Caution: Forms printed from within Adobe Acrobat products may not meet IRS or state taxing agency specifications. When using Acrobat 5.x products, uncheck the "Shrink oversized pages to paper size" and uncheck the "Expand small pages to paper size" options, in the Adobe "Print" dialog. When using Acrobat 6.x and later products versions, select "None" in the "Page Scaling" selection box in the Adobe "Print" dialog.

CLIENT'S COPY



FRIED & KOWGIOS PARTNERS CPA'S LLP 441 LEXINGTON AVENUE - 16TH FLOOR NEW YORK, NY 10017

AMERICAN THEATRE WING, INC. 570 SEVENTH AVENUE NO. 501 NEW YORK, NY 10018

AMERICAN THEATRE WING, INC.:

ENCLOSED ARE THE 2012 EXEMPT ORGANIZATION RETURNS, AS FOLLOWS...

2012 FORM 990

2012 NEW YORK ANNUAL FILING FOR CHARITABLE ORGANIZATIONS

EACH ORIGINAL SHOULD BE DATED, SIGNED AND FILED IN ACCORDANCE WITH THE FILING INSTRUCTIONS. THE COPY SHOULD BE RETAINED FOR YOUR FILES.

VERY TRULY YOURS,

KAREN KOWGIOS

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

SEPTEMBER 30, 2013

	BH THIBHK 30, 2013
Prepared for	AMERICAN THEATRE WING, INC. 570 SEVENTH AVENUE NO. 501 NEW YORK, NY 10018
Prepared by	FRIED AND KOWGIOS PARTNERS CPA'S LLP 441 LEXINGTON AVENUE NEW YORK, NY 10017
Amount due or refund	NOT APPLICABLE
Make check payable to	NOT APPLICABLE
Mail tax return and check (if applicable) to	NOT APPLICABLE
Return must be mailed on or before	NOT APPLICABLE
Special Instructions	THIS RETURN HAS BEEN PREPARED FOR ELECTRONIC FILING. IF YOU WISH TO HAVE IT TRANSMITTED ELECTRONICALLY TO THE IRS, PLEASE SIGN, DATE, AND RETURN FORM 8453-EO TO OUR OFFICE. WE WILL THEN SUBMIT THE ELECTRONIC RETURN TO THE IRS. DO NOT MAIL A PAPER COPY OF THE RETURN TO THE IRS.

Department of the Treasury Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to Public Inspection

A	For the	2012 calendar year, or tax year beginning OCT I, 2012 and	enaing 5	EP 30, 2013	
В	Check if applicable	C Name of organization		D Employer identific	cation number
	Addres	AMERICAN THEATRE WING, INC.			
	Name change	Doing Business As		13-1	893906
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number	r
	Termin ated	570 SEVENTH AVENUE	501	(212	
	Amend	City, town, or post office, state, and ZIP code		G Gross receipts \$	8,500,230.
	Application	NEW YORK, NY 10018		H(a) Is this a group re	eturn
	pendin	F Name and address of principal officer: HEATHER A. HITCHEN;	S	for affiliates?	Yes X No
		570 SEVENTH AVENUE, SUITE 501, NEW YORK	K, NY	H(b) Are all affiliates inc	luded? Yes No
$\overline{\Gamma}$	Tax-exe	empt status: $X = 501(c)(3)$ $501(c)()$ $()$ (insert no.) $4947(a)(1)$		1	list. (see instructions)
		e: NWW.AMERICANTHEATREWING.ORG		H(c) Group exemptio	
		organization: X Corporation	L Year		A State of legal domicile: NY
		Summary		1-2-	·
_		Briefly describe the organization's mission or most significant activities: THE	FURTHE	RANCE OF EX	CELLENCE IN
Activities & Governance		THE THEATRE ARTS.			
rna	2	Check this box F if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	ssets.
Š				3	26
Ğ		Number of independent voting members of the governing body (Part VI, fine 1b)			26
တ္		Total number of individuals employed in calendar year 2012 (Part V, line 2a)			10
iŧie		Total number of volunteers (estimate if necessary)			150
댫		Total unrelated business revenue from Part VIII, column (C), line 12			0.
⋖		Net unrelated business taxable income from Form 990-T, line 34			0.
				Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)		884,266.	874,443.
ž		Program service revenue (Part VIII, line 2g)		761,860.	800,993.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		192,606.	472,699.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		58.	65.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,838,790.	2,148,200.
_	_	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		112,500.	112,250.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
"	1	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		542,375.	771,694.
Expenses	160	Datanes, other compensation, employee benefits (Fart IX, column (A), lines 5-10).		78,049.	0.
eu	l loa	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 219,11	13.	7070151	.
Ξ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		724,683.	601,109.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		1,457,607.	
	1	Revenue less expenses. Subtract line 18 from line 12		381,183.	663,147.
<u></u>		Teveriue less expenses. Subtract line 10 non line 12		ginning of Current Year	End of Year
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		7,532,579.	8,297,623.
Ass	21	Total liabilities (Part X, line 16)	·····	240,065.	261,762.
let,	22	Net assets or fund balances. Subtract line 21 from line 20		7,292,514.	8,035,861.
	art II	Signature Block		, , 232 , 3210	0,000,001
		ties of perjury, I declare that I have examined this return, including accompanying schedule:	s and statem	ents, and to the hest of m	v knowledge and helief it is
		t, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Kilowiougo ullu bollol, it io
	, 001100	s, and complete. Estimated of property (early trial emost) to become an an information of wi	non propuror	nao any knowleago.	
Sig	. I	Signature of officer		Date	
He		▶ HEATHER A. HITCHENS, EXECUTIVE DIRECTO	OR		
He		Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	, l	KAREN KOWGIOS		if	
	parer	Firm's name FRIED AND KOWGIOS PARTNERS CPA'S	Q T.T.D	self-employe	45-0494838
	Only	Firm's address 441 LEXINGTON AVENUE	ם דודו	I IIIII S EIIV	30 0374030
030	, only	NEW YORK, NY 10017		Dhono no 2	12-490-2200
<u> </u>	V #l= = !"			Phone no. 2	T1 T
ivia	y tne IH	RS discuss this return with the preparer shown above? (see instructions)			X Yes No

4d Other program services (Describe in Schedule O.)

Total program service expenses

expenses \$ including grants of \$

) (Revenue \$

1,052,266.

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	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	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			
	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		Х
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, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	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		37	
لم ما	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
a	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		х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	3 3 3 7 7 3 3 7 7			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization	140		
	or entity located outside the United States? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals			
	located outside the United States? If "Yes," complete Schedule F, Parts III and IV	16		Х
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		Х
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,"	40		v
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19 20a		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		<u> </u>
	ii 165 to line 204, did the diganization attach a copy of its addited illiancial statements to this fetum?	200		

Part IV Checklist of Required Schedules (continued)

			Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
240	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	20		
24 a				
	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 25	24a		Х
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) and 501(c)(4) 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		Х
h	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			
		OEh		Х
00		25b		- 21
26	Was a loan to or by a current or former officer, director, trustee, key employee, highest compensated employee, or disqualified			Х
	person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Λ
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):			37
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
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		Х
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		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
-	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
٠.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
	Note. All Form 990 filers are required to complete Schedule O	38	х	

