Department of the Treasury

CHANGE OF ACCOUNTING PERIOD

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

Open to Public Inspection

> (Do not enter soci Go to www.irs.	ial security n	umbers on th	is form as it m	ay be mado	publicy CAL	(
	Go to www.irs.	gov/Form990	for instructi	ons and the lat	lest informa	ition.	
			2010				_

^ !	OI UII	2019 Calendar year, or tax year beginning OCT 1, 2019 and ending	DEC 31, 2013	
B	Cherk if	C Name of organization	D Employer identifi	cation number
	Addro	AMERICAN THEATRE WING, INC.		
	Nome	Doing business as	13-18939	06
	Initial return	All the standards of th		
Ē	Final	220 MRCM 41CM CMDRRM 1101		
	termin ated		G Gross receipts \$	736,842.
	Amen	400 NEW YORK NY 10026 7207	H(a) is this a group re	
]/\pplic	F Name and address of principal officer HEATHER A. HITCHENS	· ¬	? Yes X No
	pendu	SAME AS C ABOVE	H(b) Are all subordinates in	
1 7	[ax-ex	empt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or		list. (see instructions)
		te: > WWW.AMERICANTHEATREWING.ORG	H(c) Group exemptio	
				A State of legal domicile, NY
	art I	Summary		
	1	Briefly describe the organization's mission or most significant activities. THE FURT	HERANCE OF EX	CELLENCE IN
& Governance		THE THEATRE ARTS.		
Ē	ł	Check this box If the organization discontinued its operations or disposed of i	nore than 25% of its net as	sets.
Ve	ı	Number of voting members of the governing body (Part VI, line 1a)	3	34
Ğ	١.	At the second finding of the second finding	142	34
Š	5	Total number of individuals employed in calendar year 2019 (Part VI, line 16)	5	15
Activities	6	Total number of volunteers (estimate if necessary)	2- 6	40
ਰੰ		Total unrelated business revenue from Part VIII, column (C) 2	78	0.
ď	6	Net unrelated business taxable income from Form 990 , line \$ NOV. 2 32021		0.
	1	, (60	Prior Year	Current Year
•	8	Contributions and grants (Part VIII, line 1h)	 	459,211.
Ž	ı	Program service revenue (Part VIII, line 2g)	820,121.	31,756.
Revenue		Investment income (Part VIII, column (A), Ilnes 3, 4, and 7d)	571,682.	226,464.
æ		Other revenue (Part Vill, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	3,089.	710.
	L	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	3,678,004.	718,141.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)	606,184.	31,333.
	•	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
Į)	ľ	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,186,698.	421,511.
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
be		Total fundraising expenses (Part IX, column (D), line 25) 110, 376.		
ŭ		Other expenses (Part IX, column (A), lines 11a-11d, 11f 24e)	1,360,239.	278,500.
		Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	3,153,121.	731,344.
		Revenue less expenses. Subtract line 18 from line 12	524,883.	-13,203.
ဗိုင်		To street the street of the st	Beginning of Current Year	End of Year
age	20	Total assets (Part X, line 16)	12,614,929.	12,918,140.
es Bas	21	Total liabilities (Part X line 26)	435.772	446,347.
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20	12,179,157.	12,471,793.
Pa	ort of	Signature Block		
		ltes of perjury, I declare that I have examined this return, including accompanying schodulcs and sta	tements, and to the best of one	knowledge and belief, it is
	•	t, and complete. Declaration of preparer (other than officer) is based on all information of which prep	•	monicoge and sensy a is
	00.729	(((= 6 () ! -	10/30/20	
Sigr	. {	Signature of officer .	Date	
der	1	MEATHER A. HITCHENS, PRESIDENT AND CEO		
101	-	Type or print name and title		
		Print/Type preparer's name Repaid's signature 1	Date , Check	PTIN
eid)		FREDERICK MARTENS	in la la	
	arer	Firm's name LUTZ AND CARR, CPAS LLP		13-1655065
•	Only	Firm's address 551 FIFTH AVENUE, SUITE 400	CBHI 2 CHA D	F2-T022002
,35	···· y	NEW YORK, NY 10176	Phone no 21	2-697-2299
40	Abo 15		Tenone no. 21	
		IS discuss this return with the preparer shown above? (see instructions)	***************************************	
3200	01-01-20	20 LHA For Paperwork Reduction Act Notice, see the separate instructions.		Form 990 (2019)

Form 990 (2019) AMERICAN THEATRE WING, INC. 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			
2		1	X	
3	Is the organization required to complete Schedule B, Schedule of Contributors? Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	_2_	X	
3	public office? If "Yes," complete Schedule C, Part I	_		v
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	3_	 	X
7	during the tax year? If "Yes," complete Schedule C, Part II	,		_v
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	4	 	X
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	_		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	5	 	^
Ū	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	-		_ <u>^</u>
•	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i>	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-	 	<u> </u>
•	Schedule D, Part III	8	ļ	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	-		1
•	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	ļ	X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	- 9	 	A
	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	-10	-	
	as applicable			1
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,		İ	
	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	ĺ	х
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		х
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		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
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		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	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	13_		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	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		<u> </u>
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		<u>X</u>
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		<u>X</u>
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	17		_X_
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		<u> </u>
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_		<u>X</u>
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
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	X	

Form 990 (2019) AMERICAN THEATRE WING, INC. 13-1893906 Page 4

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	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	ļ		
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	i	97	
04-	Schedule J	_23	X	<u> </u>
24 a	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	,		
	Schedule K. If "No," go to line 25a	04=	l	Х
h	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24a 24b		_^_
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	240		
Ŭ	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		X
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,	l ,		
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		<u>X</u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions)	ļi		:
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		v
	"Yes," complete Schedule L, Part IV A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28a		_ <u>X</u> _
b	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	28b		
C	"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		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	-20		
00	contributions? If "Yes," complete Schedule M	30		<u> </u>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301 7701 2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		_ <u>X</u> _
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	X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u>_X</u>
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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
07	If "Yes," complete Schedule R, Part V, line 2	36		_ <u>X_</u>
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		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	. 37		
36	Note: All Form 990 filers are required to complete Schedule O	38	x	
Pa			1	
	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	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
93200	4 01-20-20	Form	990 (2019)

AMERICAN THEATRE WING. 13-1893906 Page 5 Statements Regarding Other IRS Filings and Tax Compliance (continued) Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 15 b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? X 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? Х b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b 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, securities account, or other financial account)? X 4a **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 (FBAR) 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c 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 as charitable contributions? Х 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b 7 Organizations that may receive deductible contributions under section 170(c). a Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a b If "Yes," did the organization notify the donor of the value of the goods or services provided? Х 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? X 7c d If "Yes," indicate the number of Forms 8282 filed during the year 7d e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 70 f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7g h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? 9a b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter a Gross income from members or shareholders 11a b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a Note: See the instructions for additional information the organization must report on Schedule O b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b 15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or Х excess parachute payment(s) during the year?

