to Part V								1,555,793.		0.		<u>/,8</u>	15.
	otal (add lines 1b and 1c)								1,555,793.		0.	9	7,8	15.
	otal number of individuals (including but	not limited to th	nose	liste	ed a	bov	e) wł	no r	received more than \$100	,000 of reportabl	e			•
C	ompensation from the organization												Vee	9 No
											ſ		Yes	NO
	id the organization list any <b>former</b> officer												х	
	e 1a? If "Yes," complete Schedule J for											3	<u> </u>	
	or any individual listed on line 1a, is the s												х	
	nd related organizations greater than \$15											4	<u></u>	<u> </u>
	d any person listed on line 1a receive or											5		x
	ndered to the organization? If "Yes," cor n B. Independent Contractors	ripiete Schedul	eji	01 50	JCH	pers	5011					5		- 21
	omplete this table for your five highest c	ompensated in	dene	ande	nt c	ont	racto	ors f	that received more than	\$100.000 of com	Inens	ation f	rom	
	e organization. Report compensation for	-									pono	200111		
	(A)	, and callendary			<u>g</u> .				(B)	,		(C	;)	
	Name and busines	s address							Description of s	ervices	С	omper		n
COMM	UNITY COUNSELING SER	VICE, 52	27	MZ	AD:	IS	ON		FUNDRAISING	CAMPAIGN				
AVEN	UE, 5TH FLOOR, NEW Y	ORK, NY	1(	002	22				CONSULTANTS			69	3,5	00.
	ON MEDIA SERVICES, L												-	
	ONE DRIVE, WEST ORAN		070	052	2				MARKETING			31	1,9	69.
ARTS	MANAGER, DEVOS INST	ITUTE O	F 2	AR	٢S	M	ANZ	AG	STRATEGIC PL	ANNING &				
1300	PENNSLYVANIA AVENUE	NW, SU	ITI	Ξ 4	11(	Ο,	WZ	AS	COO CONSULTI	NG		10	5,9	25.
<b>2</b> To	otal number of independent contractors	(including but r	not li	mite	d to		~	steo	d above) who received m	nore than				
	100,000 of compensation from the organ		<del></del>	<b></b>			3	777					000	
	SEE PART VII, SECTIO	IN A CON	τ. Τ Ι	NUA	<del>7</del> .Т.	TOI	IN S	SH.	eets			Form	990 (	2018)
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Form 990 APOLLO TH						_			13-363	0066
Part VII Section A. Officers, Directors, Tru	istees, Key Ei	mplo	oyee	es, a	nd H	ligh	est		ees (continued)	
(A)	(B)			(0	C)			(D)	(F)	
Name and title	Average			Pos	ition	l I		Reportable	Reportable	Estimated
	hours	(c	heck	k all i	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	5				loyee		the	organizations	compensation
	(list any hours for	direct				d emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or	stee			nsate		(** 2/1000 10100)		and related
	organizations	truste	al tru:		yee	mper				organizations
	below	Individual trustee or director	Institutional trustee	er	Key employee	Highest compensated employee	ıer			-
	line)	Indiv	Insti	Officer	Key	High	Former			
(27) JONELLE PROCOPE	35.00									
PRESIDENT & CEO				X				269,162.	0.	11,175.
(28) ALDO SCROFANI	35.00									
C00				Х				180,000.	0.	0.
(29) KAMILAH FORBES	35.00									
EXECUTIVE PRODUCER				Х				190,510.	0.	7,620.
(30) MICHELE PAGNOTTA (THROUGH 11/20	35.00									
SR. DIRECTOR OF FINANCE				X				170,221.	0.	19,084.
(31) KELLY MCKAIG (AS OF 3/2019)	35.00									
SR. DIRECTOR OF FINANCE				Х				0.	0.	0.
(32) DONNA LIEBERMAN	35.00									
SR. DIRECTOR OF DEVELOPMENT						Х		186,778.	0.	15,618.
(33) LAURA E. GREER	35.00									
ASSOCIATE PRODUCER						Х		144,082.	0.	14,138.
(34) NEIL J. LEVY	35.00									
GENERAL MANAGER						Х		155,164.	0.	13,936.
(35) JING HE	35.00									
CHIEF OF STAFF						Х		118,278.	0.	12,979.
(36) JACQUES BRUNSWICK	35.00									
FORMER OFFICER - 2018 REAL ESTATE PR							Х	141,598.	0.	3,265.
		-								
Total to Dart VII Section A line 1-								1,555,793.		97,815.
Total to Part VII, Section A, line 1c										J1,01J.

04-01-18

15350312 759420 133630066 2018.05051 APOLLO THEATER FOUNDATION, 13363001

Form 990 (2	2018)	) APOLLO
Part VIII		Statement of Revenue

		Check if Schedule O cont	ains a res	oonse	or note to any lin	e in this Part VIII			
						<b>(A)</b> Total revenue	<b>(B)</b> Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts Its	1 a	Federated campaigns		la					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	Г	lb					
s, G		Fundraising events		lc	5,080,711.				
ar ,				ld					
inil inil		Government grants (contribut		le	771,300.				
rion r S	f	All other contributions, gifts, gran	ts, and						
ibut		similar amounts not included abo	ve	lf	6,540,774.				
d df	g	Noncash contributions included in lines	a 1a-1f: \$		179,213.				
aS	h	Total. Add lines 1a-1f			🕨	12,392,785.			
					Business Code				
e	2 a	ADMISSIONS			711300	2,738,273.	2,738,273.		
le rvi	b	FACILITY RENTAL			711300	2,489,226.	2,489,226.		
Program Service Revenue	С	LICENSING FEES			900099	97,750.	97,750.		
Rev	d								
jor L	е								
₽.	f	All other program service reve							
	g	Total. Add lines 2a-2f				5,325,249.			
	3	Investment income (including		·	<i>,</i>	0.25			0.25
		other similar amounts)				237.			237.
	4	Income from investment of ta			· · · ·				
	5	Royalties							
	6 0	Cross rents	(i) Re	a	(ii) Personal				
		Gross rents							
	U Q	Less: rental expenses							
	C A	Rental income or (loss)							
		Net rental income or (loss)							
	7 a	Gross amount from sales of	(i) Secu	nues	(ii) Other				
	h	assets other than inventory Less: cost or other basis							
	b	and sales expenses							
	<u>د</u>	Gain or (loss)							
		Net gain or (loss)							
		Gross income from fundraisin							
nue	0 4	including \$ 5,080,711. of							
Other Reven		contributions reported on line							
r B		Part IV, line 18		а	996,594.				
the	b	Less: direct expenses							
0		Net income or (loss) from fund			►	Ο.			
		Gross income from gaming ac							
		Part IV, line 19		a					
	b	Less: direct expenses							
	с	Net income or (loss) from gam	ning activit	ies .	►				
	10 a	Gross sales of inventory, less	returns						
		and allowances		a	549,282.				
	b	Less: cost of goods sold		b	157,133.				
	с	Net income or (loss) from sale	s of inven	tory .	►	392,149.			392,149.
		Miscellaneous Revenu	ie		Business Code				
	11 a	MISCELLANEOUS INCOME			900099	80,147.			80,147.
	b				ļļ				
	С				ļļ				
		All other revenue							
		Total. Add lines 11a-11d				80,147.	E 205 040	-	450 535
	12	Total revenue. See instructions			►	18,190,567.	5,325,249.	0	
83200	9 12-3	1-18							Form <b>990</b> (2018)

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Part IX Statement of Functional Expenses

APOLLO THEATER FOUNDATION, INC.

	Check if Schedule O contains a respon	se or note to any line in	this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	<b>(B)</b> Program service expenses	<b>(C)</b> Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	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,		200 610	016 600	125 200
	trustees, and key employees	742,629.	390,618.	216,622.	135,389.
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	<b>R</b> 220 400	F 600 001		1 105 014
7	Other salaries and wages	7,330,499.	5,689,831.	515,454.	1,125,214.
8	Pension plan accruals and contributions (include			24 1 60	
~	section 401(k) and 403(b) employer contributions)	343,700.	266,775.	24,168.	52,757
9	Other employee benefits	227,816.	192,713.	21,983.	13,120
10	Payroll taxes	26,866.	20,268.	2,408.	4,190.
11	Fees for services (non-employees):				
	Management	17 710	16 700	10 006	11 025
		47,740. 64,213.	16,709. 7,706.	19,096. 56,507.	11,935.
	Accounting	04,213.	7,700.	50,507.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	۲۰۰۰۰۰۰۰۰۰ ۲				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)	1,487,859.	1,298,983.	31,473.	157,403.
40		363,168.	357,998.	154.	5,016.
12 12	Advertising and promotion	1,109,571.	847,005.	93,584.	168,982
13 14	Office expenses Information technology	1,100,071.	047,003.	55,5040	100,902
14 15					
15 16	Royalties	499,576.	191,300.	181,407.	126,869.
17	Occupancy Travel	591,576.	534,997.	15,404.	41,175.
17 18	Payments of travel or entertainment expenses				,
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	109,790.	28,425.	29,071.	52,294.
21	Payments to affiliates	,,-	.,	_ ,	- ,
22	Depreciation, depletion, and amortization	1,549,470.	1,549,470.		
23	Insurance	232,861.	81,492.	93,128.	58,241.
24	Other expenses. Itemize expenses not covered	-			
	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 0.)				
а	PROFESSIONAL EMPLOYEE O	1,508,573.	1,206,858.	120,686.	181,029.
b		672,727.	666,974.	3,540.	2,213.
c	OTHER EXPENSES	282,326.	218,332.	3,478.	60,516.
d	HOSPITALITY	181,902.	109,887.	2,202.	69,813.
e	All other expenses				· · ·
25	Total functional expenses. Add lines 1 through 24e	17,372,862.	13,676,341.	1,430,365.	2,266,156.
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

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11 2018.05051 APOLLO THEATER FOUNDATION, Form **990** (2018)

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15350312 759420 133630066

APOLLO THEATER FOUNDATION, INC.

