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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-1150

2014

Open to Public Inspection

- Do not enter social security numbers on this form as it may be made public.
Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury
Internal Revenue Service

A For the 2014 calendar year, or tax year beginning 01-01-2014, and ending 12-31-2014

- B Check if applicable: Address change, Name change, Initial return, Final return/terminated, Amended return, Application pending

C Name of organization: APPLIED IMPROVISATION NETWORK
Number and street (or P O box, if mail is not delivered to street address): 246 WEST END AVE ROOM/SUITE 9G
City or town, state or province, country, and ZIP or foreign postal code: NEW YORK, NY 10023

D Employer identification number: 20-8475100
E Telephone number
F Group Exemption Number

G Accounting Method: Cash [] Accrual [x] Other (specify)

H Check [x] if the organization is not required to attach Schedule B (Form 990, 990-EZ, or 990-PF)

I Website: WWW.APPLIEDIMPROV.NET

J Tax-exempt status (check only one): 501(c)(3) [x] 501(c)(6) [] (insert no) [] 4947(a)(1) [] 527 []

K Form of organization: Corporation [x] Trust [] Association [] Other []

L Add lines 5b, 6c, and 7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets (Part II, column (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ. \$ 98,248

Part I Revenue, Expenses, and Changes in Net Assets or Fund Balances (see the instructions for Part I)

Check if the organization used Schedule O to respond to any question in this Part I [x]

Table with 21 rows and 3 columns: Description, Line Number, Amount. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21).

Part II Balance Sheets (see the instructions for Part II)

Check if the organization used Schedule O to respond to any question in this Part II

	(A) Beginning of year	(B) End of year
22 Cash, savings, and investments	40,037	22 54,840
23 Land and buildings		23
24 Other assets (describe in Schedule O)		24
25 Total assets	40,037	25 54,840
26 Total liabilities (describe in Schedule O)	150	26 3,903
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	39,887	27 50,937

Part III Statement of Program Service Accomplishments (see the instructions for Part III)

Check if the organization used Schedule O to respond to any question in this Part III

Expenses
(Required for section 501(c)(3) and 501(c)(4) organizations, optional for others)

What is the organization's primary exempt purpose?

WE EXIST AS A BUSINESS ASSOCIATION FOR PROFESSIONALS USING OR WISHING TO USE IMPROVISATIONAL SKILLS WITHIN ORGANIZATIONS THROUGH THE MEDIUMS OF OUR CONFERENCES, WEB SITE AND ELECTRONIC MAILING LISTS WE SHARE THE KNOWLEDGE ACQUIRED BY INDIVIDUAL MEMBERS TO IMPROVE THE SKILLS AND KNOWLEDGE OF ALL THE MEMBERS WHO WISH TO DEVELOP WE HOST AN INTERNATIONAL CONFERENCE EACH YEAR AT WHICH MEMBERS WITH SPECIFIC SKILLS OR KNOWLEDGE THAT ARE USEFUL TO OTHERS CONDUCT TRAINING SESSIONS OR WORKSHOPS TO SHARE THAT SKILL OR KNOWLEDGE WITH OTHER ATTENDEES WE OPERATE A WEB SITE RUN USING AN OPEN ACCESS MODEL THAT ALLOWS ANY REGISTERED USER TO POST ARTICLES, COMMENTS OR QUESTIONS TO THE SITE THAT ALL OTHERS CAN READ AND/OR RESPOND TO

Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. In a clear and concise manner, describe the services provided, the number of persons benefited, and other relevant information for each program title

28 IMPROVISATIONAL SKILLS (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	28a
29 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30 (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	30a
31 Other program services (describe in Schedule O) (Grants \$) If this amount includes foreign grants, check here <input type="checkbox"/>	31a
32 Total program service expenses (add lines 28a through 31a) <input type="checkbox"/>	32

Part IV List of Officers, Directors, Trustees, and Key Employees (list each one even if not compensated — see the instructions for Part IV)

Check if the organization used Schedule O to respond to any question in this Part IV.

