Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047 Open to Public Inspection

А	roi tile	e 2022 calendar year, or tax year beginning and	a enaing	_	
В	Check if applicable	C Name of organization		D Employer identifi	cation number
	Addres				
	Name change	Doing business as] 13-18939	06
	Initial return	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone numbe	r
	Final return/	230 WEST 41ST STREET	1101	(212)765	-0606
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	4,757,566.
	Ameno			H(a) Is this a group re	
	Applic tion	F Name and address of principal officer: HEATHER A. HITCHEN	IS	for subordinates	
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	·····
$\overline{\Gamma}$	Тах-ехе	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1)	or 527	1 ' '	list. See instructions
	Websit	THE STEP TO ST	,	H(c) Group exemptio	
		organization: X Corporation Trust Association Other	I Vear		∧ State of legal domicile; NY
	art I	Summary	L Tour	or formation.	1 Otate of logal dofficite, 21 2
		Briefly describe the organization's mission or most significant activities: THE	FURTHE	RANCE OF EX	CELLENCE IN
Activities & Governance	'	THE THEATRE ARTS.	1 01(1111		
пa	2	Check this box if the organization discontinued its operations or disposit	osed of more	e than 25% of its net as	ssets.
Š	1				32
Ğ		Number of independent voting members of the governing body (Part VI, line 1b)			32
တို		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			18
ij		Total number of volunteers (estimate if necessary)			44
≨		Total unrelated business revenue from Part VIII, column (C), line 12			0.
ĕ		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.
	├	Net unrelated business taxable income norm officers, in act, interior		Prior Year	Current Year
_	8	Contributions and grants (Part VIII, line 1h)		2,381,549.	2,287,952.
Jue		Program service revenue (Part VIII, line 2g)		0.	45,000.
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		509,542.	461,024.
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		3,043.	7,395.
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,894,134.	2,801,371.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		602,873.	619,535.
		5 50 111 5 1 5 1 5 1 6 1 1 6 1 1 1 1 1 1 1 1		0.	0.
"	1	Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10		1,218,059.	
se	162	Description of the compensation, employee benefits (Fart IX, column (A), lines 3-10,	′ ······	27,000.	28,000.
Expenses	h	Professional fundraising fees (Part IX, column (A), line 11e) Total fundraising expenses (Part IX, column (D), line 25) 222, 8	30.	27,000	20,000
Ä	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	/301	988,166.	961,580.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,836,098.	2,853,526.
		Revenue less expenses. Subtract line 18 from line 12		58,036.	
<u></u>	3	nevenue less expenses. Subtract line 10 hon line 12		ginning of Current Year	End of Year
ets (20	Total assets (Part X, line 16)	- T	14,927,414.	12,830,673.
ASSI	21	Total assets (Part X, line 16) Total liabilities (Part X, line 26)		1,032,252.	689,133.
Net Assets or	22	Net assets or fund balances. Subtract line 21 from line 20		13,895,162.	12,141,540.
P	art II	Signature Block		13/033/1021	12/111/3100
		Ities of perjury, I declare that I have examined this return, including accompanying schedul	es 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 v			y Kilowiougo ullu bollol, it lo
	,, 001100	g and complete. Becautation of property (early than emission) to become an information of t	mon propuror	lao any kilowioago.	
Sig	ın	Signature of officer		Date	
He		HEATHER A. HITCHENS, PRESIDENT AND CEO			
110		Type or print name and title			
		Print/Type preparer's name Preparer's signature	[1	Date Check	PTIN
Pai	d	FREDERICK MARTENS		if self-employ	
	parer	Firm's name LUTZ AND CARR, CPAS LLP			3-1655065
	Only	Firm's address 551 FIFTH AVENUE, SUITE 400		TIIII S LIN I	
200	,	NEW YORK, NY 10176		Phone no 21	2-697-2299
N/a	v the I	RS discuss this return with the preparer shown above? See instructions		11 110116 110.21	X Yes No
ivid	y uin e if	TO GISCUSS THIS TELLITE WITH THE PIEPATEL SHOWIT ADOVE! SEE HISTIUCTIONS			153 140

Pai	t III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	THE FURTHERANCE OF EXCELLENCE IN THE THEATRE ARTS THROUGH MEDIA
	INITIATIVES, EDUCATIONAL PROGRAMS AND GRANTING AWARDS.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes X No
•	If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No
3	3, 3, 3, 1, 1, 3,
4	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue if any for each program conting reported
42	(Code:) (Expenses \$
-1 a	ANDREW LLOYD WEBBER
	THE ANDREW LLOYD WEBBER INITIATIVE IS A NATIONAL DIVERSITY, EQUITY AND
	INCLUSION PROGRAM THAT CREATES THEATRE EDUCATION OPPORTUNITIES FOR
	UNDERSERVED STUDENTS THROUGH CLASSROOM GRANTS, TRAINING SCHOLARSHIPS,
	AND UNVERSITY SCHOLARSHIPS. NOW IN ITS SEVENTH YEAR, THIS PROGRAM HAS
	ALLOWED ATW TO DEVELOP A STRONGER, MORE INCLUSIVE AND EQUITABLE
	PIPELINE TO CAREERS IN THEATRE.
4b	(Code:) (Expenses \$0 , 555 • including grants of \$) (Revenue \$)
	WORKING IN THE THEATRE
	ATW HAS CONTINUES TO INCREASE ITS AUDIENCE THROUGH THIS MEDIA
	PROGRAMMING. THIS PROGRAM HAS REACHED OVER 200 COUNTRIES
	INTERNATIONALLY AND SHARES INSIGHT INTO THE PROCESS OF CREATING GREAT
	THEATRE. IT HAS GARNED NATIONAL AWARDS. THE PROGRAM EXTENDS TO OUR
	COMMITMENT TO PROVIDING PROFESSIONAL DEVELOPMENT AND TRAINING.
	. 144 565 17 650
4c	(Code:) (Expenses \$
	IN 2022, ATW WAS PLEASED THAT IN-PERSON PROGRAMMING TOOK PLACE IN NEW
	YORK CITY. THE PROGRAM HOSTED 15 STUDENTS IN NYC WHO DESIRED TO ENTER
	THE WORLD OF THE THEATRICAL DESIGN. THESE STUDENTS CAME FROM 8
	DIFFERENT STATES. ALTHOUGH THE PROGRAM WAS IN PERSON, CONTENT WAS
	FILMED FOR A WIDER INTERNATIONAL AUDIENCE TO EXPERIENCE.
	TIBRID TOK A WIDEK INTERNATIONAL ADDIENCE TO EXTEREDACE.
	·
	Other program services (Describe on Schedule O.)
·u	(Expenses \$ 1,165,553 • including grants of \$ 98,350 •) (Revenue \$ 47,481 •)
4e	Total program service expenses 2,110,612.
	Form 990 (2022)

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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		x
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
7	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-		
0	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۰		
3	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 donor-restricted endowments	۰		
	or in 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	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	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		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?	۱		- V
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
14a b	and the first of the control of the	144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	Х	
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		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. See instructions	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,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	

Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Х	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			x
h	Schedule K. If "No," go to line 25a	24a 24b		_^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
·	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	27		x
28	entity (including an employee thereof) or family member of any of these persons? <i>If</i> "Yes," complete Schedule L, Part III	21		<u> </u>
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		Х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? 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			
0.4	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_^
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	32		x
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			-
07	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	31		
30		38	х	1
Pai	Note: All Form 990 filers are required to complete Schedule O rt V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		<u> </u>