Form 990 (2019)

X

15

16

Is the organization an educational institution subject to the section 4968 excise tax on net investment income?

If "Yes," see instructions and file Form 4720, Schedule N

If "Yes," complete Form 4720, Schedule O

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							
<u>Sec</u>	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 34										
	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.			ļ							
b	Enter the number of voting members included on line 1a, above, who are independent 1b 34										
2											
	officer, director, trustee, or key employee?										
3											
	of officers, directors, trustees, or key employees to a management company or other person?	3		X							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X							
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	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or										
	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		X							
b	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	1								
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х								
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990		Ì								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х								
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										
	ın Schedule O how this was done	12c	x								
13	Did the organization have a written whistleblower policy?	13	Х								
14	Did the organization have a written document retention and destruction policy?	14	Х								
15	Did the process for determining compensation of the following persons include a review and approval by independent		ĺ								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?										
а	The organization's CEO, Executive Director, or top management official	15a	Х								
	Other officers or key employees of the organization	15b		Х							
	If "Yes" to line 15a or 15b, describe the process in 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		Х							
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	availa	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, and	d finan	cıal								
	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, NO. 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 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 and/or Box 7 of Form 1099-MISC) 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 instructions for the order in which to list the persons above

Check this box if neither the organ		orga	anıza	atior	CO	mpe	nsat	ted any current officer, o	director, or trustee	
(A)	(B)	(C) Position						(D)	(E)	(F)
Name and title	Average	(do) than	one	Reportable	Reportable	Estimated
	hours per	kod	box, unless person is both an officer and a director/trustee)				h an	compensation	compensation	amount of
	week	—				7,403	100,	from	from related	other
	(list any hours for	liect.				L		the organization	organizations (W-2/1099-MISC)	compensation
	related) io a	ste		1	sate		(W-2/1099-MISC)	(44-2/1099-101130)	from the organization
	organizations	Individual trustee or director	Institutional trustee		yee	m per		(11 27 1000 111100)		and related
	below	qual	gg	**	Key employee	est co	=			organizations
	line)	Indiv	Instit	Отпсе	Key e	Highest compensated employee	Former			•
(1) DAVID HENRY HWANG	5.00									
CHAIR		X		X				0.	0.	0.
(2) NATASHA KATZ	5.00	ļ								
VICE CHAIR		X		X	L			0.	0.	0.
(3) MARVA SMALLS	5.00			1						
VICE CHAIR		X		Х				0.	0.	0.
(4) PAMELA ZILLY	5.00									
VICE CHAIR		X		X				0.	0.	0.
(5) JAMES HIGGINS	5.00									
TREASURER		X		Х				0.	0.	0.
(6) JANE SAFER	5.00									
SECRETARY		X		Х				0.	0.	0.
(7) MARK ABRAHAMS	2.00									
BOARD MEMBER		X						0.	0.	0.
(8) PAMELA BELL	2.00									
BOARD MEMBER		X						0.	0.	0.
(9) BINTA NIAMBI BROWN	2.00									
BOARD MEMBER	-	Х						0.	0.	0.
(10) DAVID BROWN	2.00								,	
BOARD MEMBER		X		i				0.	0.	0.
(11) DALE CENDALI	2.00									
BOARD MEMBER		X						0.	0.	0.
(12) TED CHAPIN	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) LIZ CLAMAN	2.00							***************************************		
BOARD MEMBER		X	ĺ					0.	0.	0.
(14) PATRICIA CROWN	2.00									
BOARD MEMBER		х						0.	0.	0.
(15) DASHA EPSTEIN	2.00									
BOARD MEMBER		х						0.	0.	0.
(16) CYNTHIA ERVIO	2.00									
BOARD MEMBER		x	ļ					0.	0.	0.
(17) PHILIP GETTER	2.00									
BOARD MEMBER		x						0.	0.	0.
932007 01-20-20			<u> </u>							Form 990 (2019)

932007 01-20-20

Form **990** (2019)

	ι	•
-1893	906	Page 8
d)		
)	(F)
table	Estir	nated
	!	

Part VII	Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	<u>, an</u>	d Hi	ghe	st C	Compensated Employee	es (continued)				
	(A)	(B) (C)							(D)	(E)			(F)	
	Name and title	Average	,,,,			sition			Reportable	Reportable		Es	timat	ed
		hours per	box	not c , unle	ss pe	erson	ıs bot	h an	compensation	compensation		an	nount	of
		week	<u> </u>	cer an	dac	directo	or/trus	itee)	from	from related			other	
		(list any	recto						the	organizations			pensa	
		hours for related	o d) 8			ated	ļ	organization	(W-2/1099-MISC)		om th	
		organizations	ustee	trust	ļ	ျွ	Den	ļ	(W-2/1099-MISC)		ļ	-	anızat	
		below	lual tr	tona		ploy	yee g	_					d relat anızatı	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ai iiZati	UIIS
(18) SON	NDRA GILMAN	2.00	_	Ī	_	1		-			寸			
BOARD ME			Х						0.	().			0.
	RENCE OTIS GRAHAM	2.00												
BOARD ME			X		<u>.</u> .	1		1	0.	().			0.
	ED HOCHBERG	2.00												
BOARD ME	EMBER		X						0.	().			0.
(21) LAT	TANYA RICHARDSON JACKSON	2.00												
BOARD ME	EMBER		\mathbf{x}					ŀ	0.	().[0.
(22) LUC	Y LIU	2.00								-				
BOARD ME	EMBER		X			<u> </u>			0.	().			0.
(23) WIL	LIAM LONG	2.00]											
BOARD ME	MBER		X						0.	() .			0.
(24) LEE	PERLMAN	2.00									- 1			
BOARD ME	EMBER		X			ļ	ļ	<u> </u>	0.) .			<u>0.</u>
(25) EVA	N SHAPIRO	2.00									.			_
BOARD ME	EMBER		X			_			0.		<u>) . </u>			<u> </u>
(26) LUZ	Z TOWNS-MIRANDA	2.00								_				_
BOARD ME	MBER		X					<u> </u>	0.) .			<u>0.</u>
1b Subt									0.) .			0.
	I from continuation sheets to Part VI	, Section A							352,161.).		<u>8,5</u>	
	al (add lines 1b and 1c)							<u> </u>	352,161.).	1	8,5	<u> 10.</u>
	Il number of individuals (including but n	ot limited to th	ose	liste	ed a	bove	e) wr	no re	eceived more than \$100	,000 of reportable				4
com	pensation from the organization												Yes	No
3 D.4 t	the organization list any former officer,	director tructi	ا مما	, av. a	mn	lovo		. h.o	hest componented ome	lavaa an	٢		163	-140
	1a? If "Yes," complete Schedule J for so		66, r	Сус	тір	ioye	e, oi	my	mest compensated emp	loyee on		3		x
	any individual listed on line 1a, is the su		le co	mne	ene:	ation	anc	t ot	her compensation from t	he organization	-	-		
	related organizations greater than \$150									ne organization		4	х	
	any person listed on line 1a receive or a									dual for services	F			
	ered to the organization? If "Yes," comp	•				•			or organization of morning	Juli 101 00111000	- 1	5		Х
	3. Independent Contractors							_						
1 Com	plete this table for your five highest cor	npensated inc	depe	nde	nt c	ontr	acto	rs t	hat received more than \$	\$100,000 of compe	nsa	tion f	rom	
	organization Report compensation for t													
	(A)								(B)			(C	;)	
	Name and business	address	ŅC	ONE	C				Description of se	ervices	Co		nsatio	n
									· · · · · · · · · · · · · · · · · · ·					
								- }						
	· · · · · · · · · · · · · · · · · · ·													
								\dashv						
										}				
								\dashv	······································					
9 Tat-	I number of independent contractors (in	ocluding but a	Ot 1	miter	1+0	thor	مرا مو	.to4	ahove) who recoved m	ore than				
	1 000 of compensation from the organiz	_	J. 111		٠.٥))	u	. abovo, who received th	o.o trait				

