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.

▶ Information about Form 990 and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning JUL 1, 2013 and ending JUN 30, 2014

B Check if applicable:
- ☐ Address change
- ☐ Name change
- ☐ Initial return
- ☐ Terminated
- ☐ Amended return
- ☐ Application pending

C Name of organization
ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) 520 EIGHTH AVENUE

Room/suite 319

City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10018

D Employer identification number 13-2768583

E Telephone number (212)244-6667

G Gross receipts $ 3,415,850.

F Name and address of principal officer: VIRGINIA LOULOUDES
520 8TH AVENUE, NEW YORK, NY 10018

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.ART-NEWYORK.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1972 M State of legal domicile: NY

Part I Summary

1	Briefly describe the organization's mission or most significant activities: PROVIDES SPACE, GRANTS, LOANS AND OTHER SERVICES TO NEW YORK CITY'S NON-PROFIT THEATRE GROUPS.		
2	Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.		
3	Number of voting members of the governing body (Part VI, line 1a)	3	29
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	28
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	36
6	Total number of volunteers (estimate if necessary)	6	10
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	0.

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		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	3,451,054.	1,910,848.
9	Program service revenue (Part VIII, line 2g)	1,441,605.	1,432,748.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	44,194.	31,634.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,000.	900.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,937,853.	3,376,130.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	96,000.	113,000.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	1,204,697.	1,258,475.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	152,150.	135,175.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 435,253.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,945,731.	1,873,937.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,398,578.	3,380,587.
19	Revenue less expenses. Subtract line 18 from line 12	1,539,275.	-4,457.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	11,041,706.	11,070,583.
21	Total liabilities (Part X, line 26)	1,857,973.	1,874,958.
22	Net assets or fund balances. Subtract line 21 from line 20	9,183,733.	9,195,625.

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 — Date 1/13/15

▶ VIRGINIA LOULOUDES, EXECUTIVE DIRECTOR
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name	Preparer's signature	Date	Check if self-employed	PTIN
			☐	P01461372

Firm's name ▶ FRIED AND KOWGIOS PARTNERS CPA'S LLP — Firm's EIN ▶ 45-0494838

Firm's address ▶ 441 LEXINGTON AVENUE
NEW YORK, NY 10017 — Phone no. 212-490-2200

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
FOUNDED IN 1972 BY 49 OFF-BROADWAY THEATRES TO SERVE AND PROMOTE THIS INDUSTRY, THE ALLIANCE OF RESIDENT THEATRES/NEW YORK (A.R.T./NEW YORK) IS THE SERVICE AND ADVOCACY ORGANIZATION FOR NEW YORK CITY'S NOT-FOR-PROFIT THEATRE COMMUNITY AND HAS CURRENT MEMBERSHIP OF 339

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 $ 2,758,109. including grants of $ 113,000.) (Revenue $ 1,433,312.)
THE ALLIANCE OF RESIDENT THEATRES/NEW YORK (A.R.T./NEW YORK) IS THE SERVICE AND ADVOCACY ORGANIZATION FOR NEW YORK CITY'S NOT-FOR-PROFIT THEATRE COMMUNITY. FOUNDED IN 1972, A.R.T./NEW YORK ASSISTS 339 MEMBER THEATRES SO THEY MAY REALIZE THEIR RICH ARTISTIC VISIONS AND SERVE THEIR AUDIENCES WELL. LOCATED THROUGHOUT THE FIVE BOROUGHS OF NEW YORK CITY, A.R.T./NEW YORK MEMBERS ARE THE MOST ARTISTICALLY INFLUENTIAL AND CULTURALLY DIVERSE THEATRE COMMUNITY IN THE NATION. A.R.T./NEW YORK'S SERVICES INCLUDE: OFFICE AND STUDIO SPACE; MANAGEMENT TRAINING WORKSHOPS; ROUNDTABLE DISCUSSIONS; LONG-TERM MANAGEMENT CONSULTANCIES; CASH AND SPACE GRANTS; LOW-INTEREST CASHFLOW AND REAL ESTATE LOANS; MARKETING SUPPORT, AND STATISTICS ABOUT THE COMMUNITY'S IMPACT ON THE NEW YORK CITY ECONOMY.

4b (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code: _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

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

4e Total program service expenses ▶ 2,758,109.

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*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
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? *If "Yes," complete Schedule C, Part II*	4		X
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? *If "Yes," complete Schedule C, Part III*	5		X
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? *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, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
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? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
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.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, 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		X
c	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		X
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		X
e	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	X	
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		X
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		X
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		X
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		X
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	X	
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		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States 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 and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
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? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
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) and 501(c)(4) 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
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? *If "Yes," complete Schedule L, Part III*	27		X
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? *If "Yes," complete Schedule L, Part IV*	28a	X	
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
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? *If "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 contributions? *If "Yes," complete Schedule M*	30		X
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	X	
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
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
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? *If "Yes," complete Schedule R, Part V, line 2*	36		X
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		X
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	X	

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	13		
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	36		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		X	
	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?	3a			X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in 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)?	4a			X
b	If "Yes," enter the name of the foreign country: ▶				
	See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a			X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b			X
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			X
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		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		X	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c			X
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			X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f			X
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 and section 509(a)(3) supporting organizations.** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8			X
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?	9a			X
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b			X
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?	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			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a			X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*	14b			

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 in Schedule O. See instructions.*

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

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	1a	29		
	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.				
b	Enter the number of voting members included in line 1a, above, who are independent	1b	28		
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?	2			X
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?	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			X
6	Did the organization have members or stockholders?	6			X
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			X
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			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
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*	9			X

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?	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		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	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*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
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?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	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		X
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		

Section 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 (or 1024 if applicable), 990, and 990-T (Section 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, physical address, and telephone number of the person who possesses the books and records of the organization: ▶

GUY YARDEN - (212)244-6667
520 EIGHTH AVENUE, NEW YORK, NY 10018

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.

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 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) VIRGINIA LOULOUDES EXECUTIVE DIRECTOR	40.00	X		X				184,192.	0.	25,336.
(2) DAPHNE RUBIN-VEGA BOARD MEMBER	2.00	X						0.	0.	0.
(3) JERRY STILLER BOARD MEMBER	2.00	X						0.	0.	0.
(4) DEADRIA HARRINGTON BOARD MEMBER	2.00	X						0.	0.	0.
(5) SUSAN BERNFIELD PRESIDENT	2.00	X		X				0.	0.	0.
(6) LINDA HERRING VICE PRESIDENT	2.00	X		X				0.	0.	0.
(7) TIM N HARTZELL TREASURER	2.00	X		X				0.	0.	0.
(8) RICHARD ENG SECRETARY	2.00	X		X				0.	0.	0.
(9) HELENE BLIEBERG VICE PRESIDENT	2.00	X		X				0.	0.	0.
(10) CATHERINE PORTER BOARD MEMBER	2.00	X						0.	0.	0.
(11) JEFFREY R GURAL CHAIR	2.00	X		X				0.	0.	0.
(12) TODD HAIMES BOARD PRESIDENT EMERITUS	2.00	X						0.	0.	0.
(13) AMY S HERZIG BOARD MEMBER	2.00	X						0.	0.	0.
(14) ELIZABETH L JONES BOARD MEMBER	2.00	X						0.	0.	0.
(15) RICHARD FABRICANT, ESQ. BOARD MEMBER	2.00	X						0.	0.	0.
(16) ANDREW A LANCE BOARD MEMBER	2.00	X						0.	0.	0.
(17) ALVAN COLON LESPIER BOARD MEMBER	2.00	X						0.	0.	0.

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 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) CAROL OCHS BOARD MEMBER	2.00	X						0.	0.	0.
(19) JOSE CHEO OLIVERAS BOARD MEMBER	2.00	X						0.	0.	0.
(20) BARBARA PARISI BOARD MEMBER	2.00	X						0.	0.	0.
(21) LISA CLEFF KURTZ BOARD MEMBER	2.00	X						0.	0.	0.
(22) MARK PLESENT BOARD MEMBER	2.00	X						0.	0.	0.
(23) JONATHAN MAURER BOARD MEMBER	2.00	X						0.	0.	0.
(24) ANNE MEARA BOARD MEMBER	2.00	X						0.	0.	0.
(25) JOHN DEL GUDIO BOARD MEMBER	2.00	X						0.	0.	0.
(26) MAGGIE FAIRS BOARD MEMBER	2.00	X						0.	0.	0.
1b Sub-total ▶								184,192.	0.	25,336.
c Total from continuation sheets to Part VII, Section A ▶								222,047.	0.	16,675.
d Total (add lines 1b and 1c) ▶								406,239.	0.	42,011.

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

		Yes	No
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*	3		X
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*	4	X	
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		X

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
DUNCH ARTS LLC, 336 WEST 37TH STREET, SUITE 1420, NEW YORK, NY 10018	CONSULTING	133,800.

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 ▶ 1

SEE PART VII, SECTION A CONTINUATION SHEETS

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 line)	(C) Position (check all that apply)						(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			
(27) JOE GRIFASI BOARD MEMBER	2.00	X						0.	0.	0.
(28) RYAN GILLIAM BOARD MEMBER	2.00	X						0.	0.	0.
(29) JOHN COLLINS BOARD MEMBER	2.00	X						0.	0.	0.
(30) GUY YARDEN FINANCE DIRECTOR	40.00			X				118,000.	0.	8,335.
(31) GERALD HOMAN DIRECTOR OF FACILITIES	40.00					X		104,047.	0.	8,340.
Total to Part VII, Section A, line 1c								222,047.		16,675.

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					
	c Fundraising events	1c	233,193.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	332,982.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	1,344,673.				
	g Noncash contributions included in lines 1a-1f: $ 44,492.						
	h Total. Add lines 1a-1f			1,910,848.			
Program Service Revenue		Business Code					
	2a RENTAL INCOME	532000		1,304,836.	1,304,836.		
	b MEMBERSHIP DUES	900099		94,615.	94,615.		
	c EQUITY IN NET INCOME	900099		33,297.	33,297.		
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f			1,432,748.			
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			31,970.			31,970.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
		(i) Real	(ii) Personal				
	6a Gross rents						
	b Less: rental expenses						
	c Rental income or (loss)						
	d Net rental income or (loss)						
		(i) Securities	(ii) Other				
	7a Gross amount from sales of assets other than inventory	9,664.					
	b Less: cost or other basis and sales expenses	10,000.					
	c Gain or (loss)	-336.					
	d Net gain or (loss)			-336.	-336.		
	8a Gross income from fundraising events (not including $ 233,193. of contributions reported on line 1c). See Part IV, line 18	a	29,720.				
	b Less: direct expenses	b	29,720.				
	c Net income or (loss) from fundraising events			0.			
	9a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
	10a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
	Miscellaneous Revenue	Business Code					
	11a MISCELLANEOUS INCOME	900099		900.	900.		
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			900.			
	12 Total revenue. See instructions.			3,376,130.	1,433,312.	0.	31,970.