| Part V | Statements Regarding Other IRS Filings and Tax Compliance

Second Comparison Seco		Check if Schedule O contains a response to any question in this Part V				
b Enter the number of Forms W-2G included in line 1a. Enter of-lined applicable 10 0 0 0 0 0 0 0 0					Yes	No
b Enter the number of Forms W26 included in line 1a. Enter o I/I not applicable 10 0 0 0 0 0 0 0 0	1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	30		
c Dit the organization comply with backup withholding rules for reportable gamments to vendors and reportable gaming (gammling) withings to prize withinsers? 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 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unreaded business gross income of \$1,000 or more during the year? 3a A Early time during the calendar year, did the organization flow 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)? 4a A Early time the name of the foreign country? 5a Was the organization have in foreign country? 5a Was the organization have in shelter transaction at any time during the tax year? 5a Was the organization have the organization file form 88861? 5b Unit organization have an orbit and the organization file form 88861? 5c If "Yes," to line 5a orbit, did the organization file form 88861? 5c If "Yes," to line 5a orbit, did the organization file form 88861? 5c If "Yes," to line 5a orbit, did the organization file form 88861? 5c If "Yes," to line 5a orbit, did the organization file form 88861? 5c If "Yes," to line 5a orbit, did the organization file form 88861? 5c If "Yes," to line 5a orbit, did the organization file form 88861? 5c If "Yes," to line 5a orbit, did the organization file form 88861? 5c If "Yes," to line 5a orbit, did the organization file form 88861? 5c If "Yes," to line 5a orbit, did the organization file form 88861? 5c If "Yes," to line 5a orbit, did the organization file form 88861? 5c If "Yes," to line 6a orbit, did the organization file form 98881 are quite file file form 98881 are quite file file form 988	b		1b	0		
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a	С	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming			
2a Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines Ta and 2a is greater than 250, you may be required to e-file (see instructions) 3a		(gambling) winnings to prize winners?		1c		
b if at least one is reported on line 2a, did the organization file all required federal employment tax returns? 3a bid the organization have unrelated business gross income of \$1,000 or more dumpt the year? 3b if 17 Yes, "has it filed a Form 990 To for this year? If "No." provide an explanation in Schedule O 3a At any time during the calendary 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 accountly? 5b if 17 Yes," enter the name of the foreign country ▶ 5ce instructions for filing requirements for Form TD F 90·22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b If Yes," to line 5a or 5b, did the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year? 6a Does the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 6b If Yes," tide the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6b If Yes," did the organization include with every solicitations under section 170(c). 6c In the form 8282? 6c Did the organization necelve apmentii in excess of 35 made party as a contribution and party for goods and services provided to the payor? 7b If Yes," did the organization notify the donor of the value of the goods or services provided? 7c Did the organization receive apmentii in excess of 35 made party as a contribution of quantitation receive apmentii in excess of 35 made party as a contribution of quantitation receive a partial party of the organization receive and party of the organization received and the organization received and the organization party of the organization received and the surface of the party of the organization received and the organiz	2a					
b If a least one is reported on line 2a, did the organization file all required feeral employment tax returns? Note, if the sum of lines 1 and 2a is greater than 250, you may be required to ← "file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a A Tarny time during the calendary year, did the organization have an explanation in Schedule O 3b		filed for the calendar year ending with or within the year covered by this return	2a	10		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? bif 17'es, *has it flied a Form 9901 for this year? if *\footnote{\sigma}, provided an explanation in Schedule O day 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 accounts. bif 17'es, *fore the the name of the foreign country: ▶ See instructions for fling requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial accounts. 5a Was the organization or party to a prohibited tax shelter transaction at any time during the tax year? 5a Was 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 chariable contributions? 6b If Yes, *foreign the very account of the organization file Form 8896-17? 6c If Yes, *foreign that were not tax deductible as chariable contributions? 6c If Yes, *foreign that may receive deductible contributions under section 170(c). a bif the organization services apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7b If Yes, *foreign the organization receive apayment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7c Variable organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 6b If Yes, *foreign the very sell of the value of the goods or services provided? 7c Variable organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7f If the organization received a contribution of cars, boats, arplanes or other vehicles, did the organization file form 1090 fer year payor form property and property for which it was required? 7g Sponsoring organ	b	If at least one is reported on line 2a, did the organization file all required federal employment tax retur	ns?	2b	Х	
b if "Yes," has it filed a Form 990-T for this year? If "No." provide an explanation in Schedule O 4a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a 4 innancial accountly. 4 b if "Yes," enter the name of the foreign country. ► 5 ea instructions for filing requirements for Form ID = 90.22.1, Report of Foreign Bank and Financial accountly. 5 ea what the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization aparty to a prohibited tax shelter transaction at any time during the tax year? 5 a Was the organization have annual gross receipts that are normally greater than \$100.000, and did the organization solicit any contributions that were not tax deductibles? 5 b if "Yes," to line 5a or 5b, did the organization file Form 88861? 6 a 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 deductibles? 6 b if "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles? 7 organizations that may receive deductible contributions under section 170(c). 8 of the organization state may receive deductible contributions under section 170(c). 9 to the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 organizations that may receive deductible contributions under section 170(c). 8 to the organization notify the donor of the value of the goods or services provided? 7 organizations sell, exchange, or otherwise dispose of tangible personal property for which it was required to the Form 8282? 9 to the organization notify the donor of the value of the goods or services provided? 9 to the organization meeting the year, pay premiums, directly or indirectly, on a personal benefit contract? 9 to the organization meeting the year, p		Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	s)			
4a 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)? 5a Was the organization aper to be provided to the organization and the organization flat as helter transaction? 5b Was 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 Was 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(e). a folicit the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(e). a folicit the organization receive apayment in excess of \$75 made party as a contribution of property for which it was required to life Form 8282? b If "Yes," indicate the number of Forms 8282 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization received a contribution of qualified inelectual property, did the organization file form 8289 as required? 9 If the organization received a contribution of qualified inelectual property, did the organization	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Х
4a 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)? 5a Was the organization aper to be provided to the organization and the organization flat as helter transaction? 5b Was 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 Was 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(e). a folicit the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor? 7 Organizations that may receive deductible contributions under section 170(e). a folicit the organization receive apayment in excess of \$75 made party as a contribution of property for which it was required to life Form 8282? b If "Yes," indicate the number of Forms 8282 filed during the year b Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 If Did the organization received a contribution of qualified inelectual property, did the organization file form 8289 as required? 9 If the organization received a contribution of qualified inelectual property, did the organization	b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O		3b		
b If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90.22.1, Report of Foreign Bank and Financial Accounts. Sa Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X C If "Yes," to line Sa or 5b,			authority over, a			
See instructions for filing requirements for Form TD F90-22.1, Report of Foreign Bank and Financial Accounts. 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b X 5c If "Yes," to line 5a or 5b, did the organization file Form 8886-17 6a Does the organization are 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? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7 Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year e Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7 This organization make any taxable distributions under section 4966? 8 Sponsoring organizations maintaining donor advised funds and seetion 598(a)3 supporting organizations. Did the supporting organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds and seetion 598(a)3 supporting organization file Form 599. Section 501(c)(7) organizations. Enter: a Initiation fees and capital contribution of a conor, donor advised,		financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
Sa X	b	If "Yes," enter the name of the foreign country:				
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 6 If "Yes," to line 5 aor 5b, did the organization file Form 8886-T? 8 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? 6 If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made party as a contribution and partly for goods and services provided to the payor? 5 If "Yes," did the organization notify the donor of the value of the goods or services provided? 6 Did the organization sell, exchange, or otherwise dispose of tangible presonal property for which it was required to file Form 8282? 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization receive any funds, directly or indirectly, on a personal benefit contract? 7 Did the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 8 Did the organization make and contribution of cars, boats, singlanes, or other whickels, did the organization is a Form 1088-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distribution or device funds. a Did the organization make any taxable distribution or device funds. b Did the organization is make any taxable distribution or device funds. a Did the organization is make		See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial A	Accounts.			
c If "Yes," to line 5a or 5b, did the organization file Form 8886-T? 6a 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? b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? If "Yes," did the organization notify the donor of the value of the goods or services provided? To Did the organization receive any tunds, directly or indirectly to pay premiums on a personal benefit contract? To If "Yes," indicate the number of Forms 8282 filed during the year Did the organization, during the year, pay premiums, directly or indirectly, to pay premiums on a personal benefit contract? To If the organization receive any tunds, directly or indirectly, to pay premiums on a personal benefit contract? To If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? To If the organizations maintaining donor advised funds and section 509(a)(3) supporting organization file Form 8899 as required? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds. Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions under section 4966? Did the organization make any taxable distributions of a document of the supporting organization file Form 520 forms sinceme from members or shareholders	5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b If Yes, "did 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? b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If Yes," indicate the number of Forms 8282 filed during the year e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 7 If the organization received a contribution of qualified intellectual property, did the organizations. But the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. But the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organizations. Enter: a Gross income from other s						Х
b If Yes, "did 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? b If Yes, "did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If Yes," indicate the number of Forms 8282 filed during the year e Did the organization received any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To If the organization received a contribution of qualified intellectual property, did the organization file Form 899 as required? 7 If the organization received a contribution of qualified intellectual property, did the organizations. But the supporting organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. But the supporting organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(12) organizations. Enter: a Gross income from other s	С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 7 Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 Did the organization received a contribution of outlified intellectual property, did the organization file Form 8899 as required? If If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make any taxable distributions under section 4966? 9 Did the organization make and expital contributions included on Part VIII, line 12 a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 501(c)(7) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12 Section 501(c)(2) qualified nonprofit health insurance issuers. 3 Is the organization icensed to issue q						
b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). a 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? b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year Poll of the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7 To Did the organization received a contribution of cars, boats, aniplanes, or other vehicles, did the organization file Form 8899 as required? Th If the organization received a contribution of cars, boats, aniplanes, or other vehicles, did the organization file Form 8899 as required? Th If the organization received a contribution of cars, boats, aniplanes, or other vehicles, did the organization file Form 8899 as required? Th If the organization or event of the value of the supporting organizations. Did the supporting organizations animalism glooner advised funds. a Did the organization make any taxable distributions under section 4966? b Gross receipts, included on Form 990, Part VIII, line 12 c British Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12b Section 501(c)(12) qualified nonprofit health insurance issuers. a Is the or		any contributions that were not tax deductible as charitable contributions?		6a		Х
7 Organizations that may receive deductible contributions under section 170(c). a 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? 7	b					
7 Organizations that may receive deductible contributions under section 170(c). a 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? 7		were not tax deductible?		6b		
b If "Yes," did the organization notify the donor of the value of the goods or services provided? c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 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? 76 f Did the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 b X 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 110 b Gross income from members or shareholders b Gross income from members or shareholders b If "Yes," enter the amount of tax exempt interest received or accrued during the year 12a Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	7					
to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e If the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file Form 8899 as required? If the organization or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. A Did the organization make any taxable distributions under section 4966? Ba X Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12 Gross income from members or shareholders B Gross income from members or shareholders B Gross income from members or shareholders B Gross income from ther sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? If the organization receive any payme	а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the pay	or? 7a		
to file Form 8282? d If "Yes," indicate the number of Forms 8282 filed during the year 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, on a personal benefit contract? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a X 5 Sponsoring organization make any taxable distributions under section 4966? 9a X 5 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 10c 11a 12a 12a 12b 13 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11b 12c 13 Section 501(c)(12) organizations. Enter: a Gross income from embers or shareholders 11b 12c 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Sche	b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
d if "Yes," indicate the number of Forms 8282 filed during the year 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? f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? f If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? f If the organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? f Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? g Did the organization make a distribution to a donor, donor advisor, or related person? g Did the organization make a distribution to a donor, donor advisor, or related person? g Did the organization make a distribution is included on Part VIII, line 12 line 10a linitation fees and capital contributions included on Part VIII, line 12 line 11a lob Gross income from members or shareholders lob Gross income from members or shareholders lob Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) lob line 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? lob If "Yes," enter the amount of tax-exempt interest received or accrued during the year lib lib lib lib lib organization licensed to issue qualified health plans in more han one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to	С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as required			
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? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Db 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 13b If "Yes," enter the amount of reserves the organization incometion must report on Schedule O. b Enter the amount of reserves the organization in required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves on hand 13a		to file Form 8282?		7с		X
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9 L X 5 Did the organization make a distribution to a donor, donor advisor, or related person? 9 L X 5 Did the organization make a distribution included on Part VIII, line 12 10 Initiation fees and capital contributions included on Part VIII, line 12 10 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Section 501(c)(12) organizations. Enter: a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11 Initial 12 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12 Initiation fees and capital contributions in sequired to maintain by the states in which the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the orga	d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization organization make and section 509(a)(3) supporting organizations. Did the supporting organization organization for advised funds. a Did the organization make and stribution under section 4966? b Did the organization make a distribution under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b X b Did the organization make a distribution to a donor, donor advisor, or related person? 9c Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 11a	е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7е		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make any taxable distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities in this consumer from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X It is the requirity of the propertity of the payments? If "No," provide an explanation in Schedule O. 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		
Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9	g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? 9b X 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 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: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file a Form 1098-0	C? 7h		
9 Sponsoring organizations maintaining donor advised funds. a Did the organization make any taxable distributions under section 4966? 9a X b Did the organization make a distribution to a donor, donor advisor, or related person? 9b X 10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 10a	8	Sponsoring organizations maintaining donor advised funds and section $509(a)(3)$ supporting organizations. Discourage of the section $509(a)(3)$ supporting organizations and $509(a)(3)$ supporting organizations.	d the supporting			
a Did the organization make any taxable distributions under section 4966? b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		$organization, or a donor \ advised \ fund \ maintained \ by \ a \ sponsoring \ organization, \ have \ excess \ business \ holdings \ at$	any time during the year?	8		X
b Did the organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	9	Sponsoring organizations maintaining donor advised funds.				
10 Section 501(c)(7) organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12						
a 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: a Gross income from members or shareholders 11a 11b 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filling Form 990 in lieu of Form 1041? 12a 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12b 13 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 13b	b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		X
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: a Gross income from members or shareholders 11a 1	10		1			
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а					
a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b		, , , , , , , , , , , , , , , , , , , ,	10b			
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b c Enter the amount of reserves on hand 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 15c	11	· · · · · · ·				
amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b 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. a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13b 13c 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b	а		11a			
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 12 12b 12 12b 12 12b 12b 12b 12b 12	b	Gross income from other sources (Do not net amounts due or paid to other sources against				
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year		, , , , , , , , , , , , , , , , , , , ,				
Section 501(c)(29) qualified nonprofit health insurance issuers. Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. 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 Enter the amount of reserves on hand The interpolation is licensed to issue qualified health plans Interpolation in section is licensed to issue qualified health plans Interpolation in section is licensed to issue qualified health plans Interpolation in section is licensed to issue qualified health plans Interpolation in section is licensed to issue qualified health plans Interpolation is lic				12a		
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a		· · · · · · · · · · · · · · · · · · ·	12b			
Note. See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. 14b						
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 Enter the amount of reserves on hand 13c 14a	а			13a		
organization is licensed to issue qualified health plans 13b 13c 13b 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X 15b 1f "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	_					
c Enter the amount of reserves on hand 13c 13c 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b	b		1			
14a Did the organization receive any payments for indoor tanning services during the tax year? 14a X b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule 0 14b						
b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O14b			130			v
	b	IT "Yes," has it filed a Form 720 to report these payments? IT "No," provide an explanation in Schedule	<i>=</i> U		000	(2010)

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 to any question in this Part VI					Λ
Sec	tion A. Governing Body and Management					
		1			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	2	<u> </u>		
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			_		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	2	<u> </u>		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip with	any other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	ne dire	ct supervision			
	of officers, directors, or trustees, or key employees to a management company or other person? \dots			3		X
4	Did the organization make any significant changes to its governing documents since the prior Form	990 w	as filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's as	sets?		5		Х
6	Did the organization have members or stockholders?			6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	ppoin	t one or			
	more members of the governing body?			7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, $\frac{1}{2}$	stockl	nolders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	ar by t	he following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-	ached	at the			
				9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	re Code.)			
					Yes	No
	Did the organization have local chapters, branches, or affiliates?			10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such of					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	37	
	Has the organization provided a complete copy of this Form 990 to all members of its governing boo	dy bef	ore filing the form?	11a	Х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.				37	
12a				12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "			1	_▼	
40	in Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	Λ	
15	Did the process for determining compensation of the following persons include a review and approve	-	naepenaent			
_	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			4	Х	
	The organization's CEO, Executive Director, or top management official			15a	Α.	Х
b	Other officers or key employees of the organization			15b		Λ
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	mest	with a			
iva	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange			16-		Х
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate the organization the organiz			16a		-22
D	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization		-			
	and the second state of the second state of the second sec			16b		
Sec	exempt status with respect to such arrangements?			100		
17	List the states with which a copy of this Form 990 is required to be filed ►NY					
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-	T (Sec	tion 501(c)(3)s only	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.	,230	(3)(3)3 31113)		-	
	Own website X Another's website X Upon request Other (explain	n in Sc	hedule O)			
19	Describe in Schedule O whether (and if so, how), the organization made its governing documents, c			nd fina	ncial	
	statements available to the public during the tax year.		, ,,			
20	State the name, physical address, and telephone number of the person who possesses the books a	and re	cords of the organiz	ation:	•	
	HEATHER A. HITCHENS - (212) 765-0606					
	570 7TH AVE, SUITE 501, NEW YORK, NY 10018					
23200 12-10-	12			Forn	1 990	(2012)

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question 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.

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

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

(A) Name and Title	(B) Average hours per week	box.	not cl	Pos heck ss pe	ition more rson i	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ANGELA LANSBURY	0.00	. ,			4				0.	0
HONORARY CHAIRMAN	0.00	Х						0.	0.	0.
(2) JO SULLIVAN LOESSER EMERITUS TRUSTEE	0.00	х						0.	0.	0.
(3) WILLIAM IVEY LONG	5.00	Δ						0.	0.	0.
CHAIRMAN	3.00	х		х				0.	0.	0.
(4) THEODORE S. CHAPIN	5.00	Λ		Λ				0.	0.	<u></u>
VICE-CHAIRMAN	3.00	x		X				0.	0.	0.
(5) PETER SCHNEIDER	5.00	23							•	
VICE-CHAIRMAN	3.00	Х		х				0.	0.	0.
(6) MICHAEL P. PRICE	5.00							•		
TREASURER		х		х				0.	0.	0.
(7) ENID NEMY	5.00									
SECRETARY		Х		Х				0.	0.	0.
(8) MARK J ABRAHAMS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(9) PAMELA BELL	2.00									
BOARD MEMBER		Х						0.	0.	0.
(10) BINTA NIAMBI BROWN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(11) DAVID BROWN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(12) WILLIAM CRAVER	2.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(13) PATRICIA CROWN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) DASHA EPSTEIN	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(15) PHILIP M. GETTER	2.00	,,								0
BOARD MEMBER	2.00	Х						0.	0.	0.
(16) SONDRA GILMAN	4.00							0.	0.	0
BOARD MEMBER	2.00	Х						0.	0.	0.
(17) JAMES HIGGINS BOARD MEMBER	4.00	x						0.	0.	0.
BUAKU MEMBEK		Λ						1 0.	U •	- 000

