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)

OMB No. 1545-0047

▶ 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.

Open to Public Inspection

Α	or the	e 2014 calendar year, or tax year beginning JUL I, ZUI4 and e	ending J	<u>UN 30, ∠UI5</u>	
В	Check if applicabl	C Name of organization		D Employer identifi	cation number
	Addre				
	Name chang	Doing business as		13-3	630066
	Initial return Final return		Room/suite	E Telephone numbe 212-	r 531-5300
	termin ated	City or town, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	15,899,448.
	Amen	ded NEW YORK NY 10027		H(a) Is this a group re	
	Applic			for subordinates	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	
$\overline{\Gamma}$	Tax-ex	empt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) o	or 527	1	list. (see instructions)
J	Websi	te: WWW.APOLLOTHEATER.ORG		H(c) Group exemptio	n number
K	orm of	forganization: X Corporation Trust Association Other	L Year	of formation: 1991 N	A State of legal domicile: NY
P	art I	Summary			
Φ	1	Briefly describe the organization's mission or most significant activities: SEE S	SCHEDU	LE O	
Governance					
rr.	2	Check this box if the organization discontinued its operations or dispos	sed of more	than 25% of its net as	
ŏ	3	Number of voting members of the governing body (Part VI, line 1a)		3	32
ه ص	4	Number of independent voting members of the governing body (Part VI, line 1b) .		4	31
es	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)		5	367
ΣĖ	6	Total number of volunteers (estimate if necessary)		6	31
Activities	7 a	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	-250.
				Prior Year	Current Year
ě	8	Contributions and grants (Part VIII, line 1h)		8,067,499.	
ēn	1	Program service revenue (Part VIII, line 2g)		5,069,755.	
Revenue		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,673,648.	2,896,450.
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		300,423.	306,558.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) .		16,111,325.	14,811,878.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\scriptscriptstyle \perp}$		2,763,989.	2,823,140.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
х	b	Total fundraising expenses (Part IX, column (D), line 25) 1,826,20		10 066 060	10 000 663
_	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		10,966,868.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		13,730,857. 2,380,468.	
_ (19	Revenue less expenses. Subtract line 18 from line 12			
Net Assets or Fund Balances		Total accepts (Doct V. Para 40)	Ве	ginning of Current Year 62,125,573.	End of Year 62,788,448.
SSE	20	Total assets (Part X, line 16)		1,867,935.	1,534,735.
let /	21	Total liabilities (Part X, line 26)		60,257,638.	61,253,713.
P	22 art II	Net assets or fund balances. Subtract line 21 from line 20		00,237,030.	01,233,713.
		alties of perjury, I declare that I have examined this return, including accompanying schedules	and statem	ents, and to the hest of m	v knowledge and helief it is
		ct, and complete. Declaration of preparer (other than officer) is based on all information of wh			y Kilowiougo uliu bollol, it lo
	, 0000	A substitution of property (called a later of the substitution of	ion proparo	l l	
Sig	n	Signature of officer		Date	
He		JONELLE PROCOPE, PRESIDENT			
	•	Type or print name and title			
		Print/Type preparer's name Preparer's signature		Date Check	PTIN
Pai	d	DONALD SHAEFITZ		if self-employ	P00449034
	parer	Firm's name LUTZ AND CARR, CPAS LLP	<u> </u>	Firm's EIN	13-1655065
	only	Firm's address 300 EAST 42ND STREET			
	•	NEW YORK, NY 10017		Phone no. 21	2-697-2299
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		1	X Ves No