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 governments and organizations in the United States. See Part IV, line 21	113,000.	113,000.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	309,618.	216,065.	62,369.	31,184.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	768,648.	542,796.	49,047.	176,805.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	93,753.	63,645.	9,092.	21,016.
10 Payroll taxes	86,456.	61,625.	7,390.	17,441.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	25,206.		25,206.	
d Lobbying	44,275.	44,275.		
e Professional fundraising services. See Part IV, line 17	135,175.			135,175.
f Investment management fees	2,180.			2,180.
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	199,712.	197,712.	2,000.	
12 Advertising and promotion	3,060.	2,009.	1,001.	50.
13 Office expenses	12,114.	7,272.	1,522.	3,320.
14 Information technology	29,672.	29,672.		
15 Royalties				
16 Occupancy	1,018,857.	1,002,476.	5,460.	10,921.
17 Travel	4,238.	2,372.	1,676.	190.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	4,883.	2,662.	1,662.	559.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	270,498.	267,745.	918.	1,835.
23 Insurance	39,557.	39,017.	180.	360.
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 FACILITY MAINTENANCE AN	97,962.	90,329.	1,505.	6,128.
b BAD DEBT EXPENSE	30,000.	30,000.		
c TELEPHONE, COMPUTERS AN	24,785.	21,872.	971.	1,942.
d GALA EXPENSES-INDIRECT	18,652.			18,652.
e All other expenses	48,286.	23,565.	17,226.	7,495.
25 **Total functional expenses.** Add lines 1 through 24e	3,380,587.	2,758,109.	187,225.	435,253.
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 ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing		1,302,775.	1	965,600.
	2	Savings and temporary cash investments		468,186.	2	646,022.
	3	Pledges and grants receivable, net		1,583,433.	3	1,518,682.
	4	Accounts receivable, net		71,826.	4	13,468.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	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 instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net		599,338.	7	635,262.
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 9,351,282.			
	b	Less: accumulated depreciation	10b 2,828,462.	6,628,435.	10c	6,522,820.
	11	Investments - publicly traded securities		244,547.	11	642,293.
	12	Investments - other securities. See Part IV, line 11		26,166.	12	9,436.
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		117,000.	15	117,000.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		11,041,706.	16	11,070,583.
Liabilities	17	Accounts payable and accrued expenses		94,306.	17	65,800.
	18	Grants payable			18	
	19	Deferred revenue		12,594.	19	41,915.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	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			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	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		1,751,073.	25	1,767,243.
	26	**Total liabilities.** Add lines 17 through 25		1,857,973.	26	1,874,958.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ [X] and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		6,607,622.	27	6,339,088.
	28	Temporarily restricted net assets		2,169,425.	28	2,479,851.
	29	Permanently restricted net assets		406,686.	29	376,686.
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ 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		9,183,733.	33	9,195,625.
	34	Total liabilities and net assets/fund balances		11,041,706.	34	11,070,583.

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	3,376,130.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,380,587.
3	Revenue less expenses. Subtract line 2 from line 1	3	-4,457.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	9,183,733.
5	Net unrealized gains (losses) on investments	5	16,349.
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	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	9,195,625.

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: ☐ Cash ☒ Accrual ☐ Other _____ 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?	2a		X
	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: ☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	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: ☐ Separate basis ☒ Consolidated basis ☐ Both consolidated and separate basis			
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?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.			
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		X
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		

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.**

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

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.	13-2768583

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described 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 described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☐ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☐ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii)	A family member of a person described in (i) above?	11g(ii)	
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2204864.	1404344.	2727746.	3451054.	1910848.	11698856.
2 Tax revenues levied for the organization'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	2204864.	1404344.	2727746.	3451054.	1910848.	11698856.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						2285920.
6 **Public support.** Subtract line 5 from line 4.						9412936.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	2204864.	1404344.	2727746.	3451054.	1910848.	11698856.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	68,090.	63,990.	52,444.	42,054.	25,694.	252,272.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	20,011.	28,676.	200,529.	36,511.	40,137.	325,864.
11 **Total support.** Add lines 7 through 10						12276992.

12 Gross receipts from related activities, etc. (see instructions)	12	6,945,231.

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))	14	76.67 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	77.26 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☒

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 performed, 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 business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

Schedule A — Identification of Excess Contributions Included on Part II, Line 5 — 2013

** Do Not File **
*** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ANDREW MELLON FOUNDATION	575,000.	329,460.
THE SHUBERT FOUNDATION	570,000.	324,460.
EDITH LUTYENS AND NORMAN BEL GEDDES FOUNDATION	270,000.	24,460.
FAN FOX AND LESLIE R. SAMUELS FOUNDATION	255,000.	9,460.
HAROLD AND MIMI STEINBERG CHARITABLE TRUST	308,500.	62,960.
JEFFREY AND PAULA GURAL	1,112,820.	867,280.
LUESTHER T. MERTZ CHARITABLE TRUST	250,000.	4,460.
ROCKEFELLER FOUNDATION	350,000.	104,460.
THE SCHERMAN FOUNDATION, INC.	650,000.	404,460.
BOOTH FERRIS FOUNDATION	400,000.	154,460.
Total Excess Contributions to Schedule A, Part II, Line 5		2,285,920.

Schedule B (Form 990, 990-EZ, or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at *www.irs.gov/form990*.

OMB No. 1545-0047

2013

Name of the organization
ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Employer identification number
13-2768583

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	☒ 501(c)(3) (enter number) organization
	☐ 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation
	☐ 527 political organization
Form 990-PF	☐ 501(c)(3) exempt private foundation
	☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation
	☐ 501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule.**
Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, $5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

☒ For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of **(1)** $5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than $1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

☐ For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than $1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of $5,000 or more during the year ..... ▶ $ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Employer identification number
13-2768583

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	NEW YORK STATE COUNCIL ON THE ARTS 175 VARICK STREET NEW YORK, NY 10014	$ 65,601.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
2	NEW YORK CITY OF DEPARTMENT OF CULTURAL AFFAIRS 31 CHAMBERS STREET, ROOM 201 NEW YORK, NY 10007	$ 193,800.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
3	THE SHUBERT FOUNDATION 234 WEST 44TH STREET NEW YORK, NY 10036	$ 120,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
4	EDITH LUTYENS AND NORMAN BEL GEDDES FOUNDATION 21 NORTH SEVENTH STREET HUDSON, NY 12534	$ 70,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
5	THE SCHERMAN FOUNDATION, INC. 16 EAST 52ND STREET, SUITE 601 NEW YORK, NY 10022	$ 650,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)
6	BOOTH FERRIS FOUNDATION 270 PARK AVENUE 16TH FL NEW YORK, NY 10017	$ 200,000.	Person [X] Payroll [ ] Noncash [ ] (Complete Part II for noncash contributions.)

Name of organization: ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Employer identification number: 13-2768583

Part II Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		$	

Name of organization
ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Employer identification number
13-2768583

Part III *Exclusively* religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than $1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of $1,000 or less for the year. (Enter this information once.) ▶ $

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift

Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Political Campaign and Lobbying Activities

For Organizations Exempt From Income Tax Under section 501(c) and section 527

▶ Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.
▶ See separate instructions. ▶ Information about Schedule C (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

If the organization answered "Yes," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," to Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," to Form 990, Part IV, line 5 (Proxy Tax) or Form 990-EZ, Part V, line 35c (Proxy Tax), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization	Employer identification number
ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.	13-2768583

Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
2 Political expenditures ▶ $
3 Volunteer hours

Part I-B Complete if the organization is exempt under section 501(c)(3).

1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ $
2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ $
3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? ☐ Yes ☐ No
4a Was a correction made? ☐ Yes ☐ No
b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ $
2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ $
3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ $
4 Did the filing organization file **Form 1120-POL** for this year? ☐ Yes ☐ No
5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

Part II-A **Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).**

A Check ▶ ☐ if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).

B Check ▶ ☐ if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)		
b Total lobbying expenditures to influence a legislative body (direct lobbying)	44,275.	
c Total lobbying expenditures (add lines 1a and 1b)	44,275.	
d Other exempt purpose expenditures	3,336,312.	
e Total exempt purpose expenditures (add lines 1c and 1d)	3,380,587.	
f Lobbying nontaxable amount. Enter the amount from the following table in both columns.	319,029.	
g Grassroots nontaxable amount (enter 25% of line 1f)	79,757.	
h Subtract line 1g from line 1a. If zero or less, enter -0-	0.	
i Subtract line 1f from line 1c. If zero or less, enter -0-	0.	
j If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?	☐ Yes ☐ No	

If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:
Not over $500,000	20% of the amount on line 1e.
Over $500,000 but not over $1,000,000	$100,000 plus 15% of the excess over $500,000.
Over $1,000,000 but not over $1,500,000	$175,000 plus 10% of the excess over $1,000,000.
Over $1,500,000 but not over $17,000,000	$225,000 plus 5% of the excess over $1,500,000.
Over $17,000,000	$1,000,000.

4-Year Averaging Period Under Section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the instructions for lines 2a through 2f on page 4.)

Lobbying Expenditures During 4-Year Averaging Period

Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) Total
2a Lobbying nontaxable amount	318,689.	306,666.	319,929.	319,029.	1,264,313.
b Lobbying ceiling amount (150% of line 2a, column(e))					1,896,470.
c Total lobbying expenditures	47,250.	42,000.	38,500.	44,275.	172,025.
d Grassroots nontaxable amount	79,672.	76,667.	79,982.	79,757.	316,078.
e Grassroots ceiling amount (150% of line 2d, column (e))					474,117.
f Grassroots lobbying expenditures					

Part II-B **Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).**

For each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.	(a) Yes	(a) No	(b) Amount
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).**

			Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?	1		
2	Did the organization make only in-house lobbying expenditures of $2,000 or less?	2		
3	Did the organization agree to carry over lobbying and political expenditures from the prior year?	3		

Part III-B **Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."**

1	Dues, assessments and similar amounts from members	1	
2	Section 162(e) nondeductible lobbying and political expenditures **(do not include amounts of political expenses for which the section 527(f) tax was paid).**		
a	Current year	2a	
b	Carryover from last year	2b	
c	Total	2c	
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5	Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV **Supplemental Information**

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, line 2; and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Employer identification number 13-2768583

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	0	
2	Aggregate contributions to (during year)		
3	Aggregate grants from (during year)	0.	
4	Aggregate value at end of year	0.	

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? [X] Yes [ ] No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? [X] Yes [ ] No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
- [ ] Preservation of land for public use (e.g., recreation or education)
- [ ] Protection of natural habitat
- [ ] Preservation of open space
- [ ] Preservation of an historically important land area
- [ ] Preservation of a certified historic structure

2 Complete lines 2a through 2d if the organization held a qualified 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
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? [ ] Yes [ ] No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? [ ] Yes [ ] No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	406,686.	461,686.	473,000.	451,000.	592,000.
b Contributions	-30,000.	-55,000.	-11,314.	22,000.	-141,000.
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance	376,686.	406,686.	461,686.	473,000.	451,000.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ _____ %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

		Yes	No
(i) unrelated organizations	3a(i)		X
(ii) related organizations	3a(ii)		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b		

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		225,000.		225,000.
b Buildings		4,031,603.	982,266.	3,049,337.
c Leasehold improvements		3,050,046.	1,752,177.	1,297,869.
d Equipment		47,658.	32,510.	15,148.
e Other		1,996,975.	61,509.	1,935,466.
Total. Add lines 1a through 1e. *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				6,522,820.