232007 12-10-12

Part VII Section A. Officers, Directors, Tru	ıstees, Key Em	ploy	/ees	, an	d H	ighe	st (Compensated Employe	es (continued)				
(A)	(B)			(0	C)			(D)	(E)			(F)	
Name and title	Average	(do	not c	Pos	itior) a than	one	Reportable	Reportable		Es	timate	ed
	hours per	box	, unle	ss pe	erson	is bo	th an	compensation	compensation		an	nount	of
	week	-	Cer ar	iu a u	Irecu	or/ ir us	T ee	from	from related			other	
	(list any hours for	or director						the	organizations	΄		pensa	
	related	ordi	ee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC) (ز		om the	
	organizations	trustee	trus		gg gg	npen		(***-2/1099-141130)			_	anizati d relati	
	below	dual t	Institutional trustee	_	nploy	st co						anizatio	
	line)	Individual	Institu	Officer	Key employee	Highest compensated employee	Fermi				Ü		
(18) DAVID HENRY HWANG	2.00												
BOARD MEMBER		X					L	0.		0.			0.
(19) LATANYA RICHARDSON JACKSON	2.00	١								_ ا			_
BOARD MEMBER	2 00	X				-	_	0.		0.			0.
(20) JEFFREY ERIC JENKINS	2.00	↓								٨			^
BOARD MEMBER	2 00	Х				-		0.		0.			0.
(21) PIA LINDSTRM	2.00	X						0.		٥.			0.
BOARD MEMBER (22) JACK O'BRIEN	2.00	^			┝	-	┢	0.		٠.			<u> </u>
BOARD MEMBER	2.00	x						0.		٥.			0.
(23) JANE FEARER SAFER	2.00	1				+		0.		•			<u> </u>
BOARD MEMBER	2.00	\mathbf{x}						0.		٥.			0.
(24) ALAN SIEGEL	2.00	 				-							
BOARD MEMBER		\mathbf{x}						0.		0.			0.
(25) MARVA SMALLS	2.00												
BOARD MEMBER		x		4				0.		0.			0.
(26) HOWARD STRINGER	2.00												
BOARD MEMBER		X						0.		0.			0.
1b Sub-total								0.		0.			0.
c Total from continuation sheets to Part	VII, Section A		\					244,106.		0.		9,8	
d Total (add lines 1b and 1c)								244,106.	L	0.		9,8	10.
2 Total number of individuals (including but	not limited to the	nose	liste	ed al	bov	e) w	ho r	received more than \$100	0,000 of reportable				1
compensation from the organization			_									Yes	No
2 Did the average atting list and forward office					1					ı		163	NO
3 Did the organization list any former office line 1a? If "Yes," complete Schedule J for											3		Х
4 For any individual listed on line 1a, is the								ther componention from			3		
and related organizations greater than \$1	•								the organization		4	х	
5 Did any person listed on line 1a receive or									idual for services				
rendered to the organization? If "Yes," co.	-							_			5		Х
Section B. Independent Contractors	•												
Complete this table for your five highest of	ompensated in	depe	ende	ent c	ont	ract	ors	that received more than	\$100,000 of comp	ens	ation 1	rom	
the organization. Report compensation for	r the calendar y	/ear	endi	ng v	vith	or w	/ithi	n the organization's tax	year.				
(A)								(B)			(0)	
Name and busines	s address	N	INC	3				Description of s	services	C	ompe	nsatio	n

\$100,000 of compensation from the organization ► 0

SEE PART VII, SECTION A CONTINUATION SHEETS

Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990 AMERICAN	THEATRI	<u> </u>	1I <i>N</i>	1G	, :	IN	<u>.</u>		13-189	3906
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	oyee	s, a	nd l	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours	(cl	heck	Pos	C) ition that		oly)	(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) SALLY SUSMAN BOARD MEMBER	2.00	x						0.	0.	0.
(28) PAMELA ZILLY BOARD MEMBER	2.00	х						0.	0.	0.
(29) HEATHER HITCHENS	40.00									
EXECUTIVE DIRECTOR		Х		Х				244,106.	0.	9,810.
				,	4					
			1							
		<u> </u>		<u> </u>				044.40-		0.015
Total to Part VII, Section A, line 1c								244,106.		9,810

Form 990 (2012) AMERICAN THEATRE WING, INC. 13-1893906 Page 9	Part VIII Statemen	t of Revenue					
	Form 990 (2012)	AMERICAN	THEATRE	WING,	INC.	13-1893906	Page 9

					e to any question i	in this Part VIII			
			Check if Schedule O cont		,	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514
Contributions, Gifts, Grants and Other Similar Amounts	1		Federated campaigns						
Gra			Membership dues						
ts,		С	Fundraising events	1c	517,707.				
igit Iar		d	Related organizations	1d					
ns,			Government grants (contribut	· · ·	43,000.				
itio		f	All other contributions, gifts, gran	ts, and					
ibu			similar amounts not included abo	ve 1f	313,736.				
d C		g	Noncash contributions included in lines	1a-1f: \$	5,119.				
a C		h	Total. Add lines 1a-1f		>	874,443.			
					Business Code				
e C	2	а	INCOME - JOINT VENTURE		711110	754,903.	754,903.		
Program Service Revenue		b	PROGRAM FEES		611710	43,005.	43,005.		
Su		С	MISCELLANEOUS INCOME		711110	3,085.	3,085.		
am eve		d							
P.O.		е							
P.		f	All other program service reve	enue					
			Total. Add lines 2a-2f			800,993.			
	3		Investment income (including						
			other similar amounts)		>	104,062.			104,062.
	4		Income from investment of ta						
	5		Royalties		>	65.	65.		
				(i) Real	(ii) Personal				
	6	а	Gross rents						
			Less: rental expenses						
			Rental income or (loss)						
		d	Net rental income or (loss)						
	7		Gross amount from sales of	(i) Securities					
			assets other than inventory	6,544,674					
		b	Less: cost or other basis						
			and sales expenses	6,176,037					
		С	Gain or (loss)	368,637	· .				
		d	Net gain or (loss)			368,637.			368,637.
ø	8	а	Gross income from fundraisin	g events (not					
nu.			including \$517	,707. of					
eve			contributions reported on line	1c). See					
ΥF			Part IV, line 18		a 175,993.				
Other Revenu		b	Less: direct expenses		b 175,993.				
٦		С	Net income or (loss) from fund	draising events	>	0.			
	9	а	Gross income from gaming ac	ctivities. See	1				
			Part IV, line 19		a				
		b	Less: direct expenses		b				
		С	Net income or (loss) from gam	ning activities	<u></u>				
	10	а	Gross sales of inventory, less						
			and allowances		a				
		b	Less: cost of goods sold		b				
		С	Net income or (loss) from sale	s of inventory					
			Miscellaneous Revenu	ie	Business Code				
	11	а							
		b							
		С							
			All other revenue						
		е	Total. Add lines 11a-11d						
06.5	12		Total revenue. See instructions.		>	2,148,200.	801,058.	0	/
23200 12-10-	9 - .12								Form 990 (2012)

Part IX | Statement of Functional Expenses

	ion 501(c)(3) and 501(c)(4) organizations must comp		er organizations must co	mplete column (A).	
	Check if Schedule O contains a respon		is Part IX	,	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and		·		
	organizations in the United States. See Part IV, line 21	100,000.	100,000.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	12,250.	12,250.		
3	Grants and other assistance to governments,				
	organizations, and individuals outside the				
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	299,570.	208,201.	40,442.	50,927
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	371,896.	242,374.	83,748.	45,774
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	57,074.	38,362.	10,697.	8,015
10	Payroll taxes	43,154.	28,256.	7,512.	7,386
11	Fees for services (non-employees):				
а	Management				
b	Legal	200.		200.	
С	Accounting	16,756.		16,756.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	17,289.		17,289.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)	14,653.	900.	13,573.	180
12	Advertising and promotion	41,460.	31,095.	4,146.	6,219
13	Office expenses	12,815.	9,611.	1,282.	1,922
14	Information technology	7,073.	5,305.	707.	1,061
15	Royalties				
16	Occupancy	117,030.	87,773.	11,703.	17,554
17	Travel	19,755.	14,816.	1,976.	2,963
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	40 404	10 110	4 2 4 2	2 222
22	Depreciation, depletion, and amortization	13,484.	10,113.	1,348.	2,023
23	Insurance	18,822.	14,117.	1,882.	2,823
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	WORKING IN THE THEATRE	128,287.	128,287.		
a b	SPRINGBOARD NYC PROGRAM	55,080.	55,080.		
C	DEVELOPMENT	44,191.	33,0001		44,191
d	LARSON FUND EXPENSES	37,351.	37,351.		
-	All other expenses	56,863.	28,375.	413.	28,075
25	Total functional expenses. Add lines 1 through 24e	1,485,053.	1,052,266.	213,674.	219,113
26	Joint costs. Complete this line only if the organization	_,,	_, 552, 255		
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0 12-10-12				Form 990 (2012

Part X	(Balance Sheet					
		Check if Schedule O contains a response to any	quest	ion in this Part X			
					(A) Beginning of year		(B) End of year
1	1	Cash - non-interest-bearing			719,714.	1	502,018
2	2	Savings and temporary cash investments			586,213.	2	327,253
3	3	Pledges and grants receivable, net			193,707.	3	48,186
4	1	Accounts receivable, net			4,820.	4	613
5	5	Loans and other receivables from current and for					
		trustees, key employees, and highest compensa	ited er	nployees. Complete			
		Part II of Schedule L				5	
6	6	Loans and other receivables from other disquali	fied pe	rsons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sect	ion 50	1(c)(9) voluntary			
		employees' beneficiary organizations (see instr).	Comp	lete Part II of Sch L		6	
Assets 8	7	Notes and loans receivable, net				7	
8 Ass	3	Inventories for sale or use				8	
` 9	9	Duran sid assessment at a factor of all and a second			22,737.	9	21,730
10)a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	182,972.			
	b	Less: accumulated depreciation	10b	126,229.	20,227.	10c	56,743
11	1	Investments - publicly traded securities				11	
12	2	Investments - other securities. See Part IV, line 1			5,504,287.	12	6,550,246
13	3	Investments - program-related. See Part IV, line			461,150.	13	771,037
14	ļ	Intangible assets				14	
15	5	Other assets. See Part IV, line 11			19,724.	15	19,797
16	3	Total assets. Add lines 1 through 15 (must equal			7,532,579.	16	8,297,623
17	7	Accounts payable and accrued expenses			128,553.	17	157,214
18	3	Grants payable			100,000.	18	100,000
19)	Deferred revenue				19	
20)	Tax-exempt bond liabilities				20	
ဖ္က 21	1	Escrow or custodial account liability. Complete I				21	
Liabilities 22	2	Loans and other payables to current and former	office	rs, directors, trustees,			
<u>a</u>		key employees, highest compensated employee	s, and	disqualified persons.			
<u> </u>		Complete Part II of Schedule L				22	
23	3	Secured mortgages and notes payable to unrela				23	
24	1	Unsecured notes and loans payable to unrelated	d third	parties		24	
25	5	Other liabilities (including federal income tax, pa	yables	to related third			
		parties, and other liabilities not included on lines	17-24). Complete Part X of			
		Schedule D			11,512.	25	4,548
26	<u> </u>	Total liabilities. Add lines 17 through 25			240,065.	26	261,762
		Organizations that follow SFAS 117 (ASC 958), che	k here 🕨 🐰 and			
es		complete lines 27 through 29, and lines 33 an	d 34.				
을 27	7	Unrestricted net assets			6,493,187.	27	7,315,681
荿 28	3	Temporarily restricted net assets			799,327.	28	720,180
둳 29)	Permanently restricted net assets				29	
콘		Organizations that do not follow SFAS 117 (A	SC 95	8), check here 🕨 📖			
<u>p</u>		and complete lines 30 through 34.					
<u> </u>)	Capital stock or trust principal, or current funds				30	
Net Assets or Fund Balances 22 28 29 30 31 32 32 32 32 32 32 32 32 32 32 32 32 32	1	Paid-in or capital surplus, or land, building, or eq				31	
<u>5</u> 32	2	Retained earnings, endowment, accumulated in				32	
z 33	3	Total net assets or fund balances			7,292,514.	33	8,035,861
34	Į.	Total liabilities and net assets/fund balances			7,532,579.	34	8,297,623

Pa	Reconciliation of Net Assets				
	Check if Schedule O contains a response to any question in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,14		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,48	<u>5,0</u>	<u>53.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			47.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	7,29		
5	Net unrealized gains (losses) on investments	5	8	0,2	00.
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	8,03	5,8	<u>61.</u>
Pa	rt XII Financial Statements and Reporting				_
	Check if Schedule O contains a response to any question in this Part XII				LX
				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	Ο.			
2a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit,			
	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	edule O.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir	ıgle Audit			
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red audit			_
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		<u> </u>
			Form	990	(2012)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN THEATRE WING, INC.

Employer identification number 13-1893906

Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part	:.) See inst	ructions.				
The organ	ization is not a	private foundation	because it is: (For lines 1	1 through	11, check	only one b	ox.)					
1 📺	A church, cor	nvention of churches	s, or association of chur	ches desc	ribed in se	ction 170	(b)(1)(A)(i)					
2	•		'0(b)(1)(A)(ii). (Attach Sc									
3					in section	170(b)(1)	A)(iii).					
4	A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii) . A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii) . Enter the hospital's name,											
• —	city, and state:											
5	•		benefit of a college or ur	niversity ov	wned or or	nerated by	a governi	mental uni	t describ	ed in		
J	_	(b)(1)(A)(iv). (Comple	-	iiversity ov	wrica or op	ociated by	a governi	nontal ani	t describ	ica iii		
c \Box			•			- 470/b\/d	IV A V. A					
6 L			ent or governmental unit									
7 LX			eives a substantial part	of its supp	ort from a	governme	entai unit c	or from the	generai	public des	cribea	ın
• 🗀		b)(1)(A)(vi). (Comple		.								
8			section 170(b)(1)(A)(vi).			A .						
9 📖	_	· · · · · · · · · · · · · · · · · · ·	eives: (1) more than 33 1							-	-	
			nctions - subject to certa									
			axable income (less sect	tion 511 ta	x) from bu	sinesses a	acquired b	y the orga	ınization	after June	30, 197	75.
	See section	509(a)(2). (Complete	e Part III.)									
10	-	-	perated exclusively to te					-				
11 📖	An organizati	on organized and or	perated exclusively for the	ne benefit (of, to perfo	orm the fur	nctions of,	or to carr	y out the	purposes	of one	or
	more publicly	supported organiza	ations described in section	on 509(a)(1	1) or section	on 509(a)(2	2). See sec	ction 509(a	a)(3). Ch	eck the bo	x that	
			organization and comple									
	a Type I	b 🗀 Ty	ype II c L Ty	ype III - Fui	nctionally i	integrated	d	I	e III - Noi	n-functiona	ılly inte	grated
e 📖			at the organization is not									
	foundation m	anagers and other t	han one or more publicly	y supporte	d organiza	ations desc	cribed in s	ection 509	9(a)(1) or	section 50	9(a)(2).	
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III				
	supporting or	rganization, check th	nis box									. Ш
g	Since August	t 17, 2006, has the c	organization accepted ar	ny gift or co	ontribution	from any	of the follo	owing pers	sons?			
	(i) A person	n who directly or ind	lirectly controls, either al	one or tog	ether with	persons o	lescribed i	in (ii) and (iii) below	,	Yes	No
	the gove	erning body of the su	upported organization?							11g(i)		
	(ii) A family	member of a persor	n described in (i) above?							11g(ii		
	(iii) A 35% d	controlled entity of a	person described in (i) o	or (ii) above	e?					11g(iii)	
h	Provide the fo	ollowing information	about the supported or	ganization((s).							
(i) Name	of supported	(ii) EIN	(iii) Type of organization	(iv) Is the o	rganization	(ν) Did yoι	ı notify the	(vi) ls	the	(vii) Amour	nt of mo	netarv
` '	anization	(, =	(described on lines 1-9	in col. (i) lis		organizat		organizátio (i) organiz	ed in the		pport	
			above or IRC section	governing (document?	(i) of your support?		(i) organiz U.S	.?			
			(see instructions))	Yes	No	Yes	No	Yes	No			
Γotal												
Jui												

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

Schedule A (Form 990 or 990-EZ) 2012

232021 12-04-12

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.)