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-E2? If "Yes," describe these new services on Schedule O. 10 Did the organization cause conducting, or make significant changes in how it conducts, any program services?	Pa	Check if Schedule O contains a response or note to any line in this Part III
the prior Form 980 or 980 EZ? If 'Yes,' describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services? If 'Yes,' describe these changes on Schedule O. Describe the organization sprogram 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 reverse, if any, for each program service reported. 4a (code:	1	Briefly describe the organization's mission:
the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule Q. Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No. If "Yes," describe these changes on Schedule Q. Describe the organization by 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 Close		
If "Yes," describe these new services on Schedule O. Did the organization cease conducting, or make significant changes in how it conducts, any program services?	2	
If "Yes," describe these changes on Schedule O. Describe the organization's program service ecomplishments for each of its three largest program services, as measured by expenses. Section 501(6)(3) and 501(6)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and reversure, if any, for each program service reported. 4 (Code) (Depenses \$ 8, 322, 354 · reducing grounts of \$) (Revenue \$ 4,821,946 · PERFORMING ARTS PROGRAMS: THE APOLLO'S NEW ARTISTIC AND PROGRAMMING VISION CELEBRATES AND RE-ENVISIONS THIS LEGACY IN A FORWARD THINKING CONTEMPORARY WAY, KEEPING MUSIC AT THE CORE WHILE: CREATING A FORUM FOR EMERCING ARTISTS AND CURATORS; SUPPORTING NEW DIRECTIONS FOR MID-CAREER AND ESTABLISHED ARTISTS; DEVELOPING AND PRESENTING NEW MULTI-DISCIPLINARY WORK; VALUING CULTURALLY DIVERSE ARTISTS AND AUDIENCES; AND PROMOTING AN INTIMATE AND ENGAGED EXPERIENCE FOR AUDIENCES. (SEE SCHEDULE O FOR CONTINUATION) 4b (Code) (Depenses 2, 2,392,435 · reducing grants of 5) (Revenue 5 EDUCATION, COMMUNITY, AND FAMILY PROGRAMMING: THE APOLLO REMAINS A LEADING CULTURAL ANCHOR FOR UPPER MANHATTAN AND THE 125TH STREET CORRIDOR. ENGAGING AN ANNUAL AUDIENCE OF NEARLY 150,000, INCLUDING HARLEM AND NEW YORK RESIDENTS AS WELL AS NATIONAL AND INTERNATIONAL TOURISTS. IN ADDITION TO PERFORMING ARTS, THE APOLLO OFFERS COMMUNITY PROGRAMS THAT ADDRESS IMPORTANT ISSUES AND MEANINGFULLY ENGAGE OUR NEIGHBORHOOD INCLUDING: THE ANNUAL FREE HARLEM HEALTHY SOUL FESTIVAL; A FREE ANNUAL (SEE SCHEDULE O FOR CONTINUATION) 4c (Code) (Deponses 5) (Revenue 5)	•	If "Yes," describe these new services on Schedule O.
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. 48 (cose) (Expenses \$ 3,322,354.	3	If "Yes," describe these changes on Schedule O.
THE APOLLO'S NEW ARTISTIC AND PROGRAMMING VISION CELEBRATES AND RE-ENVISIONS THIS LEGACY IN A FORWARD THINKING CONTEMPORARY WAY, KEEPING MUSIC AT THE CORE WHILE: CREATING A FORUM FOR EMERGING ARTISTS AND CURATORS; SUPPORTING NEW DIRECTIONS FOR MID-CAREER AND ESTABLISHED ARTISTS; DEVELOPING AND PRESENTING NEW MULTI-DISCIPLINARY WORK; VALUING CULTURALLY DIVERSE ARTISTS AND AUDIENCES; AND PROMOTING AN INTIMATE AND ENGAGED EXPERIENCE FOR AUDIENCES. (SEE SCHEDULE O FOR CONTINUATION) (Gode:) (Expenses \$ 2,392,435. Notocing gents of \$) (Revenue S) EDUCATION, COMMUNITY, AND FAMILY PROGRAMMING: THE APOLLO REMAINS A LEADING CULTURAL ANCHOR FOR UPPER MANHATTAN AND THE 125TH STREET CORRIDOR, ENGAGING AN ANNUAL AUDIENCE OF NEARLY 150,000, INCLUDING HARLEM AND NEW YORK RESIDENTS AS WELL AS NATIONAL AND INTERNATIONAL TOURISTS. IN ADDITION TO PERFORMING ARTS, THE APOLLO OFFERS COMMUNITY PROGRAMS THAT ADDRESS IMPORTANT ISSUES AND MEANINGFULLY ENGAGE OUR NEIGHBORHOOD INCLUDING: THE ANNUAL FREE HARLEM HEALTHY SOUL FESTIVAL; A FREE ANNUAL (SEE SCHEDULE O FOR CONTINUATION) 4d Other program services (Describe in Schedule C) (Expenses \$	4	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
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### Apollo Remains a Leading Cultural anchor for upper Manhattan and the 125th street corridor, engaging an annual audience of nearly 150,000, including Harlem and new york residents as well as national and international tourists. ### In Addition to Performing Arts, the Apollo Offers Community Programs that address important issues and meaningfully engage our neighborhood including: the annual free harlem healthy soul festival; a free annual (See Schedule O for Continuation) ### (Code:) (Expenses \$		RE-ENVISIONS THIS LEGACY IN A FORWARD THINKING CONTEMPORARY WAY, KEEPING MUSIC AT THE CORE WHILE: CREATING A FORUM FOR EMERGING ARTISTS AND CURATORS; SUPPORTING NEW DIRECTIONS FOR MID-CAREER AND ESTABLISHED ARTISTS; DEVELOPING AND PRESENTING NEW MULTI-DISCIPLINARY WORK; VALUING CULTURALLY DIVERSE ARTISTS AND AUDIENCES; AND PROMOTING AN INTIMATE AND ENGAGED EXPERIENCE
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(Expenses \$\\$ including grants of \$\\$) (Revenue \$\\$)		
4e Total program service expenses 10.714.789.	4d	(Expenses \$ including grants of \$) (Revenue \$)
	<u>4e</u>	Total program service expenses ► 10 , 714 , 789 . Form 990 (2014)