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on 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 financial account in a foreign country (such as a bank account, eventive accountry, or other financial accountry (and the organization have an interest in, or a signature or other authority over, a financial accountry and the such as a bank accountry, eventive accountry, or other financial Accounts (FBAR). b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinoCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization aparty to a prohibited tax shelter transaction? 5b IX Was the organization aparty to a prohibited tax shelter transaction? 5c If "Yes" to line 5a or 5b, did the organization file Form 8886-T7. 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? 5c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6c If were not tax deductible? 7c Organizations that may receive deductible contributions under section 170(c). 8c If Wes, or Generalization receive apartent in excess a contribution and partly for goods and services provided to the payor? 7c If Wes, or If the organization receive apartent in excess of Sf. made partly as o contribution and partly for goods and services provided to the payor 1c If Wes, or If the organization received any frunds, directly or indirectly, to pay premiums on a personal benefit contract? 7c If IX					Yes	No
b If a least one is reported on line 2a, did the organization file all required feederal employment tax returns? 2	2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
sa bit the organization have unrelated business gross income of \$1,000 or more during the year? bit 1'Yes, 'has it field a Form 990-Tf or this year? If 'No' to line 3b, provide an explanation or Schedule O		filed for the calendar year ending with or within the year covered by this return	2a 18			
b If "Yes," fast if field a Form 990-T for this year? If "No! to line 3b, provide an explanation on Schedule O 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 (PSAF). b If "Yes," either the name of the foreign country (such as a bank account, securities account, or other financial accounts (FBAF). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b ID and ny taxbeb party nority the organization file Form 8886.7? 5c If "Yes" to line 6a of 5b, did the organization file Form 8886.7? 5c If "Yes" to line 6a of 5b, did the organization file Form 8886.7? 5c If "Yes" and the organization and production of the second any contributions that were not tax deductible a charitable contributions? 5c If "Yes," old the organization necessity of the second of the organization selection of the second of the sec	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	X	
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 is a foreign country (such as a bank account, securities account, or other financial accounts (FBAF). b If Yes, "enter the name of the foreign country Series instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accounts (FBAF). 5a Was the organization to a problem that it was or is a party to a prohibited tax shelter transaction? 5b If Yes (and the organization the organization in the foreign accounts) (FBAF). 5c If Yes (and the organization the organization file form 88867 1) 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 deductibles of the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions under section 170(c), a bill the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles of the organization received a payment in excess of \$75 made party as a contribution of under section 170(c), a bill the organization received a payment in excess of \$75 made party as a contribution of under section 170(c). 7b If Yes, "indicate the number of Forms 8822 filed during the year 7c Did the organization received a contribution of undersect, to pay premiums on a personal benefit contract? 7r Did the organization received a contribution of undersect, to pay premiums on a personal benefit contract? 7r Did the organization received a contribution of undersect, to pay premiums on a personal benefit contract? 7r Did the organization received a contribution of undersect, to pay premiums on a personal benefit contract? 7r Did the organization received a contribution of undersect, to pay premiums on a personal benefit contract? 7r Did the organization received a				3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5b 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 fall it was or is a party to a prohibited tax shelter transaction? 5c If Yes' to line 5a or 5b, did the organization file form 8886-17 6c If Yes' to line 5a or 5b, did the organization file form 8886-17 6d Does the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions? 6c 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 170c). 8 bif 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 170c). 8 bif Yes, did the organization notify the donor of the value of the goods or services provided? 7 to lid the organization notify the donor of the value of the goods or services provided? 7 to life Form 88892? 7 to life form 88892 filed during the year 8 bif If Yes, did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 9 to life the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-07 10 the transaction received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a form 1098-07 10 the organization have excess business holdings at any time during the year? 10 bif the sponsoring organization make and stribution sunder section 4966? 10 bif the sponsoring organization have e				3b		
b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF). 5a Was the organization of party to a prohibited tax shelter transaction at any time during the tax year? 5b Id any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5c If "Yes' to line Sa or 5b, did the organization from F8B6T? 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 deductibles? 6b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles as charitable contributions? 7 Organizations that may receive deductible contributions under section 170(c). a lot 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 lot the organization receive a payment in excess of \$7 made party as a contribution of questions and party for goods and services provided to the payor? 7 If If If "Yes," inclicate the number of Forms 8822 filed during the year 7 If If Yes, "inclicate the number of Forms 8822 filed during the year 8 Did the organization received a contribution of question or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of question or indirectly, to pay premiums on a personal benefit contract? 9 If the organization received a contribution of question organization received and contribution of question organization received and contribution organization received and contribution organization organization makes and scientification organiza	4a					
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 32			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 32			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
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 reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on 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	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
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 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - (212)765-0606			
	230 WEST 41ST STREET, 1101, NEW YORK, NY 10036-7207			

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

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

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization	· ·			ation	OO I	mpe	nsat	ed any current officer,	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ess pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	Lei ai	luau	recit)/ ii us	lee)	from 	from related	other
	(list any	or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mper		1099-NEC)	10001120)	and related
	below	Individual trustee	Institutional trustee	 	Key employee	est co oyee	er	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) EMILIO SOSA	5.00									
CHAIR		Х		Х				0.	0.	0.
(2) DALE CENDALI	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(3) PATRICIA CROWN	5.00									
VICE CHAIR		Х		Х				0.	0.	0.
(4) JAMES HIGGINS	5.00	ļ								
VICE CHAIR		Х		Х				0.	0.	0.
(5) LATANYA RICHARDSON JACKSON	5.00	ļ								
VICE CHAIR		Х		Х				0.	0.	0.
(6) LEE H. PERLMAN	5.00	ļ								
VICE CHAIR		Х		Х				0.	0.	0.
(7) NADINE WONG	5.00	ļ								
VICE CHAIR		Х		Х				0.	0.	0.
(8) PAMELA D. ZILLY	5.00	١								•
TREASURER		Х		Х				0.	0.	0.
(9) NATASHA KATZ	5.00	۱		l						•
SECRETARY	0.00	Х		Х				0.	0.	0.
(10) MARK J. ABRAHAMS	2.00	١,,								0
BOARD MEMBER	1 2 00	Х						0.	0.	0.
(11) PAMELA BELL	2.00	Į.,							_	0
BOARD MEMBER	2.00	Х				_		0.	0.	0.
(12) BINTA NIAMBI BROWN	2.00	x						0.	0.	0.
BOARD MEMBER (13) DAVID BROWN	2.00	^						0.	0.	0.
BOARD MEMBER	2.00	X						0.	0.	0.
(14) BRIS CARLENTON	2.00	^						0.	0.	0.
BOARD MEMBER	2.00	X						0.	0.	0.
(15) TED CHAPIN	2.00	122							0.	
BOARD MEMBER	2.00	x						0.	0.	0.
(16) LIZ CLAMAN	2.00	123						•	•	•
BOARD MEMBER	1 2.30	x						0.	0.	0.
(17) ROBYN COLES	2.00	ᢡ								
BOARD MEMBER		x						0.	0.	0.

232007 12-13-22

Page 8

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A)	(B)			(0	C)			(D)	(E)		(F)	
Name and title	Average	(do		Pos		า e than	one	Reportable	Reportable		Estimat	ed
	hours per	box	, unle	ss pe	rson	is bot	th an	compensation	compensation		amount	
	week	_	cer ar	ia a a	irecto	or/trus	itee)	- irom	from related		other	
	(list any hours for	or director						the	organizations		ompens	
	related	or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)		from th organiza	
	organizations	rustee	l trus		ee	nben		1099-NEC)	1099-1120)	- 1	and rela	
	below	Individual trustee	Institutional trustee	_	Key employee	st col		1000 (120)			rganizat	
	line)	Indivi	Institu	Officer	Key eı	Highest compensated employee	Form.					
(18) DASHA EPSTEIN	2.00											
BOARD MEMBER		Х						0.	0	•		0.
(19) CYNTHIA ERVIO	2.00											
BOARD MEMBER		Х						0.	0	•		0.
(20) MEG FOFONOFF	2.00											
BOARD MEMBER		Х						0.	0	•		0.
(21) PHILIP M. GETTER	2.00											
BOARD MEMBER		Х						0.	0	•		0.
(22) FRED P. HOCHBERG	2.00											
BOARD MEMBER		Х						0.	0			0.
(23) DAVID HENRY HWANG	2.00											
BOARD MEMBER		Х						0.	0			0.
(24) KENNY LEON	2.00											
BOARD MEMBER		Х						0.	0	•		0.
(25) MICHAEL P. PRICE	2.00							_	_			
BOARD MEMBER		Х						0.	0	•		0.
(26) JUDITH O. RUBIN	2.00							_	_			
BOARD MEMBER		Х						0.	0			0.
1b Subtotal								0.	0			0.
c Total from continuation sheets to Part VI	I, Section A							509,397.	0		44,7	
d Total (add lines 1b and 1c)								509,397.	0	•	44,7	36.
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bov	e) w	ho i	received more than \$100	,000 of reportable			_
compensation from the organization												2
										_	Yes	No
3 Did the organization list any former officer,			-		-				•			١
line 1a? If "Yes," complete Schedule J for s										. 3	+	X
4 For any individual listed on line 1a, is the su												
and related organizations greater than \$150										. 4	<u> </u>	
5 Did any person listed on line 1a receive or a								ted organization or indiv	dual for services	_		x
rendered to the organization? If "Yes," com Section B. Independent Contractors	piete Scheaui	e J ī	or s	ucn	pers	son				. 5	—	ΙΛ.
· · · · · · · · · · · · · · · · · · ·		.1			4			Alanak wana a Sana alimana wa Alanawa	Φ4.00.000 -f			
1 Complete this table for your five highest co the organization. Report compensation for	•	-							· · · · · · · · · · · · · · · · · · ·	nsatio	n irom	
	irie caleridar y	ear	enui	ng v	VILII	OI W	/11111	(B)	year.		(C)	
(A) Name and business	address	NO	INC	7.				Description of s	ervices	Com	pensatio	on
								'				
											,	
	1 0 1 1					,-	_	<u> </u>				
2 Total number of independent contractors (i	ncluding but n	ot li	mite	d to	tho	se li	ste	a above) who received m	nore than			