Schedule D (Form 990) 2013

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) SECURITY DEPOSITS PAYABLE	169,335.
(3) DEFERRED RENT CREDIT ON LONG-TERM	
(4) LEASE	1,597,908.
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,767,243.

2. 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 FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	3,407,470.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	16,349.		
b	Donated services and use of facilities	2b	14,991.		
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	31,340.
3	Subtract line 2e from line 1			3	3,376,130.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	3,376,130.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	3,395,578.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a	14,991.		
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII.)	2d			
e	Add lines 2a through 2d			2e	14,991.
3	Subtract line 2e from line 1			3	3,380,587.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
c	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	3,380,587.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

EXPLANATION: THE ORGANIZATION IS A NOT-FOR-PROFIT CORPORATION, EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 402 OF THE NOT-FOR-PROFIT CORPORATION LAW IN NEW YORK STATE, AND HAS BEEN DESIGNATED AS AN ORGANIZATION WHICH IS NOT A PRIVATE FOUNDATION. THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

FORM 990 PART V LINE 6

EXPLANATION: PERMANENTLY RESTRICTED NET ASSETS PROVIDE SHORT-TERM FINANCING IN THE FORM OF BRIDGE LOANS OF UP TO $50,000 FOR ELIGIBLE

Part XIII Supplemental Information *(continued)*

MEMBERS.

SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than $15,000 on Form 990-EZ, line 6a.

▶ **Attach to Form 990 or Form 990-EZ.**

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

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization: ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Employer identification number: 13-2768583

Part I **Fundraising Activities.** Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a [X] Mail solicitations
- b [X] Internet and email solicitations
- c [X] Phone solicitations
- d [X] In-person solicitations
- e [X] Solicitation of non-government grants
- f [X] Solicitation of government grants
- g [X] Special fundraising events

2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? [X] Yes [ ] No

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least $5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions? Yes	(iii) No	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
DUNCH ARTS LLC - 336 W37TH ST STE 1420, NEW YORK, NY 10018	FUNDRAISER FOR CAPITAL CAMPAIGN		X	0.	133,800.	-133,800.
Total ▶					133,800.	-133,800.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than $15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than $5,000.

		(a) Event #1 FUNDRAISING BENEFIT (event type)	(b) Event #2 (event type)	(c) Other events NONE (total number)	(d) Total events (add col. (a) through col. (c))
Revenue	1 Gross receipts	262,913.			262,913.
	2 Less: Contributions	233,193.			233,193.
	3 Gross income (line 1 minus line 2)	29,720.			29,720.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs				
	7 Food and beverages	27,220.			27,220.
	8 Entertainment				
	9 Other direct expenses	2,500.			2,500.
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				29,720.
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				0.

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than $15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	☐ Yes ____ % ☐ No	
	7 Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8 Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? ☐ Yes ☐ No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? ☐ Yes ☐ No

b If "Yes," explain: _____

11 Does the organization operate gaming activities with nonmembers? ☐ Yes ☐ No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? ☐ Yes ☐ No

13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? ☐ Yes ☐ No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ $ _____ and the amount of gaming revenue retained by the third party ▶ $ _____ .

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ $ _____

Description of services provided ▶ _____

☐ Director/officer ☐ Employee ☐ Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ☐ Yes ☐ No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ $

Part IV **Supplemental Information.** Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

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

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

▶ **Attach to Form 990.**

▶ Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Employer identification number 13-2768583

Part I General Information on Grants and Assistance

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 criteria used to award the grants or assistance? ..... [X] Yes [ ] No

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

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HERE ARTS CENTER 45 SIXTH AVENUE NEW YORK, NY 10013	13-3449416	501(C)(3)	10,000.	0.	BOOK	N/A	PRODUCTION DESIGN
TARGET MARGIN THEATER, INC 138 SOUTH OXFORD STREET, ROOM 5A BROOKLYN, NY 11217	13-3697027	501(C)(3)	9,695.	0.	BOOK	N/A	PRODUCTION DESIGN
THE COLLAPSABLE GIRAFFE INC 251 PACIFIC STREET, APT #25 BROOKLYN, NY 11201	11-3279675	501(C)(3)	10,000.	0.	BOOK	N/A	PRODUCTION DESIGN
THE NEW STAGE THEATRE COMPANY 99 WALL STREET, SUITE 1600 NEW YORK, NY 10005	35-2178785	501(C)(3)	7,250.	0.	BOOK	N/A	PRODUCTION DESIGN
THE PEARL THEATRE COMPANY 555 WEST 42ND STREET NEW YORK, NY 10036	13-3118488	501(C)(3)	10,000.	0.	BOOK	N/A	PRODUCTION DESIGN
IMMEDIATE MEDIUM PO BOX 1138 NEW YORK, NY 10276	06-1607955	501(C)(3)	8,200.	0.	BOOK	N/A	PRODUCTION DESIGN

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ 6.

3 Enter total number of other organizations listed in the line 1 table ..... ▶ 0.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.**

Schedule I (Form 990) (2013)

332101
10-29-13

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART I, LINE 2:

EXPLANATION: GRANTEES ARE REQUIRED TO SUBMIT FINAL REPORTS AND DOCUMENTATION REGARDING USE OF GRANT FUNDS

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

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.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Employer identification number: 13-2768583

Part 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 in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
	☐ 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		
	☐ Discretionary spending account ☐ Personal services (e.g., 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 in line 1a? 2		
3	Indicate which, if any, of the following the filing 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		
	☐ Independent compensation consultant ☒ Compensation survey or study		
	☒ Form 990 of other organizations ☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a	Receive a severance payment or change-of-control payment? 4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan? 4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement? 4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a	The organization? 5a		X
b	Any related organization? 5b		X
	If "Yes" to line 5a or 5b, describe in Part III.		
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a	The organization? 6a		X
b	Any related organization? 6b		X
	If "Yes" to line 6a or 6b, describe in Part III.		
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III 7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III 8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? 9		

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 in 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 are not 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.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) VIRGINIA LOULOUDES	(i)	184,192.	0.	0.	0.	25,336.	209,528.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE L
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.
▶ Information about Schedule L (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open To Public Inspection

Name of the organization: ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Employer identification number: 13-2768583

Part I Excess Benefit Transactions (section 501(c)(3) and section 501(c)(4) organizations only).

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

1 (a) Name of disqualified person	(b) Relationship between disqualified person and organization	(c) Description of transaction	(d) Corrected? Yes	(d) Corrected? No

2 Enter the amount of tax incurred by the organization managers or disqualified persons during the year under section 4958 ▶ $

3 Enter the amount of tax, if any, on line 2, above, reimbursed by the organization ▶ $

Part II Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization? To	(d) From	(e) Original principal amount	(f) Balance due	(g) In default? Yes	(g) No	(h) Approved by board or committee? Yes	(h) No	(i) Written agreement? Yes	(i) No
Total ▶ $												

Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance

Part IV Business Transactions Involving Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 28a, 28b, or 28c.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
JEFFREY R GURAL	LANDLORD/CHAIR	784,000.	RENTAL		X

Part V Supplemental Information

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
▶ Attach to Form 990.
▶ Information about Schedule M (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Employer identification number: 13-2768583

Part I Types of Property

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	1	10,000.	FMV
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ▶ (CONSTRUCTION)	X	1	21,824.	COST
26	Other ▶ (LEGAL SERVICE)	X	1	12,668.	COST
27	Other ▶ ( )				
28	Other ▶ ( )				

			Yes	No
29	Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement	29		
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	30a		X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31	X	
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II.			
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.
▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047
2013
Open to Public Inspection

Name of the organization	Employer identification number
ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.	13-2768583

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

THEATRES AND THEATRE-RELATED ORGANIZATIONS FROM ALL FIVE BOROUGHS.

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: DRAFT OF FORM 990 IS SENT TO BOARD MEMBERS FOR REVIEW AND APPROVAL.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: THE ORGANIZATION REQUESTS ALL BOARD MEMBERS AND KEY EMPLOYEES TO COMPLETE AN ANNUAL CONFLICT OF INTEREST POLICY CERTIFICATION. IN ADDITION, BOARD MEMBERS AND KEY EMPLOYEES ARE REQUESTED TO COMPLETE AN ANNUAL FORM 990 DISCLOSURE, WHICH REQUESTS DISCLOSURE OF ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: COMPENSATION OF ALL KEY EMPLOYEES IS DISCUSSED AND APPROVED BY THE BOARD. COMPENSATION IS GENERALLY BASED ON INDUSTRY STANDARD.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: FORM 990 IS AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG AND AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

EXPLANATION: SAME AS PRIOR YEAR, NO CHANGES DURING THE YEAR ENDED JUNE 30, 2014.

Name of the organization ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Employer identification number 13-2768583

FORM 990, PART IV, LINE 26 & SCHEDULE L, PART II

EXPLANATION: THE ORGANIZATION LEASES AND SUB-LEASES OFFICE SPACE TO THE NOT-FOR-PROFIT THEATRE COMMUNITY UNDER NON-CANCELABLE OPERATING LEASES. THE LEASES AND SUB-LEASES ARE ENTERED INTO WITH MEMBER GROUPS OF THE ORGANIZATION. CERTAIN OFFICERS OF THOSE MEMBER GROUPS (NOT-FOR-PROFIT ORGANIZATIONS) ARE ALSO OFFICERS OF THE ORGANIZATION.

SHORT-TERM FINANCING IN THE FORM OF LINES OF CREDIT OR BRIDGE LOANS OF UP TO $50,000 ARE PROVIDED FOR ELIGIBLE MEMBER GROUPS (NOT-FOR-PROFIT ORGANIZATIONS). LOANS ARE ISSUED TO MEMBER GROUPS OF THE ORGANIZATION. CERTAIN OFFICERS OF THOSE MEMBER GROUPS ARE ALSO OFFICERS OF THE ORGANIZATION.

THE RESPECTIVE OFFICERS ARE NOT INVOLVED WITH ANY VOTING RELATED TO TRANSACTIONS BETWEEN THE ORGANIZATION AND THEIR NON-FOR-PROFIT ORGANIZATION (EVEN THOUGH ITS NOT NECESSARY SINCE NO OFFICER CONTROLS THEIR NON-FOR-PROFIT ORGANIZATION.)

SCHEDULE R (Form 990)

Department of the Treasury
Internal Revenue Service

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. ▶ See separate instructions.

▶Information about Schedule R (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No. 1545-0047

2013

Open to Public Inspection

Name of the organization: ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Employer identification number: 13-2768583

Part I **Identification of Disregarded Entities** Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
ART/NY HOLDINGS LLC - 45-3130621 520 8TH AVE RM 319 NEW YORK, NY 10018	THEATRE SPACE RENTAL	NEW YORK	33,297.	9,436.	ALLIANCE OF RESIDENT THEATRES / NEW YORK

Part II **Identification of Related Tax-Exempt Organizations** Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity? Yes	(g) No

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2013

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Part III **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part IV **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.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity? Yes	(i) No

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

			Yes	No
1	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?			
a	Receipt of **(i)** interest **(ii)** annuities **(iii)** royalties or **(iv)** rent from a controlled entity	1a		
b	Gift, grant, or capital contribution to related organization(s)	1b		
c	Gift, grant, or capital contribution from related organization(s)	1c		
d	Loans or loan guarantees to or for related organization(s)	1d		
e	Loans or loan guarantees by related organization(s)	1e		
f	Dividends from related organization(s)	1f		
g	Sale of assets to related organization(s)	1g		
h	Purchase of assets from related organization(s)	1h		
i	Exchange of assets with related organization(s)	1i		
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		
l	Performance of services or membership or fundraising solicitations for related organization(s)	1l		
m	Performance of services or membership or fundraising solicitations by related organization(s)	1m		
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n		
o	Sharing of paid employees with related organization(s)	1o		
p	Reimbursement paid to related organization(s) for expenses	1p		
q	Reimbursement paid by related organization(s) for expenses	1q		
r	Other transfer of cash or property to related organization(s)	1r		
s	Other transfer of cash or property from related organization(s)	1s		

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.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Part VI **Unrelated Organizations Taxable as a Partnership** Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

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 section 512-514)	(e) Are all partners sec. 501(c)(3) orgs.? Yes	(e) No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations? Yes	(h) No	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner? Yes	(j) No	(k) Percentage ownership

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R (see instructions).