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Form 990 AMERICAN									<u>13-189</u>	3906
Part VII Section A. Officers, Directors, Tru	istees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A) Name and title	(B) Average hours per			(O Pos	C) sition that	1		(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
27) HOWARD WOLFSON BOARD MEMBER	2.00	х						0.	0.	0
28) ENID NEMY BOARD MEMBER	2.00	x			_			0.	0.	0
29) JACK O'BRIEN BOARD MEMBER	2.00	х						0.	0.	. 0
30) MICHAEL PRICE BOARD MEMBER	2.00	x						0.	0.	0
31) PETER SCHNEIDER BOARD MEMBER	2.00	X						0.	0.	0
32) ALAN SIEGEL	2.00	X	İ					0.	0.	0
OARD MEMBER 33) EMILIO SOSA	2.00	X						0.	0.	. —
OARD MEMBER 34) NADINE WONG	2.00									0
35) HEATHER A. HITCHENS PRESIDENT/CEO	40.00	X		х				0. 352,161.	0.	18,510
RESIDENT/ CEO							!	33271311		10,310
										`
	,									
otal to Part VII, Section A, line 1c								352,161.		18,510

		Check if Schedule O	cont	ains a respons	e or note to any lir	ne in this Part VIII			
					<u> </u>	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
इ इ	1 2	Federated campaigns		1a				,	
E a		Membership dues		1b	-				
ي ق		Fundraising events		1c				ļ	
r A		•						[
2 =		Related organizations		1d	86,373.				
Sin	€	Government grants (cont		· — —	00,3/3.		}	,	
Ħ Ħ	T	All other contributions, gifts,		1 1	272 020				
<u> </u>		similar amounts not included	יסטג ו	·· ——	372,838.				
Contributions, Gifts, Grants and Other Similar Amounts	_	Noncash contributions included in	ı lınes	1a-1f 1g \$	1,835.	450 044		·	
<u>5 6</u>	<u>_</u> _	Total. Add lines 1a-1f				459,211.			· · · · · · · · · · · · · · · · · · ·
					Business Code			<u> </u>	
9	2 a	PROGRAM FEE 1	INC	OME	611710	31,756.	31,756.		
او چ	b								
S	c	·							
Program Service Revenue	c								
<u>6</u>	е								
4	f	All other program service	reve	nue					
	_g	Total. Add lines 2a-2f				31,756.			
	3	Investment income (inclu	dıng	dividends, inte	erest, and				
		other similar amounts)			•	187,949.	i		187,949.
	4	Income from investment	of tax	k-exempt bond	proceeds				
	5	Royalties		·	•				
\$	_	•		(ı) Real	(II) Personal				
	6 a	Gross rents	6a						•
	-	Less rental expenses	6b						
	-		6c	f					
		Net rental income or (loss		<u>-,</u>					
-		Gross amount from sales of	<u> </u>	(i) Securities	(II) Other				
	, ,	assets other than inventory	7a				ļ		
	h	Less cost or other basis	10	37,210					
<u>u</u>	L	and sales expenses	7b	18,701					
her Revenue	_	Gain or (loss)	7c						
Š		Net gain or (loss)	10	1 30,313	<u>• </u>	38,515.			38,515.
<u>ا</u> بر		Gross income from fundraisi	20.00	ents (not		30,313.			30,313.
	ва		ng ev		1			ľ	
ō		including \$		of					
		contributions reported on	iine	1				1	
		Part IV, line 18		<u> </u>	a				
	b	,		8]					
- 1	C	• •			>		,		
	9 a	Gross income from gamin	ig ac						! !
		Part IV, line 19		9					
	b			g	· · · · · · · · · · · · · · · · · · ·				
		Net income or (loss) from		F					
ļ	10 a	Gross sales of inventory,	less	returns					
		and allowances		10	Da				•
		Less cost of goods sold		<u></u>)b				
	<u>c</u>	Net income or (loss) from	sales	s of inventory					
က္					Business Code				
e son	11 a	MISCELLANEOUS	R	EVENUE	900099	<u>710.</u>			710.
an a	b								
Miscellaneous Revenue	c								
žE	d	All other revenue							
	<u>e</u>	Total. Add lines 11a-11d		_		710.			
	12	Total revenue See instruction	ons		> _	718,141.	31,756.	0.	227,174.
									- 000