Galendary var (or fiscal year beginning in) Galendary var (or fi	Sec	ction A. Public Support						
membership fees received. (Do not include any trustal grants.) Tax revenues levied for the organization's benefit and either paid to ore spended on its behalf and either paid to ore spended on this behalf are grants. The provision of the paid to ore spended on this behalf are grants and the paid to ore spended on this behalf are grants and the paid to ore spended on this behalf are grants. The provision of the paid to ore spended on this behalf are grants and the paid to ore spended on this behalf are grants. The provision of	Cale	ndar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
include any 'unusual grants.') Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 The potation 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. Johnst less from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2008 (b) 2009 (c) 2010 (d) 2011 (a) 2012 (d) 2011 (a) 2012 (d) 2011 (a) 2012 (d) 2011 (a) 2012 (d) 2011 (e) 2012 (f) Total Section B. Total Support. Section B. Total Support (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2011 (e) 2012 (f) Total Section B. Total Support. Section B. Total Support. (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2011 (e) 2012 (f) Total Section B. Total Support. (a) 2008 (b) 2009 (c) 2010 (d) 2011 (e) 2012 (g) 2010 (d) 2011 (e) 2012 (g) 778, 460. 884, 266. 874, 443. 3687948. Section B. Total Support. (a) 2008 (b) 2009 (c) 2010 (d) 2011 (d) 2011 (e) 2012 (d) 2011 (e) 2012 (e) 2020 (e) 202	1	Gifts, grants, contributions, and						
2 Tax revenues levied for the organization is 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) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on saccurities loans, ents, royalties and income from similar sources 9 Net income from inelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assessis (Explain in Part IV) 1 Total support. Add lines 7 through 10 2 Asso receipts from related activities, where the control is support percentage from 2011 Schedule A, Part II, line 14 1 Public support percentage from 2011 Schedule A, Part II, line 14 1 Public support percentage from 2011 Schedule A, Part II, line 14 1 Public support test - 2012. If the organization of did not check to box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization organization meets the "facts and circumstances test - 2012. If the organization qualifies as a publicly supported organization meets the "facts and circumstances test - 2012. If the organization qualifies as a publicly supported organization meets the "facts and circumstances test - 2012. If the organization qualifies as a publicly supported organization meets the "facts and circumstances test - 2012.		membership fees received. (Do not						
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) 7. Amounts from line 4 8. Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 IV) 17. Total support. Add lines 7 through 10. 18. First twe years. If the Form 990 is for the organization of the organization of unafficies as a publicly supported organization. Just the Form 201 is for the organization of unafficies as a publicly supported organization when the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization in Part IV her organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test. 2012. If the organization did not check a box on line 13, falls, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test. The organization did not check a box on		include any "unusual grants.")	558,849.	591,930.	778,460.	884,266.	874,443.	3687948.
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, advised the 5 two line 8. Section B. Total Support Calendar year (or fixed year beginning in) (a) 2008 7. Amounts from line 4 6. Gross income from initial sources, dividends, payments received on securities loans, rents, royaties and income from similar sources 9. Net income from similar sources 9. Net income from brown briefated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assess (Explain in Part IV) 10. Other income. Do not include gain or loss from the sale of capital assess (Explain in Part IV) 11. Total support. Add lines 7 through 10 12. Gross receipts from related activities, etc. (see instructions) 12. First five years. If the Form 990 is for the organization of Public Support Percentage 14. Public support percentage from 2011 Schedule A, Part II, line 14 15. First five years. If the Form 990 is for the organization of did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test. 2011. If the organization qualifies as a publicly supported organization meets the "facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test. The organization did not check a box on line 13, etc., to this box and see instructi	2	Tax revenues levied for the organ-						
3 The value of services or facilities furnished by a governmental unit to the organization without charge. 4 Total. Add lines 1 through 3 558,849. 591,930. 778,460. 884,266. 874,443. 3687948. 558,849. 591,930. 778,460. 884,266. 874,443. 3687948. 5 Public support 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. Selbreat line's Sens line 4 8 Cection B. Total Support Callendar year (or fiscal year beginning in) 6 Public support more in a sensitive sens line 4 8 Gross income from inetrest, dividends, payments received on securities loans, rents, royaltes and income from similar sources 9 Net income from unrelated business a 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 IV) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 5010(x) organization, check this box and stop here. The organization of unblic Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Total support. Add lines 7 through 10 16 33 1/3% support set 2-011. If the organization did not check to box on line 13, 1a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization where. The organization meets the "facts-and-circumstances' test. The organization did not check a box on line 13, 16a, or 17b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances' test. The organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		ization's benefit and either paid to						
turnished by a governmental unit to the organization without charge to the organization 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) 319,380. 8 Public support: Sebract line 5 son line 4 8 Gross income from threast, dividends, payments received on securities loans, rents, royalties and income from similar sources of sources or organization or loss from the sale of capital assets (Explain in Part IV) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 (2 cross receipts from related activities, whether or not the business is regularly carried on or loss from the sale of capital assets (Explain in Part IV) 12 (3 cross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly supported organization where. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances test. 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, or 17a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and se instructions.		or expended on its behalf						
the organization without charge 4 Total. Add lines 1 through 3 558,849,591,930,778,460,884,266,874,443,3687948. 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, subread time 5 ton line 4, 558,849,591,930,778,460,884,266,874,443,3687948. Section B. Total Support Calendaryear (or fiscal year beginning in) 6 Public support norm line 4 558,849,591,930,778,460,884,266,874,443,3687948. Section B. Total Support Calendaryear (or fiscal year beginning in) 6 Public support from line 4 558,849,591,930,778,460,884,266,874,443,3687948. Section B. Total Support (a) 2010 (b) 2011 (c) 2011 (d) 2011 (e) 2012 (f) Total support, add lines 5 ton line 4, 558,849,591,930,778,460,884,266,874,443,3687948. Section C. Total support or from unrelated business a 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 IV). 2, 859, 1, 299, 3, 182, 22, 244, 3, 085, 32, 669, 11 Total support, Add lines 7 through 10 2, 859, 1, 299, 3, 182, 22, 244, 3, 085, 32, 669, 11 Total support, Add lines 7 through 10 2, 859, 1, 299, 3, 182, 22, 244, 3, 085, 32, 669, 11 Total support, Add lines 7 through 10 2, 859, 1, 299, 3, 182, 22, 244, 3, 085, 32, 669, 11 Total support, Add lines 7 through 10 3 First five years. If the Form 930 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(s) organization, check this box and stop here. The organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization qualifies as a publicly supported organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances	3	The value of services or facilities						
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. Setherative 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from similar sources 9 Net income from similar sources 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 11 Total support. Add lines 7 through 10 2 (see instructions) 12 2 (see instructions) 13 First five years. If the Form 990 is for the organization of the other keeps or granization meets the "facts and circumstances" test, check this box and stop here. The organization meets the "facts and circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and cir		furnished by a governmental unit to						
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, amount shown on line 12, amount shown on line 13, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts and-circumstances" test, The organization did not check a box on line 13, 16a, 16b, or 17a, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization person and the organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization person and the organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization person and the organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization person and the organization meets the "facts and-circumstances" test. The organization qualifies as a publicly		the organization without charge						
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) 319,380. 6 Public support. Subract line 5 from line 4 8 Cross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources sactivities, whether or not the business activities, whether or not the 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 IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (fi)) 15 Public support percentage from 2011 Schedule A, Part II, line 14 16 S 77.63 % 16 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 13% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization in ever the organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization in part IV how the organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts and-circumstances" test. The organization qualifies as a publicly supported organization in part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publ	4	Total. Add lines 1 through 3	558,849.	591,930.	778,460.	884,266.	874,443.	3687948.
governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 319, 380. 6 Public support, Subract line 5 from line 4. 8 Gross income from line 4. 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from unrelated business and income from unrelated business and 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 IV) 10 Total support. Add lines 7 through 10	5	The portion of total contributions						
supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) 319,380. 6 Public support. Swetractives 5 from line 4 \$3368568.		by each person (other than a						
on line 1 that exceeds 2% of the amount shown on line 11, column (f) 6 Public support, subtract line 5 from line 4 8 A Contail Support 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of Public Support Percentage Section C. Computation of Public Support Percentage 14 Unblic support percentage from 2011 Schedule A, Part II, line 14 15 Public support test - 2012. If the organization did not check the box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how t		governmental unit or publicly						
amount shown on line 11, column (f) 319,380. 6 Public support. Subract line 5 from line 4. Section B. Total Support Calledary year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources on securities loans, rents, royalties and income from minitar sources and income from minitar sources of the business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV) 17 Total support. Add lines 7 through 10 18 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 19 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 18 3 31/3% support test - 2012. If the organization did not check to box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts and-circumstances" test, check this box and stop here. Explain in Part IV) 19 10% -facts-and-circumstances test - 2011. If the organization qualifies as a publicly supported organization 10 17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part		supported organization) included						
column (f) 319,380. 8 Public support. Submack line 5 from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 IV) 17 Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 18 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. The organization qualifies as a publicly support degration meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV on the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV Now the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV Now the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV Now the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV Now the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV Now the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV Now the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV Now the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV Now the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV Now the organization meets the "facts-and-circumstances" test, check this box and stop here. Exp		on line 1 that exceeds 2% of the						
Section B. Total Support Amounts from line 4 B Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from similar sources 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support test - 2012. If the organization of lot check a box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization of lot check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, the cket this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, the cket this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, the cket this box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization 15 Private foundation. If the organization oil do not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization 16 Private foundation. If the organization oil do not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, the organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test. The organization qualifies as a public		amount shown on line 11,						
Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 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 IV) 17 Total support. Add lines? Through 10 18 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 18 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 19 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV to whe organization meets the "facts-and-circumstances" test, the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization of line to		column (f)						319,380.
Calendar year (or fiscal year beginning in) Amounts from line 4 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) First five years. If the Form 990 is for the organization stop here. Public support percentage from 2011 Schedule A, Part II, line 14 Bection C. Computation of Public Support Percentage 14 Public support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test, check this box on line 13, 16a, 16b, 17a, or 17b, check this box ond see instructions Brivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions First five forman and the organization of part IV. Deviation of Public Support dest - 2012. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Brivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Brivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Brivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Brivate foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions Brivate foundation. If the organization did not	6	Public support. Subtract line 5 from line 4.						3368568.
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and 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 IV) 2	Sed	ction B. Total Support						
7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources 9 Net income from similar sources 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2011 Schedule A, Part II, line 14 16 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. Check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the	Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2008	(b) 2009		(d) 2011	(e) 2012	(f) Total
dividends, payments received on securities loans, rents, royalties and income from similar sources 206,848. 103,152. 122,533. 84,968. 104,127. 621,628. 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 IV) 2,859. 1,299. 3,182. 22,244. 3,085. 32,669. 11 Total support. Add lines 7 through 10 4342245. 12 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage from 2011 Schedule A, Part II, line 14 14 77.58 % 15 57.63 % 163 331/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization Land of the organization meets the "facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the	7	Amounts from line 4	558,849.	591,930.	778,460.	884,266.	874,443.	3687948.
securities loans, rents, royalties and income from similar sources. 9 Net income from unrelated business activities, whether or not the business is regularly carried on								
and income from similar sources 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 IV) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2011 Schedule A, Part II, line 14 15 Public support percentage from 2011 Schedule A, Part II, line 14 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 15 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 16 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.		dividends, payments received on						
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 IV) 2,859 1,299 3,182 22,244 3,085 32,669 11 Total support. Add lines 7 through 10 4342245 12 Gross receipts from related activities, etc. (see instructions) 12 Isrist five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 14 77 . 58 % 15 57 . 63 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization by 31/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization for the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "fact		securities loans, rents, royalties						
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 IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) 13 reganization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2011 Schedule A, Part II, line 14 16 a3 31/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies		and income from similar sources	206,848.	103,152.	122,533.	84,968.	104,127.	621,628.
business is regularly carried on 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV)	9	Net income from unrelated business						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2011 Schedule A, Part II, line 14 16 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and		activities, whether or not the						
or loss from the sale of capital assets (Explain in Part IV.) 11 Total support. Add lines 7 through 10 12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2011 Schedule A, Part II, line 14 16 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 0r 17a, or 17b, check this box and see instructions 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 0r 17a, or 17b, check this box and see instructions		business is regularly carried on						
assets (Explain in Part IV.) Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 Tirst five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2011 Schedule A, Part II, line 14 16 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 19 A 3 4 3 4 2 2 2 2 2 4 4 1 3 0 3 0 4 3 4 2 4 2 4 5 1 5	10	Other income. Do not include gain						
Total support. Add lines 7 through 10 Gross receipts from related activities, etc. (see instructions) 12 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2011 Schedule A, Part II, line 14 16 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions 10 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 0r 17a, and see instructions 10 Private foundation. If the organization did not check a box on line 13, 16a, 17a, or 17b, check this box and see instructions		or loss from the sale of capital						
12 Gross receipts from related activities, etc. (see instructions) 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 57 · 63 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization qualifies as a publicly		assets (Explain in Part IV.)	2,859.	1,299.	3,182.	22,244.	3,085.	32,669.
First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2011 Schedule A, Part II, line 14 15 57.63 % 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, c	11	Total support. Add lines 7 through 10						4342245.
organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f))	12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
Section C. Computation of Public Support Percentage 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2011 Schedule A, Part II, line 14 16 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) Public support percentage from 2011 Schedule A, Part II, line 14 15		organization, check this box and stor	here	·····				<u></u> ▶□
15 Public support percentage from 2011 Schedule A, Part II, line 14 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								F
stop here. The organization qualifies as a publicly supported organization b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization P 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								,-
b 33 1/3% support test - 2011. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	16a		-					
and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization P 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		1 0 1 7 11 0						
17a 10% -facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	b							
and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	17a							
b 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization						
more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	b							
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								
	18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			

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

(Complete only if you checked the box on line 9 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.)