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	WEBSITE DESIGN	031301	SL	5.00	16							0.
2	WEBSITE DESIGN	050202	SL	5.00	16							0.
3	BUILDING	012500	SL	39.00	16	1025000.			1025000.	352,617.		26,282.
4	INSITE PROJECT MGMT	022200	SL	39.00	16	25,210.			25,210.	8,614.		646.
5	REMODELING	030300	SL	39.00	16	7,160.			7,160.	2,452.		184.
6	INSITE FEB LABOR	031000	SL	39.00	16	15,665.			15,665.	5,359.		402.
7	ALARM SYSTEM CIRCUIT	031700	SL	39.00	16	4,800.			4,800.	1,630.		123.
8	INSTALLATION PHONE LINE	031400	SL	39.00	16	1,785.			1,785.	613.		46.
9	INSTALLATION	051600	SL	39.00	16	445.			445.	145.		11.
10	INSITE MARCH LABOR	041400	SL	39.00	16	22,034.			22,034.	7,486.		565.
11	INSITE APRIL LABOR	051600	SL	39.00	16	12,053.			12,053.	4,043.		309.
12	INSITE MAY LABOR	062100	SL	39.00	16	13,373.			13,373.	4,459.		343.
13	INSITE JUNE LABOR	063000	SL	39.00	16	10,501.			10,501.	3,498.		269.
14	CIRCUIT INSTALLATION	053100	SL	39.00	16	1,714.			1,714.	576.		44.
15	FLOOR COVERING	022500	SL	39.00	16	17,175.			17,175.	5,868.		440.
16	ARCHITECTURE	030300	SL	39.00	16	5,000.			5,000.	1,707.		128.
17	ROOFING	071100	SL	39.00	16	18,000.			18,000.	6,005.		462.
18	MAILBOXES	032400	SL	39.00	16	1,200.			1,200.	410.		31.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	PROJECT MGMT NETWORK CABLING IN	030100	SL	39.00	16	3,000.			3,000.	1,026.		77.
20	BROOKLYN PROJECT MGMT -	062400	SL	39.00	16	5,148.			5,148.	1,716.		132.
21	INSITE	080800	SL	39.00	16	5,003.			5,003.	1,654.		128.
22	ROOFING PROJECT MGMT -	071100	SL	39.00	16	11,868.			11,868.	3,953.		304.
23	D.WOLF	062701	SL	39.00	16	40,000.			40,000.	12,312.		1,026.
24	LABOR - INSITE	050701	SL	39.00	16	12,431.			12,431.	3,881.		319.
25	ARCHITECTURE	050101	SL	39.00	16	30,155.			30,155.	9,405.		773.
26	BOILER WORK	102300	SL	39.00	16	2,800.			2,800.	912.		72.
27	FUEL OIL WORK	110100	SL	39.00	16	3,000.			3,000.	975.		77.
28	VEN. BOILER WORK	120700	SL	39.00	16	2,000.			2,000.	642.		51.
29	PLUMBING WORK	012601	SL	39.00	16	27,000.			27,000.	8,593.		692.
30	BOILER PROJECT MGMT -	070501	SL	39.00	16	5,000.			5,000.	1,536.		128.
31	INSITE PROJECT MGMT -	072501	SL	39.00	16	2,001.			2,001.	608.		51.
32	D.WOLF	022202	SL	39.00	16	31,000.			31,000.	9,010.		795.
33	ARCHITECTURE - UAI	040402	SL	39.00	16	14,938.			14,938.	4,309.		383.
34	ARCHITECTURE - EWH	061902	SL	39.00	16	826,093.			826,093.	233,002.		21,182.
35	INTERIOR DESIGNED	021502	SL	39.00	16	6,081.			6,081.	1,781.		156.
36	FABRIC	012202	SL	39.00	16	3,957.			3,957.	1,153.		101.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	CABEL INSTALLATION	112701	SL	39.00	16	4,800.			4,800.	1,425.		123.
38	PAINTING	012502	SL	39.00	16	3,700.			3,700.	1,085.		95.
39	AIR MONITORING	012302	SL	39.00	16	7,900.			7,900.	2,317.		203.
40	STORAGE CAGES	020102	SL	39.00	16	6,042.			6,042.	1,770.		155.
41	PROJECT MGMT - D.WOLF	051502	SL	39.00	16	9,000.			9,000.	2,579.		231.
42	PROJECT MGMT - D.WOLF	043002	SL	39.00	16	17,739.			17,739.	5,081.		455.
43	PROJECT MGMT - D.WOLF	053102	SL	39.00	16	6,769.			6,769.	1,928.		174.
44	PROJECT MGMT - D.WOLF	063002	SL	39.00	16	4,946.			4,946.	1,397.		127.
45	COMPUTER EQUIPMENT - 575 8TH	010198	SL	5.00	16							0.
46	COMPUTER EQUIPMENT - 575 8TH	010199	SL	5.00	16							0.
47	COMPUTER EQUIPMENT - 575 8TH	121499	SL	5.00	16							0.
48	COMPUTER EQUIPMENT - 575 8TH	121499	SL	5.00	16							0.
49	COMPUTER EQUIPMENT - 575 8TH	011400	SL	5.00	16							0.
50	COMPUTER EQUIPMENT - 575 8TH	050100	SL	5.00	16							0.
51	COMPUTER EQUIPMENT - 575 8TH	070199	SL	5.00	16							0.
52	COMPUTER EQUIPMENT - 575 8TH	070500	SL	5.00	16							0.
53	COMPUTER EQUIPMENT - 575 8TH	101100	SL	5.00	16							0.
54	COMPUTER EQUIPMENT - 575 8TH	062001	SL	5.00	16							0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	COMPUTER SOFTWARE - 575 8TH	113000	SL	3.00	16							0.
56	FURNITURE & FIXTURE	010198	SL	7.00	16	3,090.			3,090.	3,090.		0.
57	FURNITURE	010199	SL	7.00	16	2,067.			2,067.	2,067.		0.
58	AIR-CONDITIONERS	051100	SL	7.00	16							0.
59	CHAIRS	062600	SL	7.00	16	4,295.			4,295.	4,295.		0.
60	FURNITURE	092800	SL	7.00	16	2,132.			2,132.	2,132.		0.
61	CURTAINS	102500	SL	7.00	16	2,455.			2,455.	2,455.		0.
62	CURTAINS	012401	SL	7.00	16	2,455.			2,455.	2,455.		0.
63	CURTAINS	022801	SL	7.00	16	2,668.			2,668.	2,668.		0.
64	CURTAINS	040501	SL	7.00	16	2,688.			2,688.	2,688.		0.
65	LAND	012500	L			225,000.			225,000.			0.
66	LEASEHOLD IMPROVEMENT - 520 8	063002	SL	20.60	16	583,112.			583,112.	311,366.		28,306.
67	LEASEHOLD IMPROVEMENT - 575 8	041599	SL	9.80	16							0.
68	LEASEHOLD IMPROVEMENT	080700	SL	8.30	16							0.
69	OFFICE EQUIPMENT - COMPUTER 575	010198	SL	5.00	16							0.
70	ARCHITECTURE REPORT	091799	SL	15.00	16	2,903.			2,903.	2,666.		194.
71	TITLE ASSOCITATES	012500	SL	15.00	16	6,191.			6,191.	5,540.		413.
72	ORGANIZATIONAL COSTS	120399	SL	15.00	16	2,139.			2,139.	1,941.		143.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	ORGANIZATIONAL COSTS	012800	SL	15.00	16	4,245.			4,245.	3,797.		283.
74	ORGANIZATIONAL COSTS	102699	SL	15.00	16	4,916.			4,916.	4,482.		328.
75	CAPITAL IMPROVEMENT-SO	123102	SL	39.00	16	44,876.			44,876.	12,085.		1,151.
76	COMPUTER - 520	123102	SL	3.00	16	2,090.			2,090.	2,090.		0.
77	COMPUTER - 575/SO	123102	SL	3.00	16							0.
78	FURNITURE - 575	123102	SL	7.00	16	418.			418.	418.		0.
79	FURNITURE - 520	123102	SL	7.00	16	8,122.			8,122.	8,122.		0.
80	LEASEHOLD IMPROVEMENT-520	123102	SL	20.00	16	2418014.			2418014.	1269460.		120,901.
81	LEASEHOLD IMPROVEMENT-575	123102	SL	6.00	16							0.
82	WEBSITE DESIGN	123102	SL	5.00	16							0.
83	CAPITAL IMPROVEMENT	123102	SL	5.00	16	34,248.			34,248.	34,248.		0.
84	LEASEHOLD IMPROVEMENT - 575	123103	SL	5.00	16							0.
85	OFFICE EQUIPMENT - 575	123103	SL	5.00	16							0.
86	SO OX CAPITAL IMPROVEMENTS - 242	123103	SL	39.00	16	163,252.			163,252.	39,767.		4,186.
87	SO OX COMPUTERS EQUIPMENT - 244	123103	SL	5.00	16							0.
88	LEASEHOLD IMPROVEMENT - 520 8	123103	SL	19.00	16	2,598.			2,598.	1,301.		137.
89	FURNITURE/FIXTURES - 520	123103	SL	7.00	16	3,015.			3,015.	3,015.		0.
90	FURNITURE/FIXTURES - 520	123104	SL	7.00	16	4,440.			4,440.	4,440.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
91	LEASEHOLD IMPROVEMENT - 575	123104	SL	4.00	16							0.
92	OFFICE EQUIPMENT - 575	123104	SL	5.00	16							0.
93	CAPITAL IMPROVEMENT - SO OXFORD	123104	SL	39.00	16	2,900.			2,900.	629.		74.
94	LEASEHOLD IMPROVEMENT - 520 8	123104	SL	18.00	16	11,092.			11,092.	5,236.		616.
95	COMPUTER - 520	123104	SL	5.00	16	2,825.			2,825.	2,825.		0.
96	CAPITAL IMPROVEMENT - 520	123104	SL	18.00	16	2,499.			2,499.	1,181.		139.
97	FURNITURE/FIXTURES - 575	123105	SL	7.00	16	1,816.			1,816.	1,816.		0.
98	OFFICE EQUIPMENT - 575	123105	SL	5.00	16							0.
99	CAPITAL IMPROVEMENT - SO OXFORD	123105	SL	39.00	16	45,327.			45,327.	8,715.		1,162.
100	LEASEHOLD IMPROVEMENT - 520 8	123105	SL	18.00	16	2,775.			2,775.	1,155.		154.
101	COMPUTER - 520	123105	SL	5.00	16	1,988.			1,988.	1,988.		0.
102	OFFICE EQUIPMENT - 575	061107	SL	5.00	16							0.
103	CAPITAL IMPROVEMENT - SO OXFORD	123106	SL	39.00	16	13,338.			13,338.	2,223.		342.
104	LEASEHOLD IMPROVEMENT - 520 8	123106	SL	16.00	16	8,078.			8,078.	3,281.		505.
105	CAPITAL ARCHITECHTUAL FEES	123106	SL	39.00	16	20,592.			20,592.	792.		528.
108	CAPITAL IMPROVEMENT - SO OXFORD	123107	SL	39.00	16	4,177.			4,177.	107.		107.
109	LEASEHOLD IMPROVEMENT - 520 8	123107	SL	15.00	16	14,368.			14,368.	4,790.		958.
110	FURNITURE & FIXTURE	123107	SL	5.00	16	1,189.			1,189.	1,071.		118.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
111	CAPITAL ARCHITECHTUAL FEES	12 31 07	SL	39.00	16	85,651.			85,651.	3,294.		2,196.
114	CAPITAL IMPROVEMENT - SO OXFORD	12 31 08	SL	39.00	16	15,785.			15,785.	405.		405.
115	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12 31 08		.000	16	87,211.			87,211.			0.
116	RENOVATIONS - SOUTH OXFORD	12 31 08	SL	39.00	16	40,606.			40,606.	5,205.		1,041.
117	LEASEHOLD IMPROVEMENTS - 520	12 31 08	SL	14.00	16	1,410.			1,410.	454.		101.
118	COMPUTER - 520	12 31 08	SL	3.00	16	1,251.			1,251.	1,251.		0.
119	ABANDONED 520 CONSTRUCTION COSTS	06 30 09		.000	16							0.
120	ABANDONED ARCHSTONE/CLINTON G	06 30 09		.000	16							0.
121	CAPITAL IMPROVEMENT - SO OXFORD	12 31 09	SL	39.00	16	2,861.			2,861.	73.		73.
122	LEASEHOLD IMPROVEMENT - 520 8	12 31 09	SL	13.00	16	2,050.			2,050.	553.		158.
123	LEASEHOLD IMPROVEMENT - 520 8	12 31 09	SL	13.00	16	4,050.			4,050.	1,113.		312.
124	COMPUTER - 520	12 31 09	SL	5.00	16	10,458.			10,458.	7,516.		2,092.
125	FURNITURE & FIXTURE - 520 8TH	12 31 09	SL	7.00	16	510.			510.	255.		73.
126	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12 31 09		.000	16	192,540.			192,540.			0.
127	FEES - MOSAIC/CLINTON CAPI	12 31 07		.000	16	29,988.			29,988.			0.
128	WEBSITE DESIGN	06 30 10	SL	3.00	16							0.
129	CAPITAL IMPROVEMENT - SO OXFORD	12 31 10	SL	39.00	16	6,360.			6,360.	163.		163.
130	COMPUTER - 520	12 31 10	SL	5.00	16	1,126.			1,126.	563.		225.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
131	RENOVATIONS - SOUTH OXFORD	12311	SL	39.00	16	14,946.			14,946.	575.		383.
132	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12310		.000	16	630,725.			630,725.			0.
133	FURNITURE/FIXTURES - 520	12310	SL	7.00	16	915.			915.	327.		131.
134	RENOVATIONS - SOUTH OXFORD	12311	SL	39.00	16	1246253.			1246253.	47,933.		31,955.
135	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12311		.000	16	519,126.			519,126.			0.
136	COMPUTER - 520	04212	SL	5.00	16	2,400.			2,400.	720.		480.
137	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12312		.000	16	303,225.			303,225.			0.
138	COMPUTER - 520	12312	SL	3.00	16	17,864.			17,864.	2,977.		5,955.
139	COMPUTER - SO OX	12312	SL	3.00	16	7,656.			7,656.	1,276.		2,552.
140	RENOVATIONS - SOUTH OXFORD	12312		.000	16	9,733.			9,733.			0.
141	CAPITAL IMPROVEMENT - SO OXFORD	12312	SL	5.00	16	13,820.			13,820.	1,382.		2,764.
142	CAPITAL IMPROVEMENT - SO OXFORD	12313	SL	5.00	16	3,125.			3,125.			313.
143	FURNITURE/FIXTURES - 520	12313	SL	7.00	16	1,200.			1,200.			86.
144	RENOVATIONS - SOUTH OXFORD	12313		.000	16	63,358.			63,358.			0.
145	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12313		.000	16	71,740.			71,740.			0.
146	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12313		.000	16	25,460.			25,460.			0.
	* TOTAL 990 PAGE 10 DEPR					9351282.		0.	9351282.	2557964.	0.	270,498.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form **4562**