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) Check if Schedule O contains a response or note to any line in this Part IX (A) (B) Do not include amounts reported on lines 6b, Total expenses Program service Management and Fundraising 7b, 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 20,000 20,000. Grants and other assistance to domestic individuals See Part IV, line 22 11,333. 11,333. Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 163,560. 132,484. 8,178. trustees, and key employees 22,898. Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 195,105 130,580 15,056. Other salaries and wages 49,469. Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 61,757 12,897. 44,754 Other employee benefits 4,106 Payroll taxes 1,089. 796. 72 221. 10 Fees for services (nonemployees) Management b Legal 38,750. 38,750 Accounting Lobbying d Professional fundraising services See Part IV, line 17 14,288. 14,288. Investment management fees Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) 72,216. 61,491 8.301 2,424. 13,987 13,987. 12 Advertising and promotion 18,162. 16,596 382. 1,184. Office expenses 13 Information technology 14 Royalties 15 49,123. 38,312 2,625 8,186. 16 Occupancy 17 Travel Payments of travel or entertainment expenses for any federal, state, or local public officials 19,829. 15,080 2,543. 2,206. Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 6,250 8,536 555 1,731. 22 Depreciation, depletion, and amortization 6,378. 4,670. 414 294. 23 Insurance Other expenses Itemize expenses not covered 24 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) 16,717 34,509. 11,430. 6,362. DIRECT PRODUCTION EXPEN FUNDRAISING EVENTS 1,474. 1,474. 1,248 1,218 30. OTHER EXPENSES C e All other expenses 731,344 508,981 111,987. 110,376. Total functional expenses Add lines 1 through 24e 25 Joint costs Complete this line only if the organization

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Check here

reported in column (B) joint costs from a combined educational campaign and fundraising solicitation

rai	<u>τχ</u>	Balance Sneet					
		Check if Schedule O contains a response or not	e to any line in this Part ?	<			
	_			(A) Beginning of y	ear/		(B) End of year
	1	Cash - non-interest-bearing		1,572,	449.	1	1,864,693
	2	Savings and temporary cash investments		22,	323.	2	22,393
	3	Pledges and grants receivable, net		542,	932.	3	66,620
	4	Accounts receivable, net		142,		4	45,984
	5	Loans and other receivables from any current or	former officer, director,				
		trustee, key employee, creator or founder, subst	antial contributor, or 35%	6			
		controlled entity or family member of any of thes	e persons			5	
	6	Loans and other receivables from other disquali	ied persons (as defined	,			
		under section 4958(f)(1)), and persons described	f in section 4958(c)(3)(B)			6	
į:	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
⋖	9	Prepaid expenses and deferred charges		81,	212.	9	182,287
	10a	Land, buildings, and equipment cost or other					·
		basis Complete Part VI of Schedule D	10a 640,				
	b	Less accumulated depreciation	10b 474,			10c	166,174
	11	Investments - publicly traded securities		9,743,	088.	11	166,174 10,234,299
	12	Investments - other securities See Part IV, line 1	1			12	
	13	Investments - program-related See Part IV, line	267,	379.	13	267,379	
-	14	Intangible assets			14		
1	15	Other assets See Part IV, line 11	68,	311.	15	68,311	
	16	Total assets. Add lines 1 through 15 (must equa	il line 33)	12,614,	929.	16	12,918,140
	17	Accounts payable and accrued expenses		226,	174.	17	244,601
	18	Grants payable			18		
ľ	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability Complete F	art IV of Schedule D			_21	
Sa	22	Loans and other payables to any current or form	er officer, director,			ĺ	
Liabilities		trustee, key employee, creator or founder, subst	antial contributor, or 35%				_
lab		controlled entity or family member of any of thes	e persons			22	
د	23	Secured mortgages and notes payable to unrela	ted third parties			23	
	24	Unsecured notes and loans payable to unrelated	third parties			24	
	25	Other liabilities (including federal income tax, pay	ables to related third				
- 1		parties, and other liabilities not included on lines	17-24) Complete Part X		ĺ		
		of Schedule D		209,		25	201,746
_	26	Total liabilities. Add lines 17 through 25		435,	772.	26	446,347
ا م		Organizations that follow FASB ASC 958, che	k here 🕨 🗶		i		
ğ		and complete lines 27, 28, 32, and 33.				l	** ** **
lar	27	Net assets without donor restrictions		11,037,4	419.	27	11,343,637
ă	28	Net assets with donor restrictions		1,141,	738.	28	1,128,156
		Organizations that do not follow FASB ASC 95	i8, check here 🕨 🗀				
ַ		and complete lines 29 through 33.			ļ		
2	29	Capital stock or trust principal, or current funds				29	
2	30	Paid-in or capital surplus, or land, building, or equ	upment fund			30	
Net Assets or Fund balances	31	Retained earnings, endowment, accumulated inc	ome, or other funds			31	
	32	Total net assets or fund balances		12,179,1	L57.	32	12,471,793
		Total liabilities and net assets/fund balances		12,614,9		~~	12,918,140

Form **990** (2019)

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

3b

Form **990** (2019)

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

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.