Section A. Public Support	ow, picase com	pioto i art ii.j				
Calendar year (or fiscal year beginning in)	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
1 Gifts, grants, contributions, and			, ,	, ,	` ,	,,
membership fees received. (Do not						
include any "unusual grants.")						
2 Gross receipts from admissions,						
merchandise sold or services per-						
formed, or facilities furnished in						
any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or bus-						
iness under section 513						
4 Tax revenues levied for the organ-						
ization's benefit and either paid to						
or expended on its behalf						
5 The value of services or facilities			A			
furnished by a governmental unit to						
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
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						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						
Section B. Total Support						
Calendar year (or fiscal year beginning in) ► 🔼	(a) 2008	(b) 2009	(c) 2010	(d) 2011	(e) 2012	(f) Total
9 Amounts from line 6						
10a Gross income from interest,						
dividends, payments received on securities loans, rents, royalties	\					
and income from similar sources						
b Unrelated business taxable income						
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business						
activities not included in line 10b,						
whether or not the business is regularly carried on						
12 Other income. Do not include gain						
or loss from the sale of capital						
assets (Explain in Part IV.)						
14 First five years. If the Form 990 is for t	he organization'	e firet second thir	d fourth or fifth t	I av vear as a sectio	n 501(c)(3) organia	zation
check this box and stop here	•		•	•	. , . ,	·
Section C. Computation of Public						
15 Public support percentage for 2012 (lin			column (fl)		15	%
16 Public support percentage from 2011 S					16	%
Section D. Computation of Invest					!	
17 Investment income percentage for 201			ne 13, column (f))		17	%
18 Investment income percentage from 20					18	
19a 33 1/3% support tests - 2012. If the co						
• •	· ·		•		*	
more than 33 1/3%, check this box and						
b 33 1/3% support tests - 2011. If the c	· ·			·	•	
line 18 is not more than 33 1/3%, chec			•		ŭ	
20 Private foundation. If the organization	uid not check a	. Dox on line 14, 19	a, or 19b, check th	nis box and see in	structions	P

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

2012

** Do Not File **

*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANITA JAFFE	234,920.	148,075.
SONY CORPORATION	111,950.	25,105.
DOROTHY STRELSIN FOUNDATION	233,045.	146,200.
otal Excess Contributions to Schedule A, Part II, Line 5		319,380.

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

AMERICAN THEATRE WING, INC.

Attach to Form 990, Form 990-EZ, or Form 990-PF.

OMB No. 1545-0047

Name of the organization

Employer identification number

13-1893906

Organiza	ation type (check or	ne):				
Filers of	:	Section:				
Form 99	0 or 990-EZ	X 501(c)(3) (enter number) organization				
4947(a)(1) nonexempt charitable trust not treated as a private foundation						
		527 political organization				
Form 99)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
	nly a section 501(c)(covered by the General Rule or a Special Rule. 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
	For an organization contributor. Comple	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one ete Parts I and II.				
Special	Rules					
X	509(a)(1) and 170(b	(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections (1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.				
	total contributions	(r)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or ruelty to children or animals. Complete Parts I, II, and III.				
	contributions for us If this box is checked purpose. Do not co	c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, se exclusively for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. ed, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., amplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions of \$5,000 or more during the year				

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2012)

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 Part I, line 2 of its Form 990-PF, to

certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization

Employer identification number

AMERICAN THEATRE WING, INC.

13-1893906

(a) No. Name, address, and ZIP + 4 Co	Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
				* *
(a) No. Name, address, and ZIP + 4 SAGE FOUNDATION PO BOX 1919 Payroll Noncash Complete Part II if there is a noncash contribution No. Name, address, and ZIP + 4 A	1	720 PARK AVENUE 14A	\$	Payroll Noncash (Complete Part II if there
PO BOX 1919 BRIGHTON , MI 48116 (a) No. Name, address, and ZIP + 4 Total contributions SONDRA GILMAN GONZALES - FALLA 109 E 64TH ST NEW YORK, NY 10065 (b) No. Name, address, and ZIP + 4 THE DOROTHY STRELSIN FOUNDATION 1040 PARK AVENUE NEW YORK, NY 10028 (a) No. Name, address, and ZIP + 4 THE DOROTHY STRELSIN FOUNDATION 1040 PARK AVENUE NEW YORK, NY 10019 (b) No. Name, address, and ZIP + 4 Total contributions S 8, 000. (c) (d) Type of contribution Person Management Payroll Payroll		(b)		(d)
PO BOX 1919	2	SAGE FOUNDATION		
No. Name, address, and ZIP + 4 Total contributions Type of contribution			\$ 65,000.	Noncash (Complete Part II if there
SONDRA GILMAN GONZALES-FALLA 109 E 64TH ST				
109 E 64TH ST			Total contributions	
NEW YORK, NY 10065	3		\$	Payroll Noncash
No. Name, address, and ZIP + 4 Total contributions Type of contribution 4 THE DOROTHY STRELSIN FOUNDATION 1040 PARK AVENUE NEW YORK, NY 10028 (c) Total contributions (Complete Part II if there is a noncash contribution) 5 GARY GODDARD 1600 BROADWAY, PH4C NEW YORK, NY 10019 (c) Total contributions Person X Payroll Type of contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) (c) Total contributions (c) Total contribution Person X Payroll Noncash (Complete Part II if there is a noncash contribution) (a) No. Name, address, and ZIP + 4 ADRIENNE ARSHT 2850 WOODLAND DR NW \$ 22,350. (Complete Part II if there is a noncash contribution) (c) Total contributions Person X Payroll Noncash (Complete Part II if there is a noncash contribution)		NEW YORK, NY 10065		
1040 PARK AVENUE \$ 58,000. Payroll Noncash Complete Part II if there is a noncash contribution.) (a) No. Name, address, and ZIP + 4 Total contributions Person X Payroll Noncash Noncash				
1040 PARK AVENUE \$ 58,000. Noncash (Complete Part II if there is a noncash contribution.)	4	THE DOROTHY STRELSIN FOUNDATION		1 010011
NEW YORK , NY 10028		1040 PARK AVENUE	\$58,000.	
No. Name, address, and ZIP + 4 Total contributions Type of contribution		NEW YORK, NY 10028		
1600 BROADWAY, PH4C \$ 22,350. Noncash				
1600 BROADWAY, PH4C \$ 22,350. Noncash (Complete Part II if there is a noncash contribution.)	5	GARY GODDARD		
NEW YORK, NY 10019 (a) (b) (c) (d) Total contributions 6 ADRIENNE ARSHT 2850 WOODLAND DR NW (b) (c) (d) Type of contributions Person X Payroll Payroll (Complete Part II if there		1600 BROADWAY, PH4C	\$22,350.	
No. Name, address, and ZIP + 4 Total contributions Type of contribution ADRIENNE ARSHT 2850 WOODLAND DR NW \$ 22,350. (Complete Part II if there		NEW YORK, NY 10019		(Complete Part II if there is a noncash contribution.)
2850 WOODLAND DR NW \$ 22,350. Payroll Noncash (Complete Part II if there				• •
2850 WOODLAND DR NW \$ 22,350. Noncash (Complete Part II if there	6	ADRIENNE ARSHT		
		2850 WOODLAND DR NW	\$22,350.	- =
Schodulo P (Form 000, 000 E7, or 000 DE) (2010)	_	WASHINGTON, DC 20008		is a noncash contribution.)

Name of organization

Employer identification number

AMERICAN THEATRE WING, INC.

13-1893906

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SONY CORPORATION 900 METRO CENTER BOULEVARD FOSTER CITY, CA 94404	\$ 22,350.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	NATIONAL ENDOWMENT FOR THE ARTS 1100 PENNSYLVANIA AVENUE, NW WASHINGTON, DC 20506	\$20,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)

Name of organization **Employer identification number**

AMERICAN THEATRE WING, INC.

13-1893906

(a) No. from Part I (a) No. (b) FMV (or estimate) (see instructions) (a) No. (b) FMV (or estimate) (see instructions) (b) FMV (or estimate) (c) FMV (or estimate) (d) Date received from Description of noncash property given	
(a) No. (b) (c) FMV (or estimate) Pate rece	eived
No. (b) (c) (d) FMV (or estimate) Pate received	∍ived
Part I (see instructions)	
(a) No. from Part I (b) FMV (or estimate) (see instructions) (d) Date rece	∍ived
(a) No. from Part I (b) Description of noncash property given (c) FMV (or estimate) (see instructions) Date rece	eived
(a) No. from Part I (b) (c) FMV (or estimate) (see instructions) (d) Date rece	∍ived
(a) No. from Part I (b) (c) FMV (or estimate) (see instructions) (d) Date rece	∍ived
\$ Schedule R (Form 990, 990-F7, or 990	

Name of organization Employer identification number AMERICAN THEATRE WING INC. 13-1893906 Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter Part III the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. `from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990. ➤ See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

AMERICAN THEATRE WING, INC

Employer identification number 13-1893906

Pai	t I Organizations Maintaining Donor Advised I	-	s or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		·
	, ,	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	ing that the assets held in donor advis	sed funds
_	are the organization's property, subject to the organization's exc	_	
6	Did the organization inform all grantees, donors, and donor advis		
_	for charitable purposes and not for the benefit of the donor or do		
	impermissible private benefit?		
Pai			
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (e.g., recreation or educ		storically important land area
	Protection of natural habitat		ified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			1 1
С	Number of conservation easements on a certified historic struction	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired after	r 8/17/06, and not on a historic struct	ure
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the	e organization during the tax
	year ▶		
4	Number of states where property subject to conservation easen	nent is located >	
5	Does the organization have a written policy regarding the period	ic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho		
6	Staff and volunteer hours devoted to monitoring, inspecting, and		
7	Amount of expenses incurred in monitoring, inspecting, and enfo		
8	Does each conservation easement reported on line 2(d) above s	atisfy the requirements of section 170	````
9	In Part XIII, describe how the organization reports conservation	·	
	include, if applicable, the text of the footnote to the organization	's financial statements that describes	the organization's accounting for
Do	conservation easements. t III Organizations Maintaining Collections of A	rt Historical Transuras or O	that Similar Assats
Pai	Complete if the organization answered "Yes" to Form 990	•	ther Similar Assets.
10			ment and belonce about works of out
Id	If the organization elected, as permitted under SFAS 116 (ASC Shistorical treasures, or other similar assets held for public exhibit		
	the text of the footnote to its financial statements that describes		ince of public service, provide, in Fart Alli,
h	If the organization elected, as permitted under SFAS 116 (ASC 9		t and balance shoot works of art, historical
b	treasures, or other similar assets held for public exhibition, educ		
	relating to these items:	ation, or research in furtherance of pu	blic service, provide the following amounts
	(i) Revenues included in Form 990, Part VIII, line 1		• •
2	If the organization received or held works of art, historical treasu		
_	the following amounts required to be reported under SFAS 116		a gan, provide
а	Revenues included in Form 990, Part VIII, line 1	·	> \$
_	,		······································

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

Schedule D (Form 990) 2012

AMERICAN	$THE\Delta TRE$	WING	INC.