Department of the Treasury
Internal Revenue Service (99)

Depreciation and Amortization 990
(Including Information on Listed Property)

▶ See separate instructions. ▶ Attach to your tax return.

OMB No. 1545-0172

2013

Attachment Sequence No. 179

Name(s) shown on return	Business or activity to which this form relates	Identifying number
ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.	FORM 990 PAGE 10	13-2768583

Part I **Election To Expense Certain Property Under Section 179** Note: *If you have any listed property, complete Part V before you complete Part I.*

1	Maximum amount (see instructions)	1	500,000.
2	Total cost of section 179 property placed in service (see instructions)	2	
3	Threshold cost of section 179 property before reduction in limitation	3	2,000,000.
4	Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-	4	
5	Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions	5	

6	(a) Description of property	(b) Cost (business use only)	(c) Elected cost

7	Listed property. Enter the amount from line 29	7	
8	Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7	8	
9	Tentative deduction. Enter the **smaller** of line 5 or line 8	9	
10	Carryover of disallowed deduction from line 13 of your 2012 Form 4562	10	
11	Business income limitation. Enter the smaller of business income (not less than zero) or line 5	11	
12	Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11	12	
13	Carryover of disallowed deduction to 2014. Add lines 9 and 10, less line 12 ▶	13	

Note: *Do not use Part II or Part III below for listed property. Instead, use Part V.*

Part II **Special Depreciation Allowance and Other Depreciation (Do not** include listed property.)

14	Special depreciation allowance for qualified property (other than listed property) placed in service during the tax year	14	
15	Property subject to section 168(f)(1) election	15	
16	Other depreciation (including ACRS)	16	270,498.

Part III **MACRS Depreciation (Do not** include listed property.) (See instructions.)

Section A

17	MACRS deductions for assets placed in service in tax years beginning before 2013	17	
18	If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here ▶ ☐		

Section B - Assets Placed in Service During 2013 Tax Year Using the General Depreciation System

	(a) Classification of property	(b) Month and year placed in service	(c) Basis for depreciation (business/investment use only - see instructions)	(d) Recovery period	(e) Convention	(f) Method	(g) Depreciation deduction
19a	3-year property						
b	5-year property						
c	7-year property						
d	10-year property						
e	15-year property						
f	20-year property						
g	25-year property			25 yrs.		S/L	
h	Residential rental property	/		27.5 yrs.	MM	S/L	
		/		27.5 yrs.	MM	S/L	
i	Nonresidential real property	/		39 yrs.	MM	S/L	
		/			MM	S/L	

Section C - Assets Placed in Service During 2013 Tax Year Using the Alternative Depreciation System

20a	Class life					S/L	
b	12-year			12 yrs.		S/L	
c	40-year	/		40 yrs.	MM	S/L	

Part IV **Summary** (See instructions.)

21	Listed property. Enter amount from line 28	21	
22	**Total.** Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr.	22	270,498.
23	For assets shown above and placed in service during the current year, enter the portion of the basis attributable to section 263A costs	23	

Part V **Listed Property** (Include automobiles, certain other vehicles, certain computers, and property used for entertainment, recreation, or amusement.)

Note: *For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete* **only** *24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable.*

Section A - Depreciation and Other Information (Caution: *See the instructions for limits for passenger automobiles.*)

24a Do you have evidence to support the business/investment use claimed? ☐ Yes ☐ No 24b If "Yes," is the evidence written? ☐ Yes ☐ No

(a) Type of property (list vehicles first)	(b) Date placed in service	(c) Business/ investment use percentage	(d) Cost or other basis	(e) Basis for depreciation (business/investment use only)	(f) Recovery period	(g) Method/ Convention	(h) Depreciation deduction	(i) Elected section 179 cost
25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use						25		
26 Property used more than 50% in a qualified business use:								
		%						
		%						
		%						
27 Property used 50% or less in a qualified business use:								
		%				S/L -		
		%				S/L -		
		%				S/L -		
28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1						28		
29 Add amounts in column (i), line 26. Enter here and on line 7, page 1							29	

Section B - Information on Use of Vehicles

Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles.

	(a) Vehicle		(b) Vehicle		(c) Vehicle		(d) Vehicle		(e) Vehicle		(f) Vehicle	
30 Total business/investment miles driven during the year (**do not** include commuting miles)												
31 Total commuting miles driven during the year												
32 Total other personal (noncommuting) miles driven												
33 Total miles driven during the year. Add lines 30 through 32												
	Yes	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**	**Yes**	**No**
34 Was the vehicle available for personal use during off-duty hours?												
35 Was the vehicle used primarily by a more than 5% owner or related person?												
36 Is another vehicle available for personal use?												

Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees

Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who **are not** more than 5% owners or related persons.

	Yes	No
37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your employees?		
38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners		
39 Do you treat all use of vehicles by employees as personal use?		
40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received?		
41 Do you meet the requirements concerning qualified automobile demonstration use?		