(a) Name and title	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Health benefits, contributions to employee benefit plans, and deferred compensation	(e) Estimated amount of other compensation
PAUL Z JACKSON PRESIDENT	5 00	0		
ALAN MONTAGUE TREASURER	1 00	0		
RAYMOND VAN DRIEL SECRETARY	0 50	0		
SUE WALDEN VICE PRESIDE	1 00	0		
BELINA RAFFY BOARD MEMBER	5 00	0		
DAVID MATTHEW PRIOR BOARD MEMBER	0 50	0		
MARY JANE PORIES BOARD MEMBER	1 00	0		
BARBARA TINT BOARD MEMBER	1 00	0		
BARD BRAENDE BOARD MEMBER	3 00	0		
GABE MERCADO BOARD MEMBER	1 00	0		
MARTIN CIESIELSKI BOARD MEMBER	1 00	0		

Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the

instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V

Form 990-EZ (2014) questions 33-45b regarding organizational activities, financials, and compliance. Includes sections for political expenditures, Form 1120-POL, Section 501(c)(7) organizations, Section 501(c)(3) organizations, and foreign accounts.

Yes No

46 Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I

Part VI Section 501(c)(3) organizations only

All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51

Check if the organization used Schedule O to respond to any question in this Part VI

Yes No

47 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

48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E

49a Did the organization make any transfers to an exempt non-charitable related organization?

b If "Yes," was the related organization a section 527 organization?

50 Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 5 columns: (a) Name and title of each employee, (b) Average hours per week devoted to position, (c) Reportable compensation (Forms W-2/1099-MISC), (d) Health benefits, contributions to employee benefit plans, and deferred compensation, (e) Estimated amount of other compensation

f Total number of other employees paid over \$100,000

51 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the organization. If there is none, enter "None"

Table with 3 columns: (a) Name and business address of each independent contractor, (b) Type of service, (c) Compensation

d Total number of other independent contractors each receiving over \$100,000.

52 Did the organization complete Schedule A? NOTE. All Section 501(c)(3) organizations must attach a completed Schedule A

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ***** Signature of officer ZOHAR ADNER TREASURER Type or print name and title 2015-02-20 Date

Paid Preparer Use Only Print/Type preparer's name LAWRENCE A VOLLARO CPA Preparer's signature Date 2015-05-13 Check if self-employed PTIN P00487273 Firm's name LEHMAN NEWMAN FLYNN VOLLARO CPA'S PC Firm's EIN 13-4137143 Firm's address 14 PENN PLAZA STE 2220 NEW YORK, NY 10122 Phone no (212) 736-2220

May the IRS discuss this return with the preparer shown above? See instructions

SCHEDULE O
(Form 990 or 990-EZ)

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 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at
www.irs.gov/form990.

OMB No 1545-0047

2014

**Open to Public
Inspection**

Name of the organization
APPLIED IMPROVISATION NETWORK

Employer identification number

20-8475100

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990-EZ, PART I, LINE 8	CORPORATE TAX REFUNDS 1,999 TOTAL 1,999
FORM 990-EZ, PART I, LINE 16	EXPENSES 1,553 FURNITURE RENTAL 6,171 7,503 BUSINESS REGISTRATION FEE 20 REGIONAL MEETINGS 15 SUPPLIES 9,908 VIDEO COSTS 2,890 WEBSITE 330 SUBSCRIPTIONS & REFERENCE 144 TELEPHONE 286 BANK FEES 192 MEALS & ENTERTAINMENT 33,850 INTERNET 2,630 POSTAGE & DELIVERY 20 REGISTRATION 3,421 AUDIO, VIDEO, LIGHTING 8,567 CHARITABLE CONTRIBUTION 1,000 TOTAL 78,500
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 150 3,903
FORM 990-EZ, PART III	WE EXIST AS A BUSINESS ASSOCIATION FOR PROFESSIONALS USING OR WISHING TO USE IMPROVISATIONAL SKILLS WITHIN ORGANIZATIONS THROUGH THE MEDIUMS OF OUR CONFERENCES, WEB SITE AND ELECTRONIC MAILING LISTS WE SHARE THE KNOWLEDGE ACQUIRED BY INDIVIDUAL MEMBERS TO IMPROVE THE SKILLS AND KNOWLEDGE OF ALL THE MEMBERS WHO WISH TO DEVELOP WE HOST AN INTERNATIONAL CONFERENCE EACH YEAR AT WHICH MEMBERS WITH SPECIFIC SKILLS OR KNOWLEDGE THAT ARE USEFUL TO OTHERS CONDUCT TRAINING SESSIONS OR WORKSHOPS TO SHARE THAT SKILL OR KNOWLEDGE WITH OTHERS WE OPERATE A WEB SITE RUN USING AN OPEN ACCESS MODEL THAT ALLOWS ANY REGISTERED USER TO POST ARTICLES, COMMENTS OR QUESTIONS TO THE SITE THAT ALL OTHERS CAN READ AND/OR RESPOND TO