CHAR500 Online

For new annual filings, and amendments

Annual Filing for Charitable Organizations

New York State Office of the Attorney General Charities Bureau - Registration Section 28 Liberty Street New York, NY 10005 <u>charitiesnys.com</u> Open to Public Inspection

Filing Type:	New Filin	g OAm	endment	Filing Year: 202	23	_
General Info	rmation					
		American	Theatre Wing, Inc.	Updated Nam	ne:	N/A
NY Registration		01-04-66	<u> </u>	Registration C		DUAL
Organization Typ		Corporation	1	EIN:	σ,	131893906
Current Fiscal Ye		09/30		Updated Fisca	l Year End:	12/31
Organization Em		heather@an	nericantheatrewing.org	Organization's		(212) 765-0606
Tax Exempt State		501(c)(3)		Website:		www.americantheatrewing.org
Organization Ac	ldress					
Mai	iling Address		Principal Ac	ddress		NY State Address
230 WEST 4 1101 NEW YORK NY 10036 UNITED ST	<	EET, NO.	230 WEST 41ST NO. 1101 NEW YORK NY 10036 UNITED STATES		NA	
Primary Contact First Name: He	t Informatior eather	1	— Last Name: Hitc	hens	Title: _	President and CEO
Phone: (2	12) 765-0606	6		ther@americantl		.org
Organization Ty	-	rith IRS: <u>IF</u>	RS990 Orga	nization Type: <u>F</u>	Public	
Third Party P	Preparer Ir	nformatio	n			
First Name: Fr	ederick		Last Name: Mar	tens	Title: _	Partner
Firm Name: <u>Lu</u>	ıtz and Carr,	CPAs LLP	Phone: <u>(212</u>	2) 697-2299	Email:	fmartens@lutzandcarr.com
Third Party Add	ress fth Avenue, S	Suite 400				
City: New Y			State:	NY		
Zip: 10176				United States		

Re	egistration Category
1.	Does the organization conduct activity in New York State other than soliciting? This may include, but is not limited
	to, maintaining an office, having employees or staff, or running a program. ● Yes ○ No
2.	Does the organization have assets in New York State? ● Yes ○ No
3.	Is the organization incorporated or formed in New York State? • Yes • No
4.	Has the organization received more than \$25,000 in total contributions from New York State residents,
	foundations, corporations or government agencies or other entities in the period covered by this filing? • Yes ONo
5.	Does the organization plan to receive more than \$25,000 annually in total contributions from New York State residents
	foundations, corporations, government agencies or other entities?
6.	Does the organization use a professional fundraiser or fundraising counsel? • Yes O No
Bas	sed on your responses to the above questions, this organization's registration category remains as DUAL
Co	ontribution Information
1.	Did the organization solicit or receive contributions during the fiscal year in New York State? • Yes • O No
3. (Choose the total contributions in New York State this fiscal year: \$1,000,000-\$4,999,999
Ar	nnual Exemptions
1.	Were the total contributions from New York State, including residents, foundations, government agencies, etc. unde \$25,000 during the fiscal year? OYes ONO N/A
2.	Did the organization use a professional fundraiser or fundraising counsel during the fiscal year? \bigcirc Yes \bigcirc No N/A
3.	Were the organization's gross receipts under \$25,000 and the market value of its assets under \$25,000 during the fiscal year? OYes No
	sed on your responses to annual exemption questions, this organization is required to file under <u>DUAL</u> during this

Financial Information			
Type of IRS document filed with IRS	IRS990	Organization's total revenue:	3,691,697
Organization's total contributions:	3,105,605	Organization's total assets:	N/A
Organization's net assets:	13,409,759	Organization's total revenue	N/A
Organization's total liabilities:	N/A	and contributions: Organization's total assets/	N/A
Organization's total income:	N/A	worth:	
For this filing year, does your organi	zation plan to complete an	y of the following with the New	York State Charities Bureau
□Closing □ Withdrawing	☐ Dissolving ☑ No	one	
Is this your final filing with New Yor	k State? OYes O	No N/A	

Filing Information

Did your organization use a professional fundraiser or fundraising counsel for fundraising activity in New York State?

●Yes ONo

General Information	Description of Services	Description of Compensation
Name of Firm: Bryony Romer Type: Fund Raiser Counsel Reg Number: 42-65-56 Contract Start: 01/01/2023 Contract End: 12/31/2023 Amount Paid: \$28,000.00 Phone: (917) 539-3214 Mailing Address: 439 2nd Street #5 null Brooklyn NY-11215 United States	Wing's development staff. Meet regularly with staff and Presi	In connection with the services described above, the fundraiser was paid a retainer of \$7,000 at the start of the contract period. Subsequent payments were then invoiced as work was completed until th
Name of Firm: N/A Type: N/A Contract Start: N/A Amount Paid: N/A Mailing Address: N/A N/A Registration ID: N/A Contract End: N/A Phone: N/A	N/A	N/A
Name of Firm: N/A Type: N/A Contract Start: N/A Amount Paid: N/A Mailing Address: N/A Registration ID: N/A Contract End: N/A Phone: N/A	N/A	N/A

Did the organization receive government grants during this fiscal year?

Yes O No

Government Grant Agency	Grant Amount
New York State Council on the Arts	\$49,500.00
National Endowment for the Arts	\$40,000.00
N/A	N/A
N/A	N/A
N/A	N/A

Documents

Attached	organization'	c required	documents.
Allaciicu	Organization	s required	uocuments.

- ☑ IRS document
- ☑ Certified Public Accountant's Audit Report
- ☐ Certified Public Accountant's Review Report
- ☐ Complete Certificate of Amendment or other document amending the name
- □ Other documents

Signatures

We certify under penalties of perjury that we reviewed this report, including all attachments, and to the best of our knowledge and belief, they are true, correct and complete in accordance with the laws of the State of New York applicable to this report.

Role	First Name	Last Name	Email	
President	Heather	Hitchens	heather@americanth	neatrewing.org
Treasurer	Pamela	Zilly	pdzilly@gmail.com	
Signature of President	— Signed by: Heather Hitchens 300144060DE040E		Date:	10/21/2024

Signature of Treasurer

Pamela Zilly

Date:

10/19/2024