Note: *If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles.*

Part VI **Amortization**

(a) Description of costs	(b) Date amortization begins	(c) Amortizable amount	(d) Code section	(e) Amortization period or percentage	(f) Amortization for this year
42 Amortization of costs that begins during your 2013 tax year:					
43 Amortization of costs that began before your 2013 tax year				43	
44 **Total.** Add amounts in column (f). See the instructions for where to report				44	

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
1	WEBSITE DESIGN	03 13 01	SL	5.00	16							0.
2	WEBSITE DESIGN	05 02 02	SL	5.00	16							0.
3	BUILDING	01 25 00	SL	39.00	16	1025000.			1025000.	352,617.		26,282.
4	INSITE PROJECT MGMT	02 22 00	SL	39.00	16	25,210.			25,210.	8,614.		646.
5	REMODELING	03 03 00	SL	39.00	16	7,160.			7,160.	2,452.		184.
6	INSITE FEB LABOR	03 10 00	SL	39.00	16	15,665.			15,665.	5,359.		402.
7	ALARM SYSTEM CIRCUIT	03 17 00	SL	39.00	16	4,800.			4,800.	1,630.		123.
8	INSTALLATION PHONE LINE	03 14 00	SL	39.00	16	1,785.			1,785.	613.		46.
9	INSTALLATION	05 16 00	SL	39.00	16	445.			445.	145.		11.
10	INSITE MARCH LABOR	04 14 00	SL	39.00	16	22,034.			22,034.	7,486.		565.
11	INSITE APRIL LABOR	05 16 00	SL	39.00	16	12,053.			12,053.	4,043.		309.
12	INSITE MAY LABOR	06 21 00	SL	39.00	16	13,373.			13,373.	4,459.		343.
13	INSITE JUNE LABOR	06 30 00	SL	39.00	16	10,501.			10,501.	3,498.		269.
14	CIRCUIT INSTALLATION	05 31 00	SL	39.00	16	1,714.			1,714.	576.		44.
15	FLOOR COVERING	02 25 00	SL	39.00	16	17,175.			17,175.	5,868.		440.
16	ARCHITECTURE	03 03 00	SL	39.00	16	5,000.			5,000.	1,707.		128.
17	ROOFING	07 11 00	SL	39.00	16	18,000.			18,000.	6,005.		462.
18	MAILBOXES	03 24 00	SL	39.00	16	1,200.			1,200.	410.		31.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
19	PROJECT MGMT NETWORK CABLING IN	03 01 00	SL	39.00	16	3,000.			3,000.	1,026.		77.
20	BROOKLYN	06 24 00	SL	39.00	16	5,148.			5,148.	1,716.		132.
21	PROJECT MGMT - INSITE	08 08 00	SL	39.00	16	5,003.			5,003.	1,654.		128.
22	ROOFING	07 11 00	SL	39.00	16	11,868.			11,868.	3,953.		304.
23	PROJECT MGMT - D.WOLF	06 27 01	SL	39.00	16	40,000.			40,000.	12,312.		1,026.
24	LABOR - INSITE	05 07 01	SL	39.00	16	12,431.			12,431.	3,881.		319.
25	ARCHITECTURE	05 01 01	SL	39.00	16	30,155.			30,155.	9,405.		773.
26	BOILER WORK	10 23 00	SL	39.00	16	2,800.			2,800.	912.		72.
27	FUEL OIL WORK	11 01 00	SL	39.00	16	3,000.			3,000.	975.		77.
28	VEN. BOILER WORK	12 07 00	SL	39.00	16	2,000.			2,000.	642.		51.
29	PLUMBING WORK	01 26 01	SL	39.00	16	27,000.			27,000.	8,593.		692.
30	BOILER	07 05 01	SL	39.00	16	5,000.			5,000.	1,536.		128.
31	PROJECT MGMT - INSITE	07 25 01	SL	39.00	16	2,001.			2,001.	608.		51.
32	PROJECT MGMT - D.WOLF	02 22 02	SL	39.00	16	31,000.			31,000.	9,010.		795.
33	ARCHITECTURE - UAI	04 04 02	SL	39.00	16	14,938.			14,938.	4,309.		383.
34	ARCHITECTURE - EWH	06 19 02	SL	39.00	16	826,093.			826,093.	233,002.		21,182.
35	INTERIOR DESIGNED	02 15 02	SL	39.00	16	6,081.			6,081.	1,781.		156.
36	FABRIC	01 22 02	SL	39.00	16	3,957.			3,957.	1,153.		101.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
37	CABEL INSTALLATION	11 27 01	SL	39.00	16	4,800.			4,800.	1,425.		123.
38	PAINTING	01 25 02	SL	39.00	16	3,700.			3,700.	1,085.		95.
39	AIR MONITORING	01 23 02	SL	39.00	16	7,900.			7,900.	2,317.		203.
40	STORAGE CAGES	02 01 02	SL	39.00	16	6,042.			6,042.	1,770.		155.
41	PROJECT MGMT - D.WOLF	05 15 02	SL	39.00	16	9,000.			9,000.	2,579.		231.
42	PROJECT MGMT - D.WOLF	04 30 02	SL	39.00	16	17,739.			17,739.	5,081.		455.
43	PROJECT MGMT - D.WOLF	05 31 02	SL	39.00	16	6,769.			6,769.	1,928.		174.
44	PROJECT MGMT - D.WOLF	06 30 02	SL	39.00	16	4,946.			4,946.	1,397.		127.
45	COMPUTER EQUIPMENT - 575 8TH	01 01 98	SL	5.00	16							0.
46	COMPUTER EQUIPMENT - 575 8TH	01 01 99	SL	5.00	16							0.
47	COMPUTER EQUIPMENT - 575 8TH	12 14 99	SL	5.00	16							0.
48	COMPUTER EQUIPMENT - 575 8TH	12 14 99	SL	5.00	16							0.
49	COMPUTER EQUIPMENT - 575 8TH	01 14 00	SL	5.00	16							0.
50	COMPUTER EQUIPMENT - 575 8TH	05 01 00	SL	5.00	16							0.
51	COMPUTER EQUIPMENT - 575 8TH	07 01 99	SL	5.00	16							0.
52	COMPUTER EQUIPMENT - 575 8TH	07 05 00	SL	5.00	16							0.
53	COMPUTER EQUIPMENT - 575 8TH	10 11 00	SL	5.00	16							0.
54	COMPUTER EQUIPMENT - 575 8TH	06 20 01	SL	5.00	16							0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
55	COMPUTER SOFTWARE - 575 8TH	113000	SL	3.00	16							0.
56	FURNITURE & FIXTURE	010198	SL	7.00	16	3,090.			3,090.	3,090.		0.
57	FURNITURE	010199	SL	7.00	16	2,067.			2,067.	2,067.		0.
58	AIR-CONDITIONERS	051100	SL	7.00	16							0.
59	CHAIRS	062600	SL	7.00	16	4,295.			4,295.	4,295.		0.
60	FURNITURE	092800	SL	7.00	16	2,132.			2,132.	2,132.		0.
61	CURTAINS	102500	SL	7.00	16	2,455.			2,455.	2,455.		0.
62	CURTAINS	012401	SL	7.00	16	2,455.			2,455.	2,455.		0.
63	CURTAINS	022801	SL	7.00	16	2,668.			2,668.	2,668.		0.
64	CURTAINS	040501	SL	7.00	16	2,688.			2,688.	2,688.		0.
65	LAND	012500	L			225,000.			225,000.			0.
66	LEASEHOLD IMPROVEMENT - 520 8	063002	SL	20.60	16	583,112.			583,112.	311,366.		28,306.
67	LEASEHOLD IMPROVEMENT - 575 8	041599	SL	9.80	16							0.
68	LEASEHOLD IMPROVEMENT	080700	SL	8.30	16							0.
69	OFFICE EQUIPMENT - COMPUTER 575	010198	SL	5.00	16							0.
70	ARCHITECTURE REPORT	091799	SL	15.00	16	2,903.			2,903.	2,666.		194.
71	TITLE ASSOCITATES	012500	SL	15.00	16	6,191.			6,191.	5,540.		413.
72	ORGANIZATIONAL COSTS	120399	SL	15.00	16	2,139.			2,139.	1,941.		143.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
73	ORGANIZATIONAL COSTS	01 28 00	SL	15.00	16	4,245.			4,245.	3,797.		283.
74	ORGANIZATIONAL COSTS	10 26 99	SL	15.00	16	4,916.			4,916.	4,482.		328.
75	CAPITAL IMPROVEMENT-SO	12 31 02	SL	39.00	16	44,876.			44,876.	12,085.		1,151.
76	COMPUTER - 520	12 31 02	SL	3.00	16	2,090.			2,090.	2,090.		0.
77	COMPUTER - 575/SO	12 31 02	SL	3.00	16							0.
78	FURNITURE - 575	12 31 02	SL	7.00	16	418.			418.	418.		0.
79	FURNITURE - 520	12 31 02	SL	7.00	16	8,122.			8,122.	8,122.		0.
80	LEASEHOLD IMPROVEMENT-520	12 31 02	SL	20.00	16	2418014.			2418014.	1269460.		120,901.
81	LEASEHOLD IMPROVEMENT-575	12 31 02	SL	6.00	16							0.
82	WEBSITE DESIGN	12 31 02	SL	5.00	16							0.
83	CAPITAL IMPROVEMENT	12 31 02	SL	5.00	16	34,248.			34,248.	34,248.		0.
84	LEASEHOLD IMPROVEMENT - 575	12 31 03	SL	5.00	16							0.
85	OFFICE EQUIPMENT - 575	12 31 03	SL	5.00	16							0.
86	SO OX CAPITAL IMPROVEMENTS - 242	12 31 03	SL	39.00	16	163,252.			163,252.	39,767.		4,186.
87	SO OX COMPUTERS EQUIPMENT - 244	12 31 03	SL	5.00	16							0.
88	LEASEHOLD IMPROVEMENT - 520 8	12 31 03	SL	19.00	16	2,598.			2,598.	1,301.		137.
89	FURNITURE/FIXTURES - 520	12 31 03	SL	7.00	16	3,015.			3,015.	3,015.		0.
90	FURNITURE/FIXTURES - 520	12 31 04	SL	7.00	16	4,440.			4,440.	4,440.		0.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
91	LEASEHOLD IMPROVEMENT - 575	123104	SL	4.00	16							0.
92	OFFICE EQUIPMENT - 575	123104	SL	5.00	16							0.
93	CAPITAL IMPROVEMENT - SO OXFORD	123104	SL	39.00	16	2,900.			2,900.	629.		74.
94	LEASEHOLD IMPROVEMENT - 520 8	123104	SL	18.00	16	11,092.			11,092.	5,236.		616.
95	COMPUTER - 520	123104	SL	5.00	16	2,825.			2,825.	2,825.		0.
96	CAPITAL IMPROVEMENT - 520	123104	SL	18.00	16	2,499.			2,499.	1,181.		139.
97	FURNITURE/FIXTURES - 575	123105	SL	7.00	16	1,816.			1,816.	1,816.		0.
98	OFFICE EQUIPMENT - 575	123105	SL	5.00	16							0.
99	CAPITAL IMPROVEMENT - SO OXFORD	123105	SL	39.00	16	45,327.			45,327.	8,715.		1,162.
100	LEASEHOLD IMPROVEMENT - 520 8	123105	SL	18.00	16	2,775.			2,775.	1,155.		154.
101	COMPUTER - 520	123105	SL	5.00	16	1,988.			1,988.	1,988.		0.
102	OFFICE EQUIPMENT - 575	061107	SL	5.00	16							0.
103	CAPITAL IMPROVEMENT - SO OXFORD	123106	SL	39.00	16	13,338.			13,338.	2,223.		342.
104	LEASEHOLD IMPROVEMENT - 520 8	123106	SL	16.00	16	8,078.			8,078.	3,281.		505.
105	CAPITAL ARCHITECHTUAL FEES	123106	SL	39.00	16	20,592.			20,592.	792.		528.
108	CAPITAL IMPROVEMENT - SO OXFORD	123107	SL	39.00	16	4,177.			4,177.	107.		107.
109	LEASEHOLD IMPROVEMENT - 520 8	123107	SL	15.00	16	14,368.			14,368.	4,790.		958.
110	FURNITURE & FIXTURE	123107	SL	5.00	16	1,189.			1,189.	1,071.		118.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