232008 12-13-22

Form **990** (2022)

\$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 AMERICAN	THEATK	<u> </u>	4 + 1	10,	<u> </u>	LMC	<i>-</i> •		13-189	5500
Part VII Section A. Officers, Directors, Tru	ustees, Key Eı	mple	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(((D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(c				арр	lv)	compensation	compensation	amount of
	per	(5)	, o o .			مامات	·,,	from	from related	other
	week					e e		the	organizations	compensatio
	(list any	ţ				ploy		organization	(W-2/1099-MISC)	from the
	hours for	direc				d en		(W-2/1099-MISC)	(11 = 1555 111155)	organization
	related	ee or	stee			Highest compensated employee		(** = ** * * * * * * * * * * * * * * * *		and related
	organizations	truste	al fru		yee	mpe				organizations
	below	dual	rtion	_	oldm	st co	₩.			
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highe	Former			
(27) JANE FEARER SAFER	2.00	 	_		_	_	_			
BOARD MEMBER		x						0.	0.	0
(28) PETER SCHNEIDER	2.00	 						•	•	
BOARD MEMBER		x						0.	0.	0
(29) EVAN SHAPIRO	2.00							•	•	
BOARD MEMBER		x						0.	0.	0
(30) MARVA A. SMALLS	2.00	=								
BOARD MEMBER		X						0.	0.	0
(31) LUZ TOWNS-MIRANDA	2.00									
BOARD MEMBER		х						0.	0.	0
(32) HOWARD WOLFSON	2.00								9.1	
BOARD MEMBER		x						0.	0.	0
(33) HEATHER A. HITCHENS	40.00									
PRESIDENT/CEO	40.00	1		х				371,856.	0.	27,561
(34) IAN WEISS	40.00							371,030.	0.	27,301
SENIOR DIR. DIGITAL CONTENT	40.00	1				x		137,541.	0.	17,175
SENIOR DIR. DIGITAL CONTENT						Λ		137,341.	0.	17,173
		-								
		-								
		1								
		1								
		1								
	1									
		1								
			\vdash							
		1								
	1			_						

Pa	rt V	/	Statement of Revenue					
			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts	1	а	Federated campaigns 1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues 1b					
S, G			Fundraising events 1c	977,468.				
Sift. lar /			Related organizations 1d					
ini's,			Government grants (contributions) 1e	256,200.				
tion			All other contributions, gifts, grants, and					
t per			similar amounts not included above 1f	1,054,284.				
d O		g	Noncash contributions included in lines 1a-1f 1g \$	97,577.				
<u>පි පි</u>		h	Total. Add lines 1a-1f		2,287,952.			
				Business Code				
e S	2	а	PROGRAM INCOME	900099	45,000.	45,000.		
Program Service Revenue		b						
n Si		С						
ran Sev		d						
rog F		е						
Δ.			All other program service revenue					
			Total. Add lines 2a-2f		45,000.			
	3		Investment income (including dividends, intere	I	412 205			412 205
	١.		other similar amounts)		413,385.			413,385.
	4		Income from investment of tax-exempt bond p	F				
	5		Royalties (i) Real	(ii) Personal				
	_	_		(ii) i eisonai				
			Gross rents 6a Less: rental expenses 6b					
			Rental income or (loss) 6c					
			Net rental income or (loss)					
	7		Gross amount from sales of (i) Securities	(ii) Other				
	'	u	assets other than inventory 7a 1,690,075.	<u> </u>				
		b	Less: cost or other basis					
e		-	and sales expenses 7b 1,642,436.					
Revenue		С	Gain or (loss) 7c 47,639.					
			Net gain or (loss)		47,639.			47,639.
Other	8	а	Gross income from fundraising events (not					
₹			including \$ 977,468. of					
			contributions reported on line 1c). See					
			Part IV, line 18	313,759.				
		b	Less: direct expenses 8b	313,759.				
					0.			
	9	а	Gross income from gaming activities. See					
			Part IV, line 199a					
			Less: direct expenses9b					
			Net income or (loss) from gaming activities					
	10	а	Gross sales of inventory, less returns					
		_	and allowances 10a					
			Less: cost of goods sold 10b	0.	2 401	2 401		
		С	Net income or (loss) from sales of inventory	Business Osd	2,481.	2,481.		
Sno		_	MISCELLANEOUS REVENUE	Business Code 900099	A 01A			A 014
neo	''		MISCELLIANEOUS REVENUE	300033	4,914.			4,914.
ella iver		b						
Miscellaneous Revenue		q	All other revenue					
Σ			Total. Add lines 11a-11d	' 	4,914.			
	12		Total revenue See instructions		2 801 371.	47 481.	0.	465 938.

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	·		. ,	
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	442 226	442 226		
	and domestic governments. See Part IV, line 21	443,236.	443,236.		
2	Grants and other assistance to domestic	150 064	150 064		
	individuals. See Part IV, line 22	150,964.	150,964.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign	25 225	25 225		
	individuals. See Part IV, lines 15 and 16	25,335.	25,335.		
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	399,417.	222 520	22 065	E1 024
_	trustees, and key employees	333,411.	323,528.	23,965.	51,924
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)	640,483.	487,264.	74,030.	79,189
7	Other salaries and wages Pension plan accruals and contributions (include	040,403.	401,404·	74,030•	19,109
8					
0	section 401(k) and 403(b) employer contributions)	47,631.	36,453.	5,261.	5,917
9	Other employee benefits	156,880.	122,217.	14,896.	19,767
10	Payroll taxes Fees for services (nonemployees):	130,000.	100,017	14,000	10,101
11					
a		4,708.		4,708.	
b	Legal	124,095.		124,095.	
۲ C	5 ······	121,055.		124,055.	
d e	D () () () () () () () () () (28,000.			28,000
f	Investment management fees	50,482.		50,482.	20,000
g		30,101		30,1023	
9	column (A), amount, list line 11g expenses on Sch 0.)	186,231.	48,364.	137,867.	
12	Advertising and promotion	18,720.	17,842.	,	878
13	Office expenses	64,967.	49,448.	15,157.	362
14	Information technology	•	,	,	
15	Royalties				
16	Occupancy	171,990.	134,121.	29,515.	8,354
17	Travel	-	-		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	84,643.	67,361.	16,767.	515
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	36,939.	28,777.	3,508.	4,654
23	Insurance	29,812.	23,224.	2,832.	3,756
24	Other expenses. Itemize expenses not covered				
	above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.)				
а		172,869.	150,403.	16,875.	5,591
b	FUNDRAISING EVENTS	13,923.			13,923
С	SPECIAL PUBLICATIONS	2,075.	2,075.		
d	BAD DEBT EXPENSE	126.		126.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,853,526.	2,110,612.	520,084.	222,830
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Form 990 (2022