Pai	t III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, oi	r Other	Similar	Asse	ts (contin	ued)	
3	Using the organization's acquisition, access	ion, and other record	ls, check any of the	following that	are a sign	ificant use	e of its	collection	item	 s
	(check all that apply):									
а	Public exhibition	d	Loan or exc	hange progran	ns					
b	Scholarly research	е	Other							
С	Preservation for future generations									
4	Provide a description of the organization's c	ollections and explain	n how they further t	he organization	n's exemp	t purpose	in Parl	XIII.		
5	During the year, did the organization solicit of									
	to be sold to raise funds rather than to be m		•	*			\square	Yes		No
Pai	t IV Escrow and Custodial Arran							ne 9, or		
	reported an amount on Form 990, Pa		J			,	•	•		
	Is the organization an agent, trustee, custod	ian or other intermed	liary for contribution	ns or other ass	ets not inc	luded				
	on Form 990, Part X?		•					Yes		No
b	If "Yes," explain the arrangement in Part XIII									
	g							Amount		
c	Beginning balance					1c		,		
	Additions during the year					1d				
	Distributions during the year					1e				
f	Ending balance		1f							
2a	Did the organization include an amount on F	orm 990 Part X line	212					Yes		No
	If "Yes," explain the arrangement in Part XIII.									
Pai									_	
		(a) Current year	(b) Prior year	(c) Two years		Three year	rs hack	(a) Four	vears	hack
10	Paginning of year balance	(a) Current year	(b) Filor year	(C) Two years	back (u)	Till Co you	13 DUCK	(e) i oui	yours	buok
	Beginning of year balance									
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
g	End of year balance									
2	Provide the estimated percentage of the cur		e (line 1g, column (a)) held as:						
а	Board designated or quasi-endowment		_%							
b	Permanent endowment	%								
С	Temporarily restricted endowment ▶	%								
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.								
3а	Are there endowment funds not in the posse	ession of the organiza	ation that are held a	and administere	ed for the	organizat	ion	-		
	by:							\rightarrow	Yes	No
	(i) unrelated organizations							3a(i)		
	(ii) related organizations							3a(ii)		
b	If "Yes" to 3a(ii), are the related organization	s listed as required o	n Schedule R?					3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.							
Pai	t VI Land, Buildings, and Equipn	nent. See Form 990	, Part X, line 10.							
	Description of property	(a) Cost or o	ther (b) Cos	t or other	(c) Accu	mulated		(d) Book	value	Э
		basis (investr	nent) basis	(other)	depre	ciation				
1a	Land									
	Buildings									
	Leasehold improvements									
	Equipment		18	32,972.	12	6,229	7.	56	5,7	43.
	Other									
	. Add lines 1a through 1e. (Column (d) must e		X. column (B), line	10(c).)			—	56	7.	43.

Schedule D (Form 990) 2012

	10 D (1 0111 000) 20 12			. • •			= 0 0 0 0 0 1 age 0
	VII Investments - Other Securities. See		ne 12.	()) () ()		0 1 1	
<u> </u>	escription of security or category (including name of security)	(b) Book value		(c) Method of va	aluation	n: Cost or end	of-year market value
	ancial derivatives						
	sely-held equity interests						
(3) Oth		2 202 1	2.4	EMD OF M	11 A D	MADZEE	777 T TTD
(A)	ETFS AND CEFS	2,393,13		END-OF-Y			
(B)	OTHER MUTUAL FUNDS	2,202,4		END-OF-Y			
(C)	CORPORATE BONDS	1,268,3		END-OF-Y			
(D)	COMMON STOCKS	686,3	12.	END-OF-Y	EAK	MARKET	VALUE
<u>(E)</u>							
<u>(F)</u>							
(G)							
(H)							
(I)	2 (1)	6 550 2	16				
	Col. (b) must equal Form 990, Part X, col. (B) line 12.)	6,550,2					
Part	VIII Investments - Program Related. Se		line 13.				-£
	(a) Description of investment type	(b) Book value		(c) Method of va	aluatior	n: Cost or end	of-year market value
(1)	INVESTMENT IN JOINT						
(2)	VENTURE WITH						
(3)	NOT-FOR-PROFIT			GO GE			
(4)	ORGANIZATION	771,0	3 / •	COST			
(5)							
(6)							
(7)							
(8)							
(9)							
(10)		554 0					
	Col. (b) must equal Form 990, Part X, col. (B) line 13.)	771,0	3 / •				
Part	, ,						
	(a) I	Description					(b) Book value
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
	Column (b) must equal Form 990, Part X, col. (B) line					>	
Part	, ,	ine 25.		,			
1	(a) Description of liability		(b) Book value			
(1)	Federal income taxes			4 5 4 0			
(2)	DEFERRED RENT			4,548.			
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2012

(11)

4,548.

Pa	rt XII Reconciliation of Expenses per Audited Financial Statement	s W	/ith Expenses per	Retu	irn
1	Total expenses and losses per audited financial statements			1	1,477,894.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	10,130.		
b	Prior year adjustments	2b			
		2c			
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	10,130.
3	Subtract line 2e from line 1			3	1,467,764.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	17,289.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	17,289.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	1,485,053.

Part XIII Supplemental Information

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

PART X, LINE 2: THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE

SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY
UNCERTAIN TAX POSITIONS.

Schedule D (Form 990) 2012

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

Open To Public

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a. ► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Inspection

ame of the organization AMERICA	N THEATRE WING, IN	c.			13-189	3906
Part I Fundraising Activities. required to complete this part	• Complete if the organization answet.	red "Y	es" to	Form 990, Part IV, li	ine 17. Form 990-	EZ filers are not
 Indicate whether the organization rais a Mail solicitations Mail solicitations Internet and email solicitations Phone solicitations In-person solicitations Did the organization have a written of key employees listed in Form 990, Pab If "Yes," list the ten highest paid indicompensated at least \$5,000 by the 	e Solicitat f Solicitat g Special or oral agreement with any individual cart VII) or entity in connection with prividuals or entities (fundraisers) pursu	ion of ion of fundra (includerofess	non-govern govern dising of ding of ional f	overnment grants nment grants events fficers, directors, true undraising services?	stees or	∕es □ No to be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have con or con contribu	ustody trol of	(iv) Gross receipts from activity	(v) Amount paid to (or retained b fundraiser listed in col. (i)	to (or retained by)
		Yes	No			
		7				
Sample of the organization or licensing.	on is registered or licensed to solicit o	contrib	utions	l s or has been notified	d it is exempt fror	I ∩ registration
UA Panarwark Paduation Act Nation	and the Instructions for Economics	or 000	E7		Schedule G /	Form 990 or 990-F7) 201

232081 01-07-13

13-1893906 Page 2 Schedule G (Form 990 or 990-EZ) 2012 AMERICAN THEATRE WING, INC. Part II Fundraising Events. Complete if the organization answered "Yes" to 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. (a) Event #1 (b) Event #2 (c) Other events (d) Total events NONE (add col. (a) through ANNUAL GALA col. (c)) (total number) (event type) (event type) Revenue 693,700. 693,700. 1 Gross receipts 517,707. 517,707. 2 Less: Contributions 175,993. 175,993. Gross income (line 1 minus line 2) Cash prizes Noncash prizes Direct Expenses Rent/facility costs 122,712. 122,712. 7 Food and beverages 53,281. 53,281. 8 Entertainment Other direct expenses 175,993 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a. (b) Pull tabs/instant (d) Total gaming (add Revenue (a) Bingo (c) Other gaming bingo/progressive bingo col. (a) through col. (c)) Gross revenue 2 Cash prizes Expenses 3 Noncash prizes Direct | 4 Rent/facility costs 5 Other direct expenses Yes Yes No 6 Volunteer labor 7 Direct expense summary. Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column d, and line 7 **9** Enter the state(s) in which the organization operates gaming activities: a Is the organization licensed to operate gaming activities in each of these states? **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2012

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

b If "Yes," explain:

Sch	edule G (Form 990 or 990-EZ) 2012 AMERICAN THEATRE WING, INC.	1893906	Page 3
11	Does the organization operate gaming activities with nonmembers?	└── Yes	└── No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	☐ No
13	Indicate the percentage of gaming activity operated in:	1 1	
	The organization's facility	13a	%
	An outside facility	ISD	70
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 > \$ and the amount		
	of gaming revenue retained by the third party > \$		
c	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	California in the control of the con		
	Name ►		
	Gaming manager compensation ▶ \$		
	Garming manager compensation • • •		
	Description of services provided ▶		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
-		Yes	☐ No
	retain the state gaming license?	163	110
D	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
Pa	organization's own exempt activities during the tax year > \$ rt IV Supplemental Information. Complete this part to provide the explanations required by Part I, line 2b, columns (iii	and (v), and	Part III,
	lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information	n (see instru	ctions).

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

► Attach to Form 990.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization	יישבעיים ז	VING, INC.					Employer identification number 13-1893906
Part I General Information on Grants a		VING, INC.					13 1023200
Does the organization maintain records	to substantiate th	e amount of the grants	s or assistance, the	e grantees' eligibilit	v for the grants or ass	sistance, and the selec	
criteria used to award the grants or assi		-					
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of grant	t funds in the Unite	d States.			
Part II Grants and Other Assistance to					anization answered "\	Yes" to Form 990, Part	t IV, line 21, for any
recipient that received more than	\$5,000. Part II ca	n be duplicated if addit	tional space is need	ded.			•
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
16TH STREET THEATER							L
6420 16TH ST	26 4021000	E01/G)/2)	10,000				PRODUCTION OF DRAMATIC
BERWYN, IL 60402	26-4031009	501(C)(3)	10,000.	0.			AND/OR MUSICAL THEATRE
THE CATASTROPHIC THEATRE							
1119 PROVIDENCE ST			10				PRODUCTION OF DRAMATIC
HOUSTON, TX 77002	75-3244892	501(C)(3)	10,000.	0.			AND/OR MUSICAL THEATRE
CONSTELLATION THEATRE COMPANY							
1835 14TH STREET NW							PRODUCTION OF DRAMATIC
WASHINGTON, DC 20009	26-1863863	501(C)(3)	10,000.	0.			AND/OR MUSICAL THEATRE
mbillion, be 20005	20 1003003	501(0)(3)	10,000.				
THE CUTTING BALL THEATER							
277 TAYLOR STREET							PRODUCTION OF DRAMATIC
SAN FRANCISCO, CA 94102	20-5270275	501(C)(3)	10,000.	0.			AND/OR MUSICAL THEATRE
GOLDEN THREAD PRODUCTIONS							
450 FLORIDA ST							PRODUCTION OF DRAMATIC
SAN FRANCISCO, CA 94110	75-3009451	501(C)(3)	10,000.	0.			AND/OR MUSICAL THEATRE
THE HYPOCRITES							
NOBLE SQUARE				_			PRODUCTION OF DRAMATIC
CHICAGO, IL 60640	36-4187724	<u> </u>	10,000.				AND/OR MUSICAL THEATRE
2 Enter total number of section 501(c)(3) a			he line 1 table				
3 Enter total number of other organization							
LHA For Paperwork Reduction Act Notice	e, see tne Instruc	tions for Form 990.					Schedule I (Form 990) (2012

Part II Continuation of Grants and Other	Assistance to Go	vernments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PROSPECT THEATRE COMPANY							
520 8TH AVE							PRODUCTION OF DRAMATIC
NEW YORK, NY 10018	58-2400427	501(C)(3)	10,000.	0.			AND/OR MUSICAL THEATRE
,			/				
THEATER LATTE-DA							
.170 15TH AVE SE							PRODUCTION OF DRAMATIC
MINNEAPOLIS, MN 55414	41-1908432	501(C)(3)	10,000.	0.			AND/OR MUSICAL THEATRE
THIRD RAIL REPERTORY THEATRE							
1111 SW BROADWAY							PRODUCTION OF DRAMATIC
PORTLAND, OR 97205	20-0092657	501(C)(3)	10,000.	0.			AND/OR MUSICAL THEATRE
TRUE GOLODG MUENTER GOMPANY							
TRUE COLORS THEATRE COMPANY							DDODUGETON OF DDAMAETS
887 WEST MARIETTA ST NW	02 0456241	E01/G)/3)	10,000.				PRODUCTION OF DRAMATIC
ATLANTA, GA 30318	03-0456341	501(C)(3)	10,000.	0.			AND/OR MUSICAL THEATRE

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
OMPOSERS, LYRICISTS & BOOK WRITERS GRANTS	3	10,000.	0.		
HEATRICAL DESIGN AWARDS	9	2,250.	0.		
		0			
Part IV Supplemental Information. Complete this part to pr	ovide the information	n required in Part I,	line 2, Part III, colum	ın (b), and any other additional in	formation.
SCHEDULE I, PART I, LINE 2: GRAN	r monitori	NG PROCEDU	RES (PART	I): ATW	
AWARDED GRANTS TO 10 NOT-FOR-PRO	FIT ORGANI	ZATIONS WH	OSE PRIMAR	Y ACTIVITIES	
CENTER ON THE PRODUCTION OF DRAM	ATIC AND/O	R MUSICAL	THEATRE. A	PPLICANTS	
MUST PURSUE A CLEARLY DEFINED MI	SSION, PRO	DUCED AT L	EAST 5 CON	SECUTIVE	
SEASONS AND HAVE PLANS FOR UPCOM	-				
AND 2006. IN ADDITION, A COPY OF	THE MOST	RECENT FIN	IANCIAL AUD	IT AND IRS	
FORM 990 MUST BE SUBMITTED. THE					
AND OVERSEE THE PROCESS.				-	
GRANT MONITORING PROCEDURES (PAR					

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

► Attach to Form 990. See separate instructions.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

AMERICAN THEATRE WING, INC.

Employer identification number 13-1893906

Pa	rt I Questions Regarding Compensation			
	·		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (e.g., maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors,			
	trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
	Receive a severance payment or change-of-control payment?	4a		X
	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	0 11 F04(V0) 1504(V4) 1 1 1 1 1 1 1 1 1			
_	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
_	contingent on the revenues of:	5a		х
	The organization? Any related organization?	5b		X
b	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
Ü	contingent on the net earnings of:			
а	The organization?	6a		Х
	Any related organization?	6b		Х
_	If "Yes" to line 6a or 6b, describe in Part III.			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not described in lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	9		

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

Schedule J (Form 990) 2012

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 in 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 are not 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) Bre	eakdown of	W-2 and/or 1099-M	ISC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred
(A) Name and Title	(i) comp	Base ensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Derients	(B)(I)-(U)	in prior Form 990
(1) HEATHER HITCHENS) 23	4,106.	10,000.	0.	0.	9,810.	253,916.	0.
	í)	0.	0.	0.	0.	0.	0.	0.
	i)							
	i)							
	i)							
(i)							
[1	i)							
(i)							
	i)							
	i)							
	i)							
	i)							
	i)							
	i)							
	i)							
	i)							
	i)							
	i)							
	i) i)							
	i)							
	i)							
	i)							
	i)							
	i)							
	í)							
	i)							
	i)						_	
	i)							
	i)							
	i)							
	i)							

Part III Supplemental Information
Complete this part to 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 O

Supplemental Information to Form 990 or 990-EZ

(Form 990 or 990-EZ)

Department of the Treasury

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.