- CURRENT YEAR FEDERAL - ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
111	CAPITAL ARCHITECHTUAL FEES	12 31 07	SL	39.00	16	85,651.			85,651.	3,294.		2,196.
114	CAPITAL IMPROVEMENT - SO OXFORD	12 31 08	SL	39.00	16	15,785.			15,785.	405.		405.
115	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12 31 08		.000	16	87,211.			87,211.			0.
116	RENOVATIONS - SOUTH OXFORD	12 31 08	SL	39.00	16	40,606.			40,606.	5,205.		1,041.
117	LEASEHOLD IMPROVEMENTS - 520	12 31 08	SL	14.00	16	1,410.			1,410.	454.		101.
118	COMPUTER - 520	12 31 08	SL	3.00	16	1,251.			1,251.	1,251.		0.
119	ABANDONED 520 CONSTRUCTION COSTS	06 30 09		.000	16							0.
120	ABANDONED ARCHSTONE/CLINTON G	06 30 09		.000	16							0.
121	CAPITAL IMPROVEMENT - SO OXFORD	12 31 09	SL	39.00	16	2,861.			2,861.	73.		73.
122	LEASEHOLD IMPROVEMENT - 520 8	12 31 09	SL	13.00	16	2,050.			2,050.	553.		158.
123	LEASEHOLD IMPROVEMENT - 520 8	12 31 09	SL	13.00	16	4,050.			4,050.	1,113.		312.
124	COMPUTER - 520	12 31 09	SL	5.00	16	10,458.			10,458.	7,516.		2,092.
125	FURNITURE & FIXTURE - 520 8TH	12 31 09	SL	7.00	16	510.			510.	255.		73.
126	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12 31 09		.000	16	192,540.			192,540.			0.
127	FEES - MOSAIC/CLINTON CAPI	12 31 07		.000	16	29,988.			29,988.			0.
128	WEBSITE DESIGN	06 30 10	SL	3.00	16							0.
129	CAPITAL IMPROVEMENT - SO OXFORD	12 31 10	SL	39.00	16	6,360.			6,360.	163.		163.
130	COMPUTER - 520	12 31 10	SL	5.00	16	1,126.			1,126.	563.		225.

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

2013 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
131	RENOVATIONS - SOUTH OXFORD	12311	SL	39.00	16	14,946.			14,946.	575.		383.
132	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12310		.000	16	630,725.			630,725.			0.
133	FURNITURE/FIXTURES - 520	12310	SL	7.00	16	915.			915.	327.		131.
134	RENOVATIONS - SOUTH OXFORD	12311	SL	39.00	16	1246253.			1246253.	47,933.		31,955.
135	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12311		.000	16	519,126.			519,126.			0.
136	COMPUTER - 520	04212	SL	5.00	16	2,400.			2,400.	720.		480.
137	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12312		.000	16	303,225.			303,225.			0.
138	COMPUTER - 520	12312	SL	3.00	16	17,864.			17,864.	2,977.		5,955.
139	COMPUTER - SO OX	12312	SL	3.00	16	7,656.			7,656.	1,276.		2,552.
140	RENOVATIONS - SOUTH OXFORD	12312		.000	16	9,733.			9,733.			0.
141	CAPITAL IMPROVEMENT - SO OXFORD	12312	SL	5.00	16	13,820.			13,820.	1,382.		2,764.
142	CAPITAL IMPROVEMENT - SO OXFORD	12313	SL	5.00	16	3,125.			3,125.			313.
143	FURNITURE/FIXTURES - 520	12313	SL	7.00	16	1,200.			1,200.			86.
144	RENOVATIONS - SOUTH OXFORD	12313		.000	16	63,358.			63,358.			0.
145	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12313		.000	16	71,740.			71,740.			0.
146	CAPITAL PROJECT - ARCHSTONE/CLINTON G	12313		.000	16	25,460.			25,460.			0.
	* TOTAL 990 PAGE 10 DEPR					9351282.		0.	9351282.	2557964.	0.	270,498.

328102
05-01-13

(D) - Asset disposed

* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction

Form **8868**
(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number Employer identification number (EIN) or
	ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.	13-2768583
	Number, street, and room or suite no. If a P.O. box, see instructions. 520 EIGHTH AVENUE, NO. 319	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Enter the Return code for the return that this application is for (file a separate application for each return) ▶ 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ GUY YARDEN 520 EIGHTH AVENUE - NEW YORK, NY 10018
  Telephone No. ▶ (212)244-6667 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2013, and ending JUN 30, 2014.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