Part X | Balance Sheet

Pai	rt X	Balance Sheet					
		Check if Schedule O contains a response or n	ote to ar	y line in this Part X			
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1,746,824.	1	1,707,841.
	2	Savings and temporary cash investments			22,457.	2	22,700.
	3	Pledges and grants receivable, net			412,912.	3	277,757.
	4	Accounts receivable, net		2,482.	4	4,302	
	5	Loans and other receivables from any current					
		trustee, key employee, creator or founder, sub					
		controlled entity or family member of any of th			5		
	6	Loans and other receivables from other disqua					
		under section 4958(f)(1)), and persons describ	ed in se	ction 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7		
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			140,597.	9	111,049.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	652,561.			
	b	Less: accumulated depreciation		581,100.	108,400.	10c	71,461.
	11	Investments - publicly traded securities			12,409,297.	11	10,318,342.
	12	Investments - other securities. See Part IV, line			12		
	13	Investments - program-related. See Part IV, lin		16,134.	13	16,134.	
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11	68,311.	15	301,087.		
	16	Total assets. Add lines 1 through 15 (must ed	ual line 3	33)	14,927,414.	16	12,830,673.
	17	Accounts payable and accrued expenses		403,599.	17	361,899.	
	18	Grants payable		18			
	19	Deferred revenue			19	2,861.	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete	e Part IV	of Schedule D		21	
es	22	Loans and other payables to any current or fo					
Ħ		trustee, key employee, creator or founder, sub					
Liabilities		controlled entity or family member of any of th			406 506	22	
_	23	Secured mortgages and notes payable to unre		—	496,786.	23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, p					
		parties, and other liabilities not included on lin	es 17-24). Complete Part X	131,867.		224 272
		of Schedule D			1,032,252.		324,373. 689,133.
	26	Total liabilities. Add lines 17 through 25			1,032,232.	26	009,133.
es		Organizations that follow FASB ASC 958, cl	neck ner	e 🔼			
ğ	07	and complete lines 27, 28, 32, and 33.			12,089,382.	27	10,477,153.
3ale	27		1,805,780.	28	1,664,387.		
βE	28	Net assets with donor restrictions			1,003,700		1,004,507.
Ξ		Organizations that do not follow FASB ASC					
Net Assets or Fund Balances	20	and complete lines 29 through 33.	6			20	
ets	29	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or				29 30	
Ass	30	Retained earnings, endowment, accumulated				31	
let/	31	- '			13,895,162.	31	12,141,540.
Z	32	Total net assets or fund balances Total liabilities and net assets/fund balances			14,927,414.	33	12,830,673.
	33	rotar nabilities and het assets/fullu balances		l		აა	Form 990 (2022)

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
			_			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		80		
2	Total expenses (must equal Part IX, column (A), line 25)	2		,85		
3	Revenue less expenses. Subtract line 2 from line 1	3				55.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,89		
5	Net unrealized gains (losses) on investments	5	-1	.,70	<u>1,4</u>	<u>67.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	12	,14	1,5	40.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	5,			
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th	e audit	t,			
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	nedule	Ο.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	ıdit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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

Attach to Form 990 or Form 990-EZ.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Employer identification number

					RE WING, IN					3-1893906
Pa	rt I	Reason for Public	Charity	Status.	(All organizations must	complete t	his part.) S	See instruction	S.	
The	organ	ization is not a private found	dation bec	ause it is:	(For lines 1 through 12,	check only	one box.))		
1		A church, convention of ch	urches, o	r associatio	on of churches describ	ed in sectio	on 170(b)(1)(A)(i).		
2		A school described in sect								
3		A hospital or a cooperative)(b)(1)(A)(i	ii).		
4		A medical research organiz	•	•				•	(iii). Enter	the hospital's name
7		city, and state:	ation ope	natoa iii oo	mjunotion with a noopie	ai acconso	a 111 000 110)	(III)I EIIIOI	the hoopital o hame,
5		An organization operated for	or the ben	ofit of a co	llogo or university own	nd or opera	tod by a d	lovornmontal u	nit doccrit	and in
3	ш				mege of difficersity own	ed or opera	ited by a g	overninentaru	iriit descri	Jed III
		section 170(b)(1)(A)(iv). (C	· ·	=			70/L\/4\/A\	V- A		
6	v	A federal, state, or local go								
7	Δ	An organization that norma			antial part of its suppor	from a gov	/ernmenta	I unit or from the	ne general	public described in
		section 170(b)(1)(A)(vi). (C								
8	\square	A community trust describe								
9		An agricultural research org	ganization	n described	l in section 170(b)(1)(A)(ix) operat	ed in conju	unction with a	land-grant	college
		or university or a non-land-o	grant colle	ege of agric	culture (see instructions). Enter the	name, cit	y, and state of	the collec	je or
		university:								
10		An organization that norma	ılly receive	es (1) more	than 33 1/3% of its su	pport from	contribution	ons, membersl	nip fees, a	nd gross receipts from
		activities related to its exen	npt functi	ons, subjec	ct to certain exceptions	; and (2) no	more tha	n 33 1/3% of i	ts support	from gross investment
		income and unrelated busin	ness taxa	ble income	(less section 511 tax)	from busine	esses acqu	uired by the or	ganization	after June 30, 1975.
		See section 509(a)(2). (Con	mplete Pa	art III.)						
11		An organization organized	and opera	ated exclus	sively to test for public s	safety. See	section 50	09(a)(4).		
12		An organization organized a	and opera	ated exclus	sively for the benefit of,	to perform	the function	ons of, or to ca	erry out the	e purposes of one or
		more publicly supported or	ganization	ns describe	ed in section 509(a)(1)	or section	509(a)(2).	See section 5	i09(a)(3).	Check the box on
		lines 12a through 12d that								
а		Type I. A supporting orga								/ aivina
		the supported organization								
		organization. You must o				, ,				11 3
b		Type II. A supporting org				ction with i	ts support	ed organizatio	n(s) by ha	avina
~		control or management of		-				_		-
		organization(s). You mus				oarrio poro	ono mar o	oritror or mana	go ti io our	Sportou
С		Type III functionally inte				d in connec	tion with	and functional	ly integrat	ed with
·		its supported organizatio	-						iy iiitegiat	ca with,
٨		Type III non-functionally							tod organ	ization(a)
d		•••							•	* *
		that is not functionally int	-	_		-		-	an attent	iveriess
		requirement (see instruct							U T UI	
е	<u> </u>	☐ Check this box if the orga						a rype i, rype	II, Type III	
_		functionally integrated, or	• •		nally integrated suppo	rting organi	zation.			
		er the number of supported of	•							
<u>g</u>		vide the following information		ne supporte EIN	ed organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	manatani	(vi) Amount of other
	,	i) Name of supported organization	(")	EIN	(described on lines 1-10	in your govern	ing document?	support (see in		(vi) Amount of other support (see instructions)
		organization			above (see instructions))	Yes	No			
						<u></u>				
Tota	al									

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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2283112.	459,210.	2913701.	2381549.	2287952.	10325524.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2283112.	459,210.	2913701.	2381549.	2287952.	10325524.
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)						1194987.
6	Public support. Subtract line 5 from line 4.						9130537.
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	2283112.	459,210.	2913701.	2381549.	2287952.	10325524.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	348,542.	187,948.	228,850.	475,911.	413,385.	1654636.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	3,089.	710.	10,998.	688.	4,914.	
11	Total support. Add lines 7 through 10						12000559.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	916,634.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
	organization, check this box and stor	here					<u></u>
	ction C. Computation of Publ						
14	Public support percentage for 2022 (14	76.08 %
15	Public support percentage from 2021					15	74.73 %
16a	33 1/3% support test - 2022. If the o						
	stop here. The organization qualifies						
b	33 1/3% support test - 2021. If the o						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes	t - 2022. If the org	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	re. Explain in Part	VI how the organiz	ation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	-					10% or
	more, and if the organization meets the		•		•		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a		S

Schedule A (Form 990) 2022

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

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

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
-	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	• • • • • • • • • • • • • • • • • • • •	(=) 0010	(h) 0010	(=) 0000	(4) 0001	(-) 0000	(f) Total
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	and the line of 1075						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here		-				<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
ŀ	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
0-		
3с		
4a		
та		
4b		
4c		
5a		
5b		
5c		
33		
6		
7		
8		
9a		
04		
9b		
9c		
30		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Seci	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).	1		
	ion D. All Type III Supporting Organizations			
	Divin Type in Supporting Significations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		103	140
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
	Activities Test. Answer lines 2a and 2b below.		Yes	No
	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	Oh		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below. Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja		

Pa	t V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgar	nizations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.	1			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or						
	collection of gross income or for management, conservation, or						
	maintenance of property held for production of income (see instructions)	6					
7	Other expenses (see instructions)	7					
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)			
1	Aggregate fair market value of all non-exempt-use assets (see						
	instructions for short tax year or assets held for part of year):						
a	Average monthly value of securities	1a					
b	Average monthly cash balances	1b					
c	Fair market value of other non-exempt-use assets	1c					
d	Total (add lines 1a, 1b, and 1c)	1d					
е	Discount claimed for blockage or other factors						
	(explain in detail in Part VI):						
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,						
	see instructions).	4					
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
_6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Sect	ion C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
2	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	Distributable Amount. Subtract line 5 from line 4, unless subject to						
	emergency temporary reduction (see instructions).	6					
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see			
	instructions).						