OMB No. 1545-0047
2012
Open to Public Inspection

internal Revenue Service	Inspection
Name of the organization AMERICAN THEATRE WING, INC.	Employer identification number 13-1893906
FORM 990, PART VI, SECTION B, LINE 11: DRAFT OF FORM 990	IS SENT TO BOARD
MEMBERS FOR REVIEW AND APPROVAL.	
FORM 990, PART VI, SECTION B, LINE 12C: THE ORGANIZATION	REQUESTS BOARD
MEMBERS AND KEY EMPLOYEES SIGN AN ANNUAL CONFLICT OF INTE	REST POLICY
CERTIFICATION, IN ADDITION, BOARD MEMBERS AND KEY EMPLOYE	ES ARE REQUESTED
TO COMPLETE AN ANNUAL FORM 990 DISCLOSURE, WHICH REQUESTS	DISCLOSURE OF ANY
INTEREST THAT COULD GIVE RISE TO CONFLICTS.	
FORM 990, PART VI, SECTION B, LINE 15A: COMPENSATION OF K	EY EMPLOYEES IS
APPROVED BY THE BOARD. COMPENSATION IS GENERALLY BASED ON	INDUSTRY
STANDARD.	
FORM 990, PART VI, SECTION C, LINE 19: FORM 990 IS AVAILA	BLE ONLINE AT
WWW.GUIDESTAR.ORG. ALL OTHER DOCUMENTS ARE AVAILABLE UPON	REQUEST.
FORM 990, PART XI, LINE 2C	
COMMITTEE OVERSIGHT	
THE BOARD HAS APPROVED THE AUDIT COMMITTEE FOR OVERSIGHT	OF THE ANNUAL
AUDIT.	

36

SCHEDULE R (Form 990)

Part I

Department of the Treasury Internal Revenue Service

Related Organizations and Unrelated Partnerships

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

► Attach to Form 990.

► See separate instructions.

OMB No. 1545-0047

2012
Open to Public Inspection

Name of the organization

AMERICAN THEATRE WING, INC.

Employer identification number 13-1893906

Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total inco	me End-of-year		t controlling entity	g
Part II Identification of Related Tax-Exempt Organizations during the tax year.)	itions (Complete if the organization an	swered "Yes" to Form 990,	Part IV, line 34 b	ecause it had one o	or more related tax-ex	empt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	cont	g) 512(b)(13) trolled tity?
		3 ,,		501(c)(3))		Yes	No
	<u> </u>						

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

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets	1 ' '	portion- pocations? Code V-UBI amount in box 20 of Schedule		managir partner	Ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	<u> </u>
TONY AWARD PRODUCTIONS (A											
PARTNERSHIP OF TWO	PRODUCING AN										
NOT-FOR-PROFIT ORGANIZATIONS)	ANNUAL "TONY										
- , 234 W 44 STREET, NY, NY	AWARD" EVENT	NY	JOINT VENTURE	RELATED	754,903.	1,863,148.		X	N/A	Х	50.00%
	1										
]										
	1										

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	512(t contr ent	tion b)(13) rolled ity?
								res	No
		3.0							

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

1a 1b 1c 1d	Х	X
1b 1c 1d		
1c 1d		77
1d		X
		X
<u> </u>		X
1f		X
1g		Х
1h		Х
1i		X
<u>1j</u>		X
1k		X
11		X
1m		X
		X
		X
1p		X
1q		Х
1r		X
1s		X
tion thresholds.		
(d)		
etermining amount involved		
	1g 1h 1i 1j 1k 1l 1m 1n 1o 1p 1q 1r 1s ion thresholds.	1g

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to 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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	Are all partners sec 501(c)(3) orgs.?	(f) Share of total income	(g) Share of end-of-year assets	Disproptional	or- Code V-UBI amount in box 2 18? of Schedule K-1	General of managin partner?	(k) Percentage ownership
			-0							
			J							

Asset No.	Description	Date Acquir		Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	FURNITURE	0528	04	SL	5.00	16	55,824.			55,824.	55,824.		0.
		0716	04	SL	5.00	16	1,475.			1,475.	1,475.		0.
3	ELECTRICITY/COMMUNI CATION INSTATLLATIO	0513	04	SL	5.00	16	5,688.			5,688.	5,688.		0.
4		0512	04	SL	5.00	16	1,910.			1,910.	1,910.		0.
	TELEPHONE SYSTEM INSTALLATION	0308	04	SL	3.00	16	7,705.			7,705.	7,705.		0.
6	COPIER/FAX/PRINTER	0827	04	SL	3.00	16	4,633.			4,633.	4,633.		0.
9	COMPUTER EQUIPMENT	0330	05	SL	3.00	16	1,404.			1,404.	1,404.		0.
10	DATABASE SOFTWARE	0330	05	SL	3.00	16	6,888.			6,888.	6,888.		0.
11	COMPUTER EQUIPMENT	0330	06	SL	3.00	16	1,979.			1,979.	1,979.		0.
12	COMPUTER EQUIPMENT	0330	07	SL	3.00	16	5,015.			5,015.	5,015.		0.
13	DATABASE	1231	10	SL	3.00	16	36,320.			36,320.	18,159.		12,107.
14	SERVER	1118	10	SL	3.00	16	4,131.			4,131.	2,065.		1,377.
		0930	13	SL	3.00	16	50,000.			50,000.			0.
	* TOTAL 990 PAGE 10 DEPR						182,972.		0.	182,972.	112,745.	0.	13,484.

Department of the Treasury Internal Revenue Service

Depreciation and Amortization

(Including Information on Listed Property)

► See separate instructions. ► Attach to your tax return. 990

OMB No. 1545-0172

Name(s) shown on return Business or activity to which this form relates Identifying number FORM 990 PAGE 10 13-1893906 AMERICAN THEATRE WING, INC. Part | Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. Maximum amount (see instructions) 2 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-4 5 5 Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions . (a) Description of property 6 7 Listed property. Enter the amount from line 29 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 8 Tentative deduction. Enter the **smaller** of line 5 or line 8 9 10 Carryover of disallowed deduction from line 13 of your 2011 Form 4562 10 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2013. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during 14 15 Property subject to section 168(f)(1) election 15 13,484. Other depreciation (including ACRS) MACRS Depreciation (Do not include listed property.) (See instructions.) 17 MACRS deductions for assets placed in service in tax years beginning before 2012 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2012 Tax Year Using the General Depreciation System (b) Month and (c) Basis for depreciation (d) Recovery period (business/investment use only - see instructions) (a) Classification of property (e) Convention (g) Depreciation deduction 19a 3-year property b 5-year property 7-year property С d 10-year property 15-year property е f 20-year property 25-year property 25 yrs. S/I g 27.5 yrs. MM S/L h Residential rental property MM S/L 27.5 yrs. S/L MM i Nonresidential real property MM S/L Section C - Assets Placed in Service During 2012 Tax Year Using the Alternative Depreciation System 20a Class life b 12-year S/L 12 yrs. 40 yrs. 40-year S/L Part IV Summary (See instructions.) 21 Listed property. Enter amount from line 28 21 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 13,484. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.

LHA For Paperwork Reduction Act Notice, see separate instructions.

23 For assets shown above and placed in service during the current year, enter the

portion of the basis attributable to section 263A costs.

23

Part V

Listed Property (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

	Section A -														
<u>24a</u>	Do you have evidence to s			nt use cla	aimed?	<u> Ц ү</u>		⊔ No	24b If "Y			nce writt	ten?	_ Yes ∟	<u> </u>
	(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentag		(d) Cost or her basis	(hus	(e) is for depresiness/invesuse only	stment	(f) Recovery period	Met	g) hod/ ention	Depre	h) ciation uction	Elec sectio	(i) cted n 179 ost
<u>25</u>	Special depreciation allo				•			-	•						
_	used more than 50% in										25				
<u>26</u>	Property used more than														
_		1 1		6											
_		: :		6 6											
	Property used 50% or le	es in a quali										<u> </u>			
	Troporty adda do 70 or 10	: :		6						S/L -					
_		: :		6						S/L -					
_		: :		6						S/L -				-	
<u></u>	Add amounts in column				e and on	line 21.	page 1				28				
	Add amounts in column												. 29		
					3 - Infor										
-	ou provided vehicles to y se vehicles.	our employe	es, first answe		iestions a)		on C to	see if y	(c)		tion to (ng this s e)	section fo	
30	Total business/investment r	miles driven d	uring the		nicle		icle	V	ehicle	Veh	-	1	icle	Veh	
	year (do not include comm	nuting miles)					7								
31	Total commuting miles of	lriven during	the year												
32	Total other personal (nor	-	•												
	driven						_								
33	Total miles driven during	-													
24	Add lines 30 through 32 Was the vehicle available			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?	•		163	140	les	140	163	110	163	140	163	140	163	140
35	Was the vehicle used pr														
	than 5% owner or relate														
36	Is another vehicle availal														
	use?														
			- Questions f	or Emp	oyers W	/ho Prov	∕ide Vel	nicles 1	for Use b	y Their E	mploye	ees			
Ans	swer these questions to o	letermine if y	ou meet an e	xceptior	to com	pleting S	Section	B for ve	ehicles us	ed by er	nployee	s who a ı	r e not m	ore than	5%
_	ners or related persons.														
37	Do you maintain a writte employees?													Yes	No
٠.	Do you maintain a writte														
	employees? See the inst	tructions for	vehicles used	by corp	orate of	ficers, d	irectors	, or 1%	or more	owners					
					0										
38 39	Do you treat all use of ve	•			• • • • • • • • • • • • • • • • • • • •										
38 39	Do you provide more that	an five vehic	les to your em	ployees	, obtain	informat	ion from	your e	employees	about					1
38 39 40	Do you provide more that the use of the vehicles, a	an five vehic and retain th	les to your em e information	ployees received	, obtain i	informat	ion from	your e	employees	about					
38 39 40	Do you provide more that the use of the vehicles, and Do you meet the require	an five vehic and retain th ments conc	les to your em le information erning qualifie	ployees received d autom	, obtain i i? obile de	informat monstra	ion from	1 your 6	employees	s about					
38 39 40 41	Do you provide more that the use of the vehicles, a Do you meet the require Note: If your answer to 3	an five vehic and retain th ments conc	les to your em le information erning qualifie	ployees received d autom	, obtain i i? obile de	informat monstra	ion from	1 your 6	employees	s about					
38 39 40 41	Do you provide more that the use of the vehicles, a Do you meet the require Note: If your answer to 3 art VI Amortization	an five vehic and retain th ments conc	les to your em le information erning qualifie	ployees received d autom s, " <i>do no</i>	, obtain i i? obile de	informat monstra lete Sect	ion from	1 your 6	employees	s about				-	
38 39 40 41	Do you provide more that the use of the vehicles, a Do you meet the require Note: If your answer to 3	an five vehic and retain th ments conce 37, 38, 39, 40	les to your em e information erning qualifier 0, or 41 is "Yes	ployees received d autom	, obtain i i? obile de	informat monstra	tion from tion use tion B fo	1 your 6	employees	hicles.		tion	Ar		
38 39 40 41	Do you provide more that the use of the vehicles, a Do you meet the require Note: If your answer to 3 art VI Amortization (a)	an five vehicle and retain the ments concest of the costs	les to your em le information erning qualifier 0, or 41 is "Yes	ployees received d autom s, " do no (b) amortization begins	, obtain d? obile de ot compl	informat monstra lete Seci	tion from tion use tion B fo	1 your 6	overed ve	hicles.	(e)	tion	Ar	(f)	
38 39 40 41	Do you provide more that the use of the vehicles, a Do you meet the require Note: If your answer to 3 art VI Amortization (a) Description of	an five vehicle and retain the ments concest of the costs	les to your em le information erning qualifie 0, or 41 is "Yes Date:	ployees received d autom s, " do no (b) amortization begins	, obtain d? obile de ot compl	informat monstra lete Seci	tion from tion use tion B fo	1 your 6	overed ve	hicles.	(e)	tion	Ar	(f)	
38 39 40 41 P:	Do you provide more that the use of the vehicles, a Do you meet the require Note: If your answer to 3 art VI Amortization (a) Description of	an five vehice and retain the ments conce 37, 38, 39, 40 costs at begins du	les to your em le information erning qualifie 0, or 41 is "Yes Date: ring your 2012	ployees received automs, " do no (b) amortization begins 2 tax years :: :: :: ::	, obtain d? obile de ot compl	monstra lete Section (c) Amortizab amount	ion from	your e	overed ve (d) Code section	s abouthicles.	(e) Amortiza period or per	tion	Ar	(f)	

Form **8453-EO**

Exempt Organization Declaration and Signature for Electronic Filing

For calendar year 2012, or tax year beginning $\underline{\texttt{OCT}} \quad 1$ _____ , 2012, and ending SEP 30