13-3630066 Page 11

		Check if Schedule O contains a response or not	e to any line in this Part X			
				<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		768,376.	1	286,280.
	2	Savings and temporary cash investments				2,151,845.
	3	Pledges and grants receivable, net			3	6,754,182.
	4	Accounts receivable, net			4	568,619.
	5	Loans and other receivables from current and for				
		trustees, key employees, and highest compensation				
		Part II of Schedule L			5	
	6	Loans and other receivables from other disquali				
		section 4958(f)(1)), persons described in section				
		employers and sponsoring organizations of sect	ion 501(c)(9) voluntary	-		
ţ		employees' beneficiary organizations (see instr).	Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	8	Inventories for sale or use			8	97,935.
	9	Prepaid expenses and deferred charges		148,691.	9	231,997.
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D	10a 53,880,804	4.		
	b	Less: accumulated depreciation	10b 17,607,68	5. 37,378,519.	10c	36,273,118.
	11	Investments - publicly traded securities			11	
	12	Investments - other securities. See Part IV, line 1	1		12	
	13	Investments - program-related. See Part IV, line	11		13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11				749,793.
	16	Total assets. Add lines 1 through 15 (must equa				47,113,769.
	17	Accounts payable and accrued expenses				1,261,744.
	18	Grants payable		001 001	18	
	19	Deferred revenue				342,111.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete I			21	
Liabilities	22	Loans and other payables to current and former				
bilid		key employees, highest compensated employee				
Lia	~	Complete Part II of Schedule L			22	1,200,000.
	23	Secured mortgages and notes payable to unrela				1,200,000
	24 25	Unsecured notes and loans payable to unrelated			24	
	25	Other liabilities (including federal income tax, par parties, and other liabilities not included on lines				
					25	
	26	Schedule D Total liabilities. Add lines 17 through 25		2,299,117.		2,803,855.
	20	Organizations that follow SFAS 117 (ASC 958			20	_,,
ŝ		complete lines 27 through 29, and lines 33 an				
nce	27	Unrestricted net assets		38,458,719.	27	36,491,290.
alaı	28	Temporarily restricted net assets				7,768,624.
dB	29	<b>E</b>		<u> </u>		50,000.
'n		Organizations that do not follow SFAS 117 (A		]		
or F		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
SS	31	Paid-in or capital surplus, or land, building, or eq			31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32	
ž	33	Total net assets or fund balances		43,492,209.		44,309,914.
	34	Total liabilities and net assets/fund balances			34	47,113,769.
						Eorm <b>990</b> (2018

Part X Balance Sheet

Form	APOLLO THEATER FOUNDATION, INC.	13-36	530066	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	18,190		
2	Total expenses (must equal Part IX, column (A), line 25)	2	17,372		
3	Revenue less expenses. Subtract line 2 from line 1	3		7,70	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	43,492	2,20	09.
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			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	44,309	9,91	14.
Pa	rt 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		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		<b>2</b> a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		<b>2</b> b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	•			
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				
			Form	uan #	0010

Form **990** (2018)

832012 12-31-18

13 15350312 759420 133630066 2018.05051 APOLLO THEATER FOUNDATION, 13363001

SCHEDULE A	
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1	(Form	990	or	990-	F7
J		550		550	

# 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.

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service			►		Attach to Form 990 or F v/Form990 for instructi			nformation.		Open to Public Inspection	
Nam	e of t	he organizati	on						Employer	identification number	ər
					FOUNDATION,					3-3630066	
Pa	rt I	Reason	for Public	Charity Status (	All organizations must co	omplete th	iis part.) Se	ee instruction	S.		
The	organ	ization is not a	a private found	dation because it is:	(For lines 1 through 12, o	check only	one box.)				
1		A church, co	nvention of ch	urches, or associati	on of churches describe	d in <b>sectic</b>	on 170(b)(*	1)(A)(i).			
2		A school des	cribed in <b>sect</b> i	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990 or 9	90-EZ).)				
3		A hospital or	a cooperative	hospital service org	anization described in <b>s</b> e	ection 170	)(b)(1)(A)(i	ii).			
4		A medical res	search organiz	ation operated in co	njunction with a hospita	l describe	d in <b>sectio</b>	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,	
		city, and stat	e:								
5		An organizati	on operated fo	or the benefit of a co	ollege or university owne	d or opera	ted by a g	overnmental	unit descrik	ped in	
		section 170	( <b>b)(1)(A)(iv).</b> (C	Complete Part II.)							
6		A federal, sta	te, or local go	vernment or governi	mental unit described in	section 1	70(b)(1)(A)	(v).			
7		An organizati	on that norma	ally receives a substa	antial part of its support f	from a gov	rernmental	unit or from	the general	public described in	
		section 170(	<b>b)(1)(A)(vi).</b> (C	omplete Part II.)							
8		A community	trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)					
9		An agricultur	al research org	ganization described	l in section 170(b)(1)(A)(	ix) operat	ed in conju	inction with a	land-grant	college	
		or university	or a non-land-ç	grant college of agrid	culture (see instructions).	Enter the	name, cit	y, and state o	of the colleg	je or	
		university:									
10	X	An organizati	on that norma	ally receives: (1) more	e than 33 1/3% of its sup	port from	contributi	ons, member	ship fees, a	and gross receipts from	n
		activities rela	ted to its exen	npt functions - subje	ect to certain exceptions,	and (2) no	o more tha	n 33 1/3% o	its suppor	t from gross investmer	nt
		income and u	Inrelated busi	ness taxable income	e (less section 511 tax) fr	om busine	esses acqu	ired by the o	rganization	after June 30, 1975.	
		See section	509(a)(2). (Coi	mplete Part III.)							
11		An organizati	on organized a	and operated exclus	sively to test for public sa	afety. See	section 50	)9(a)(4).			
12		An organizati	on organized a	and operated exclus	sively for the benefit of, to	o perform	the function	ons of, or to c	arry out the	e purposes of one or	
		more publicly	supported or	ganizations describ	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section	<b>509(a)(3).</b> (	Check the box in	
		lines 12a thro	ough 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, ar	d 12g.		
а		<b>Type I.</b> A s	upporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	/ giving	
		the suppor	ted organizatio	on(s) the power to re	egularly appoint or elect a	a majority	of the dire	ctors or trust	ees of the s	supporting	
		organizatio	n. <b>You must c</b>	complete Part IV, S	ections A and B.						
b		<b>Type II.</b> A s	supporting org	anization supervised	d or controlled in connec	tion with i	ts support	ed organizati	on(s), by ha	aving	
		control or r	nanagement o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or man	age the sup	oported	
		organizatio	n(s). <b>You mus</b>	t complete Part IV,	Sections A and C.						
С		Type III fur	nctionally inte	egrated. A supportir	g organization operated	in connec	tion with, a	and functiona	ally integrate	ed with,	
		_ its support	ed organizatio	n(s) (see instruction	s). <b>You must complete l</b>	Part IV, Se	ections A,	D, and E.			
d		Type III no	n-functionally	<b>y integrated.</b> A supp	porting organization oper	ated in co	nnection v	vith its suppo	orted organi	ization(s)	
		that is not	functionally int	tegrated. The organi	zation generally must sa	tisfy a dist	ribution re	quirement ar	d an attent	iveness	
		requiremer	it (see instruct	tions). <b>You must co</b> i	nplete Part IV, Sections	s A and D	, and Part	V.			
е		Check this	box if the orga	anization received a	written determination fro	om the IRS	6 that it is a	а Туре I, Туре	e II, Type III		
		functionally	integrated, o	r Type III non-functio	onally integrated support	ing organi	zation.				
f	Ente	er the number	of supported of	organizations							
g			-	n about the support		(iv) to the error	nization listed				
	(	i) Name of supp		(ii) EIN	(iii) Type of organization (described on lines 1-10	in your govern	anization listed ing document?	(v) Amount o support (see i	-	(vi) Amount of other support (see instructions	c)
		organizatior	I		above (see instructions))	Yes	No	support (see i		support (see instructions	5)
Tota	1									1	

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018 14

2018.05051 APOLLO THEATER FOUNDATION, 13363001

 Schedule A (Form 990 or 990-EZ) 2018
 APOLLO THEATER FOUNDATION, INC.
 13-36300

 Part II
 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.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	<b>(f)</b> Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support			•			
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$						
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						
12	Gross receipts from related activities,	etc. (see instructi	ons)			12	
13	First five years. If the Form 990 is for	the organization?	s first, second, thi	rd, fourth, or fifth t	ax year as a sectio	n 501(c)(3)	
<u></u>	organization, check this box and stop	here					▶∟
	ction C. Computation of Publi		-				
	Public support percentage for 2018 (I					14	%
	Public support percentage from 2017					15	%
16a	<b>33 1/3% support test - 2018.</b> If the o	•					
	stop here. The organization qualifies a						
b	<b>33 1/3% support test - 2017.</b> If the o						
	and <b>stop here.</b> The organization quali						
17a	10% -facts-and-circumstances test						
	and if the organization meets the "fac			-	-	-	
	meets the "facts-and-circumstances"						
b	• 10% -facts-and-circumstances test	-					
	more, and if the organization meets the						,
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	T UIU HOL CHECK a		a, 100, 17a, 0r 17		and see instruction	

Schedule A (Form 990 or 990-EZ) 2018

832022 10-11-18

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### Schedule A (Form 990 or 990-EZ) 2018 APOLLO THEATER FOUNDATION, INC. Part III Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	6786924.	7454458.	11859438.	10502940.	12392785.	48996545.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	5150811.	4741042.	7195531.	7203232.	5874531.	30165147.
3	Gross receipts from activities that						
-	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5	11937735.	12195500.	19054969.	17706172.	18267316.	79161692.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons	1371350.	2171701.	3625444.	2584321.	3491002.	13243818.
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	109,338.	299,547.	1697988.	1098486.	93,783.	3299142.
с	Add lines 7a and 7b	1480688.	2471248.	5323432.	3682807.	3584785.	16542960.
8	Public support. (Subtract line 7c from line 6.)						62618732.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	11937735.	12195500.	19054969.	17706172.	18267316.	79161692.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	2896450.	1518805.	132.	147.	237.	4415771.
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
_		2896450.	1518805.	132.	147.	237.	4415771.
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	2090490.	1910009.	152.	Y•	237.	4410//1
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)	50,318. 14884503.		106,480. 19161581.			
	First five years. If the Form 990 is fo						
	check this box and <b>stop here</b>				•		►
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
	Public support percentage for 2018 (			column (f))		15	74.50 %
	Public support percentage from 2017					16	72.93 %
	tion D. Computation of Inve	· · · · · · · · · · · · · · · · · · ·				1	,,,
	Investment income percentage for 20		<b>`</b>			17	5.25 %
	Investment income percentage from					18	8.66 %
	33 1/3% support tests - 2018. If the					33 1/3%, and line	
	more than 33 1/3%, check this box a	-					► X
b	<b>33 1/3% support tests - 2017.</b> If the	-	-				
	line 18 is not more than 33 1/3%, che	•					
20	<b>Private foundation.</b> If the organization						
	23 10-11-18		·· , ···	, , ,			0 or 990-EZ) 2018
				16			,

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes

No

### Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 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 A. All Supporting Organizations

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

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Schedule A (Form 990 or 990-EZ) 2018

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# Schedule A (Form 990 or 990 EZ) 2018 APOLLO THEATER FOUNDATION, INC. Part IV Supporting Organizations (continued)

			Y.	NI -
			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		
	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		
Sec	tion B. Type I Supporting Organizations			
	-		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		
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		
Sec	tion C. Type II Supporting Organizations			
			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 <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations	•		
000			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	110
•				
	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		
Sec	tion 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 yea(see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in <b>Part VI</b> how you supported a government entity (see instru-	uctions	s).	
2	Activities Test. Answer (a) and (b) below.		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.			
-	trustees of each of the supported organizations? <i>Provide details in</i> <b>Part VI.</b>	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 <b>Part VI</b> the role played by the organization in this regard.	3b		
832024	5 10-11-18 Schedule A (Form 99		0-F7	2018
002020		5 51 53		2010

15350312 759420 133630066 2018.05051 APOLLO THEATER FOUNDATION, 13363001

### Schedule A (Form 990 or 990-EZ) 2018 APOLLO THEATER FOUNDATION, INC.

### Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Sect	ion 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			
	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		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in <b>Part VI</b> ):			
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		
Sect	ion 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-functional	v intears	ated Type III supporting or	nanization (see

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2018

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### Schedule A (Form 990 or 990-EZ) 2018 APOLLO THEATER FOUNDATION, INC.

