

efile Public Visual Render	ObjectID: 201940729349301019 - Submission: 2019-03-13	TIN: 13-3218253
Form 990 Department of the Treasury Internal Revenue Service	Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) ▶ Do not enter social security numbers on this form as it may be made public. ▶ Go to www.irs.gov/Form990 for instructions and the latest information.	OMB No. 1545-0047 <div style="font-size: 2em; font-weight: bold; color: green;">2017</div> Open to Public Inspection

A For the 2018 calendar year, or tax year beginning 09-01-2017, and ending 08-31-2018

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td colspan="2">C Name of organization ATLANTIC THEATER COMPANY</td> <td rowspan="2">D Employer identification number 13-3218253</td> </tr> <tr> <td colspan="2">% JEFFORY LAWSON Doing business as</td> </tr> <tr> <td colspan="2">Number and street (or P.O. box if mail is not delivered to street address) Room/suite 336 West 20th Street</td> <td>E Telephone number (212) 691-5919</td> </tr> <tr> <td colspan="2">City or town, state or province, country, and ZIP or foreign postal code New York, NY 10011</td> <td>G Gross receipts \$ 12,554,029</td> </tr> </table>	C Name of organization ATLANTIC THEATER COMPANY		D Employer identification number 13-3218253	% JEFFORY LAWSON Doing business as		Number and street (or P.O. box if mail is not delivered to street address) Room/suite 336 West 20th Street		E Telephone number (212) 691-5919	City or town, state or province, country, and ZIP or foreign postal code New York, NY 10011		G Gross receipts \$ 12,554,029	
C Name of organization ATLANTIC THEATER COMPANY		D Employer identification number 13-3218253											
% JEFFORY LAWSON Doing business as													
Number and street (or P.O. box if mail is not delivered to street address) Room/suite 336 West 20th Street		E Telephone number (212) 691-5919											
City or town, state or province, country, and ZIP or foreign postal code New York, NY 10011		G Gross receipts \$ 12,554,029											
F Name and address of principal officer: JEFFORY LAWSON 336 West 20th Street New York, NY 10011		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶											
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527													
J Website: ▶ WWW.ATLANTICTHEATER.ORG													
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1985 M State of legal domicile: VT											

Part I Summary														
	1 Briefly describe the organization's mission or most significant activities: TO PRODUCE GREAT PLAYS SIMPLY AND TRUTHFULLY UTILIZING AN ARTISTIC ENSEMBLE.													
Activities & Governance	2 Check this box <input type="checkbox"/>													
	3 Number of voting members of the governing body (Part VI, line 1a)	3 26												
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 23												
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	5 561												
	6 Total number of volunteers (estimate if necessary)	6 607												
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 0												
	b Net unrelated business taxable income from Form 990-T, line 34	7b 32,953												
Revenue	8 Contributions and grants (Part VIII, line 1h)	<table border="1" style="width:100%; border-collapse: collapse;"> <thead> <tr> <th style="width:50%;">Prior Year</th> <th style="width:50%;">Current Year</th> </tr> </thead> <tbody> <tr> <td style="text-align: right;">2,973,871</td> <td style="text-align: right;">3,756,062</td> </tr> <tr> <td style="text-align: right;">8,087,890</td> <td style="text-align: right;">8,083,145</td> </tr> <tr> <td style="text-align: right;">1,866</td> <td style="text-align: right;">3,500</td> </tr> <tr> <td style="text-align: right;">8,716</td> <td style="text-align: right;">547,234</td> </tr> <tr> <td style="text-align: right;">11,072,343</td> <td style="text-align: right;">12,389,941</td> </tr> </tbody> </table>	Prior Year	Current Year	2,973,871	3,756,062	8,087,890	8,083,145	1,866	3,500	8,716	547,234	11,072,343	12,389,941
	Prior Year	Current Year												
	2,973,871	3,756,062												
	8,087,890	8,083,145												
	1,866	3,500												
	8,716	547,234												
11,072,343	12,389,941													
9 Program service revenue (Part VIII, line 2g)														
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)														
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)														
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)														
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	0												
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0												
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	5,734,892												
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0												
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 526,868													
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	5,182,263												
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	10,917,155												
19 Revenue less expenses. Subtract line 18 from line 12	155,188													
		430,685												