Schedule A (Form 990) 2022

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
С	From 2019			
d	From 2020			
е	From 2021			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART II COLUMN (B)
THE ORGANIZATION CHANGED ITS YEAR END FROM SEPTEMBER 30 TO DECEMBER 31,
EFFECTIVE DECEMBER 31, 2019. ACCORDINGLY, SCHEDULE A, PART II, COLUMN
(B) REFLECTS INFORMATION FROM THE SHORT YEAR OCTOBER 1, 2019 TO
DECEMBER 31, 2019.

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

OMB No. 1545-0047

Inspection

Employer identification number

13-1893906 AMERICAN THEATRE WING, INC. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the

	organization answered "Yes" on Form 990, Part IV, line	e 6.		
		(a) Donor advised funds	(b) Fur	ds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor adv	rised funds	
	are the organization's property, subject to the organization's e			Yes No
6	Did the organization inform all grantees, donors, and donor ac	dvisors in writing that grant funds can b	e used only	
	for charitable purposes and not for the benefit of the donor or	donor advisor, or for any other purpos	e conferring	
_				Yes No
Pa	1 0		, Part IV, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (for example, recreat	· —	-	important land area
	Protection of natural habitat	Preservation of	of a certified hi	storic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the forr	n of a conserv	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements		2a	
b	•			
С	Number of conservation easements on a certified historic stru		2c	
d	Number of conservation easements included in (c) acquired a			
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by t	he organizatio	n during the tax
	year			
4	Number of states where property subject to conservation eas		-	
5	Does the organization have a written policy regarding the peri	0		
•	violations, and enforcement of the conservation easements it			
6	Staff and volunteer hours devoted to monitoring, inspecting, I	nandling of violations, and enforcing co	nservation eas	sements during the year
7	Amount of expenses incurred in monitoring, inspecting, handle	ling of violations, and enforcing consen	ation easeme	nts during the year
•	, thought of expended mountain in mornitoring, mapoding, harian	ing or violations, and officing conserv	ation caseme	nto during the your
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 17	70(h)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation			
	balance sheet, and include, if applicable, the text of the footn	·		
	organization's accounting for conservation easements.	3		
Pai	t III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Simil	ar Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 958	B, not to report in its revenue statement	t and balance	sheet works
	of art, historical treasures, or other similar assets held for pub	lic exhibition, education, or research in	furtherance of	public
	service, provide in Part XIII the text of the footnote to its finan	cial statements that describes these ite	ems.	
b	If the organization elected, as permitted under FASB ASC 958	8, to report in its revenue statement and	d balance shee	et works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in ful	rtherance of p	ublic service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
				\$
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financ	ial gain, provid	le
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:		
а	Revenue included on Form 990, Part VIII, line 1			\$
h	Assets included in Form 990, Part Y			¢

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

Schedule D (Form 990) 2022

Pai	t III Organizations Maintaining C	ollections of Ar	t, Historical Tr	easures, o	r Other	Similar As	sets(contin	ued)
3	Using the organization's acquisition, accession	n, and other records	s, check any of the	following that	make sig	nificant use of	its	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exc	hange prograi	m			
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	llections and explain	how they further t	he organizatio	n's exem	ot purpose in l	Part XIII.	
5	During the year, did the organization solicit or	receive donations of	of art, historical trea	sures, or othe	r similar a	ssets		
	to be sold to raise funds rather than to be ma	intained as part of th	ne organization's c	ollection?			Yes	☐ No
Pai	t IV Escrow and Custodial Arrang	gements. Comple	te if the organization	on answered "	Yes" on F	orm 990, Part	IV, line 9, or	
	reported an amount on Form 990, Par	X, line 21.						
1a	Is the organization an agent, trustee, custodia	an or other intermedi	iary for contribution	ns or other ass	sets not in	cluded		
	on Form 990, Part X?						Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII a							
							Amount	
С	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 Fo					?	Yes	No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on I	Part XIII .			
Pai								
		(a) Current year	(b) Prior year	(c) Two years	s back (d) Three years ba	ack (e) Four	years back
1a	Beginning of year balance	213,403.						
	Contributions	250,000.	201,707.					
С	Net investment earnings, gains, and losses	-26,421.	21,696.	1				
	Grants or scholarships	,	•					
	Other expenditures for facilities							
_	and programs	10,000.	10,000.					
f	Administrative expenses	,	,					
g	End of year balance	426,982.	213,403,					
2	Provide the estimated percentage of the curre		<u> </u>		I			
– a	Board designated or quasi-endowment	• 0000	%	a)) Hold do.				
b	Permanent endowment 100	%						
	Term endowment .0000 9							
·	The percentages on lines 2a, 2b, and 2c shou							
32	Are there endowment funds not in the posses	· ·	tion that are held a	and administer	ed for the			
ou	organization by:	oolori or tire organiza	ation that are field t		00 101 1110		Γ	Yes No
	(i) Unrelated organizations							X
	(ii) Related organizations							X
h	If "Yes" on line 3a(ii), are the related organization							
4	Describe in Part XIII the intended uses of the						OD	
_	t VI Land, Buildings, and Equipm		Willett fullus.					
	Complete if the organization answered		Part IV line 11a 9	See Form 990	Part X lir	ne 10		
	Description of property	(a) Cost or ot	i	t or other		umulated	(d) Book	c value
	bescription of property	basis (investm		(other)		eciation	(u) Door	Value
10	Land	,	54313	(50.151)	Зорго			
	Land							
	Buildings Leasehold improvements		34	1,743.	25	75,594.	6.6	5,149.
				9,628.		54,316.		$\frac{3,143}{5,312}$
	1 1			1,190.		51,190.		0.
	Other					, <u> </u>	71	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 AMERICAN 'IF Part VII Investments - Other Securities.	HEATRE WING, I		1893906 Page
Complete if the organization answered "Yes'	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes'		11d. See Form 990, Part X, line 15.	
(a)	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)	45)		
Total. (Column (b) must equal Form 990, Part X, col. (B) lin	ie 15.)		
Part X Other Liabilities.	L	44 446 O F 000 Bt V B 05	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	Tie or Tit. See Form 990, Part X, line 25.	(h) Deelevelue
1. (a) Description of liability			(b) Book value
(1) Federal income taxes (2) OPERATING LEASE LIABILITY	7		324,373
	<u>-</u>		344,313
(3)			
(4)			

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

Schedule D (Form 990) 2022

324,373.

(5) (6) (7) (8)

Pai	t XI	Reconciliation of Revenue per Audited Financial State		h Revenue per R	eturr	l.
		Complete if the organization answered "Yes" on Form 990, Part IV, line				1 040 400
1		revenue, gains, and other support per audited financial statements			1	1,049,422
2		ints included on line 1 but not on Form 990, Part VIII, line 12:	1 1	1 701 467		
а		nrealized gains (losses) on investments		<u>-1,701,467.</u>		
b		ted services and use of facilities				
C		veries of prior year grants				
d		(Describe in Part XIII.)				1 701 467
е		nes 2a through 2d			2e	-1,701,467 2,750,889
3		act line 2e from line 1			3	4,750,009
4		ints included on Form 990, Part VIII, line 12, but not on line 1:	1.1	E0 402		
а		tment expenses not included on Form 990, Part VIII, line 7b		50,482.		
b		(Describe in Part XIII.)				E0 402
		nes 4a and 4b			4c	50,482 2,801,371
5 Do		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Reconciliation of Expenses per Audited Financial State			5 Dotu	
Pai	I AII			tii Expenses per	Retu	m.
	T-4-1	Complete if the organization answered "Yes" on Form 990, Part IV, line				2,803,044
1		expenses and losses per audited financial statements			1	2,003,044
2		ints included on line 1 but not on Form 990, Part IX, line 25:	ا ما			
a		ted services and use of facilities				
b		year adjustments				
C		losses				
d		(Describe in Part XIII.)			0-	0
		nes 2a through 2d			2e	2,803,044
3		act line 2e from line 1			3	2,003,044
4		ints included on Form 990, Part IX, line 25, but not on line 1:	امدا	50,482.		
a		tment expenses not included on Form 990, Part VIII, line 7b		30,402.		
b		(Describe in Part XIII.)			4.	50,482
		nes 4a and 4b expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			4c	2,853,526
5 Pai		Supplemental Information.			5	2,033,320
		descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV. lines 1	b and 2b: Part V. line	4: Part	X. line 2: Part XI.
		4 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any			.,	7, 2, 1 2 7,
		,				
PAI	RT V	7, LINE 4:				
EAI	RNIN	GS ON THE ENDOWMENT FUND ARE INTENDED	D TO SU	PPORT CAREE	R A	DVANCEMENT
FEI	LLOM	SHIPS.				