Pa	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Sect	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
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	ne organization is responsive	e	
	(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			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
b	From 2014			
c	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	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			
C	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 <b>Part VI.</b> 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:			
-	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
e	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

832027 10-11-18

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Part VI	(Form 990 or 990-EZ) 20	TRAFULLO	INDATER	FOUNDATIO	$\mathbf{N}, \mathbf{LINC}$	L3-30	30066 Pag
	Part IV, Section A, lines line 1; Part IV, Section I	s 1, 2, 3b, 3c, 4b, D, lines 2 and 3; I	4c, 5a, 6, 9a, 9b Part IV, Section I	o, 9c, 11a, 11b, and E, lines 1c, 2a, 2b, 3	11c; Part IV, Sec a, and 3b; Part V	II, line 17a or 17b; Part I tion B, lines 1 and 2; Par , line 1; Part V, Section B	t IV, Section C, , line 1e; Part V,
	Section D, lines 5, 6, an (See instructions.)	nd 8; and Part V,	Section E, lines 2	2, 5, and 6. Also con	nplete this part fo	or any additional informat	ion.
	· · · · ·						
2028 10-11-	18			21		Schedule A (Form S	990 or 990-EZ)
-0210	759420 13363					FOUNDATION,	133630

Schedule B (Form 990, 990-EZ,

or 990-PF) Department of the Treasury

### \*\* PUBLIC DISCLOSURE COPY \*\*

### Schedule of Contributors

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

2018

nternal Revenue Service		
Name of the organization		Employer identification number
AP	OLLO THEATER FOUNDATION, INC.	13-3630066
Organization type(check or	ne):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)( 3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
	covered by the <b>General Rule</b> or a <b>Special Rule.</b> 7), (8), or (10) organization can check boxes for both the General Rule and a Special Ru	le. See instructions.
General Rule		
	filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		
sections 509(a)(1) a any one contributor	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, r, during the year, total contributions of the greater of <b>(1)</b> \$5,000; or <b>(2)</b> 2% of the amou line 1. Complete Parts I and II.	or 16b, and that received from
For an organization	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from	any one contributor. during the

g the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

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

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

Name of organization

Employer identification number

APOLLO THEATER FOUNDATION, INC.

13-3630066

Part I	Contributors (see instructions). Use duplicate copies of Part I if additionate	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$ 1,000,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2		\$ <u>576,700.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$800,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$500,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$726,402.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$ <u>1,000,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
823452 11-08	-18	Schedule B (Form	990, 990-EZ, or 990-PF) (2018)

13363001

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15350312 759420 133630066

Employer identification number

(d)

(d)

(d)

(d)

(d)

X

X

X

X

X

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization APOLLO THEATER FOUNDATION, INC. 13-3630066 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 Person Payroll 250,000. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 Person Payroll 450,000. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 Person Payroll 307,500. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 10 Person Payroll 282,500. Noncash \$ (Complete Part II for noncash contributions.) (c) (a) (b) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 11 Person Payroll 250,000. Noncash

			noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
12		\$250,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

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13363001

X

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization APOLLO THEATER FOUNDATION, INC. 13-3630066 Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 13 Person Payroll 555,100. Noncash \$ (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (a) (c) (d) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person Payroll Noncash \$ (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash

			(Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

2018.05051 APOLLO THEATER FOUNDATION, 13363001

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Name	of	organization

Employer identification number

APOLLO THEATER FOUNDATION, INC.

13-3630066

Part II	Noncash Property (see instructions). Use duplicate copies of P	Part II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		 \$	
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	·		
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a)			
No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
—			
3453 11-08		\$	990, 990-EZ, or 990-PF) (2

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Page 3

	8 (Form 990, 990-EZ, or 990-PF) (2018)			Page 4
Name of or	ganization			Employer identification number
	D THEATER FOUNDATION, IN			13-3630066
Part III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, cl Use duplicate copies of Part III if additional s	through <b>(e) and</b> the following line en naritable, etc., contributions of <b>\$1,000 or</b>	try For organizations	
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Dog	scription of how gift is hold
Part I	(b) Purpose of gift	(c) Use of gift		scription of how gift is held
-		(e) Transfer of gif		
_	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ransferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
-	Transferee's name, address, an	(e) Transfer of gif d ZIP + 4		ansferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
	Transferee's name, address, an	t	ransferor to transferee	
			· · · · · · · · · · · · · · · · · · ·	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Des	scription of how gift is held
F		(e) Transfer of gif	 t	
-	Transferee's name, address, an	d ZIP + 4	Relationship of tr	ransferor to transferee
823454 11-08-	-18		Schedul	e B (Form 990, 990-EZ, or 990-PF) (2018

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SCHEDULE C	PC PC	0	MB No. 1545-0047				
(Form 990 or 990-E	SCHEDULE C Political Campaign and Lobbying Activities						
		panizations Exempt From Income e if the organization is described				2010	
Department of the Treasury	-EZ. 0	pen to Public					
Internal Revenue Service		Go to www.irs.gov/Form990 for i	nstructions and the la	atest information.		Inspection	
If the organization a	nswered "Yes," or	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, lin	e 46 (Political Campaig	gn Activities)	), then	
<ul> <li>Section 501(c)(3)</li> </ul>	organizations: Cor	nplete Parts I-A and B. Do not com	plete Part I-C.				
<ul> <li>Section 501(c) (o</li> </ul>	ther than section 5	01(c)(3)) organizations: Complete F	Parts I-A and C below.	Do not complete Part I-	В.		
<ul> <li>Section 527 orga</li> </ul>	nizations: Complet	e Part I-A only.					
If the organization a	nswered "Yes," o	n Form 990, Part IV, line 4, or For	m 990-EZ, Part VI, lir	ne 47 (Lobbying Activit	ies), then		
<ul> <li>Section 501(c)(3)</li> </ul>	organizations that	have filed Form 5768 (election und	der section 501(h)): Co	mplete Part II-A. Do not	complete Pa	art II-B.	
<ul> <li>Section 501(c)(3)</li> </ul>	organizations that	have NOT filed Form 5768 (electio	n under section 501(h	)): Complete Part II-B. D	o not comple	ete Part II-A.	
		n Form 990, Part IV, line 5 (Proxy	Tax) (see separate in	nstructions) or Form 99	)0-EZ, Part V	/, line 35c (Proxy	
Tax) (see separate i	nstructions), then						
		tions: Complete Part III.					
Name of organization				Em		tification number	
		THEATER FOUNDATIO				630066	
Part I-A Com	plete if the ore	ganization is exempt unde	r section 501(c) o	or is a section 527	organizat	tion.	
2 Political campai	gn activity expendi	zation's direct and indirect political tures ign activities		Þ	\$		
Part I-B Com	plete if the or	ganization is exempt unde	r section 501(c)(	3).			
		incurred by the organization unde			• \$		
		incurred by organization manager					
		on 4955 tax, did it file Form 4720 fo				Yes No	
						Yes No	
<b>b</b> If "Yes," describ							
Part I-C Com	plete if the org	ganization is exempt unde	r section 501(c),	except section 50	1(c)(3).		
1 Enter the amour	t directly expende	d by the filing organization for sect	ion 527 exempt functi	on activities	• \$		
		nization's funds contributed to othe					
exempt functior	activities		-	▶	•\$		
3 Total exempt fu		s. Add lines 1 and 2. Enter here an					
line 17b				▶	•\$		
		1120-POL for this year?				Yes No	
		mployer identification number (EIN)			hich the filing	organization	
made payments	. For each organiza	ation listed, enter the amount paid	from the filing organiza	ation's funds. Also enter	the amount	of political	
contributions re	ceived that were pr	omptly and directly delivered to a	separate political orga	nization, such as a sepa	arate segrega	ated fund or a	
political action o	ommittee (PAC). If	additional space is needed, provid	le information in Part I	V.			
(a) Na	ime	(b) Address	(c) EIN	(d) Amount paid fron filing organization's funds. If none, enter -(	0 contribut promp delivere politica	ount of political tions received and otly and directly ed to a separate al organization. one, enter -0	

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

Schedule C (Form 990 or 990-EZ) 2018

832041 11-08-18

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Schedule C (Form 990 or 990-EZ) 2018 Z Part II-A Complete if the orga						630066 Page 2
section 501(h)).						
A Check      if the filing organization	ion belon	gs to an affi	liated group (and list ir	n Part IV each affiliated	group member's nar	ne, address, EIN,
expenses, and share	e of exces	s lobbying	expenditures).			
B Check 🕨 📃 if the filing organizat	ion check	ed box A ar	nd "limited control" pro	ovisions apply.		
		bying Expe leans amou	nditures Ints paid or incurred.	)	<b>(a)</b> Filing organization's totals	<b>(b)</b> Affiliated group totals
1a Total lobbying expenditures to influ	ence pub	lic opinion (	arass roots lobbvina)			
<b>b</b> Total lobbying expenditures to influ				1		
c Total lobbying expenditures (add lin		-	• • • •			
d Other exempt purpose expenditure						
e Total exempt purpose expenditures						
f_Lobbying nontaxable amount. Ente						
If the amount on line 1e, column (a) or			bying nontaxable am			
Not over \$500,000	. ,		the amount on line 1e			
Over \$500,000 but not over \$1,000	,000	\$100,00	0 plus 15% of the exc	cess over \$500,000.		
Over \$1,000,000 but not over \$1,50			00 plus 10% of the exc			
Over \$1,500,000 but not over \$17,0			0 plus 5% of the exce			
Over \$17,000,000	,	\$1,000,	-			
		. , ,				
g Grassroots nontaxable amount (ent	er 25% o	f line 1f)				
h Subtract line 1g from line 1a. If zero	or less, e	enter -0-				
i Subtract line 1f from line 1c. If zero	or less, e	nter -0-				
j If there is an amount other than zer						
reporting section 4911 tax for this y						Yes No
			eraging Period Under			
(Some organizations th			01(h) election do not ate instructions for li	•	of the five columns	below.
-	Lobb	oying Exper	nditures During 4-Yea	ar Averaging Period		
Calendar year (or fiscal year beginning in)	(a) :	2015	( <b>b)</b> 2016	(c) 2017	<b>(d)</b> 2018	(e) Total
2a Lobbying nontaxable amount						
<b>b</b> Lobbying ceiling amount (150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						L
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

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### Schedule C (Form 990 or 990-EZ) 2018 APOLLO THEATER FOUNDATION, INC.