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: TO PRODUCE GREAT PLAYS SIMPLY AND TRUTHFULLY UTILIZING AN ARTISTIC ENSEMBLE.			
	2 Check this box <input type="checkbox"/>			
	3	Number of voting members of the governing body (Part VI, line 1a)	26	
	4	Number of independent voting members of the governing body (Part VI, line 1b)	23	
	5	Total number of individuals employed in calendar year 2017 (Part V, line 2a)	561	
6	Total number of volunteers (estimate if necessary)	607		
7a	Total unrelated business revenue from Part VIII, column (C), line 12	0		
7b	Net unrelated business taxable income from Form 990-T, line 34	32,953		
Net Assets or Fund Balances			Beginning of Current Year	End of Year
	20	Total assets (Part X, line 16)	9,911,193	12,210,759
	21	Total liabilities (Part X, line 26)	3,767,344	5,636,225
	22	Net assets or fund balances. Subtract line 21 from line 20	6,143,849	6,574,534

Part II Signature Block

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

Sign Here	Signature of officer	2019-03-13
	JEFFORY LAWSON MANAGING DIRECTOR	Date
	Type or print name and title	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date 2019-03-13	Check <input type="checkbox"/> if self-employed	PTIN P01461372
	Firm's name <input type="checkbox"/> WITHUMSMITHBROWN PC				Firm's EIN <input type="checkbox"/>
	Firm's address <input type="checkbox"/> 1411 BROADWAY 9TH FLOOR NEW YORK, NY 10018				Phone no. (212) 751-9100

May the IRS discuss this return with the preparer shown above? (see instructions) **Yes** **No**

Form 990 (2017)

Page 2

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission:

ATLANTIC THEATER COMPANY IS AN AWARD-WINNING OFF-BROADWAY THEATER FOUNDED IN 1985 BY DAVID MAMET AND WILLIAM H. MACY THAT PRODUCES GREAT PLAYS SIMPLY AND TRUTHFULLY UTILIZING AN ARTISTIC ENSEMBLE. THE STORY OF A PLAY AND THE INTENT OF ITS PLAYWRIGHT ARE AT THE CORE OF THE CREATIVE PROCESS. THE PLAYS IN THE ATLANTIC REPERTORY, FROM BOTH NEW AND ESTABLISHED PLAYWRIGHTS, ARE BOLDLY INTERPRETED BY TODAY'S FINEST THEATER ARTISTS AND RESONATE WITH CONTEMPORARY ARTISTS. PRODUCING GREAT PLAYS IS ONLY HALF OF ATLANTIC'S MISSION. ATLANTIC PERPETUATES ITS ACTING TECHNIQUE TO STUDENTS THROUGH THE ATLANTIC ACTING SCHOOL. FOUNDED IN 1983, THE SCHOOL'S METHODOLOGY IS BASED ON A SPECIFIC CREATIVE APPROACH KNOWN AS PRACTICAL AESTHETICS, WHICH EMPHASIZES PRACTICAL STEPS FOR MAKING THEATER, RESPECTFUL WORKING RELATIONSHIPS, THE STORY OF THE PLAY AND INTENT OF ITS PLAYWRIGHT. THE SCHOOL OFFERS CONSERVATORY AND UNDERGRADUATE TRAINING IN ADDITION TO IN-SCHOOL ARTS EDUCATION PROGRAMS.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ **4,541,560** including grants of \$) (Revenue \$ **4,514,015**)
The Atlantic Acting School is one of the most renowned and rigorous theater training programs in NYC. The School is comprised of three major programs: an undergraduate drama program taught in conjunction with New York University; an accredited conservatory program with classes in New York, Los Angeles, and Vermont; and afterschool and summer programs for children and teens. Atlantic also serves over 3,000 students through two distinct arts education programs. In STAGING SUCCESS, Atlantic partners with Brooklyn public high school Park Slope Collegiate and Harlem Public High School A. Philip Randolph High School to provide their entire student body with in-school, cross-curricular theater classes. The program also offers a 10-week afterschool mentorship program for the schools seniors. In addition, Atlantic's STUDENTS AND EDUCATORS SERIES provides students from 30 NYC schools with tickets to Atlantic productions, pre-show classroom visits with teaching artists, study guides, and post-show discussions with the play's cast. Older students receive tickets to Atlantic productions while younger children attend one of the company's two acclaimed ATLANTIC FOR KIDS shows. 2017-18 ATLANTIC FOR KIDS productions included POLKADOTS: THE COOL KIDS MUSICAL, a musical by Melvin Tunstall III, Greg Borowsky and Douglas Lyons, inspired by The Little Rock 9, as well as THIS GIRL LAUGHS, THIS GIRL CRIES, THIS GIRL DOES NOTHING a play by Finegan Kruckemeyer.