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

OMB No. 1545-0047

2022

Open to Public

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization					Employer identifi	cation number
AMERICAN THEATR	RE WING,	INC.			13-189390	6
			tside the United States. Comple	ete if the organ	ization answered "\	es" on
Form 990, Part I						
			ds to substantiate the amount of its gr			
the grantees' eligibility f	or the grants or a	assistance, and	the selection criteria used to award the	e grants or ass	istance? X	Yes No
	cribe in Part V the	e organization's	procedures for monitoring the use of it	s grants and o	ther assistance out	side the
United States.	be following Dod	t L line 2 teble e	on he duplicated if additional appear in	acadad \		
3 Activities per Region. (T (a) Region	(b) Number of		an be duplicated if additional space is a (d) Activities conducted in the region		vity listed in (d)	(f) Total
(a) Hogion	offices	employees	(by type) (such as, fundraising, pro-		gram service,	expenditures
	in the region	agents, and independent	gram services, investments, grants to		specific type	for and investments
		contractors in the region	recipients located in the region)	of service	(s) in the region	in the region
		in the region				
EUROPE (INCLUDING			PRODUCTION OF DRAMATIC			
ICELAND & GREENLAND)	0	0	AND/OR MUSICAL THEATRE	GRANTMAKING	}	25,335.
3 a Subtotal	0	С				25,335.
b Total from continuation] ,				
sheets to Part I	0	C				0.
c Totals (add lines 3a		,				25,335.
and 3b)	1	1				ı ⊿ɔ,ɔɔɔ.

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

Schedule F (Form 990) 2022

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV appraisal, other)
		EUROPE (INCLUDING	PRODUCTION OF DRAMA					
			AND/OR MUSICAL					
			THEATRE	25,335.	СНЕСК	0.		
		<u> </u>		,				

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter
3	Enter total number of other organizations or entities

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed. (h) Method of valuation (book, FMV, appraisal, other) (c) Number of (d) Amount of (f) Amount of (e) Manner of (g) Description of (a) Type of grant or assistance (b) Region recipients cash grant cash disbursement noncash noncash assistance assistance

1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	X Yes	□ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	Yes	X No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	Yes	X No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	Yes	X No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	Yes	X No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		X No
		Schedule F (Forn	n 990) 2022

Schedule F (Form 990) 2022 AMERICAN THEATRE WING, INC. Part V Supplemental Information

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of
investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c)
(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

(estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.
PART I, LINE 2:
OUR MONITORING PROCEDURES FOR FOREIGN GRANTEES ARE THE SAME AS IT IS FOR
DOMESTIC GRANTEES (SEE SCHEDULE I, PART IV) EXCEPT FOR ONLY ONE
DIFFERENCE. RATHER THAN COLLECT A W9, ATW WILL COLLECT A COMPLETED
W-8BEN-E FORM FROM THE FOREIGN GRANTEE. ALL OTHER PARTS OF THE PROCESS
ARE THE SAME. (ATW CURRENTLY HAS ONLY ONE FOREIGN GRANTEE.)

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Employer identification number Name of the organization AMERICAN THEATRE WING, INC. 13-1893906 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a X Mail solicitations e X Solicitation of non-government grants X Internet and email solicitations f X Solicitation of government grants X Phone solicitations g X Special fundraising events **d** X In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or X Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
BRYONY ROMER - 439 2ND ST #5,		Yes	No			
BROOKYLN, NY 11215	FUNDRAISING CONSULTING		Х	196,700.	28,000.	168,700.
,					,	,
				196,700.	28,000.	
3 List all states in which the organization or licensing.	on is registered or licensed to solicit	contrib	outions	s or has been notified	d it is exempt from re	egistration
NY						

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

Schedule G (Form 990) 2022

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

		of fundraising event contributions and gro				ots 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))
<u>e</u>			(event type)	(event type)	(total number)	55 (5)/
Revenue						
3ev	1	Gross receipts	1,291,227.			1,291,227.
_			0.77 460			0.55 4.60
	2	Less: Contributions	977,468.			977,468.
			212 750			212 750
	3	Gross income (line 1 minus line 2)	313,759.			313,759.
		Ocelh suites				
	4	Cash prizes				
	5	Noncash prizes				
SS	3	Noncash prizes				
Direct Expenses	6	Rent/facility costs	170,682.			170,682.
ж		Tional admity doord				
ct E	7	Food and beverages				
Dire	-					
_	8	Entertainment				
	9	Other direct expenses	143,077.			143,077.
	10	Direct expense summary. Add lines 4 through	n 9 in column (d)			313,759.
		Net income summary. Subtract line 10 from li	ne 3, column (d)			0.
Pa	rt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than	
		\$15,000 on Form 990-EZ, line 6a.	Г			T
ne			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue				billigo/progressive billige		coi. (a) through coi. (c)
Re	_	0				
		Gross revenue				
	2	Cash prizes				
Direct Expenses	_	54611 p. 1255				
per	3	Noncash prizes				
Ť						
irec	4	Rent/facility costs				
О						
	5	Other direct expenses				
			Yes %	Yes %	Yes %	
	6	Volunteer labor	└── No	└── No	└── No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)			
		Net consiss in some superson. Culeturet line 7	fuere line 4 celumen (d)			
	8	Net gaming income summary. Subtract line 7	from line 1, column (a)			
a	Ent	ter the state(s) in which the organization condu	icts gaming activities:			
		he organization licensed to conduct gaming a	· · · · —	states?		Yes No
		No," explain:				. — 155 — 115
		· .				
	_					
10a	We	ere any of the organization's gaming licenses re	evoked, suspended, or to	erminated during the tax	year?	Yes No
b	If "	Yes," explain:				

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022 AMERICAN THEATRE WING, INC. 13-1	L893906	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No.
12	Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed		
12			
	to administer charitable gaming?	└── Yes	└── No
13	Indicate the percentage of gaming activity conducted in:		
а	The organization's facility	13a	%
	An outside facility	13b	%
	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
17	Enter the marie and address of the person who prepares the organization's garming 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 \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
	Address		
16	Gaming manager information:		
	Name		
	Gaming manager compensation \$		
	Garming manager compensation ϕ		
	Description of services provided		
	Director/officer Employee Independent contractor		
	blector/officer imployee independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	└── Yes	└── No
h	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	••	
	· · · · · · · · · · · · · · · · · · ·		
D -	organization's own exempt activities during the tax year \$		
Pa	Tt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Pa	art III, lines 9	, 9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		

Schedule G	G (Form 990)	AMERICAN	THEATRE	WING,	INC.	13-1893906 Page 4
Part IV	G (Form 990) Supplemental Info	mation (continue	d)			

SCHEDULE I (Form 990)

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

OMB No. 1545-0047

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization AMERICAN	Employer identification number 13-1893906									
Part I General Information on Grants and Assistance										
Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the selec	tion			
criteria used to award the grants or assi	stance?						X Yes No			
2 Describe in Part IV the organization's pr	ocedures for mon	itoring the use of gran	t funds in the Unite	d States.						
Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.										
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance			
AMDA INC DBA AMERICAN MUSICAL AND DRAMATIC ACADEMY - 211 WEST 61ST STREET - NEW YORK, NY 10023	13-2501829	501 (C) 3	5,965.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE			
BENJAMIN WOLFE DBA SOUTHEASTERN SUMMER THEATRE INSTITUTE LLC - 2 CORPUS CHRISTI PLACE, SUITE 200 - HILTON HEAD ISLAND, SC 29928	45-0821923	N/A	12,750.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE			
BERKLEE COLLEGE OF MUSIC, INC. 1140 BOYLSTON STREET BOSTON, MA 02215	04-2300472	501 (C) 3	10,000.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE			
CABARRUS COUNTY SCHOOLS 608 DAKOTA STREET KANNAPOLIS, NC 28083	56-6000997	N/A	25,000.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE			
CALIFORNIA INSTITUTE OF THE ARTS 24700 MCBEAN PARKWAY SANTA CLARITA, CA 91355	95-6102146	501 (C) 3	10,000.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE			
BOSTON EDUCATIONAL DEVELOPMENT FOUNDATION - 6 ROXBURY STREET #3L - ROXBURY, MA 02119	04-6001380	501 (C) 3	7,650.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE			
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 21. 3 Enter total number of other organizations listed in the line 1 table										