### 13-3630066 Page 3

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	(i	a)	(k	<b>)</b>
of the	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? $\dots$		X		
с	Media advertisements?		X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body?		X		
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	v	X	E /	1 250
	Other activities?	X			4,250.
j	Total. Add lines 1c through 1i		v	54	1,250.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? t III-A Complete if the organization is exempt under section 501(c)(4), section	 on 501/o	(E) or or	otion	
Fai	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).		(5), 01 56	CUON	
	361(6)(6).			Yes	No
	Ware substantially all (000/, ar mars) dues resained randodustible by members?		4	100	
1	Were substantially all (90% or more) dues received nondeductible by members?				
2					
3 Par	Did the organization agree to carry over lobbying and political campaign activity expenditures from the till-B Complete if the organization is exempt under section 501(c)(4), section			ction	
i ui	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered				ne 3. is
	answered "Yes."	, .		/ .,	
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic				
-	expenses for which the section 527(f) tax was paid).				
а	Current year		2a		
	Carryover from last year				
c	_ · · ·				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc				
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par	t IV Supplemental Information		•		
Provi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part I	I-A, lines 1 a	and 2 (see	
instru	ictions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	RT II-B, LINE 1, LOBBYING ACTIVITIES:				
THE	E APOLLO THEATER FOUNDATION, INC. RETAINED COZEN O'	CONNOR	R TO L	OBBY	
NEV	V YORK CITY FOR PUBLIC SUPPORT.				

Schedule C (Form 990 or 990-EZ) 2018

832043 11-08-18

**SCHEDULE D** 

(Form 990)

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.

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



13363001

Department of the Treasury Internal Revenue Service Name of the organization

15350312 759420 133630066

APOLLO THEATER FOUNDATION, INC. Employer identification number 13-3630066

Par			or Other Similar Fund	is or Ac	COUNTS. Complete if the	
	organization answered "Yes" on Form 990, Part IV, lin		onor advised funds	(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 th	ne assets held in donor adv	ised fund	s	
	are the organization's property, subject to the organization's	exclusive leç	al control?		Yes	No
6	Did the organization inform all grantees, donors, and donor a	advisors in wr	iting that grant funds can b	e used on	nly	
	for charitable purposes and not for the benefit of the donor of	or donor advis	sor, or for any other purpose	e conferrii	ing	
	impermissible private benefit?			<u></u>	Yes	No
Par		-		Part IV, li	line 7.	
1	Purpose(s) of conservation easements held by the organizat					
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of a his			
	Protection of natural habitat		Preservation of a cer	rtified hist	toric structure	
•	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a quali	fied conserva	ition contribution in the form	n of a con		
-	day of the tax year.				Held at the End of the Tax	real
	Total number of conservation easements				2a	
	Total acreage restricted by conservation easements				2b 2c	
	Number of conservation easements on a certified historic str Number of conservation easements included in (c) acquired				20	
u	listed in the National Register				2d	
3	Number of conservation easements modified, transferred, re					
3	year	ieaseu, extinț	guisneu, or terminateu by tr	ie organiz		
4	Number of states where property subject to conservation ea	isoment is loc	eated			
5	Does the organization have a written policy regarding the pe			F		
U	violations, and enforcement of the conservation easements i				Yes	No
6	Staff and volunteer hours devoted to monitoring, inspecting,					110
Ŭ		nanaling of t	noiationo, and omoroling ou		in casements during the year	
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violat	ons, and enforcing conserv	ation eas	ements during the year	
	▶\$				······································	
8	Does each conservation easement reported on line 2(d) above	ve satisfy the	requirements of section 17	0(h)(4)(B)(	(i)	
	and section 170(h)(4)(B)(ii)?	-				No
9	In Part XIII, describe how the organization reports conservat					
	include, if applicable, the text of the footnote to the organiza	tion's financia	al statements that describes	s the orga	anization's accounting for	
	conservation easements.					
Par	t III Organizations Maintaining Collections o			Other S	Similar Assets.	
	Complete if the organization answered "Yes" on Form					
1a	If the organization elected, as permitted under SFAS 116 (AS	3C 958), not t	o report in its revenue state	ement and	d balance sheet works of art,	
	historical treasures, or other similar assets held for public exl	hibition, educ	ation, or research in further	ance of p	public service, provide, in Part X	KIII,
	the text of the footnote to its financial statements that descri	ibes these ite	ms.			
b	If the organization elected, as permitted under SFAS 116 (AS	3C 958), to re	port in its revenue statemer	nt and ba	lance sheet works of art, histor	rical
	treasures, or other similar assets held for public exhibition, e	ducation, or r	esearch in furtherance of p	ublic serv	vice, provide the following amo	unts
	relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1				► \$	
					► \$	
2	If the organization received or held works of art, historical tre			ial gain, p	provide	
	the following amounts required to be reported under SFAS 1	-	-		<b>N</b> A	
	Revenue included on Form 990, Part VIII, line 1				► \$	
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 9	90.		Schedule D (Form 990)	2018
832051	10-29-18		31			

2018.05051 APOLLO THEATER FOUNDATION,

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Par	t III   Organizations Maintaining C	collections of A	rt, Hist	torical Tr	easures, o	or Othe	er Sim	ilar Ass	ets(contin	nued)	
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the	following tha	at are a si	ignificar	nt use of it	s collection	n item	s
	(check all that apply):										
а	<b>X</b> Public exhibition	d			hange progra						
b	Scholarly research	e		Other							
С	X Preservation for future generations										
4	Provide a description of the organization's co	ollections and explai	n how th	ney further th	ne organizati	on's exe	mpt pur	pose in P	art XIII.		
5	During the year, did the organization solicit o										1
	to be sold to raise funds rather than to be ma								Yes		] <b>No</b>
Par	<b>t IV</b> Escrow and Custodial Arran		ete if the	organizatio	n answered	"Yes" on	Form 9	90, Part I	/, line 9, or		
	reported an amount on Form 990, Pa										
1a	Is the organization an agent, trustee, custodi								<b>—</b>		1
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
									Amount		
	Beginning balance										
	Additions during the year										
-	Distributions during the year										
f	Ending balance										1
	Did the organization include an amount on F							L	Yes		<b>No</b> No
Par	If "Yes," explain the arrangement in Part XIII.										
Fai	t V   Endowment Funds. Complete i	-				1		a vooro haa		VOORO	hool
4.	De site in a france la la se	(a) Current year	(D) P	rior year	(c) Two year		(a) me				
	Beginning of year balance	50,000.		50,000.		0,000.		50,000	,. 	50,	000.
	Contributions								-		
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses	F0.000		F0 000		0 000		F0 00/	<u> </u>	<b>F</b> 0	000
-	End of year balance	50,000.	<i>(</i> ); <i>d</i>	50,000.		0,000.		50,000	·	50,	000.
2	Provide the estimated percentage of the curr	rent year end balanc		g, column (a	i)) held as:						
	Board designated or quasi-endowment		_%								
	Permanent endowment ► 100.00	%									
с	Temporarily restricted endowment	%									
	The percentages on lines 2a, 2b, and 2c sho	-									
за	Are there endowment funds not in the posse	ession of the organiza	ation tha	at are held a	nd administe	ered for t	ne orga	nization	г		
	by:									Yes	No X
	(i) unrelated organizations										X
	(ii) related organizations								3a(ii)		Δ
	If "Yes" on line 3a(ii), are the related organiza								<b>3</b> b		
	Describe in Part XIII the intended uses of the t VI Land. Buildings. and Equipm		wment	tunds.							
Fai	t VI Land, Buildings, and Equipm Complete if the organization answere			/ line 11e C			line 10				
	· · ·		,	,		, ,			(-1) D1		
	Description of property	(a) Cost or o basis (investn		<b>(b)</b> Cost basis (		.,	ccumula preciatio		(d) Bool	< value	e
1-	Land	· · · ·	nont)	04313		uel	5, Colain				
	Land										
	Buildings			49 17	8,546.	14 3	334,	584	34,843	3 9	62
	Leasehold improvements			-	$\frac{3,340}{4,115}$		273,			1,0	
	Equipment			-	$\frac{4}{8}, 113$ .	5,2	.,J,			B,1	
	Other		Varle		-				36,27		
Tota	. Add lines 1a through 1e. (Column (d) must e	quai Form 990, Part	х, colur	nn (B), line 1	UC.)						
								Schedu	le D (Form	1 990)	2018

832052 10-29-18

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	valuation: Cost or end	l-of-year market value
(1) Financial derivatives				
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part I\	, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value			1-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"	on Form 990, Part IV	/ line 11d. See Form 990	Part X, line 15.	
	Description	,		(b) Book value
(1)	•			
(2)				
(3)				
(4)				
(5)				
<u>(6)</u>				
<u>(7)</u>				
(8)				
(9)	15)		<b>`</b>	
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	9 15.)		····· ►	
	on Form 000 Bort IV	/ line 11e or 11f See For	m 000 Dart V lina 25	
Complete if the organization answered "Yes" ( <b>1</b> . (a) Description of liability	on Form 990, Part N	(b) Book value	11 990, Part X, line 23	•
		(b) DOOK value	-	
(1) Federal income taxes			-	
(2)			-	
(3)			-	
(4)			-	
(5)			-	
(6)			-	
(7)			-	
(8)			-	
(9)			-	
Total. (Column (b) must equal Form 990, Part X, col. (B) line				
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide organization's liability for uncertain tax positions under</li> </ol>	the text of the footr			

832053 10-29-18

Schedule D (Form 990) 2018	APOLLO	THEATER	FOUNDATION,	INC.