OMB No 1545-0047

2019

Open to Public Inspection

Name of the organization

Employer identification number

	1	AMER	ICAN THEAT	RE WING, INC	<u>. </u>				L3-1893906					
Pai	t I	Reason for Public	Charity Status (All organizations must c	omplete th	nis part) S	ee instructions	3						
The c	organ	zation is not a private found	dation because it is	(For lines 1 through 12,	check only	one box)							
1		A church, convention of ch	urches, or association	on of churches describe	d in section	on 170(b)(1)(A)(ı).		-					
2	_	A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (For	n 990 or 9	90-EZ))			7 +					
3		A hospital or a cooperative	hospital service org	anization described in <mark>s</mark>	ection 170	0(b)(1)(A)(i	iu) .							
4		A medical research organiz	ation operated in co	njunction with a hospita	l describe	d in sectio	on 170(b)(1)(A)	(III). Enter	the hospital's name,					
		city, and state												
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental u	ınıt descri	bed in					
	section 170(b)(1)(A)(iv). (Complete Part II)													
6	A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).													
7 [An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in													
	section 170(b)(1)(A)(vi). (Complete Part II)													
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Pai	t II)									
9 (An agricultural research org				ed in conji	unction with a	land-grant	college					
		or university or a non-land-g							_					
		university												
10		An organization that norma	illy receives (1) more	than 33 1/3% of its sup	port from	contributi	ons, members	hip fees, a	and gross receipts from					
		activities related to its exen												
		income and unrelated busin							_					
		See section 509(a)(2). (Con							·					
11 [An organization organized a	and operated exclus	ively to test for public sa	afety See	section 50	09(a)(4).							
12]	An organization organized a	and operated exclus	ively for the benefit of, t	o perform	the functio	ons of, or to ca	rry out the	e purposes of one or					
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section	509(a)(2)	See section 5	09(a)(3). (Check the box in					
		lines 12a through 12d that	describes the type o	f supporting organization	n and con	nplete line:	s 12e, 12f, and	l 12g						
а		Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), t	ypically by	/ giving					
		the supported organization	on(s) the power to re	gularly appoint or elect :	a majority	of the dire	ctors or trustee	es of the s	supporting					
		organization You must o	omplete Part IV, Se	ections A and B.										
b		Type II. A supporting org	anization supervised	or controlled in connec	tion with it	s support	ed organizatioi	n(s), by ha	aving					
		control or management o	f the supporting org	anization vested in the s	ame perso	ons that co	ontrol or manag	ge the sup	ported					
		organization(s) You mus	t complete Part IV,	Sections A and C.										
C	L	Type III functionally inte	grated. A supporting	g organization operated	ın connec	tion with,	and functionall	y integrat	ed with,					
		its supported organization	n(s) (see instructions) You must complete I	Part IV, Se	ections A,	D, and E.							
d	_	Type III non-functionally	ıntegrated. A supp	orting organization opei	ated in co	nnection v	vith its support	ted organi	zation(s)					
		that is not functionally int	egrated The organiz	ation generally must sa	tisfy a dist	ribution re	quirement and	an attent	iveness					
		requirement (see instruct	ions) You must con	nplete Part IV, Sections	A and D,	and Part	V.							
е		Check this box if the orga	anization received a v	written determination fro	m the IRS	that it is a	Type I, Type I	II, Type III						
		functionally integrated, or	Type III non-functio	nally integrated support	ing organiz	zation								
f	Ente	r the number of supported o	organizations											
g		ide the following information												
	(1)	Name of supported	(ii) EIN	(III) Type of organization (described on lines 1-10	(IV) Is the orga in your governi	nization listed ng document?	(v) Amount of	-	(vi) Amount of other					
		organization		above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)					
									-					
Γotal														

Schedule A (Form 990 or 990-EZ) 2019 AMERICAN THEATRE WING, INC. 13-18939 | 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)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and				3-7		107 1 2 2 2
•	membership fees received. (Do not						
	include any "unusual grants ")	2598649.	2205612.	2777084.	2283112.	459,210.	10323667.
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	2598649.	2205612.	2777084.	2283112.	459,210.	10323667.
5	The portion of total contributions					•	
	by each person (other than a						
	governmental unit or publicly]
	supported organization) included			İ	•		
	on line 1 that exceeds 2% of the						
	amount shown on line 11,					·	
	column (f)						2034153.
6	Public support. Subtract line 5 from line 4						8289514.
	ction B. Total Support						0203314.
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 4	2598649.	2205612.	2777084.	2283112.		10323667.
•	Gross income from interest,	2330043.	2203012.	2777004.	2203112.	437,210.	10323007.
•	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	245,235.	201,033.	317 710	348,542.	187,948.	1300468.
_	Net income from unrelated business	243,233.	201,033.	<u>JI/,/IU•</u>	340,342.	107,340.	7
9							
	activities, whether or not the						,
	business is regularly carried on						
10	Other income Do not include gain						
	or loss from the sale of capital	1,099.	1,275.	1,451.	3,089.	710.	7,624.
	assets (Explain in Part VI)	1,033.	1,413.	1,451.	3,003.		$\frac{7,624.}{11631759.}$
	Total support. Add lines 7 through 10			l			,106,119.
	Gross receipts from related activities,			d 60th) 		,100,119.
13	First five years. If the Form 990 is for		iirst, second, tnire	a, τουπη, or τίπη τα	ix year as a section	1 501(0)(3)	
Sa	organization, check this box and stop ction C. Computation of Publi		centage				
				al., man (6)	·····	44	71.27 %
	Public support percentage for 2019 (li		•	olumn (1))	ł	14	
-	Public support percentage from 2018				[14 m 00 1 (00)	15	
16a	33 1/3% support test - 2019. If the o				14 IS 33 1/3% OF IT	iore, cneck this bo	x and ►X
	stop here. The organization qualifies a		-		line 15 in 00 1/00/		
t	33 1/3% support test - 2018. If the o				ine 15 is 33 1/3%	or more, check tr	ils dox
	and stop here. The organization quali	•	•		40 40 405-		P
17a	10% -facts-and-circumstances test	_					
	and if the organization meets the "fac-			· ·		τ vi now the orgar	nization
	meets the "facts-and-circumstances"				-		▶∟_
b	10% -facts-and-circumstances test	•				•	
	more, and if the organization meets th				•		, ,—
	organization meets the "facts-and-circ		-		-		P
18	Private foundation. If the organization	n did not check a t	oox on line 13, 16a	a, 16b, 17a, or 17b			
					Sche	dule A (Form 990	or 990-FZ) 2019

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 l	pelow, please com	nplete Part II)				
Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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-						1
iness under section 513		1				
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	1					
the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and						
3 received from disqualified persons						
b 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	-	 			 	
c Add lines 7a and 7b		 /-				
8 Public support. (Subtract line 7c from line 6) Section B. Total Support						
Calendar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
 b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 						
c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI)						
13 Total support (Add lines 9, 10¢, 11, and 12)						
14 First five years. If the Form 990 is for	the organization'	s first, second, thir	d, fourth, or fifth to	ax vear as a section	n 501(c)(3) organiz	ation.
check this box and stop here	.		a, 1001111, 01 1111111	an your do a bootio	00 . (0)(0) 0. gu	▶ □
Section C. Computation of Publ	ic Support Pe	rcentage				
15 Public support percentage for 2019 (column (fl)	·	45	0/
	• • • • • • • • • • • • • • • • • • • •	•	column (i))		15	<u>%</u>
16 Public support percentage from 2018					16	%
Section D. Computation of Inves					7	· · · · · · · · · · · · · · · · · · ·
17 Investment income percentage for 20	•	•	ne 13, column (f))		17	%
18 Investment income percentage from:					18	%
19a 33 /1/3% support tests - 2019. If the	organization did r	not check the box	on line 14, and line	e 15 is more than 3	3 1/3%, and line 1	7 is not
more than 33 1/3%, check this box a b/33 1/3% support tests - 2018. If the				=		▶ □
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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B If you checked 12b of Part I, complete Sections A and C If you checked 12c of Part I, complete

Section A	A. All	Supporting	Organizations
-----------	--------	------------	---------------