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COLUMBIA COLLEGE CHICAGO							
600 S MICHIGAN AVE							PRODUCTION OF DRAMATIC
CHICAGO, IL 60605	36-6112087	501 (C) 3	10,000.	0.			AND /OR MUSICAL THEATRE
DEPAUL UNIVERSITY							
1 EAST JACKSON BLVD, SUITE 9100							PRODUCTION OF DRAMATIC
CHICAGO, IL 60604	36-2167048	501 (C) 3	13,900.	0.			AND /OR MUSICAL THEATRE
ELIZABETHTOWN COLLEGE							
ONE ALPHA DRIVE							PRODUCTION OF DRAMATIC
ELIZABETHTOWN, PA 17022	23-1352632	501 (C) 3	10,200.	0.			AND /OR MUSICAL THEATRE
FOLSOM CORDOVA UNIFIED SCHOOL							
2239 CHASE DRIVE							PRODUCTION OF DRAMATIC
RANCHO CORDOVA, CA 95670	94-6002505	N/A	10,200.	0.			AND /OR MUSICAL THEATRE
-			1				
FORDHAM UNIVERSITY							
HEBAUD HALL, 441 E FORDHAM RD							PRODUCTION OF DRAMATIC
BRONX, NY 10458	13-1740451	501 (C) 3	10,000.	0.			AND /OR MUSICAL THEATRE
GUILFORD COUNTY BOARD OF EDUCATION							
801 FERNDALE BOULEVARD							PRODUCTION OF DRAMATIC
HIGH POINT, NC 27262	56-6000522	N/A	25,000.	0.			AND /OR MUSICAL THEATRE
			,				
HISPANIC FEDERATION, INC							
55 EXCHANGE PLACE SUITE 501							PRODUCTION OF DRAMATIC
NEW YORK, NY 11102	13-3573852	501 (C) 3	30,000.	0.			AND /OR MUSICAL THEATRE
HOUSTON INDEPENDENT SCHOOL							
DISTRICT - 4400 WEST 18TH STREET -							PRODUCTION OF DRAMATIC
HOUSTON, TX 77092	74-6001255	N/A	25,000.	0.			AND /OR MUSICAL THEATRE
-							
HOWARD UNIVERSITY							
2400 6TH STREET NW, SUITE 115	F2 0204707	F01 (a) 3	10.000				PRODUCTION OF DRAMATIC
WASHINGTON, DC 20059	53-0204707	Dot (C) 3	10,000.	0.		1	AND /OR MUSICAL THEATRE

Schedule I (Form 990) AMERICAN							3-1893906 Page 1
Part II Continuation of Grants and Other	Assistance to Do	omestic Organization	s and Domestic G	overnments (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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INDIESPACE INC. 4815 28TH AVENUE ASTORIA, NY 11103	47-4523884	501 (C) 3	15,000.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE
J.O WILSON E.S PTA 660 K STREET NORTHEAST WASHINGTON, DC 20002	27-1832760	501 (C) 3	5,843.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE
NEW YORK UNIVERSITY 383 LAFAYETTE STREET, 1ST FLOOR NEW YORK, NY 10003	13-5562308	501 (C) 3	20,000.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE
NORTHEASTERN UNIVERSITY 354 RICHARDS HALL, 360 HUNTINGTON A BOSTON, MA 02115	04-1679980	501 (C) 3	10,000.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE
NORTHWESTERN UNIVERSITY 617 NOYES STREET EVANSTON, IL 60208	36-2167817	501 (C) 3	20,000.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE
PACE UNIVERSITY 861 BEDFORD ROAD PLEASANTVILLE, NY 10570	13-5562314	501 (C) 3	10,000.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE
REGENTS OF THE UNIVERSITY OF MICHIGAN - 2500 STUDENT ACTIVITIES BUILDING - ANN ARBOR, MI 48109	38-6006309	501 (C) 3	20,000.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE
RICHMOND PUBLIC SCHOOLS 3400 PATTERSON AVE RICHMOND, VA 23221	54-1689909	N/A	5,128.	0.			PRODUCTION OF DRAMATIC AND /OR MUSICAL THEATRE
SAN DIEGO UNIFIED SCHOOL DISTRICT							PRODUCTION OF DRAMATIC

AND /OR MUSICAL THEATRE

SAN DIEGO, CA 92103

25,000.

0.

95-6002781 N/A

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
STAGE PARTNERS, LLC							
PO BOX 479							PRODUCTION OF DRAMATIC
STAMFORD, CT 06907	47-4779074	N/A	14,000.	0.			AND /OR MUSICAL THEATRE
THE LIT FUND INC D/B/A THE INDIE							
THEATER FUND - 4815 28TH AVENUE -							PRODUCTION OF DRAMATIC
ASTORIA, NY 11103	46-1141592	501 (C) 3	15,000.	0.			AND /OR MUSICAL THEATRE
TIM EVANICKI INC							
PO BOX 536187							PRODUCTION OF DRAMATIC
ORLANDO, FL 32853	82-4311637	N/A	7,600.	0.			AND /OR MUSICAL THEATRE
UNIVERSITY OF CINCINNATI							
PO BOX 210140							PRODUCTION OF DRAMATIC
CINCANATTI, OH 45221	31-6000989	N/A	10,000.	0.			AND /OR MUSICAL THEATRE
·			, ·				
UNIVERSITY OF HOUSTON							
334 MELCHER HALL, STE 398							PRODUCTION OF DRAMATIC
HOUSTON, TX 77204	74-6001399	N/A	10,000.	0.			AND /OR MUSICAL THEATRE
UNIVERSITY OF NORTH CAROLINA							
SCHOOL OF THE ARTS - 1533 SOUTH							
MAIN STREET - WINSTON-SALEM, NC							PRODUCTION OF DRAMATIC
27127	56-6065273	N/A	20,000.	0.			AND /OR MUSICAL THEATRE
UNIVERSITY OF SOUTHERN CALIFORNIA							
700 CHILDS WAY, JHH325							PRODUCTION OF DRAMATIC
LOS ANGELES, CA 90089	95-1642394	501 (C) 3	10,000.	0.			AND /OR MUSICAL THEATRE
·			,				

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(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 noncash assistance
OMPOSER, LYRICISTS & BOOK WRITERS GRANTS	14	60,748.	0.		
RODUCTION OF DRAMATIC AND/OR MUSICAL THEATRE	17	90,216.	0.		

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

PART I, LINE 2:

ATW AWARDED GRANTS TO NOT-FOR-PROFIT ORGANIZATIONS WHOSE PRIMARY ACTIVITIES

CENTER ON THE PRODUCTION OF DRAMATIC AND/OR MUSICAL THEATRE. APPLICANTS

MUST PURSUE A CLEARLY DEFINED MISSION, PRODUCE AT LEAST 5 CONSECUTIVE

SEASONS, HAVE PLANS FOR AN UPCOMING SEASON, AND BE INCORPORATED BETWEEN

1997 AND 2007. IN ADDITION, A COPY OF THE MOST RECENT FINANCIAL AUDIT AND

IRS FORM 990 MUST BE SUBMITTED.

46

Part IV Supplemental Information

HIGH SCHOOL THEATRE PROGRAMS. APPLICANTS MUST DEMONSTRATE FINANCIAL NEED,
PROVIDE A SIGNED LETTER OF SUPPORT FROM THE SCHOOL ADMINISTRATION PLEDGING
TO USE THE FUNDS AS DESIGNATED. RECIPIENTS MUST SUBMIT A FINAL REPORT,
INCLUDING A NARRATIVE AND FINANCIAL REPORT DETAILING HOW ALL GRANT FUNDS
WERE EXPENDED AS DETAILED IN THE COUNTERSIGNED GRANT AGREEMENT.

THIS PAST YEAR, ATW GRANTED SCHOLARSHIPS TO NOT-FOR-PROFIT THEATRE TRAINING PROGRAMS AND UNIVERSITIES FOR TRAINING AND UNIVERSITY SCHOLARSHIP RECIPIENTS. THE STUDENT AND PARENT ARE IN DIRECT COMMUNICATION WITH ATW AND THE PROGRAM OFFICER AT THE DESIGNATED PROGRAM. THE TRAINING PROGRAMS MUST PROVIDE PROOF OF ATTENDANCE UPON REQUEST TO ATW AS MENTIONED IN THE SIGNED AWARD LETTER. UPON COMPLETION OF THE PROGRAM, STUDENTS ARE REQUIRED TO SUBMIT A FEEDBACK REPORT ON THEIR EXPERIENCE AT THE PROGRAM. FOR THE UNIVERSITY SCHOLARSHIPS, STUDENTS MUST DEMONSTRATE FINANCIAL NEED AS DETERMINED THROUGH THE FEDERAL APPLICATION FOR STUDENT AID OR FAFSA. UNIVERSITIES WILL PROVIDE PROOF OF ATTENDANCE AS WELL AS MAINTAINED GPA MINIMUM REQUIREMENTS. STUDENTS ARE REQUIRED TO FILL OUT AN ANNUAL REPORT PROVIDING COPIES OF COURSES TAKEN, GPA, PROOF OF MAJOR, EXTRACURRICULAR ACTIVITIES, ETC.