13-3630066 Page **3** 

	(F0111 990) 2016		
Part VII	Investments -	Other Securi	ties.
	O		1127

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

Part XI       Reconciliation of Revenue per Audited Financial Statements With Revenue 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:       1         a       Net unrealized gains (losses) on investments       2a         b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       2e         3       3       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       3         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4c         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1	Sche	dule D (Form 990) 2018 APOLLO THEATER FOUNDATION,	INC.	13-3630066 Page 4
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:       2a         a       Net unrealized gains (losses) on investments       2b         b       Donated services and use of facilities       2b         c       Recoveries of prior year grants       2c         d       Other (Describe in Part XIII.)       2d         e       Add lines 2a through 2d       3         3       4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         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:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b <th>Pa</th> <th>t XI Reconciliation of Revenue per Audited Financial Stateme</th> <th>ents With Revenue per</th> <th></th>	Pa	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Revenue per	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:   a Net unrealized gains (losses) on investments   b Donated services and use of facilities   c Recoveries of prior year grants   d Other (Describe in Part XIII.)   e Add lines 2a through 2d   3 2e   3 3   Amounts included on Form 990, Part VIII, line 12, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) c Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Fart XII Reconciliation of Expenses per Audited Financial Statements With Expenses 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 Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities b Prior year adjustments 2a 2b		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
a Net unrealized gains (losses) on investments 2a   b Donated services and use of facilities 2b   c Recoveries of prior year grants 2c   d Other (Describe in Part XIII.) 2d   e 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: 3   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4b   c Add lines 4a and 4b 4c   5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) 5   Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.   Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   1 Total expenses and losses per audited financial statements   2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   a Donated services and use of facilities   b Prior year adjustments	1	Total revenue, gains, and other support per audited financial statements		1
b       Donated services and use of facilities       2b       2c         c       Recoveries of prior year grants       2c       2d         d       Other (Describe in Part XIII.)       2d       2e         a       Subtract line 2e from line 1       3       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         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:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b	2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
c Recoveries of prior year grants 2c   d Other (Describe in Part XIII.) 2d   e 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: a   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4b   c Add lines 4a and 4b 4c   5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) 5   Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.   Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 1   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: 2a   a Donated services and use of facilities 2a   b Prior year adjustments 2b	а	Net unrealized gains (losses) on investments	2a	
d Other (Describe in Part XIII.)       2d         e 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:       3         a Investment expenses not included on Form 990, Part VIII, line 7b       4a         b Other (Describe in Part XIII.)       4b         c Add lines 4a and 4b       4c         5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         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:       2a         a Donated services and use of facilities       2a         b Prior year adjustments       2b	b	Donated services and use of facilities	2b	
e 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: 3   a Investment expenses not included on Form 990, Part VIII, line 7b 4a   b Other (Describe in Part XIII.) 4b   c Add lines 4a and 4b 4c   5 Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> ) 5   Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.   Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.   1 Total expenses and losses per audited financial statements   2 Amounts included on line 1 but not on Form 990, Part IX, line 25:   a Donated services and use of facilities   b Prior year adjustments	с	Recoveries of prior year grants	2c	
3       Subtract line 2e from line 1       3         4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:       a         a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         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:       2a         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b	d	Other (Describe in Part XIII.)	2d	
4       Amounts included on Form 990, Part VIII, line 12, but not on line 1:         a       Investment expenses not included on Form 990, Part VIII, line 7b         b       Other (Describe in Part XIII.)         c       Add lines 4a and 4b         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )         5       Total revenue if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments	е	Add lines 2a through 2d		2e
a       Investment expenses not included on Form 990, Part VIII, line 7b       4a         b       Other (Describe in Part XIII.)       4b         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. ( <i>This must equal Form 990, Part I, line 12.</i> )       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments	3	Subtract line 2e from line 1		3
b       Other (Describe in Part XIII.)       4b       4c         c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments	4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
c       Add lines 4a and 4b       4c         5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         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:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b	а			
5       Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)       5         Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         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:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b	b	Other (Describe in Part XIII.)	4b	
Part XII       Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.         Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.       1         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:       1         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b	С			
Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.         1       Total expenses and losses per audited financial statements         2       Amounts included on line 1 but not on Form 990, Part IX, line 25:         a       Donated services and use of facilities         b       Prior year adjustments	_			
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:       2a         a       Donated services and use of facilities       2a         b       Prior year adjustments       2b	Pa		• •	er Return.
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:         a Donated services and use of facilities         b Prior year adjustments		· · · · · · · · · · · · · · · · · · ·		
a Donated services and use of facilities     2a       b Prior year adjustments     2b	1			
b Prior year adjustments 2b	2			
	а			_
	b			_
	С	Other losses		_
d Other (Describe in Part XIII.)	d	· · · · · · · · · · · · · · · · · · ·		_
e Add lines 2a through 2d				
3 Subtract line 2e from line 1				3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	4		1.1	
a Investment expenses not included on Form 990, Part VIII, line 7b	а	-		_
b Other (Describe in Part XIII.)			4b	
c Add lines 4a and 4b	_			
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	_			5

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 III, LINE 4:

THE THEATER MAINTAINS A COLLECTION OF HISTORICAL PORTRAITS OF LEGENDARY

ARTISTS AND EVENTS THAT PERFORMED AND OCCURRED, RESPECTIVELY, AT THE

THEATER. THESE PORTRAITS ARE HELD PRIMARILY FOR ARTISTIC AND THEATRICAL

PURPOSES.

PART V, LINE 4:

### THE APOLLO'S ENDOWMENT CONSISTS OF AN INDIVIDUAL FUND ESTABLISHED FOR

### HISTORIC PRESERVATION USE.

832054 10-29-18

15350312 759420 133630066

	(Form 990) 2018
Dart XIII	Cum m la ma a m t

			S	chedule D	) (Form 990) 20
2055 10-29-18	2018.05051	35			13363001

SCHEDULE G	Supplemental Information Regarding Fundraising or Gaming Activities						vities	OMB No. 1545-0047	
(Form 990 or 990-EZ)	EZ) Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.							2018	
Department of the Treasury	organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ.							Open to Public	
Internal Revenue Service		to www.irs.gov/Form990 for	instructior	s and	the latest informat	ion.		Inspection	
Name of the organization							Employer ide	identification number 30066	
	complete this par	<ul> <li>Complete if the organization a t.</li> </ul>	nswered "\	es" o	n Form 990, Part IV,	line 1	17. Form 990-E2	Z filers are not	
<ol> <li>Indicate whether the a Mail solicitation</li> <li>Mail solicitation</li> <li>Internet and</li> <li>Phone solicitation</li> <li>In-person solicitation</li> <li>Did the organization</li> <li>key employees list</li> </ol>	ne organization rais tions l email solicitations itations blicitations on have a written o ted in Form 990, P D highest paid indiv	sed funds through any of the fo e So s f So g Sp or oral agreement with any indiv Part VII) or entity in connection w viduals or entities (fundraisers)	licitation of licitation of ecial fundra idual (inclu vith profess	non-g gover aising ding o ional 1	overnment grants nment grants events fficers, directors, tru: jundraising services?	stees	Yes		
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did aiser ustody trol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	<b>(vi)</b> Amount paid to (or retained by) organization		
			Yes	No					
Total									
		on is registered or licensed to so		oution	s or has been notified	d it is	exempt from r	egistration	
LHA For Paperwork R	eduction Act Not	ice, see the Instructions for F	orm 990 oi	990-	EZ. S	Sche	dule G (Form 9	990 or 990-EZ) 2018	

Part II

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

	of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.											
				(b) Event #2 HAMPTONS EVENT	(c) Other events	(d) Total events (add col. (a) through						
۵.			(event type)	(event type)	(total number)	- col. <b>(c)</b> )						
Revenue	1	Gross receipts	2,231,556.	3,579,231.	266,518.	6,077,305.						
	2	Less: Contributions	1,647,097.	3,234,334.	199,280.	5,080,711.						
	3	Gross income (line 1 minus line 2)	584,459.	344,897.	67,238.	996,594.						
	4	Cash prizes										
ស្ដ	5	Noncash prizes										
pense	6	Rent/facility costs	228,959.	112,650.	39,736.	381,345.						
Direct Expenses	7	Food and beverages	62,775.		16,913.	79,688.						
	8	Entertainment	168,325.		2,000.							
	9	Other direct expenses	124,400.	2,313.	8,589.	135,302.						
		Direct expense summary. Add lines 4 through				996,594.						
Pa	rt I	Net income summary. Subtract line 10 from I III Gaming. Complete if the organization		n 990. Part IV. line 19. or		0.						
		\$15,000 on Form 990-EZ, line 6a.										
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))						
Rev	1	Gross revenue										
ses	2	Cash prizes										
Expenses	3	Noncash prizes										
Direct	4	Rent/facility costs										
	5	Other direct expenses										

6	Volunteer labor	└── Yes % └── No	└── Yes % └── No	└── Yes └── No	%	
7	Direct expense summary. Add lines 2 through	ו 5 in column (d)				
8	Net gaming income summary. Subtract line 7	from line 1. column (d)		1		

9 Enter the state(s) in which the organization conducts gaming activities:

a Is the organization licensed to conduct gaming activities in each of these states? \_\_\_\_\_\_ Yes L b If "No," explain:

 10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year?
 Image: Yes
 Image: Yes
 No

 b If "Yes," explain:
 Image: Yes
 Image: Yes
 Image: Yes
 Image: Yes
 Yes

832082 10-03-18

Schedule G (Form 990 or 990-EZ) 2018

\_ No

Sch			066	Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?		Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed			
	to administer charitable gaming?		Yes	No No
	Indicate the percentage of gaming activity conducted in:			
	The organization's facility			%
	An outside facility	13b		%
14	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 revenue?		Yes	No
b	If "Yes," enter the amount of gaming revenue received by the organization <b>&gt;</b> \$ and the amount			
	of gaming revenue retained by the third party $\triangleright$ \$			
c	If "Yes," enter name and address of the third party:			
	Name			
	Address ►			
16	Gaming manager information:			
	Name			
	Gaming manager compensation 🕨 \$			
	Description of services provided			
	Director/officer Employee Independent contractor			
47	Mandatan, distributions:			
17	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
c	and the state membra linear of		Yes	🗌 No
F	retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	🖵	103	
~	organization's own exempt activities during the tax year <b>&gt;</b> \$			
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part I	art III, li	nes 9,	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			
8320	33 10-03-18 Schedule G (Fori	n 990 d	or 990	-EZ) 2018
<u>а г</u>			1	C D D D 1

15350312 759420 133630066 2018.05051 APOLLO THEATER FOUNDATION, 13363001

Part IV Supplemen	al Information (co	ontinued)		
Schedule G (Form 990 or 99	)-EZ) APOLL	D THEATER	FOUNDATION,	INC.