4b (Code:) (Expenses \$ **5,816,164** including grants of \$) (Revenue \$ **4,015,962**)
Each season, Atlantic produces six productions at the company's two theater spaces in the Chelsea neighborhood of Manhattan: the 199-seat Linda Gross Theater on West 20th Street and the 99-seat Stage 2 theater on West 16th Street. These productions are widely recognized for their quality and scope and are frequently selected based on the strengths of Atlantic's 42-member artistic ensemble. Productions programmed as part of Atlantic's recently completed 2017-18 season included the world premieres of THIS AINT NO DISCO a new musical by Stephen Trask and Peter Yanowitz and THE HOMECOMING QUEEN by Ngozi Anyanwu; the US premiere of the highly acclaimed HANGMEN by Martin McDonagh and the New York premieres of ON THE SHORE OF THE WIDE WORD by Simon Stephens, DESCRIBE THE NIGHT by Rajiv Joseph and THE GREAT LEAP by Lauren Yee. In addition to these productions, Atlantic helps writers at all stages of their careers develop new work through new play development programming including over a dozen developmental readings and workshops, writer residencies, and new play commissions.

4c (Code:) (Expenses \$ **101,530** including grants of \$) (Revenue \$ **100,402**)
Studio and theater spaces, when not being used for Atlantic programs, are available to rent. Atlantic offers space at scaled prices to help our school alumni build their artistic ensembles, to help other theater education organizations address social issues through the use of theater, and to provide young or up and coming non-profit theater companies the opportunity to bring their work to the New York City audience. Miscellaneous other income is received for various program related activities.

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **10,459,254**

Form 990 (2017)

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)? <i>If "Yes," complete Schedule A</i>	Yes	
2	Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	Yes	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		No
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		No
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		No
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		No
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		No
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		No
9	Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		No
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		No
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 as applicable.		
11a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	Yes	
11b	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? <i>If "Yes," complete Schedule D, Part VII</i>		No
11c	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? <i>If "Yes," complete Schedule D, Part VIII</i>		No
11d	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? <i>If "Yes," complete Schedule D, Part IX</i>		No
11e	Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
11f	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)? <i>If "Yes," complete Schedule D, Part X</i>	Yes	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	Yes	
12b	Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		No
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		No
14a	Did the organization maintain an office, employees, or agents outside of the United States?		No
14b	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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		No
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		No
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? <i>If "Yes," complete Schedule G, Part I</i> (see instructions)		No
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	Yes	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		No
20a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		No
20b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

- 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*
 - 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*
-

21		No
22		No

Form **990** (2017)

Form 990 (2017) Page **4**

Part IV Checklist of Required Schedules (continued)		Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	23	Yes	
24a 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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>	24a		No
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease 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		
25a 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? <i>If "Yes," complete Schedule L, Part I</i>	25a		No
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? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>	27		No
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):			
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29		No
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>	30		No
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		No
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>	32		No
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? <i>If "Yes," complete Schedule R, Part I</i>	33		No
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	34		No
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	35b		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>	36		No
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		No
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V **Statements Regarding Other IRS Filings and Tax Compliance**

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	1a	79	
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0	
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

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	2a	561			
b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			2b	Yes	
3a Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a		No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i>			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)?			4a		No
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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
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?			6a		No
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?			7a	Yes	
b If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	Yes	
c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			7c		No
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?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?			7f		No
g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			7g		No
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?			7h		No
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		
9a 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		
10 Section 501(c)(7) organizations. Enter:					
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				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.			13a		
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				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>			14b		

- 15** Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N
- 16** Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O

15		
16		

Form **990** (2017)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
 Check if Schedule O contains a response or note to any line in this Part VI

Section 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 26		
	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 in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent 23		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		No
6	Did the organization have members or stockholders?		No
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?		No
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	The governing body?	Yes	
8b	Each committee with authority to act on behalf of the governing body?	Yes	
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 in Schedule O		No

Section 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?		No
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	Yes	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	Yes	
13	Did the organization have a written whistleblower policy?	Yes	
14	Did the organization have a written document retention and destruction policy?	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	Other officers or key employees of the organization	Yes	
	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?		No
16b	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?		