ATW ALSO DISTRIBUTES GRANTS TO THE INDIVIDUALS WHO DEMONSTRATE COMMITMENT AND DEDICATION TO A CAREER IN A THEATER.

THE BOARD APPROVED GRANTS COMMITTEES MONITORS AND OVERSEES EACH OF THESE PANEL PROCESSES.

Schedule I (Form 990)

SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

ZUZZ

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

Department of the Treasury

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

AMERICAN THEATRE WING, INC.

Employer identification number 13-1893906

Schedule J (Form 990) 2022

	·		Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on 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 (such as 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 directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the 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.			
	X Compensation committee X Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	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		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on 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.

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) HEATHER A. HITCHENS	(i)	371,856.	0.	0.	0.	27,561.		0.
PRESIDENT/CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) IAN WEISS	(i)	137,541.	0.	0.	0.	17,175.	154,716.	0.
SENIOR DIR. DIGITAL CONTENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

		AMERICAN THE	EATRE W	ING, INC.		13-1	.8939	06	
Pai	rt I Ty	pes of Property							
			(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	eterminir	_	S
1	Art - Work	s of art							
2	Art - Histor	rical treasures							
3	Art - Fracti	ional interests							
4	Books and	d publications							
5	Clothing a	nd household goods							
6	Cars and	other vehicles							
7	Boats and	planes							
8	Intellectua	ll property							
9	Securities	- Publicly traded	X	5	97,577.	FAIR MARKET	' VAL	ιUΕ	
10	Securities	- Closely held stock							
11	Securities trust intere	- Partnership, LLC, or ests							
12	Securities	- Miscellaneous							
13	Qualified o	conservation contribution - ructures							
14		conservation contribution - Other							
15		e - Residential							
16		e - Commercial							
17		e - Other							
18		es							
19		ntory							
20		l medical supplies							
21		/							
22		artifacts							
23		specimens							
24		ical artifacts							
25	Other	,							
26	Other	()							
27	Other								
28	Other	()							
29		f Forms 8283 received by the organ	ization durin	n the tay year for o	contributions				
23		the organization completed Form 82						0	
00-	Danie a Ha					-l- 00 414 14		Yes	No
30a	_	year, did the organization receive to	-			-			
		for at least 3 years from the date of					00-		v
L		urposes for the entire holding period	ı				30a		X
		escribe the arrangement in Part II.	policy that =	oquires the review	of any nonetandard contribe	itions?	24		Х
31		organization have a gift acceptance					31	\dashv	
	contribution						32a		Х
b		escribe in Part II.							
33	If the orga	nization didn't report an amount in	column (c) fo	r a type of propert	y for which column (a) is che	cked,			

232141 09-09-22

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

Schedule M (Form 990) 2022

52

232142 09-09-22

Schedule M (Form 990) 2022

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

QMB No. 1545-0047
2022
Open to Public Inspection

Name of the organization

AMERICAN THEATRE WING, INC.

Employer identification number 13-1893906

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

ATW CONTINUED TO DEVELOP THE NEXT GENERATION OF THE THEATRE ARTISTS

DURING THE 2021/2022 SEASON BY INVESTING IN THE GROWTH AND EVOLUTION OF

AMERICAN THEATRE ON THE STAGE AS WELL AS BEHIND THE SCENES.

EXPENSES \$ 1,165,553. INCLUDING GRANTS OF \$ 98,350. REVENUE \$ 47,481.

FORM 990, PART VI, SECTION B, LINE 11B:

FORM 990 IS REVIEWED BY ATW'S FINANCIAL MANAGEMENT, THE CEO, AND THE AUDIT COMMITTEE, AND IS PROVIDED TO THE BOARD OF DIRECTORS PRIOR TO FILING.

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

THE ORGANIZATION REQUIRES BOARD MEMBERS AND KEY EMPLOYEES SIGN AN ANNUAL CONFLICT OF INTEREST POLICY CERTIFICATION AND 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 THE PRESIDENT/CEO IS APPROVED BY THE BOARD. COMPENSATION IS

GENERALLY BASED ON INDUSTRY STANDARDS, AND COMPARATIVE DATA OF OTHER

SIMILAR ORGANIZATIONS.

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

FULL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST AND ARE POSTED ON THE NEW YORK STATE CHARITIES BUREAU WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON

REQUEST.

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

Schedule O (Form 990) 2022

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

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

Attach to Form 990.

2022
Open to Public Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

AMERICAN THEATRE WING, INC.

Employer identification number 13-1893906

(a)	(b)	(c)	(d)	(e)		(f)	
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state of foreign country)			r assets Direct	Direct controlling entity	
	_						
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	0, Part IV, line 34, l	because it had one	e or more related tax-ex	empt	
(a) Name, address, and EIN	(b) Primary activity	(c)	(d)	(e)	(f)	(g) Section 512(b)(controlled entity?	
of related organization	Fillinary activity	Legal domicile (state or foreign country)	Exempt Code section	Public charity status (if section	Direct controlling	cont	rolled
	Filliary activity		1		Direct controlling	cont	rolled
TONY AWARD PRODUCTIONS(A PARTNERSHIP OF TWO NOT-FOR-PROFIT ORGANIZATIONS), 234 W 44	PRODUCING AN ANNUAL "TONY AWARD" EVENT		section	status (if section 501(c)(3))	Direct controlling	Yes	rolled tity?
TONY AWARD PRODUCTIONS(A PARTNERSHIP OF TWO NOT-FOR-PROFIT ORGANIZATIONS), 234 W 44	PRODUCING AN ANNUAL "TONY	foreign country)	1	status (if section 501(c)(3))	Direct controlling entity	Yes	rolled tity?
TONY AWARD PRODUCTIONS(A PARTNERSHIP OF TWO	PRODUCING AN ANNUAL "TONY	foreign country)	section	status (if section 501(c)(3))	Direct controlling entity	Yes	rolled tity?

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j	j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign		Predominant income (related, unrelated, excluded from tax under sections 512-514)		Share of end-of-year assets	Diananantianata		Code V-UBI	General or managing partner?		Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	_
												_
												_

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on 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	(c) Legal domicile (state or foreign	(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	Sec 512(k contr ent	tion o)(13) rolled ity?
		country)		0. 1.254		45515		Yes	No
									
									

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

Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transaction	s with one or more r	elated organizations listed in	n Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	/	-		1a		Х	
b	Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
	Loans or loan guarantees by related organization(s)				1e		Х	
f	Dividends from related organization(s)				1f		Х	
g	Sale of assets to related organization(s)				1g		Х	
h Purchase of assets from related organization(s)								
i Exchange of assets with related organization(s)								
j Lease of facilities, equipment, or other assets to related organization(s)								
k Lease of facilities, equipment, or other assets from related organization(s)								
Performance of services or membership or fundraising solicitations for related organization(s)								
m	Performance of services or membership or fundraising solicitations by related orga	nization(s)			1m		Х	
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)								
Sharing of paid employees with related organization(s)								
р	Reimbursement paid to related organization(s) for expenses				1p		Х	
q	Reimbursement paid by related organization(s) for expenses				1q		Х	
r	Other transfer of cash or property to related organization(s)				1r		Х	
s	Other transfer of cash or property from related organization(s)				1s		Х	
	If the answer to any of the above is "Yes," see the instructions for information on w							
	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount inv	olved			
<u>(1)</u>								
(2)								
(3)								
(0)								
(4)								
<u>(5)</u>								
(6)								
00016	2 00 14 22	56		Schadula I	2 (Eori	n 990	1 2022	

Page 4

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)	(b)	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(6	e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are partne	e all rs sec.	Share of	Share of	Dispr	opor-	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener	al or F	Percentage
of entity	. ,	(state or foreign	(related, unrelated,	501(c)(3)	total	end-of-year	alloca	nate tions?	amount in box 20	mana	ging ner?	ownership
·		country)	sections 512-514)	Vac	No.	income	assets	Voc	No	(Form 1065)	Yes	NO	-
		-	, , , , , , , , , , , , , , , , , , ,	162	NO			1165	NO	,	163	NO	
-													
					_			_	_	-	\vdash		
								1			1	-	
								_			\perp		
								\vdash		1	\vdash	\dashv	
											\Box		