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 Fi	ling OAm	endment	Filing Year: 202	24	_
General Information					
Current Organization Name	nization Name: American Theatre Wing,		_ Updated Name: Registration Category:		N/A
NY Registration Number: 01-04-66					DUAL
Organization Type:	Corporation	<u>1</u>	EIN: Updated Fiscal	l Year End:	131893906
Current Fiscal Year End:	09/30				12/31
Organization Email:	ization Email: heather@americanthe		Organization's Phone:		212-765-0606
Tax Exempt Status:	504()(O)		Website:		www.americantheatrewing.c
Organization Address					
Mailing Addres	SS	Principal Ad	ldress		NY State Address
58 West 40th Street 7 Fl. New York NY 10018 United States		58 West 40th Street 7 Fl. New York NY 10018 United States		NA 	
Primary Contact Information	on	,		<u>'</u>	
First Name: Heather		— Last Name: Hitchens		Title: President and CEO	
Phone: <u>212-765-060</u>	6	— Email: <u>heat</u>	ther@americanth	heatrewing	.org
Organization Type Type of IRS document filed	with IRS: <u>I</u>	RS990 Orgai	nization Type: <u>F</u>	Public	
Third Party Preparer	Informatio	n			
First Name: Frederick		Last Name: Mart	tens	Title: _	Partner
Firm Name: Lutz and Car	r, CPAs LLP	Phone: <u>212</u> -	-697-2299	Email:	fmartens@lutzandcarr.con
Third Party Address					
Street: 551 Fifth Avenue	, Suite 400				
City: New York		State:	NY		
Zip: 10176		Country:	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 Organization's total contributions: Organization's net assets:	<u>IRS990</u> 2,213,027 13,632,878	Organization's total revenue: Organization's total assets:	N/A	
Organization's net assets. Organization's total liabilities: Organization's total income:	N/A N/A	Organization's total revenue and contributions: Organization's total assets/worth:	N/A N/A	
For this filing year, does your organization plan to complete any of the following with the New York State Charities Bureau?				
□Closing □Withdrawing	□ Dissolving ☑ No			
Is this your final filing with New York State? OYes ONO 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: 1/1/2024 Contract End: 12/31/2024 Amount Paid: \$22,280.00 Phone: 917-539-3214 Mailing Address: 439 2nd St, #5 null Brooklyn NY-11215 United States	Ongoing support of American Theatre Wing's development staff. Meet regularly to provide counsel, support and guidance for American Theatre Wing's development staff. Meet regularly with staff and Presi	In connection with the services described above, Bryony Romer was contracted by American Theatre Wing at a rate of up to \$28,000. The fundraiser was paid a retainer of \$7,000 at the start of the cont
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 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
National Endowment for the Arts	\$60,000.00
N/A	N/A

Documents

Attached organization's required documents:

- ☑ 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		Date:	11/11/2025
	Signed by:			

Signature of Treasurer

Pamela Zilly TEC21116B542470 Date:

11/13/2025