Section C. Disclosure

- 17** List the States with which a copy of this Form 990 is required to be filed
- 18** Section 6104 requires an organization to make its Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

Own website Another's website Upon request Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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:
▶JEFFORY LAWSON 336 WEST 20TH STREET NEW YORK, NY 10011 (212) 691-5919

Form **990** (2017)

Form 990 (2017)

Page 7

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, or 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) Olaf Olafsson chair	1.0 0.0	X		X				0	0	0
(2) Carol Auerbach Vice Chair	1.0 0.0	X		X				0	0	0
(3) Dan Gross Treasurer	1.0 0.0	X		X				0	0	0
(4) Mary McCann DIRECTOR/SEC'Y/SCHOOL EXEC DIR	50.0 0.0	X		X			180,133	0	1,396	
(5) Joy Bunson DIRECTOR	1.0 0.0	X						0	0	0
(6) Clark Gregg DIRECTOR	1.0 0.0	X						0	0	0
(7) Gaye Slater Gross DIRECTOR	1.0 0.0	X						0	0	0
(8) Wolf Hengst diRECTOR	1.0 0.0	X						0	0	0
(9) Hilary Hinckle DIRECTOR/TEACHER	1.0 0.0	X					35,714	0	0	0

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(10) Roger Kass DIRECTOR	1.0 0.0	X						0	0	0
(11) Scott Korf DIRECTOR	1.0 0.0	X						0	0	0
(12) Kevin R Lyle DIRECTOR	1.0 0.0	X						0	0	0
(13) Deborah Magid DIRECTOR	1.0 0.0	X						0	0	0
(14) Justin Mohatt DIRECTOR	1.0 0.0	X						0	0	0
(15) ilona nemeth DIRECTOR	1.0 0.0	X						0	0	0
(16) Betsy Pitts DIRECTOR	1.0 0.0	X						0	0	0
(17) Mike Slosberg DIRECTOR	1.0 0.0	X						0	0	0

Form 990 (2017)

Form 990 (2017)

Page 8

Part VII **Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees** (continued)

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(18) nancy sambuco DIRECTOR	1.0 0.0	X						0	0	0
(19) Manny Weintraub DIRECTOR	1.0 0.0	X						0	0	0
(20) Joanne R Wenig DIRECTOR	1.0 0.0	X						0	0	0
(21) Susi Wunsch DIRECTOR	1.0 0.0	X						0	0	0
(22) Ben Zinkin DIRECTOR	1.0 0.0	X						0	0	0
(23) chris boneau director	1.0 0.0	X						0	0	0
(24) Blair Husain DIRECTOR	1.0 0.0	X						0	0	0
(25) Jane King DIRECTOR	1.0 0.0	X						0	0	0
(26) Mahlet Seyoum DIRECTOR	1.0 0.0	X						0	0	0
(27) Jeffory Lawson MANAGING DIRECTOR	40.0 0.0			X				226,201	0	12,186
(28) Neil Pepe ARTISTIC DIRECTOR	40.0 0.0			X				214,838	0	15,465
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								656,886	0	29,047

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **▶ 3**

- 3** Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*
- 4** For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

	Yes	No
3		No
4	Yes	

5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*

5		No

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
One City Block LLC, PO Box 823595 PHILADELPHIA, PA 19182	theatre/school rent	886,625
St Peter's Episcopal Church, 346 West 20th Street NEW YORK, NY 10011	theatre rent	211,719
Global Scenic Services, 46 Brookfield Ave BRIDGEPORT, CT 06610	PROD. SCENARY SERV	204,620
2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶ 3		

Form **990** (2017)

Form 990 (2017) Page **9**

Part VIII **Statement of Revenue**

Check if Schedule O contains a response or note to any line in this Part VIII

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns . . .	1a				
	b Membership dues . . .	1b	205,136			
	c Fundraising events . . .	1c	665,513			
	d Related organizations	1d				
	e Government grants (contributions)	1e	759,400			
	f All other contributions, gifts, grants, and similar amounts not included above	1f	2,126,013			
	g Noncash contributions included in lines 1a - 1f:\$		14,926			
	h Total. Add lines 1a-1f		3,756,062			
	Program Service Revenue	2a TUITION INCOME	Business Code			
		611600	4,514,015	4,514,015		
b BOX OFFICE REVENUE		711110	2,635,263	2,635,263		
c PRODUCTION ENHANCEMENT		711110	809,375	809,375		
d RENTAL INCOME		532000	100,402	100,402		
e CONCESSION INCOME		711110	12,296	12,296		
f All other program service revenue .			11,794	11,794		
9 Total. Add lines 2a-2f		8,083,145				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		3,796		3,796	
	4 Income from investment of tax-exempt bond proceeds		0			
	5 Royalties		547,234	547,234		
	6a Gross rents	(i) Real	(ii) Personal			
		b Less: rental expenses				
		c Rental income or (loss)	0	0		
		d Net rental income or (loss)		0		
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other			
		b Less: cost or other basis and sales expenses	14,630			
		c Gain or (loss)	-296			
		d Net gain or (loss)		-296		
	8a Gross income from fundraising events (not including \$ <u>665,513</u> of contributions reported on line 1c). See Part IV, line 18	a	149,162			
		b Less: direct expenses	b	149,162		
c Net income or (loss) from fundraising events						