Sec	tion A. All Supporting Organizations			,
			Yes	No
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	11	ļ	├
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	-		-
0-	organization was described in section 509(a)(1) or (2)	2	 	
Ja	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer			
.	(b) and (c) below Did the every various confirm that each supported every various suplified under section 501(e)(4) (5), and (c) and	3a	 	-
U	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	0.5		
_	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B)	3b		
·	purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use			
40	Was any supported organization not organized in the United States ("foreign supported organization")? If	3c	 	 -
70	"Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below	1 40	1	
h	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign	_ <u>4a</u>	-	ļ
	supported organization? If "Yes," describe in Part VI how the organization had such control and discretion	ļ	ļ	
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	Did the organization support any foreign supported organization that does not have an IRS determination	40		
Ĭ	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	4c	i .	
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes,"			
	answer (b) and (c) 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,	İ		
	(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)	5a		•
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?	5b		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor	ł		
	(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 or 990-EZ)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	ļ		
	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)	8		
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.	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which	-		
	the supporting organization had an interest? If "Yes," provide detail in Part VI.	9b		
С	Did a disqualified person (as defined in 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.	9c		
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 10b below

determine whether the organization had excess business holdings)

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

ш				
	·		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 in (b) and (c)] _		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		_
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		l
360	ction B. Type I Supporting Organizations		Γ	r
	Dud the divisations to retain a constraint of an arrangement of the constraint of th		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ĺ		İ
	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 directors or trustees were allocated among the supported	ĺ	İ	ŀ
_	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	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	ł		
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,		İ	
500	supervised, or controlled the supporting organization etion C. Type II Supporting Organizations	2		l
<u> </u>	ction C. Type it Supporting Organizations			
	Mars a majority of the augustation's dispetate as tweeters of war the territorial state of the state of		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	İ		
	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			
Sac	the supported organization(s) etion D. All Type III Supporting Organizations	1 1		
000	All Type in Supporting Significations		V	NI-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	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		
2	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 in (2), 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		
Sec	tion 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 yeatsee instructions	s).		
а		•		
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 government entity (see in	structions)	
2	Activities Test. Answer (a) and (b) below.	[Yes	No
а	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		ł	
	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	,	
b	Did the activities described in (a) 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 these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		ļ	-
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		Ī	
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

	Recoveries of prior-year distributions	/	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Sec	tion C - Distributable Amount		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 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-function	nally integrated Type III sur	oporting organization (see

5

6

Multiply line 5 by 035

Net value of non exempt use assets (subtract line 4 from line 3)

Par	nt V │ Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations (continued)	
Secti	ion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity	,,,		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions, Add lines 1 through 6			
8	Distributions to attentive supported organizations to which the			
	(provide details in Part VI) See instructions			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
		(1)	(ii)	(ıii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2019	Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	<u> </u>	<u> </u>	
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required explain in Part VI) See instructions			
3_	Excess distributions carryover, if any, to 2019			
a	From 2014	<u> </u>	·	
b	From 2015			
c	From 2016			,
<u>d</u>	From 2017			
e	From 2018			
f	Total of lines 3a through e			
_ 9_	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2019 distributable amount			
	Carryover from 2014 not applied (see instructions)			
_ــــــــــــــــــــــــــــــــــــــ	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2019 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
_ с	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2019, 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 2019 Subtract lines 3h			
	and 4b from line 1 For result greater than zero, explain in			
	Part VI See instructions			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c			
8	Breakdown of line 7			
а	Excess from 2015			
b	Excess from 2016			
С.	Excess from 2017			
d	Excess from 2018		•	
e	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

Schedule A (Form 990 or 990 EZ) 2019 AM				13-1893906 Page 8
Part VI Supplemental Information Part IV, Section A, lines 1, 2, 3b line 1, Part IV, Section D, lines 2 Section D, lines 5, 6, and 8, and (See instructions)	, 3c, 4b, 4c, 5a, 6, 9a, and 3, Part IV, Sectio	9b, 9c, 11a, 11b, a on E, lines 1c, 2a, 2b	nd 11c, Part IV, Section E b. 3a. and 3b. Part V. line	3, lines 1 and 2, Part IV, Section C, 1: Part V. Section B. line 1e Part V
PART II COLUMN (E)				
THE ORGANIZATION CHANG	ED ITS YEAR	END FROM	SEPTEMBER 30	TO DECEMBER 31,
EFFECTIVE DECEMBER 31,	2019. ACC	ORDINGLY,	SCHEDULE A,	PART II, COLUMN
(E) REFLECTS INFORMATION	ON FROM THE	SHORT YEA	R OCTOBER 1,	2019 TO
DECEMBER 31, 2019.				
			<u> </u>	
		- -		
	<u> </u>			
				
			· · · · · · · · · · · · · · · · · · ·	
		-	· · · · · ·	
		 -		
				
				
	*** **			
		- /· · ····		
				·

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

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.

Open to Public

OMB No 1545-0047

Inspection

Nam	e of the organization	TMG TMG	Employer identification number
D-	AMERICAN THEATRE W	ING, INC.	13-1893906
Pa			Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line		# N Francis and all a
_	Takal asserba ad and of sa	(a) Donor advised funds	(b) Funds 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 v	_	
6	are the organization's property, subject to the organization's of	•	Yes No
6	Did the organization inform all grantees, donors, and donor action charitable purposes and not for the benefit of the donor or		
	for charitable purposes and not for the benefit of the donor of impermissible private benefit?	donor advisor, or for any other purpose con	
Pa	rt II Conservation Easements. Complete if the org	anization answered "Yes" on Form 990. Part	V line 7
1	Purpose(s) of conservation easements held by the organization		14, 1110 7
•	Preservation of land for public use (for example, recreat		storically important land area
	Protection of natural habitat	·	ertified historic structure
	Preservation of open space		ortined historic structure
2	Complete lines 2a through 2d if the organization held a qualifi	ed conservation contribution in the form of a	conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru	acture included in (a)	2c
d	Number of conservation easements included in (c) acquired a	fter 7/25/06, and not on a historic structure	
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the org	janization during the tax
	year ▶		·
4	Number of states where property subject to conservation eas	ement is located >	
5	Does the organization have a written policy regarding the peri	odic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it	holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, h	nandling of violations, and enforcing conserva	ation easements during the year
	>		
7	Amount of expenses incurred in monitoring, inspecting, handle	ing of violations, and enforcing conservation	easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h)(4)(B)(ı)
	and section 170(h)(4)(B)(ii)?		L Yes
9	In Part XIII, describe how the organization reports conservation		
	balance sheet, and include, if applicable, the text of the footne	ote to the organization's financial statements	that describes the
Do	organization's accounting for conservation easements † III Organizations Maintaining Collections of	Art Historical Transuras or Othe	r Cimilar Acasta
Fai	Complete if the organization answered "Yes" on Form	•	r Similar Assets.
4-			
ıa	If the organization elected, as permitted under FASB ASC 958 of art, historical treasures, or other similar assets held for public	•	
	service, provide in Part XIII the text of the footnote to its finance		rance of public
h	If the organization elected, as permitted under FASB ASC 958		nee about works of
D	art, historical treasures, or other similar assets held for public		
	provide the following amounts relating to these items	exhibition, education, or research in futtheral	ice of public service,
	(i) Revenue included on Form 990, Part VIII, line 1		• \$
	(ii) Assets included in Form 990, Part X		S
2	If the organization received or held works of art, historical trea	sures or other similar assets for financial co-	n provide
ح	the following amounts required to be reported under FASB AS	-	ii, piovide
9	Revenue included on Form 990, Part VIII, line 1	occording to those terms	> \$
	Assets included in Form 990, Part X		\$
	For Paperwork Reduction Act Notice, see the Instructions	for Form 990.	Schedule D (Form 990) 2019