- NEXT YEAR FEDERAL - ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
1	WEBSITE DESIGN	03 13 01	SL	5.00					0.
2	WEBSITE DESIGN	05 02 02	SL	5.00					0.
3	BUILDING	01 25 00	SL	39.00	1025000.		1025000.	378,899.	26,282.
4	INSITE PROJECT MGMT	02 22 00	SL	39.00	25,210.		25,210.	9,260.	646.
5	REMODELING	03 03 00	SL	39.00	7,160.		7,160.	2,636.	184.
6	INSITE FEB LABOR	03 10 00	SL	39.00	15,665.		15,665.	5,761.	402.
7	ALARM SYSTEM	03 17 00	SL	39.00	4,800.		4,800.	1,753.	123.
8	CIRCUIT INSTALLATION	03 14 00	SL	39.00	1,785.		1,785.	659.	46.
9	PHONE LINE INSTALLATION	05 16 00	SL	39.00	445.		445.	156.	11.
10	INSITE MARCH LABOR	04 14 00	SL	39.00	22,034.		22,034.	8,051.	565.
11	INSITE APRIL LABOR	05 16 00	SL	39.00	12,053.		12,053.	4,352.	309.
12	INSITE MAY LABOR	06 21 00	SL	39.00	13,373.		13,373.	4,802.	343.
13	INSITE JUNE LABOR	06 30 00	SL	39.00	10,501.		10,501.	3,767.	269.
14	CIRCUIT INSTALLATION	05 31 00	SL	39.00	1,714.		1,714.	620.	44.
15	FLOOR COVERING	02 25 00	SL	39.00	17,175.		17,175.	6,308.	440.
16	ARCHITECTURE	03 03 00	SL	39.00	5,000.		5,000.	1,835.	128.
17	ROOFING	07 11 00	SL	39.00	18,000.		18,000.	6,467.	462.
18	MAILBOXES	03 24 00	SL	39.00	1,200.		1,200.	441.	31.
19	PROJECT MGMT	03 01 00	SL	39.00	3,000.		3,000.	1,103.	77.
20	NETWORK CABLING IN BROOKLYN	06 24 00	SL	39.00	5,148.		5,148.	1,848.	132.
21	PROJECT MGMT - INSITE	08 08 00	SL	39.00	5,003.		5,003.	1,782.	128.
22	ROOFING	07 11 00	SL	39.00	11,868.		11,868.	4,257.	304.
23	PROJECT MGMT - D.WOLF	06 27 01	SL	39.00	40,000.		40,000.	13,338.	1,026.
24	LABOR - INSITE	05 07 01	SL	39.00	12,431.		12,431.	4,200.	319.
25	ARCHITECTURE	05 01 01	SL	39.00	30,155.		30,155.	10,178.	773.
26	BOILER WORK	10 23 00	SL	39.00	2,800.		2,800.	984.	72.
27	FUEL OIL WORK	11 01 00	SL	39.00	3,000.		3,000.	1,052.	77.
28	VEN. BOILER WORK	12 07 00	SL	39.00	2,000.		2,000.	693.	51.
29	PLUMBING WORK	01 26 01	SL	39.00	27,000.		27,000.	9,285.	692.
30	BOILER	07 05 01	SL	39.00	5,000.		5,000.	1,664.	128.
31	PROJECT MGMT - INSITE	07 25 01	SL	39.00	2,001.		2,001.	659.	51.
32	PROJECT MGMT - D.WOLF	02 22 02	SL	39.00	31,000.		31,000.	9,805.	795.
33	ARCHITECTURE - UAI	04 04 02	SL	39.00	14,938.		14,938.	4,692.	383.
34	ARCHITECTURE - EWH	06 19 02	SL	39.00	826,093.		826,093.	254,184.	21,182.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
35	INTERIOR DESIGNED	02 15 02	SL	39.00	6,081.		6,081.	1,937.	156.
36	FABRIC	01 22 02	SL	39.00	3,957.		3,957.	1,254.	101.
37	CABEL INSTALLATION	11 27 01	SL	39.00	4,800.		4,800.	1,548.	123.
38	PAINTING	01 25 02	SL	39.00	3,700.		3,700.	1,180.	95.
39	AIR MONITORING	01 23 02	SL	39.00	7,900.		7,900.	2,520.	203.
40	STORAGE CAGES	02 01 02	SL	39.00	6,042.		6,042.	1,925.	155.
41	PROJECT MGMT - D.WOLF	05 15 02	SL	39.00	9,000.		9,000.	2,810.	231.
42	PROJECT MGMT - D.WOLF	04 30 02	SL	39.00	17,739.		17,739.	5,536.	455.
43	PROJECT MGMT - D.WOLF	05 31 02	SL	39.00	6,769.		6,769.	2,102.	174.
44	PROJECT MGMT - D.WOLF	06 30 02	SL	39.00	4,946.		4,946.	1,524.	127.
45	COMPUTER EQUIPMENT - 575 8TH	01 01 98	SL	5.00					0.
46	COMPUTER EQUIPMENT - 575 8TH	01 01 99	SL	5.00					0.
47	COMPUTER EQUIPMENT - 575 8TH	12 14 99	SL	5.00					0.
48	COMPUTER EQUIPMENT - 575 8TH	12 14 99	SL	5.00					0.
49	COMPUTER EQUIPMENT - 575 8TH	01 14 00	SL	5.00					0.
50	COMPUTER EQUIPMENT - 575 8TH	05 01 00	SL	5.00					0.
51	COMPUTER EQUIPMENT - 575 8TH	07 01 99	SL	5.00					0.
52	COMPUTER EQUIPMENT - 575 8TH	07 05 00	SL	5.00					0.
53	COMPUTER EQUIPMENT - 575 8TH	10 11 00	SL	5.00					0.
54	COMPUTER EQUIPMENT - 575 8TH	06 20 01	SL	5.00					0.
55	COMPUTER SOFTWARE - 575 8TH	11 30 00	SL	3.00					0.
56	FURNITURE & FIXTURE	01 01 98	SL	7.00	3,090.		3,090.	3,090.	0.
57	FURNITURE	01 01 99	SL	7.00	2,067.		2,067.	2,067.	0.
58	AIR-CONDITIONERS	05 11 00	SL	7.00					0.
59	CHAIRS	06 26 00	SL	7.00	4,295.		4,295.	4,295.	0.
60	FURNITURE	09 28 00	SL	7.00	2,132.		2,132.	2,132.	0.
61	CURTAINS	10 25 00	SL	7.00	2,455.		2,455.	2,455.	0.
62	CURTAINS	01 24 01	SL	7.00	2,455.		2,455.	2,455.	0.
63	CURTAINS	02 28 01	SL	7.00	2,668.		2,668.	2,668.	0.
64	CURTAINS	04 05 01	SL	7.00	2,688.		2,688.	2,688.	0.
65	LAND	01 25 00	L		225,000.		225,000.		0.
66	LEASEHOLD IMPROVEMENT - 520 8TH	06 30 02	SL	20.60	583,112.		583,112.	339,672.	28,306.
67	LEASEHOLD IMPROVEMENT - 575 8TH	04 15 99	SL	9.80					0.
68	LEASEHOLD IMPROVEMENT	08 07 00	SL	8.30					0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
69	OFFICE EQUIPMENT - COMPUTER 575	01 01 98	SL	5.00					0.
70	ARCHITECTURE REPORT	09 17 99	SL	15.00	2,903.		2,903.	2,860.	43.
71	TITLE ASSOCITATES	01 25 00	SL	15.00	6,191.		6,191.	5,953.	238.
72	ORGANIZATIONAL COSTS	12 03 99	SL	15.00	2,139.		2,139.	2,084.	55.
73	ORGANIZATIONAL COSTS	01 28 00	SL	15.00	4,245.		4,245.	4,080.	165.
74	ORGANIZATIONAL COSTS	10 26 99	SL	15.00	4,916.		4,916.	4,810.	106.
75	CAPITAL IMPROVEMENT-SO	12 31 02	SL	39.00	44,876.		44,876.	13,236.	1,151.
76	COMPUTER - 520	12 31 02	SL	3.00	2,090.		2,090.	2,090.	0.
77	COMPUTER - 575/SO	12 31 02	SL	3.00					0.
78	FURNITURE - 575	12 31 02	SL	7.00	418.		418.	418.	0.
79	FURNITURE - 520	12 31 02	SL	7.00	8,122.		8,122.	8,122.	0.
80	LEASEHOLD IMPROVEMENT-520	12 31 02	SL	20.00	2418014.		2418014.	1390361.	120,901.
81	LEASEHOLD IMPROVEMENT-575	12 31 02	SL	6.00					0.
82	WEBSITE DESIGN	12 31 02	SL	5.00					0.
83	CAPITAL IMPROVEMENT	12 31 02	SL	5.00	34,248.		34,248.	34,248.	0.
84	LEASEHOLD IMPROVEMENT - 575	12 31 03	SL	5.00					0.
85	OFFICE EQUIPMENT - 575	12 31 03	SL	5.00					0.
86	SO OX CAPITAL IMPROVEMENTS - 242	12 31 03	SL	39.00	163,252.		163,252.	43,953.	4,186.
87	SO OX COMPUTERS EQUIPMENT - 244	12 31 03	SL	5.00					0.
88	LEASEHOLD IMPROVEMENT - 520 8TH	12 31 03	SL	19.00	2,598.		2,598.	1,438.	137.
89	FURNITURE/FIXTURES - 520	12 31 03	SL	7.00	3,015.		3,015.	3,015.	0.
90	FURNITURE/FIXTURES - 520	12 31 04	SL	7.00	4,440.		4,440.	4,440.	0.
91	LEASEHOLD IMPROVEMENT - 575	12 31 04	SL	4.00					0.
92	OFFICE EQUIPMENT - 575	12 31 04	SL	5.00					0.
93	CAPITAL IMPROVEMENT - SO OXFORD	12 31 04	SL	39.00	2,900.		2,900.	703.	74.
94	LEASEHOLD IMPROVEMENT - 520 8TH	12 31 04	SL	18.00	11,092.		11,092.	5,852.	616.
95	COMPUTER - 520	12 31 04	SL	5.00	2,825.		2,825.	2,825.	0.
96	CAPITAL IMPROVEMENT - 520	12 31 04	SL	18.00	2,499.		2,499.	1,320.	139.
97	FURNITURE/FIXTURES - 575	12 31 05	SL	7.00	1,816.		1,816.	1,816.	0.
98	OFFICE EQUIPMENT - 575	12 31 05	SL	5.00					0.
99	CAPITAL IMPROVEMENT - SO OXFORD	12 31 05	SL	39.00	45,327.		45,327.	9,877.	1,162.
100	LEASEHOLD IMPROVEMENT - 520 8TH	12 31 05	SL	18.00	2,775.		2,775.	1,309.	154.
101	COMPUTER - 520	12 31 05	SL	5.00	1,988.		1,988.	1,988.	0.
102	OFFICE EQUIPMENT - 575	06 11 07	SL	5.00					0.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
103	CAPITAL IMPROVEMENT - SO OXFORD	12 31 06	SL	39.00	13,338.		13,338.	2,565.	342.
104	LEASEHOLD IMPROVEMENT - 520 8TH	12 31 06	SL	16.00	8,078.		8,078.	3,786.	505.
105	CAPITAL ARCHITECHTUAL FEES - SOUTH OXFORD	12 31 06	SL	39.00	20,592.		20,592.	1,320.	528.
108	CAPITAL IMPROVEMENT - SO OXFORD	12 31 07	SL	39.00	4,177.		4,177.	214.	107.
109	LEASEHOLD IMPROVEMENT - 520 8TH	12 31 07	SL	15.00	14,368.		14,368.	5,748.	958.
110	FURNITURE & FIXTURE	12 31 07	SL	5.00	1,189.		1,189.	1,189.	0.
111	CAPITAL ARCHITECHTUAL FEES - SOUTH OXFORD	12 31 07	SL	39.00	85,651.		85,651.	5,490.	2,196.
114	CAPITAL IMPROVEMENT - SO OXFORD	12 31 08	SL	39.00	15,785.		15,785.	810.	405.
115	CAPITAL PROJECT - ARCHSTONE/CLINTON GREEN	12 31 08		.000	87,211.		87,211.		0.
116	RENOVATIONS - SOUTH OXFORD	12 31 08	SL	39.00	40,606.		40,606.	6,246.	1,041.
117	LEASEHOLD IMPROVEMENTS - 520	12 31 08	SL	14.00	1,410.		1,410.	555.	101.
118	COMPUTER - 520	12 31 08	SL	3.00	1,251.		1,251.	1,251.	0.
119	ABANDONED 520 CONSTRUCTION COSTS	06 30 09		.000					0.
120	ABANDONED ARCHSTONE/CLINTON GREEN CONSTRUCTION COSTS	06 30 09		.000					0.
121	CAPITAL IMPROVEMENT - SO OXFORD	12 31 09	SL	39.00	2,861.		2,861.	146.	73.
122	LEASEHOLD IMPROVEMENT - 520 8TH	12 31 09	SL	13.00	2,050.		2,050.	711.	158.
123	LEASEHOLD IMPROVEMENT - 520 8TH	12 31 09	SL	13.00	4,050.		4,050.	1,425.	312.
124	COMPUTER - 520	12 31 09	SL	5.00	10,458.		10,458.	9,608.	850.
125	FURNITURE & FIXTURE - 520 8TH	12 31 09	SL	7.00	510.		510.	328.	73.
126	CAPITAL PROJECT - ARCHSTONE/CLINTON GREEN	12 31 09		.000	192,540.		192,540.		0.
127	FEES - MOSAIC/CLINTON CAPITAL IMPROVEMENT	12 31 07		.000	29,988.		29,988.		0.
128	WEBSITE DESIGN	06 30 10	SL	3.00					0.
129	CAPITAL IMPROVEMENT - SO OXFORD	12 31 10	SL	39.00	6,360.		6,360.	326.	163.
130	COMPUTER - 520	12 31 10	SL	5.00	1,126.		1,126.	788.	225.
131	RENOVATIONS - SOUTH OXFORD	12 31 11	SL	39.00	14,946.		14,946.	958.	383.
132	CAPITAL PROJECT - ARCHSTONE/CLINTON GREEN	12 31 10		.000	630,725.		630,725.		0.
133	FURNITURE/FIXTURES - 520	12 31 10	SL	7.00	915.		915.	458.	131.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

- NEXT YEAR FEDERAL - ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
134	RENOVATIONS - SOUTH OXFORD	12311	SL	39.00	1246253.		1246253.	79,888.	31,955.
	CAPITAL PROJECT - ARCHSTONE/CLINTON								
135	GREEN	12311		.000	519,126.		519,126.		0.
136	COMPUTER - 520	04122	SL	5.00	2,400.		2,400.	1,200.	480.
	CAPITAL PROJECT - ARCHSTONE/CLINTON								
137	GREEN	12312		.000	303,225.		303,225.		0.
138	COMPUTER - 520	12312	SL	3.00	17,864.		17,864.	8,932.	5,955.
139	COMPUTER - SO OX	12312	SL	3.00	7,656.		7,656.	3,828.	2,552.
140	RENOVATIONS - SOUTH OXFORD	12312		.000	9,733.		9,733.		0.
141	CAPITAL IMPROVEMENT - SO OXFORD	12312	SL	5.00	13,820.		13,820.	4,146.	2,764.
142	CAPITAL IMPROVEMENT - SO OXFORD	12313	SL	5.00	3,125.		3,125.	313.	625.
143	FURNITURE/FIXTURES - 520	12313	SL	7.00	1,200.		1,200.	86.	171.
144	RENOVATIONS - SOUTH OXFORD	12313		.000	63,358.		63,358.		0.
	CAPITAL PROJECT - ARCHSTONE/CLINTON								
145	GREEN	12313		.000	71,740.		71,740.		0.
	CAPITAL PROJECT - ARCHSTONE/CLINTON								
146	GREEN	12313		.000	25,460.		25,460.		0.
	* TOTAL 990 PAGE 10 DEPR				9351282.		9351282.	2828462.	268,781.

(D) - Asset disposed

* ITC, Section 179, Salvage, HR 3090, Commercial Revitalization Deduction, GO Zone

Department of Treasury
Internal Revenue Service
Ogden UT 84201

Notice	CP211A
Tax period	June 30, 2014
Notice date	November 24, 2014
Employer ID number	13-2768583
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

005431.506686.280338.14135 1 AV 0.381 370

ALLIANCE OF RESIDENT THEATRES NEW
YORK INC
520 8TH AVE RM 319
NEW YORK NY 10018-8654

005431

Important information about your June 30, 2014 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your June 30, 2014 Form 990.

Your new due date is February 15, 2015.

What you need to do

File your June 30, 2014 Form 990 by February 15, 2015. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.

Form **8868**
(Rev. January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.**

OMB No. 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number Employer identification number (EIN) or
	ALLIANCE OF RESIDENT THEATRES / NEW YORK, INC.	13-2768583
	Number, street, and room or suite no. If a P.O. box, see instructions. 520 EIGHTH AVENUE, NO. 319	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10018	

Enter the Return code for the return that this application is for (file a separate application for each return) ▶ 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ GUY YARDEN 520 EIGHTH AVENUE - NEW YORK, NY 10018
  Telephone No. ▶ (212)244-6667 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ]. If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2015, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ [ ] calendar year _____ or
▶ [X] tax year beginning JUL 1, 2013, and ending JUN 30, 2014.

2 If the tax year entered in line 1 is for less than 12 months, check reason: [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	$	0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	$	0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

Product: Exempt Extension
Category:
Name: ALLIANCE OF RESIDENT THEATRES /
IRS Center: Ogden
e-Postmark: 11/3/2014 2:25:24 PM
FEIN: 13-2768583
Notification:
Fiscal Year Begin Date: 7/1/2013
Fiscal Year End Date: 6/30/2014

DCN	Date	Type Of Activity	Submission ID	Refund/(Due)	Updated By
	10/31/2014	Upload Started			
	10/31/2014	Ready to Release by Customer			
	11/3/2014	Released for Transmission - Validation in Progress			132685
	11/3/2014	Ready to transmit - Validation Complete			
	11/3/2014	Transmitted to FD	13063120143070338e73		
	11/3/2014	Accepted by FD on 11/3/2014			