9a Gross income from gaming activities. See Part IV, line 19					
	a	0			
b Less: direct expenses	b	0			
c Net income or (loss) from gaming activities ▶		0			
10a Gross sales of inventory, less returns and allowances					
	a	0			
b Less: cost of goods sold	b	0			
c Net income or (loss) from sales of inventory ▶		0			
Miscellaneous Revenue	Business Code				
11a					
b					
c					
d All other revenue					
e Total. Add lines 11a–11d ▶		0			
12 Total revenue. See Instructions. ▶		12,389,941	8,630,379		3,796

Form 990 (2017)

Form 990 (2017)

Page 10

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	0			
2 Grants and other assistance to domestic individuals. See Part IV, line 22	0			
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.	0			
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	680,055	429,860	150,183	100,012
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	4,551,464	3,983,947	344,643	222,874
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	74,687	74,687		
9 Other employee benefits	443,841	380,389	34,329	29,123
10 Payroll taxes	526,378	444,867	49,340	32,171
11 Fees for services (non-employees):				
a Management	0			
b Legal	52,135	51,662	473	
c Accounting	38,370		38,370	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	0			
f Investment management fees	0			
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	734,107	728,862	4,995	250
12 Advertising and promotion	459,619	459,390		229
13 Office expenses	88,203	80,265	7,056	882
14 Information technology	0			
15 Royalties	12,330	12,330		
16 Occupancy	1,162,458	1,007,017	144,375	11,066
17 Travel	99,043	96,522	563	1,958
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	0			
20 Interest	89,297		89,297	
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	351,601	319,957	28,128	3,516
23 Insurance	138,339	125,240	11,723	1,376
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION EXPENSES	1,302,701	1,302,701		
b FOOD/LODGING/PER DIEM	428,531	361,744	22,797	43,990
c MAINTENANCE AND REPAIRS	243,207	221,318	19,457	2,432

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
d CC CHARGES/BANK FEES	173,629	140,532	6,736	26,361
e All other expenses	309,261	237,964	20,669	50,628
25 Total functional expenses. Add lines 1 through 24e	11,959,256	10,459,254	973,134	526,868
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Form **990** (2017)

Part X **Balance Sheet**

Check if Schedule O contains a response or note to any line in this Part IX

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	2,150,241	1	3,401,245
	2 Savings and temporary cash investments	802,845	2	1,076,288
	3 Pledges and grants receivable, net	433,775	3	958,303
	4 Accounts receivable, net	53,076	4	116,422
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and accounts receivable, net : : : :	0	7	0
	8 Inventories for sale or use	0	8	0
	9 Prepaid expenses and deferred charges	570,145	9	372,446
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	9,977,556		
	b Less: accumulated depreciation	3,898,566		
	11 Investments—publicly traded securities	0	11	0
	12 Investments—other securities. See Part IV, line 11	0	12	0
	13 Investments—program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	184,858	15	207,065
16 Total assets. Add lines 1 through 15 (must equal line 34)	9,911,193	16	12,210,759	
Liabilities	17 Accounts payable and accrued expenses	405,363	17	980,222
	18 Grants payable	0	18	0
	19 Deferred revenue	1,643,007	19	3,121,069
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	1,225,000	23	1,150,000
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17 - 24). Complete Part X of Schedule D	493,974	25	384,934
	26 Total liabilities. Add lines 17 through 25	3,767,344	26	5,636,225
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	5,611,797	27	6,055,448
	28 Temporarily restricted net assets	532,052	28	519,086
	29 Permanently restricted net assets	0	29	0
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	6,143,849	33	6,574,534	
34 Total liabilities and net assets/fund balances	9,911,193	34	12,210,759	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI

1 Total revenue (must equal Part VIII, column (A), line 12)	1	12,389,941
2 Total expenses (must equal Part IX, column (A), line 25)	2	11,959,256
3 Revenue less expenses. Subtract line 2 from line 1	3	430,685
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	6,143,849
5 Net unrealized gains (losses) on investments	5	
6 Donated services and use of facilities	6	
7 Investment expenses	7	
8 Prior period adjustments	8	
9 Other changes in net assets or fund balances (explain in Schedule O)	9	
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	6,574,534

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

		Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other <input style="width: 50px;" type="text"/> If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a Were the organization's financial statements compiled or reviewed by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2a		No
b Were the organization's financial statements audited by an independent accountant? If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	2b	Yes	
c If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	2c	Yes	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3b		

Form 990 (2017)

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description