	<u> </u>
	Schedule G (Form 990 or 990-E
2084 04-01-18	39
50312 759420 133630066	2018.05051 APOLLO THEATER FOUNDATION, 13363002
20217 122470 T22020000	2010.03031 AFOLLO INEATER FOUNDATION, 13303001

sc	HEDULE J	Compensation Information	I	OMB No.	1545-00	47		
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	-	20	19	2		
		Compensated Employees		ΖU	10	)		
Dena	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic		
	al Revenue Service	► Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nan	ne of the organizatio		Employer			mber		
_		APOLLO THEATER FOUNDATION, INC.	13-3	363006	6			
Pa	rt I Question	s Regarding Compensation						
				_	Yes	No		
1a		iate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or o	, i i i i i i i i i i i i i i i i i i i						
	Travel for com							
		cation and gross-up payments						
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or						
~		provision of all of the expenses described above? If "No," complete Part III to explain		1b				
2	•	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and office	rrs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
3	Indicate which if a	ay of the following the filing graphization used to establish the componentian of the graphization	ation's					
0		ny, of the following the filing organization used to establish the compensation of the organizatector. Check all that apply. Do not check any boxes for methods used by a related organizatector.						
		ation of the CEO/Executive Director, but explain in Part III.						
	X Compensation							
		compensation consultant $X$ Compensation survey or study						
		ther organizations X Approval by the board or compensation of	ommittee					
			Johnmittee					
4	During the year, did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	organization or a re							
а	•	e payment or change-of-control payment?		4a		X		
b		ceive payment from, a supplemental nonqualified retirement plan?				X		
с		ceive payment from, an equity-based compensation arrangement?				Х		
		nes 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	,							
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r							
а	The organization?			5a		Х		
		ation?				Х		
		or 5b, describe in Part III.						
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r	net earnings of:						
а						X		
b		ation?				X		
		or 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment						
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8	Were any amounts	reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	the					
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
		ז 53.4958-6(c)?						
LHA	For Paperwork R	eduction Act Notice, see the Instructions for Form 990.	Scheo	dule J (Forr	n 990	) 2018		

832111 10-26-18

# 13-3630066

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

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

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

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
(1) JONELLE PROCOPE	(i)	269,162.	0.	0.	0.	11,175.	280,337.	0.
PRESIDENT & CEO	(ii) [	0.	0.	0.	0.	0.	0.	0.
(2) ALDO SCROFANI	(i)	180,000.	0.	0.	0.	0.	180,000.	0.
C00	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KAMILAH FORBES	(i)	190,510.	0.	0.	7,620.	0.	198,130.	0.
	(ii) [	0.	0.	0.	0.	0.	0.	0.
(4) MICHELE PAGNOTTA (THROUGH 11/20	(i)	170,221.	0.	0.	6,749.	12,335.	189,305.	0.
SR. DIRECTOR OF FINANCE	(ii) [	0.	0.	0.	0.	0.	0.	0.
(5) DONNA LIEBERMAN	(i)	186,778.	0.	0.	7,471.	8,147.	202,396.	0.
SR. DIRECTOR OF DEVELOPMENT	(ii) [	0.	0.	0.	0.	0.	0.	0.
(6) LAURA E. GREER	(i)	144,082.	0.	0.	5,763.	8,375.	158,220.	0.
ASSOCIATE PRODUCER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) NEIL J. LEVY	(i)	155,164.	0.	0.	6,206.	7,730.	169,100.	0.
GENERAL MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) JACQUES BRUNSWICK	(i)	141,598.	0.	0.	3,265.	0.	144,863.	0.
FORMER OFFICER - 2018 REAL ESTATE PR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2018

### Part III Supplemental Information

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

Schedule J (Form 990) 2018

SCHED (Form 990 Department of 1 Internal Revenu	o or 990-EZ)	Complete if	the o	28b, or 28c, c ▶ Atta	swere or Fori ch to	d "Yes m 990- Form "	s" on F -EZ, Pa 990 or	Form 990, Par art V, line 38a Form 990-E2	t IV, a or Z.	, line 25a, 25b, 2		, 28a,	0	ив No <b>20</b> pen To spect	<b>18</b> • Put	3
Name of the	e organization												ident		on ni	umber
				EATER FO									300	66		
Part I										(29) organizatior						
1	Complete if the	organization		vered "Yes" on I Relationship betv				line 25a or 25t	o, or	Form 990-EZ, P	art V,	line 40	Db.	(1)	Corr	ected?
<b>' (a)</b> Nar	ne of disqualified	person	( <b>D)</b> N	person and or			inieu	(0	<b>;)</b> De	escription of tran	sactio	on		<u> </u>	es	No
														_		
														+		
2 Enter 1	the amount of tax	incurred by	the o	rganization man	agers	or dise	qualifie	ed persons du	ring	the year under						
												▶ \$				
3 Enter 1	the amount of tax	k, if any, on lir	ne 2, a	above, reimburs	ed by	the or	ganiza	tion				▶ \$				
Part II	Loans to an	nd/or From	n Int	erested Pers	sons	_										
							. Part V	V. line 38a or I	=orn	n 990, Part IV, lin	e 26:	or if th	ne oraa	inizati	on	
	reported an am	•					,	,		, ,	,					
	) Name of	(b) Relationship (c) Purpose					) Original			(g) In		by po	ו טעטטמוע טו		Vritten	
intere	ested person	with organiz	ration of loan		organi	zation?	princ	pal amount				ault?	cómr	ittee?	Ľ.	ement?
					То	From					Yes	No	Yes	No	Yes	No
		_														
Total								> \$				•				•
Part III	Grants or A	ssistance	Ben	nefiting Inter	reste	d Pe	rsons	5.								
	· · · · · · · · · · · · · · · · · · ·	-		vered "Yes" on I						( n =						
(a) Na	ame of interested	l person	(	<ul> <li>b) Relationship interested pers the organiza</li> </ul>	son an		(0	<b>c)</b> Amount of assistance		<b>(d)</b> Type assistan			•	) Purp assista		of
			+													
LHA For P	aperwork Reduce	ction Act No	tice, :	see the Instruc	tions	for Fo	rm 990	0 or 990-EZ.		Sch	edule	L (Fo	rm 990	) or 99	90-EZ	2) 2018

Part IV	Business Trans	sactions Involvi	ng Intereste	d Persons.	
Schedule L	(Form 990 or 990-EZ)	2018 APOLLO	THEATER	FOUNDATION,	INC.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sha organiz rever	aring of ation's nues?
				Yes	No
VAN WYCK & VAN WYCK	BOARD MEMBER	110,000.	BENEFIT GAL		Х

#### Part V Supplemental Information.

Provide additional information for responses to questions on Schedule L (see instructions).

### SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

# (A) NAME OF PERSON: VAN WYCK & VAN WYCK

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

#### BOARD MEMBER

(C) AMOUNT OF TRANSACTION \$ 110,000.

(D) DESCRIPTION OF TRANSACTION: BENEFIT GALA - PROVIDED DECORATIONS AND

#### LABOR FOR EVENT

(E) SHARING OF ORGANIZATION REVENUES? = NO

Schedule L (Form 990 or 990-EZ) 2018

832132 10-25-18

#### SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

Open to Public

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Department of the Treasury	
Internal Revenue Service	

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

Interna	I Revenue Service Go to www.irs.gov/	/Form990 fo	r instructions and	d the latest inform	nation.		Insp	ection	
Name	e of the organization					Employer	identificat	tion nu	mber
	APOLLO THEAT	ER FOU	NDATION,	INC.		1	3-3630	066	)
Pa									
		(a)	(b)	(c)			(d)		
		Check if	Number of contributions or	Noncash contr amounts repor			l of determi		
		applicable		Form 990, Part V		noncash co	ontribution a	amoun	IS
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property								
9	Securities - Publicly traded								
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy								
22	Historical artifacts								
23	Scientific specimens								
24	Archeological artifacts								
25	Other $\blacktriangleright$ ( <u>TRAVEL VOUCHE</u> )	X	1			'AIR MAR			
26	Other ► (LIQUOR)	Х	2	55	,750.F	'AIR MAR	KET VA	ALUE	
27	Other  ( OTHER )	Х	2	5	,463.F	'AIR MAR	KET VA	ALUE	
28	Other ► ( )								
29	Number of Forms 8283 received by the organ	ization durin	g the tax year for o	contributions					
	for which the organization completed Form 82	283, Part IV,	Donee Acknowled	gement	29				
								Yes	No
30a	During the year, did the organization receive b	by contribution	on any property re	ported in Part I, lin	es 1 throug	n 28, that it			
	must hold for at least three years from the dat	te of the initia	al contribution, and	d which isn't requi	red to be us	ed for			
	exempt purposes for the entire holding period	I?					30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstanda	rd contribut	ions?	31	X	

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash

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

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

contributions?

Schedule M (Form 990) 2018

32a

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832141 10-18-18

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**b** If "Yes," describe in Part II.

describe in Part II.

				FOUNDATION,	
Part II	Supplemental	Informatio	<b>on.</b> Provide the	information required by	Part I, lin

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

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46	832142 10-18-18	Schedule M (Form 990) 2018
350312 759420 133630066 2018.05051 APOLLO THEATER FOUNDATION 13363001		
	5350312 759420 133630066	2018.05051 APOLLO THEATER FOUNDATION, 13363001

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

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. Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information.



APOLLO THEATER FOUNDATION, INC.