Department of the Treasury

For use with Forms 990, 990-EZ, 990-PF, 1120-POL, and 8868

Internal Revenue S	ervice		•		
Name of exem	npt organization AMERICAN THE	ATRE WING, INC.		1	dentification number 1893906
Part I	Type of Return and Return Inf				
line 1a, 2a, 3 a	of for the type of return being filed with Fo , 4a , or 5a below and the amount on that applicable, blank (do not enter -0-). If you	at line of the return being filed with th	is form was blank, th	nen leave line	2b, 3b, 4b, or 5b,
than one line i					04.40000
		ue, if any (Form 990, Part VIII, column			2148200
		venue, if any (Form 990-EZ, line 9)			
		ax (Form 1120-POL, line 22)			
		ed on investment income (Form 99			
5a Form 886	8 check here b Balance due	e (Form 8868, Part I, line 3c or Part II	, line 8c)	5b	
Part II	Declaration of Officer		\		
taxe Trea insti and If a exec (as s Under penalties of statements, and to electronic return. I	ect debit) entry to the financial institution as owed on this return, and the financial asury Financial Agent at 1-888-353-4537 fututions involved in the processing of the resolve issues related to the payment. Copy of this return is being filed with a stouted the electronic disclosure consent specifically identified in Part I above) to the perjury, I declare that I am an officer of the above name the best of my knowledge and belief, they are true, consent to allow my intermediate service provider, train of receipt or reason for rejection of the transmission, (institution to debit the entry to this a no later than 2 business days prior to electronic payment of taxes to receivate agency(ies) regulating charities a contained within this return allowing the selected state agency(ies). The dorganization and that I have examined a copyorrect, and complete. I further declare that the annomitter, or electronic return originator (ERO) to selected the selected to the selected state agency (ies).	ccount. To revoke a o the payment (settlive confidential informas part of the IRS Fedisclosure by the IR or of the organization's 2012 nount in Part I above is the send the organization's return of the organization's return organization's return or	payment, I n ement) date. mation necessal. d/State progress of this Formal electronic return amount shown or irn to the IRS and	nust contact the U.S. I also authorize the financial sary to answer inquiries ram, I certify that I m 990/990-EZ/990-PF and accompanying schedules and a the copy of the organization's
Sign 📐			■ EXECU	TIVE D	IRECTOR
Here	Signature of officer	Date	Title		
Part III	Declaration of Electronic Retu	ırn Originator (ERO) and Pa	id Preparer(see i	nstructions)	
knowledge. If return. The org filed with the I for Business F accompanying	I have reviewed the above organization's I am only a collector, I am not responsib ganization officer will have signed this fo RS, and have followed all other requiren Returns. If I am also the Paid Preparer, u g schedules and statements, and to the based on all information of which I have	le for reviewing the return and only our before I submit the return. I will genents in Pub. 4163, Modernized e-file ander penalties of perjury I declare the best of my knowledge and belief, the	leclare that this form ive the officer a copy (MeF) Information f at I have examined t	n accurately r y of all forms or Authorized he above org	eflects the data on the and information to be I IRS <i>e-file</i> Providers janization's return and
ERO'		Date	Check if also paid Gheck if sel	f	RO's SSN or PTIN
ERO's signa	ture /				P01461372
Only yours			A'S LLP	EIN 4	5-0494838
Offig addre	ess, and ZIP code 441 LEXINGT NEW YORK, N	ON AVENUE		Phone no. 2.1.2	-490-2200
Under penalties of Declaration of pren	perjury, I declare that I have examined the above returnarer is based on all information of which the preparer	m and accompanying schedules and statements	, and to the best of my kno	wieage and belie	
	Print/Type preparer's name	Preparer's signature	1 - 4.0	heck if	PTIN
Paid Preparer	Firm's name			elf- employed Firm's EIN	
Use Only				IIII S LIN	
,	Firm's address ▶		f	Phone no.	

223061 11-05-12

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form **8453-EO** (2012)

Form 8868 (Rev. 1-2013)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month I	Extension, o	complete only Part II and check th	s box		X
Note. Only complete Part II if you have already been granted a					
 If you are filing for an Automatic 3-Month Extension, comp 	lete only Pa	art I (on page 1).			
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the origin	nal (no c	opies nee	ded).
·		Enter filer's	identifyi	ng number,	see instructions
Type or Name of exempt organization or other filer, see inst					
print			' '		, ,
File by the AMERICAN THEATRE WING, INC	•			13-18	93906
Number, street, and room or suite no. If a P.O. box, see instructions.					er (SSN)
filing your structurn. See 570 SEVENTH AVENUE, NO. 50	1			,	,
instructions. City, town or post office, state, and ZIP code. For a	a foreign add	Iress, see instructions.	•		
NEW YORK, NY 10018	J	,			
Enter the Return code for the return that this application is for (file a separa	te application for each return)			0 1
	(o a oopa.a				
Application	Return	Application			Return
Is For	Code	Is For			Code
Form 990 or Form 990-EZ	01	10.1 0.			
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already grant			rioughy file	od Earm 996	
 The books are in the care of	ess in the Ur	FAX No. ▶			b
box . If it is for part of the group, check this box		ach a list with the names and EINs o			-
4 I request an additional 3-month extension of time until		T 15, 2014	i ali iliellik	Jeis lile exte	HSIOH IS IOI.
5 For calendar year , or other tax year beginning			sep	30, 2	013
6 If the tax year entered in line 5 is for less than 12 months				return	<u></u> .
Change in accounting period	, CHECK TEAS	on. — Initial return	I IIIai I	etuiii	
7 State in detail why you need the extension					
ADDITIONAL TIME IS REQUIRED	TO COM	PILE THE INFORMATI	ON NF	CESSAR	У ТО
COMPLETE THE RETURNS.		1111 1111 0111111	011 112	.0255111	
00111212 1112 1121011101					
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	0 or 6060 o	ntor the tentative tax less any			
nonrefundable credits. See instructions.	J, OI 0003, 6	inter the terriative tax, less any	8a	\$	0.
Hornelandable credits. See instructions.	a ontor any	refundable credits and estimated	- Oa	Ψ	
h If this application is for Form 900 DE 900 T 4720, or 606	io, cilici aliy				
b If this application is for Form 990-PF, 990-T, 4720, or 606	-	a aradit and any amount paid			
tax payments made. Include any prior year overpayment	-	a credit and any amount paid	Oh.	٠,	0.
tax payments made. Include any prior year overpayment previously with Form 8868.	allowed as a		8b	\$	0.
tax payments made. Include any prior year overpayment previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your	allowed as a				
tax payments made. Include any prior year overpayment previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your EFTPS (Electronic Federal Tax Payment System). See instance.	allowed as a payment wit	th this form, if required, by using	8c	\$	
tax payments made. Include any prior year overpayment previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your EFTPS (Electronic Federal Tax Payment System). See ins Signature and Verification. Under penalties of perjury, I declare that I have examined this form, incl	payment with structions. ation must uding accomp	th this form, if required, by using	8c	\$	0.
tax payments made. Include any prior year overpayment previously with Form 8868. c Balance due. Subtract line 8b from line 8a. Include your EFTPS (Electronic Federal Tax Payment System). See ins Signature and Verification Under penalties of perjury, I declare that I have examined this form, inclit is true, correct, and complete, and that I am authorized to prepare this	payment with structions. ation must uding accomples form.	th this form, if required, by using	8c	\$ of my knowled	0.

TAX RETURN FILING INSTRUCTIONS

NEW YORK FORM CHAR500, ANNUAL FILING REPORT

FOR THE YEAR ENDING

SEPTEMBER 30, 2013

Prepared for	AMERICAN THEATRE WING, INC. 570 SEVENTH AVENUE NO. 501 NEW YORK, NY 10018
Prepared by	FRIED AND KOWGIOS PARTNERS CPA'S LLP 441 LEXINGTON AVENUE NEW YORK, NY 10017
Mail tax return to	NEW YORK STATE DEPARTMENT OF LAW CHARITIES BUREAU - REGISTRATION SECTION 120 BROADWAY NEW YORK, NY 10271
Return must be mailed on or before	PLEASE MAIL AS SOON AS POSSIBLE.
Special Instructions	NEW YORK FORM CHAR500 MUST BE SIGNED AND DATED BY BOTH OF THE AUTHORIZED INDIVIDUALS. ALSO BE SURE THAT THE ATTACHED COPY OF FEDERAL FORM 990 HAS BEEN PROPERLY SIGNED AND DATED. ENCLOSE A CHECK FOR \$275 MADE PAYABLE TO NYS DEPARTMENT OF LAW. INCLUDE THE ORGANIZATION'S STATE REGISTRATION NUMBER(S) ON THE REMITTANCE.

Form CHAR500

Annual Filing for Charitable Organizations

New York State Department of Law (Office of the Attorney General) Charities Bureau - Registration Section

2012

This form used for Article 7-A, EPTL and dual filers (replaces forms CHAR 497, CHAR 010 and CHAR 006)	120 Broadway New York, NY 10271 http://www.charitiesnys.com					Open to Public Inspection	
1. General Information						·	
a. For the fiscal year beginni	ng (mm/dd/)	yyy) 10/01/2012 a	and ending (mm/dd/	yyyy) (09/30/20	013	
b. Check if applicable for NYS: Address change						employer ID no. (EIN) -1893906	
Name change Initial filing		e. NY State registration no. 8686766					
Final filing Amended filing		Number and street (or P.O. box if mail not delivered to street address) Room/suite f. Telephone					ohone number 765–0606
NY registration pending		town, state or country and ZIFORK,NY 10018	P + 4			g. Emai MAIL	 BOX@AMERICANTHE
-						_	
2. Certification - Two Sign							
		at we reviewed this report, inc ce with the laws of the State o		ble to th		EXE	rledge and belief, they are CUTIVE ECTOR
a. President or Authorized Office	er	Signature	Printed Name		CHENS	Title	Date
b. Chief Financial Officer or Tre	as.	Signature	Printed Name			Title	Date
		Orginature	Timed Name			THE	- Date
3. Annual Report Exemption	on Informat	tion					
			((
Check if total of \$25,00 contrib MOTE: federat \$25,00	contribution 0 <u>and</u> the o utions durin An organiza ed fund, Ur 0 <u>or</u> 2) it red	n (Article 7-A registrants and on the form NY State (including regranization did not engage a page this fiscal year. The formation may claim this exemption in the formation may be incorporated controlled way or incorporated controlled all or substantially all of ar to that required by Article 7	sidents, foundation professional fund rain if no PFR or FRC numerity appeal and fits contributions fr	aiser (PF was use I contrib	R) or fund rais ed <u>and</u> either: ⁻ utions from otl	ing couns 1) it receive	sel (FRC) to solicit ved an allocation from a es did not exceed
	. ,	L registrants and dual registrated of the control o	•	did not	exceed \$25,00	00 at any	time during this fiscal year.
report exemptions under bo	th laws, simp	the annual report exemption underly complete part 1 (General Information of the following complete the following complete the following the fo	mation), part 2 (Certifi	cation) ar	nd part 3 (Annua	l Report Ex	kemption Information) above.
4. Article 7-A Schedules							
a. Did the organization use a p * If "Yes", complete Sched	rofessional f ule 4a .	ual report exemption above, c und raiser, fund raising counsel o	r commercial co-vent	urer for fu	ınd raising activi		
b. Did the organization receive * If "Yes", complete Sched		contributions (grants)?					X Yes* No
5. Fee Submitted: See last	page for su	mmary of fee requirements.					
Indicate the filing fee(s) you a. Article 7-A filing fee b. EPTL filing fee	are submitt	ing along with this form:	9	<u> </u>		-	one check or money order for the able to "NYS Department of Law"
c. Total fee				P	413.		

6. Attachments - For organizations that are not claiming annual report exemptions under both laws, see last page for required attachments



Schedule 4b: Government Contributions (Grants)

If you checked the box in question **4.b.** on page 1, complete the following schedule for **each** government contribution (grant). Use additional copies of this page if necessary to list each government contribution (grant) separately.

Government Agency Nam	e COUNCIL ON THE ARTS	Grant Amount	
NEW YORK STATE	COUNCIL ON THE ARTS	\$ 7,5 \$ 15,5 \$ 20,0	00
NEW YORK CITY I	DEPARTMENT OF CULTURAL AFFAIRS	\$ 15,5	00
NATIONAL ENDOWN	MENT FOR THE ARTS	\$ 20,0	00
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
	<u> </u>	\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	~~
	Total Government Contributions (Grants)	\$ 43,0	υU

1019

3 268471 01-21-13 **CHAR500 - 2012**

AMERICAN THEATRE WING, INC.

5. Fee Instructions

The filing fee depends on the organization's Registration Type. For details on Registration Type and filing fees, see the Instructions for Form CHAR500.

Article 7-A Calculate the Article 7-A filling fee using the table in part a below. The EPTL filling fee is \$0. EPTL Calculate the EPTL filling fee using the table in part b below. The Article 7-A filling fee is \$0. Dual Calculate both the Article 7-A and EPTL filling fees using the tables in parts a and b below. Add the Article 7-A and EPTL filling fees together to calculate the total fee. Submit a single check or money order for the total fee.

a) Article 7-A filing fee

Total Support & Revenue	Article 7-A Fee
more than \$250,000	\$25
up to \$250,000 *	\$10

Any organization that contracted with or used the services of a professional fund raiser (PFR) or fund raising counsel (FRC) during the reporting period must pay an Article 7-A filing fee of \$25, regardless of total support and revenue.

b) EPTL filing fee

Net Worth at End of Year	EPTL Fee
Less than \$50,000	\$25
\$50,000 or more, but less than \$250,000	\$50
\$250,000 or more, but less than \$1,000,000	\$100
\$1,000,000 or more, but less than \$10,000,000	\$250
\$10,000,000 or more, but less than \$50,000,000	\$750
\$50,000,000 or more	\$1500

6. Attachments - Document Attachment Check-List

Check the boxes for the documents you are attaching

For All Filers		
Filing Fee		
Single check or money order payable to	"NYS Department of Law"	
Copies of Internal Revenue Service Forms		
X IRS Form 990	IRS Form 990-EZ	IRS Form 990-PF
X All required schedules (including	All required schedules (including	All required schedules (including
Schedule B)	Schedule B)	Schedule B)
☐☐ IRS Form 990-T	IRS Form 990-T	☐☐ IRS Form 990-T

Additional A	Article 7-A	Document .	Attachment	Requirement

Independent Accountant's Report

X Audit Report (total support & revenue more than \$250,000)

Review Report (total support & revenue \$100,001 to \$250,000)

No Accountant's Report Required (total support & revenue not more than \$100,000)

1019

4 268481 01-21-13 CHAR500 - 2012