932051 10-02-19

Schedule D (Form 990) 2019

(2) DEFERRED RENT	201,746
(3)	
(4)	
_(5)	
(6)	
(7)	
(8)	
(9)	
Total (Column (b) must equal Form 990, Part Y, col. (B) line 25.)	▶ 201.746

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) 2019

SCHEDULE 1 (Form 990)

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

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

OMB No 1545-0047	2019	Open to Public

ş |

X Yes

Employer identification number 13-1893906 Inspection 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection ► Go to www.irs.gov/Form990 for the latest information. ▶ Attach to Form 990. INC. AMERICAN THEATRE WING, General Information on Grants and Assistance Name of the organization Department of the Treasury Internal Revenue Service Part I

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

Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

criteria used to award the grants or assistance?

Part II

of (h) Purpose of grant ance or assistance	PRODUCTION OF DRAMATIC AND/OR MUSICAL THEATRE	PRODUCTION OF DRAMATIC AND/OR MUSICAL THEATRE			b 2.	Schedule I (Form 990) (2019)
(g) Description of noncash assistance						
(f) Method of valuation (book, EMV, appraisal, other)						
(e) Amount of non-cash assistance	0	• 0				
(d) Amount of cash grant	10,000.	10,000.			e line 1 table	
(if applicable)	501(C)3	501(C)3			ganizations listed in th 1 table	ions for Form 990.
(b) EIN	74-6001399	36-6112087	,		nd government or s listed in the line	, see the Instruct
1 (a) Name and address of organization (b) EIN (c) IRC section (d) Amount of (f applicable) cash grant	UNIVERSITY OF HOUSTON 500 GULF FREEWAY, ROOM 109 HOUSTON, IX 77204	COLUMBIA COLLEGE CHICAGO 600 SOUTH MICHIGAN AVENUE CHICAGO, IL 60605	•		 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table 	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2019) AMERICAN THEATRE WING, INC.

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

Page 2

13-1893906

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) ATW AWARDED GRANTS TO NOT-FOR-PROFIT ORGANIZATIONS WHOSE PRIMARY ACTIVITIES 1997 AND 2007. IN ADDITION, A COPY OF THE MOST RECENT FINANCIAL AUDIT AND Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information CENTER ON THE PRODUCTION OF DRAMATIC AND/OR MUSICAL THEATRE. APPLICANTS SEASONS, HAVE PLANS FOR AN UPCOMING SEASON, AND BE INCORPORATED BETWEEN MUST PURSUE A CLEARLY DEFINED MISSION, PRODUCE AT LEAST 5 CONSECUTIVE (d) Amount of non-cash assistance 11,333, (c) Amount of cash grant (b) Number of recipients IRS FORM 990 MUST BE SUBMITTED. PRODUCTION OF DRAMATIC AND/OR MUSICAL THEATRE (a) Type of grant or assistance PART I, LINE 2:

ATW AWARDED GRANTS TO PUBLIC SCHOOLS, INCLUDING ELEMENTARY, MIDDLE, AND

932102 10-26-19

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

Attach to Form 990.

OMB No 1545-0047

Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

AMERICAN THEATRE WING, INC. Employer identification number 13-1893906

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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		l	!
	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			١,
	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	<u> </u>	ļ
	•	ļ		
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			,
	Compensation committee Written employment contract	l	·	,
	Independent compensation consultant Compensation survey or study		ļ	
	X Form 990 of other organizations			Ι,
				,
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing		i	
	organization or a related organization	} .	 	v
	Receive a severance payment or change-of-control payment?	4a	 	X
	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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c		
	The storage of lines 4a.c., list the persons and provide the applicable amounts for each item in Fart in			
	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		<u>x</u>
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?	<u>6</u> a		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	<u>-</u> -		- ~
	initial contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8		<u>X</u>
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.

Schedule J (Form 990) 2019

AMERICAN THEATRE WING, INC.

Schedule J (Form 990) 2019

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	(B) Breakdown of W-2 and/or 1099-MISC compensation	3C compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation		(a)-(i)(a)	in column (B) reported as deferred on prior Form 990
4 dannagir	3	302 161	000	c		0.17	142 046	
(1) HEATHER A. HITCHENS	Ξ	206,10	.000,00	0		· OTC 'OT	70,075	0
PRESIDENT/CEO	€	0	0	0	0	0	0	0
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SCHEDULE O

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

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.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

Name of the organization

AMERICAN THEATRE WING. INC.