Employer identification number 13 - 3630066

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE APOLLO THEATER IS A COMMISSIONER AND PRESENTER; CATALYST FOR NEW

ARTISTS, AUDIENCES, AND CREATIVE WORKFORCE; AND PARTNER IN THE

PROJECTION OF THE AFRICAN AMERICAN NARRATIVE AND ITS ROLE IN THE

DEVELOPMENT OF AMERICAN AND GLOBAL CULTURE.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THE APOLLO THEATER IS A COMMISSIONER AND PRESENTER; CATALYST FOR NEW

ARTISTS, AUDIENCES, AND CREATIVE WORKFORCE; AND PARTNER IN THE

PROJECTION OF THE AFRICAN AMERICAN NARRATIVE AND ITS ROLE IN THE

DEVELOPMENT OF AMERICAN AND GLOBAL CULTURE.

THE APOLLO THEATER ENVISIONS A NEW AMERICAN CANON CENTERED ON

CONTRIBUTIONS TO THE PERFORMING ARTS BY ARTISTS OF THE AFRICAN

DIASPORA, IN AMERICA AND BEYOND.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

OF PERFORMERS WHO WORKED WITH BROWN. SPECIAL GUESTS INSPIRED BY HIM

INCLUDE VOCALISTS RAHEEM DEVAUGHN, LISA FISCHER, NONA HENDRYX, LEE

FIELDS & AVERY SUNSHINE.

THE APOLLO AGAIN PARTNERED WITH AFROPUNK, AS PART OF THE APOLLO'S BLACK HISTORY MONTH CELEBRATION, WITH A WEEKEND OF MUSIC BY KAMASI WASHINGTON AND HIS 10-PIECE BAND, THE NEXT STEP, WHO PLAY CROSS MUSICAL GENRES FROM JAZZ, TO HIP-HOP, CLASSICAL AND R&B.

 THE APOLLO PRESENTED TWISTED MELODIES, A ONE-MAN SHOW BASED ON THE LIFE

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

 832211 10-10-18

15350312 759420 133630066

066 2018.05051 APOLLO THEATER FOUNDATION, 13363001

Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>				
Name of the organization APOLLO THEATER FOUNDATION, INC.	Employer identification number $13 - 3630066$				
OF SOUL SINGER, COMPOSER AND APOLLO LEGEND, DONNY HATHAWA	Y. IT IS AN				
IMMERSIVE AND CRUSHING PLAY ABOUT THE BRILLIANT MUSICIAN'	S INNER				
STRUGGLES, PERFORMED BY KELVIN ROSTON, JR.					
IN 2018-2019, THE APOLLO PRESENTED AN ENCORE OF THE WOMEN	OF THE WORLD				
(WOW) FESTIVAL. THE FOUR-DAY FESTIVAL TOOK PLACE DURING W	OMEN'S HISTORY				
MONTH 2019. THIS WAS THE THIRD ITERATION OF THIS BIENNIAL	FESTIVAL AT				
THE APOLLO. THE FOCUS OF THE WOW FESTIVAL IS FEMALE ARTIS	TS AND				
ACTIVISTS, AND ALL OF THE PERFORMANCES, PANEL DISCUSSIONS	, FILM				
SCREENINGS, AND INTERACTIVE DIALOGUES ARE GROUNDED IN THE	SPIRIT OF				
Name of the organization       Employer identification number         APOLLO THEATER FOUNDATION, INC.       13-3630066         OF SOUL SINGER, COMPOSER AND APOLLO LEGEND, DONNY HATHAWAY. IT IS AN         IMMERSIVE AND CRUSHING PLAY ABOUT THE BRILLIANT MUSICIAN'S INNER					

FOR ITS 6TH CONSECUTIVE YEAR, THE AFRICA NOW! FESTIVAL SHOWCASED AFRICA'S GROWING PROMINENCE BY PRESENTING CONTEMPORARY MUSICIANS ALONGSIDE CULTURAL INNOVATORS TRANSFORMING TELEVISION, PODCASTS AND FILM. LUVVIE AJAYI AND YVONNE ORJI (BOTH FROM NIGERIA) OF THE POPULAR PODCAST "JESUS AND JOLLOF" HELD A LIVE CONVERSATION WITH A LIVE PERFORMANCE BY KALETA & SUPER YAMBA BAND, HOSTED BY YOUNG PRINCE AND MUSIC BY DJ MOMA.

NOW IN ITS 13TH YEAR, THE APOLLO SALON SERIES EXTENDS THE THEATER'S LEGACY OF NURTURING MID-CAREER AND ESTABLISHED ARTISTS BY PROVIDING CRITICAL SUPPORT IN THEIR CREATION OF NEW WORK ACROSS ARTISTIC DISCIPLINES. IT ALSO PROVIDES A TESTING GROUND FOR NEW LARGE-SCALE PROJECTS THAT MIGHT BE PRESENTED ON THE APOLLO'S MAINSTAGE OR ELSEWHERE, AND DEVELOPS NEW AUDIENCES. ARTISTS RECEIVE UP TO 2 WEEKS FOR DEVELOPMENT AND UP TO 4 WORKSHOP PERFORMANCES. IN FY19, THE APOLLO HAD TWO RESIDENCIES IN THE FALL AND SPRING THAT INCLUDED A TOTAL OF THREE PERFORMANCES: 832212 10-18 Schedule O (Form 990 or 990-EZ) (2018) 48

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Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization APOLLO THEATER FOUNDATION, INC.	Employer identification number 13-3630066
- LELUND DUROND THOMPSON AND JASON MICHAEL WEBB CONTINUED	WORK ON A NEW
MUSICAL ENTITLED WILDFLOWER IN PARTNERSHIP WITH NATIONAL	BLACK THEATRE;
- HARLEM TO HOLLYWOOD FEATURING ACTOR/WRITER AND HARLEM N	ATIVE, MALIK
YOBA WORKSHOPPED HIS THEATER PIECE.	
EACH YEAR, THE APOLLO PRESENTS HOLIDAYS AT THE APOLLO, A	SERIES OF
HOLIDAY PROGRAMMING, COMMUNITY PROGRAMS AND A CHANCE TO M	EET SANTA
UNDER THE MARQUEE. A CENTRAL PART OF THE SERIES WAS THE H	OLIDAY JOY
CONCERT, AN EVENING OF UPLIFTING MUSIC TO CELEBRATE THE S	EASON WITH
HEZIKIYA WALKER AND CECE WINANS.	
THE APOLLO MUSIC CAF SERIES, WHICH RUNS FROM OCTOBER - JU	NE FOR 2
PERFORMANCES/PER MONTH, BRINGS NYC'S BEST UNDERGROUND ART	ISTS TO HARLEM
AND OFFERS PERFORMANCES IN A CAF SETTING ON THE SOUNDSTAG	E. THIS SERIES
EXPOSES AUDIENCES TO A MIX OF ARTISTS INCLUDING LIVE MUSI	C AND POWERFUL
PERFORMANCES BY VOCALISTS, SPOKEN WORD ARTISTS, AND MASTE	RFUL DJS. MANY
MUSIC CAF PERFORMANCES ARE TIED TO MAINSTAGE AND GLOBAL F	ESTIVAL
PROGRAM THEMES PROVIDING AUDIENCES WITH AN ARRAY OF WAYS	TO EXPERIENCE
THE APOLLO.	
SIMILAR IN STRUCTURE TO THE MUSIC CAF, THE APOLLO PRODUCE	S APOLLO
COMEDY CLUB IN PARTNERSHIP WITH THE LEGENDARY BOB SUMNER	(PRODUCER OF

DEF COMEDY JAM, CREATOR OF LAFFMOBB ON ASPIRE. TWO TO THREE EMERGING

COMEDIANS PERFORM THE FIRST THURSDAY OF EACH MONTH FROM OCTOBER- JUNE

IN THE APOLLO'S SOUNDSTAGE.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

MONTH OF FREE AND AFFORDABLE HOLIDAY PROGRAMMING EACH DECEMBER; AND AN

ARRAY OF FREE AND LOW-COST PROGRAMS THROUGHOUT THE YEAR, INCLUDING A

 WIDE-REACHING TICKET ACCESS PROGRAM ENSURING BROAD ACCESSIBILITY TO THE

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 Schedule O (Form 990 or 990-EZ) (2018)

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Name of the organization

#### APOLLO THEATER FOUNDATION, INC.

Page 2

THEATER'S RANGE OF PERFORMING ARTS AND ENTERTAINMENT.

THE APOLLO THEATER IS COMMITTED TO ENGAGING STUDENTS AND YOUTH THROUGH INNOVATIVE EDUCATION INITIATIVES. THE APOLLO THEATER ACADEMY OFFERS HANDS-ON PROGRAMS TO DEVELOP CAREER AND LEADERSHIP SKILLS IN UNDER-SERVED TEENS BY ENGAGING THEM IN "BEHIND THE SCENES" ARTS AND ENTERTAINMENT PROFESSIONS INCLUDING TECHNICAL THEATER APPRENTICESHIPS, ADMINISTRATIVE INTERNSHIPS, AND INFORMATIVE PANEL DISCUSSIONS. THE APOLLO ORAL HISTORY PROJECT IS AN IN-DEPTH IN-SCHOOL PROGRAM WHERE HARLEM STUDENTS TRANSFORM LOCAL HISTORY INTO ORIGINAL THEATRICAL AND MULTIMEDIA PROJECTS. EXTENDING THE APOLLO EXPERIENCE TO A NEW GENERATION OF THEATERGOERS WHILE SUPPORTING CLASSROOM LEARNING AND IN-SCHOOL WORK, SCHOOL DAY LIVE AND FAMILY SHOWTIME PERFORMANCES ALLOW MORE THAN 11,000 STUDENTS, TEACHERS, AND FAMILIES TO EXPERIENCE WORLD-CLASS PERFORMING ARTS PRESENTATIONS ON THE APOLLO STAGES.

THROUGH ITS PERFORMING ARTS PROGRAM, EDUCATION AND COMMUNITY INITIATIVES, AND OTHER ENDEAVORS SUCH AS DIGITAL MEDIA AND THE ARCHIVES, THE ICONIC APOLLO THEATER EXTENDS ITS LEGACY AS A WORLD RENOWNED PERFORMING ARTS CENTER AND A NURTURING HOME FOR DIVERSE ARTISTS. THE THEATER CONTINUES TO SHOWCASE POPULAR AND EMERGING TALENT AND ENGAGE AUDIENCES WITH ITS ARTISTIC, EDUCATION AND COMMUNITY PROGRAMMING. WITH DEMONSTRATED LONGEVITY AS A SIGNIFICANT AMERICAN CULTURAL CENTER, THE APOLLO REMAINS A CELEBRATED AND ACCESSIBLE VENUE FOR DIVERSE AUDIENCES, ARTISTS AND COMMUNITIES.

