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Form 990-EZ

Short Form

Return of Organization Exempt From Income Tax

OMB No 1545-1150

2015

Open to Public Inspection

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. Information about Form 990-EZ and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service

A For the 2015 calendar year, or tax year beginning 01-01-2015, and ending 12-31-2015

- 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: 600 4TH ST. City or town: NAPA, CA 94559

D Employer identification number: 20-8475100. Telephone number: (773) 459-8942. F Group Exemption Number

G Accounting Method: Cash, Accrual, Other (specify)

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

I Website: APPLIEDIMPROVISATIONNETWORK

J Tax-exempt status (check only one): 501(c)(3), 501(c)(6), 4947(a)(1), 527

K Form of organization: Corporation, 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. \$ 109,786

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

Table with 21 rows and 3 columns. Rows include Revenue (1-9), Expenses (10-17), and Net Assets (18-21). Values include 104,400, 13, 5,373, 109,786, 10,532, 16,204, 114,847, 141,583, -31,797, 50,937, 19,140.

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	54,840	22	19,190
23 Land and buildings		23	
24 Other assets (describe in Schedule O)		24	
25 Total assets	54,840	25	19,190
26 Total liabilities (describe in Schedule O)	3,903	26	50
27 Net assets or fund balances (line 27 of column (B) must agree with line 21)	50,937	27	19,140

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

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

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

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	If this amount includes foreign grants, check here <input type="checkbox"/>	29a
30	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)		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		
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		

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

Table with 3 columns: Question, Yes, No. Rows 33-40e. Questions include: Did the organization engage in any significant activity not previously reported to the IRS? Were any significant changes made to the organizing or governing documents? Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities? Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? Enter amount of political expenditures, direct or indirect, as described in the instructions. Did the organization file Form 1120-POL for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? Section 501(c)(7) organizations: Initiation fees and capital contributions included on line 9; Gross receipts, included on line 9, for public use of club facilities. Section 501(c)(3) organizations: Enter amount of tax imposed on the organization during the year under section 4911, section 4912, section 4955. Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations: Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958. Enter amount of tax on line 40c reimbursed by the organization. All organizations: At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T.

41 List the states with which a copy of this return is filed CA
42a The organization's books are in care of THE CORPORATION Telephone no (773) 459-8942
Located at 600 4TH STREET NAPA, CA ZIP + 4 94559

Table with 3 columns: Question, Yes, No. Rows 42b, 42c. Questions include: 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)? If "Yes," enter the name of the foreign country. See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). At any time during the calendar year, did the organization maintain an office outside the U S ? If "Yes," enter the name of the foreign country.

43 Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the tax year 43

Table with 3 columns: Question, Yes, No. Rows 44a-45b. Questions include: Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ. Did the organization receive any payments for indoor tanning services during the year? If "Yes," to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O. Did the organization have a controlled entity within the meaning of section 512(b)(13)? 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," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions).

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 2016-04-15 Date ALAN MONTAGUE TREASURER Type or print name and title

Paid Preparer Use Only Pmnt/Type preparer's name LAWRENCE A VOLLARO CPA Preparer's signature Date 2016-04-26 Check if self-employed PTIN P00487273 Firm's name LEHMAN NEWMAN FLYNN VOLLARO CPA'S PC Firm's EIN 13-4037143 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 Yes No

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

OMB No 1545-0047

2015

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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.

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	MISCELLANEOUS 5,373 TOTAL 5,373
FORM 990-EZ, PART I, LINE 16	EXPENSES ADVERTISING 550 FURNITURE RENTAL 1,470 TRAVEL 71,642 BANK FEES 5,086 BUSINESS REGISTRATION FEE 35 MEALS & ENTERTAINMENT 12,521 MISCELLANEOUS 10,461 PHOTOGRAPHY 1,500 REGISTRATION 1,873 SUBSCRIPTIONS & REFERENCE 500 SUPPLIES 1,374 TELEPHONE 340 VIDEO COSTS 4,649 WEBSITE 2,846 TOTAL 114,847
FORM 990-EZ, PART II, LINE 26	ACCOUNTS PAYABLE AND ACCRUED EXPENSES 3,903 50
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 OTHER MEMBERS WE OPERATE A WEB SITE RUN USING AN OPEN ACCESS MODEL THAT ALLOWS ANY REGISTERED MEMBER TO POST ARTICLES, COMMENTS OR QUESTIONS TO THE SITE THAT ALL OTHERS CAN READ AND/OR RESPOND TO