13-1893906

LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: FORM 990, PART III, (SPRINGBOARDNYC AND THE NETWORK), GRANTS (JONATHAN LARSON GRANTS NATIONAL THEATRE COMPANY GRANTS), AND AWARDS (TONY AWARDS AND OBIE AWARDS); SERVING EMERGING THEATRE PROFESSIONALS AT THE CRITICAL JUNCTURE OF THEIR ACADEMIC AND PROFESSIONAL LIVES. THROUGH THIS ENTIRE ARC OF SUPPORT, THE ORGANIZATION CONTINUED TO INCREASE ITS AUDIENCE THROUGH ITS MEDIA PROGRAMMING, INCLUDING "WORKING IN THE THEATRE," WHICH HAS GARNERED MULTIPLE NATIONAL AWARDS, AND SHARES INSIGHT INTO THE PROCESS OF CREATING GREAT THEATRE. ENGAGEMENT WITH THE PUBLIC ALSO EXTENDS THROUGH BOTH THE TONY AND OBIE AWARDS, OFF - BROADWAY'S HIGHEST HONOR. JUST AS THE TONY AWARDS HAS A LIVE TELECAST, ATW HAS IMPLEMENTED LIVESTREAM FOR THE OBIE AWARDS, BRINGING NYC THEATRE INTO MILLIONS OF HOMES ACROSS THE NATION, AND WORLD. THROUGH THESE EFFORTS. ATW CREATES EDUCATION, AND DEVELOPMENT OPPORTUNITIES FOR STUDENTS. PROFESSIONALS, AND AUDIENCE MEMBERS, CREATING A MORE INCLUSIVE AMERICAN THEATRE. 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.

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

Schedule O (Form 990 or 990-EZ) (2019)

AMERICAN THEATRE WING, INC. 13-1893906 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	Schedule O (Form 990 or 990-EZ) (2019)	Page 2
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.	Name of the organization AMERICAN THEATRE WING. INC.	Employer identification number
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.		
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.	FORM 990, PART VI, SECTION B, LINE 15A:	
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.	COMPENSATION OF THE PRESIDENT/CEO IS APPROVED BY THE BOA	RD. COMPENSATION IS
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.	GENERALLY BASED ON INDUSTRY STANDARDS, AND COMPARATIVE D.	ATA OF OTHER
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.	SIMILAR ORGANIZATIONS.	
ON THE NEW YORK STATE CHARITIES BUREAU WEBSITE. THE ORGANIZATION'S GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.	FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE MADE AVAILABLE UPON REQUEST.	FULL AUDITED FINANCIAL STATEMENTS ARE AVAILABLE UPON REQ	UEST AND ARE POSTED
REQUEST.	ON THE NEW YORK STATE CHARITIES BUREAU WEBSITE. THE ORGAN	NIZATION'S
	GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE	MADE AVAILABLE UPON
	REQUEST.	
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SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Related Organizations and Unrelated Partnerships

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

Open to Public Inspection

OMB No 1545-0047

Employer identification number 13–1893906

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

Part to Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33-INC. AMERICAN THEATRE WING,

egal domicile (state or Total income End-of-year assets Direct controlling foreign country)			the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt	(c) (d) (e) (f) (g) (g) Section 5/2(e)(13) (g) Section 5/2(e)(13) (g) Section 5/2(e)(13) (g) Section 5/2(e)(13) (g) Section 5/2(e)(13) (g) Section 5/2(e)(13) (g) Section 5/2(e)(13) (g) Section 6/2(e)(13) (g	N/A N/A 50% JOINT VENTURE		Schedule R (Form 990) 2019
l-of-year assets			nad one or more relate		v TNIOC \$05		Sch
			ecause it h	(e) Public cl status (if s	N/A		
Total incor			Part IV, line 34, b	(d) Exempt Code section	(A		
Legal domicile (state or foreign country)			swered "Yes" on Form 990,	(c) Legal domicile (state or foreign country)	NEW YORK		
Primary activity			ions. Complete if the organization an	(b) Primary activity	PRODUCING AN ANNUAL "TONY AWARD" EVENT		s for Form 990.
Name, address, and EIN (if applicable) of disregarded entity			Part II. Identification of Related Tax-Exempt Organizations. Complete if organizations during the tax year	(a) Name, address, and EIN of related organization	TONY AWARD PRODUCTIONS (A PARTNERSHIP OF TWO NOT-POR-PROFIT ORGANIZATIONS), 234 W 44 ESTREET, NEW YORK, NY 10036		For Paperwork Reduction Act Notice, see the Instructions for Form 990.

13-1893906

Page 2

Schedule R (Form 990) 2019 AMERICAN THEATRE WING, INC.

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 Part III

8	General or Percentage managing ownership												
9	eneral or anaging artner?	Yes No			 		-						
(E)	Code V-UBI Ge amount in box im 20 of Schedule P	K-1 (Form 1065) Ye									•	•	
(£)	உ	Yes No	-									-	
(6)	Share of end-of-year	20000						•					
(t)	Share of total income					-							
(e)	Predominant income (related, unrelated, excluded from tax under	sections 512-514)											
(p)	Direct controlling entity												
(2)	Legal domicile (state or	country)							·				
(g)	Primary activity												
(a)	Name, address, and EIN of related organization												

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 Part IV

932162 09-10-19

Schedule R (Form 990) 2019

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INC. Schedule R (Form 990) 2019 AMERICAN THEATRE WING,

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

Schedule R (Form 990) 2019 Yes 19 무 Ę 두 19 19 4 ဗ <u>1</u>e 무 9 뭐 1 Method of determining amount involved ¥ **=** = Ξ = ÷ 2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? (c) Amount involved (b)
Transaction type (a-s) 40 Performance of services or membership or fundraising solicitations for related organization(s) m Performance of services or membership or fundraising solicitations by related organization(s) Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity k Lease of facilities, equipment, or other assets from related organization(s) Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule Lease of facilities, equipment, or other assets to related organization(s) s Other transfer of cash or property from related organization(s) Gift, grant, or capital contribution from related organization(s) Reimbursement paid by related organization(s) for expenses Reimbursement paid to related organization(s) for expenses **b** Gift, grant, or capital contribution to related organization(s) Other transfer of cash or property to related organization(s) d Loans or loan guarantees to or for related organization(s) Sharing of paid employees with related organization(s) (a)
Name of related organization e Loans or loan guarantees by related organization(s) h Purchase of assets from related organization(s) Exchange of assets with related organization(s) Sale of assets to related organization(s) Dividends from related organization(s) 932163 09-10-19 Ω. 2 ව **a** ত্র 匈 Ξ

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Page 4

Schedule R (Form 990) 2019

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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all pattners sec 501(c)(3) orgs 7	(f) Share of total income	(g) Share of end-of-year assets	Onsproporbonate allocations?	(h) (i) (j) (k) (k) (k) (h) (i) (j) (k) (k) (k) (k) (k) (k) (k) (k) (k) (k	General or managing partner? Yes No	(k) Percentage ownership
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Schedule R	R (Form 990) 2019	AMERICAN	THEATRE	WING,	INC.	13-1893906 Page 5
Part VII	(Form 990) 2019 Supplemental Info	rmation				
	Provide additional inform	ation for responses	to questions or	Schedule f	R See instructions	
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