	FORM 990, PART VI, SECTION B, LINE 11B:         PRIOR TO FILING THE FORM 990, THE 1ST REVIEW IS CONDUCTED BY THE AUDIT         Schedule O (Form 990 or 990-EZ)         832212 10-10-18       50         15350312 759420 133630066       2018.05051 APOLLO THEATER FOUNDATION, 13363														
	PRIOR	то	FILIN	G THE	FORM	990,	THE	1ST	REVIEW	IS (	CONDUCTE	) ВҮ	THE	AUDIT	
	832212 10-10-	- 18							- 0		Sch	dule O	(Form 9	90 or 990-EZ	) (2018)
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Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>
Name of the organization APOLLO THEATER FOUNDATION, INC.	Employer identification number 13-3630066
COMMITTEE OF THE BOARD OF DIRECTORS. THE INDEPENDENT AUD	ITOR PRESENTS THE
FORM 990 TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS	AND ANY QUESTIONS
AND CONCERNS ARE ADDRESSED. SUBSEQUENTLY THE FORM 990 IS	DISTRIBUTED TO THE
FULL BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL. UP	ON APPROVAL OF THE
FORM 990 BY THE BOARD OF DIRECTORS, IT IS FILED WITH THE	INTERNAL REVENUE
SERVICE.	

FORM 990, PART VI, SECTION B, LINE 12C:

DISCLOSURE OF CONFLICT. AN INTERESTED PERSON MUST DISCLOSE ORALLY OR IN WRITING THE EXISTENCE OF HIS OR HER INTEREST AND ALL MATERIAL FACTS RELATED TO AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TO DIRECTORS AND/OR MEMBERS OF COMMITTEES AUTHORIZING A PROPOSED CONTRACT OR OTHER TRANSACTION INVOLVING SUCH CONFLICT OF INTEREST. IF A CONTRACT OR TRANSACTION IS NOT BEING CONSIDERED BY THE BOARD OR A COMMITTEE, THE REQUIRED DISCLOSURE MUST BE MADE TO THE CHAIRMAN OF THE BOARD, CHAIRMAN OF THE AUDIT COMMITTEE, SECRETARY OR THE CHAIRMAN'S DESIGNEE, WHO SHALL, SUBJECT TO THE DISCRETION OF THE CHAIRMAN (WHERE THE INTERESTED PERSON IS NOT THE CHAIRMAN), DISCLOSE SUCH POTENTIAL CONFLICT OF INTEREST TO THE BOARD OF DIRECTORS OR THE AUDIT UNTIL A PROPOSED CONTRACT OR OTHER TRANSACTION INVOLVING A COMMITTEE. CONFLICT OF INTEREST HAS BEEN VOTED UPON BY THE BOARD OR A COMMITTEE, AN INTERESTED PERSON SHALL REFRAIN FROM ANY ACTION THAT MIGHT AFFECT THE FOUNDATION'S PARTICIPATION IN ANY CONTRACT OR TRANSACTION AFFECTED BY SUCH CONFLICT OF INTEREST. AN INTERESTED PERSON MAY NOT VOTE ON THE CONTRACT OR TRANSACTION TO WHICH THE CONFLICT OF INTEREST RELATES, BUT MAY BE COUNTED IN DETERMINING THE PRESENCE OF A QUORUM AT THE MEETING OF THE BOARD OR COMMITTEE THAT AUTHORIZES SUCH CONTRACTS OR TRANSACTIONS. THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE

 DISINTERESTED DIRECTORS WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO,

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Schedule O (Form 990 or 990-EZ) (2018)	Page <b>2</b>									
Name of the organization APOLLO THEATER FOUNDATION, INC.	Employer identification number 13-3630066									
WHETHER THE FOUNDATION SHOULD NONETHELESS ENTER INTO THE	CONTRACT OR									
WHETHER THE FOUNDATION SHOULD NONETHELESS ENTER INTO THE CONTRACT OR TRANSACTION BECAUSE IT IS IN THE FOUNDATION'S BEST INTEREST.										
ame of the organization       Employer identification number         APOLLO THEATER FOUNDATION, INC.       13-3630066         HETHER THE FOUNDATION SHOULD NONETHELESS ENTER INTO THE CONTRACT OR										

1.FAILURE TO DISCLOSE CONFLICT. IF THE BOARD OR COMMITTEE HAS GOOD REASON TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE INTERESTED PERSON OF THE BASIS FOR SUCH BELIEF AND AFFORD THE INTERESTED PERSON AN OPPORTUNITY TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE PRIOR TO THE BOARD OR SUCH COMMITTEE TAKING ANY ACTION WITH RESPECT TO THE CONTRACT OR OTHER TRANSACTION INVOLVING A CONFLICT OF INTEREST.

2.DISCIPLINARY ACTION. IF, AFTER HEARING THE RESPONSE OF THE INTERESTED PERSON AND MAKING ANY FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS IN FACT FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE BOARD OR SUCH COMMITTEE MAY TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION, WHICH MAY INCLUDE REMOVAL OF A DIRECTOR FROM THE BOARD OR A COMMITTEE OR TERMINATION OF AN EMPLOYEE'S EMPLOYMENT. EACH INTERESTED PERSON SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT SUCH PERSON HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTANDS THE POLICY AND HAS AGREED TO COMPLY WITH THE POLICY. IN ADDITION, EACH INTERESTED PERSON SHALL DISCLOSE ON SUCH ANNUAL STATEMENT ANY RELATIONSHIPS, CIRCUMSTANCES OR POSITIONS IN WHICH THE INTERESTED PERSON OR A FAMILY MEMBER IS INVOLVED THAT HE OR SHE BELIEVES COULD RESULT IN, CAUSE OR CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. THE POLICY IS REVIEWED ANNUALLY BY THE BOARD OF DIRECTORS OR THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. 832212 10-10-18

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Page <b>2</b>
Employer identification number 13-3630066

THE INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD REVIEWS AND APPROVES THE EXECUTIVE LEVEL SALARIES ON AN ANNUAL BASIS. THEY USE SALARY SURVEYS FROM SIMILAR SIZED ORGANIZATIONS WITHIN THE PERFORMING ARTS INDUSTRY FOR BENCHMARKING. OTHER THAN THESE EXECUTIVE LEVEL EMPLOYEES, NO OTHER EMPLOYEES OF THE ORGANIZATION MEET THE CRITERIA TO BE CLASSIFIED AS OFFICERS OR KEY EMPLOYEES.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990, PART VI, SECTION B, LINE 15:

THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE NOT AVAILABLE TO THE PUBLIC.

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SCH	IEDULE R

#### (Form 990)

Department of the Treasury Internal Revenue Service

# **Related Organizations and Unrelated Partnerships**

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

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

OMB No. 1545-0047

2018 Open to Public Inspection

Name of the organization

APOLLO THEATER FOUNDATION, INC.

Employer identification number 13 - 3630066

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	<b>(d)</b> Total income	<b>(e)</b> End-of-year assets	<b>(f)</b> Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	contr	rolled
				501(c)(3))		Yes	(g) Section 512(b)(13) controlled entity? Yes No

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

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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)		(e)		(f)	()	g)	l) (ł	ר)	(i)		(j)	()	(k)		
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, excluded fr	Predominant income (related, unrelated, excluded from tax under		d, unrelated, ir from tax under		Share of total income		Share of end-of-year assets		ortionate tions?	Code V-UI amount in b 20 of Scheo	oox <sup>m</sup>	nanaging partner?		
		country)		sections	512-514)					Yes	No	K-1 (Form 10	)65) <b>Y</b>	'es No				
	_																	
	_																	
	_																	
														_				
	-																	
	-																	
	-																	
	-																	
	-																	
IV Identification of Related O	rganizations Taxable	as a Corp	oration or Trust. C	omplete if t	he organizat	ion ansv	vered "Yes	s" on For	m 990, P	art IV,	line 34	4, because it l	had on	ie or m	ore rel	ela'		
organizations treated as a co	orporation or trust dur	ing the tax	· · · · · · · · · · · · · · · · · · ·		1													
(a)			(b)	(c)	(d)		(e)	)	(f)	)		(g)		h)	( Sec	(i)		
Name, address, and EIN of related organization		Primary activity		Legal domicile (state or foreign	Direct cont entity	y (C corp		Type of entity (C corp, S corp, or trust)		of total me		Share of end-of-year assets	Perce	entage ership	512(l contr ent	(b)( trol		
				country)								400010			Yes			
LO THEATER MANAGING MEMBE	R INC	ANAGING	MEMBER OF															

20-1105633, 253 WEST 125TH STREET, NEW YORK,	APOLLO THEATER						
NY 10027	LESSOR, LLC-SEE P III	NY	N/A	C CORP		100%	Х
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# Schedule R (Form 990) 2018 APOLLO THEATER FOUNDATION, INC.

Part V	Transactions With Related Organizations. Complete if the organization answered	"Yes" on Form 990, Part IV, line 34, 35b, or 36.
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Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х	
	Gift, grant, or capital contribution to related organization(s)	1b		Х	
с	Gift, grant, or capital contribution from related organization(s)	1c		Х	
	Loans or loan guarantees to or for related organization(s)	1d		Х	
	Loans or loan guarantees by related organization(s)	1e		X	
f	Dividends from related organization(s)	1f	I	Х	
g	Sale of assets to related organization(s)	1g		X	
h	Purchase of assets from related organization(s)	1h		Х	
i	Exchange of assets with related organization(s)	1i		X	
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х	
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X	
I.	Performance of services or membership or fundraising solicitations for related organization(s)	11		Х	
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		X	
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X		
	Sharing of paid employees with related organization(s)	10	X		
р	Reimbursement paid to related organization(s) for expenses	1p		Х	
	Reimbursement paid by related organization(s) for expenses	1q		X	
r	Other transfer of cash or property to related organization(s)	1r		X	
	Other transfer of cash or property from related organization(s)	1s		Х	
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.				

(a) Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved
<u>(1)</u>			
<u>(2)</u>			
_(3)			
_(4)			
<u>(6)</u>	56		0.4 × 4.4 × 0.7 × × × × × × × × × × × × × × × × × × ×

## Schedule R (Form 990) 2018 APOLLO THEATER FOUNDATION, INC.

#### Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.	) all s sec. )(3) .?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	() Dispr tior alloca	n) opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	al or F ging ier?	<b>(k)</b> Percentage ownership
			30000113 3 12 3 14)	Yes I	No			Yes	No	(101111003)	Yes	NO	
												+	
												+	
												+	
												+	
												_	

Schedule R (Form 990) 2018