Form 990 (2014) APOLLO THEATER FOUNDATION, INC. Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			37
_	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		х	
_	during the tax year? If "Yes," complete Schedule C, Part II	4	Δ.	
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		Х
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,	_		37
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	х	
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		Х
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	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,	١	v	
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	4415	х	
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Λ	
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		Х
ч	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	110		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	х	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		Х
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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
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			77
	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	4-		Х
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Λ
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		Х
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	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			v
00-	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a 20b		- 22
D	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		990	(201.4)

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			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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			\ _{3,7}
	Schedule K. If "No", go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	05-		x
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
D	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	OEh		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	25b		21
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	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):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		Х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		Х
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	Х	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
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	1		\ \ \
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		v	
	Note. All Form 990 filers are required to complete Schedule O	38	X	

Form **990** (2014)

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 215			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and re			v	
_	(gambling) winnings to prize winners?	I	1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	2a 367			
	filed for the calendar year ending with or within the year covered by this return		1	X	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return		2b	Λ	
0-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions		0-		Х
3a	•		3a		
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a		40		Х
	financial account in a foreign country (such as a bank account, securities account, or other financial a	account)?	4a		
D	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	occupte (EDAD)			
5 0	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
5a b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction at any time during the tax year?		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		30		
va	any contributions that were not tax deductible as charitable contributions?		6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut		- Ou		
	were not tax deductible?	•	6b		
7	Organizations that may receive deductible contributions under section 170(c).		0.5		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was				
	to file Form 8282?		7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control	act?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	orm 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the			
			8		
9	Sponsoring organizations maintaining donor advised funds.				
а			9a		
10 10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b		
10	Section 501(c)(7) organizations. Enter:	ا موا			
a	Initiation fees and capital contributions included on Part VIII, line 12	10a 10b			
11	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter:	ן וטט ן			
11	Gross income from members or shareholders	11a			
a b	Gross income from other sources (Do not net amounts due or paid to other sources against	114			
D	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b	ı_a		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	120			
	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			
С	Enter the amount of reserves on hand	13c			
14a			14a		Х
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule		14b		
			Form	990	(2014)

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
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	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 31			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
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	Х	
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	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ NY			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only)	availat	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X 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, an	d finar	icial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	MICHELE PAGNOTTA - (212)531-5307			
	253 WEST 125TH STREET, NEW YORK, NY 10027			

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.

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

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

(A)	(B)	1		((C)			(D)	(E)	(F)
Name and Title	Average	(do	not c	Pos heck	more) than is bot	one	Reportable compensation	Reportable compensation	Estimated amount of
	hours per week					or/trus		from	from related	other
	(list any	rector						the	organizations	compensation
	hours for related	Individual trustee or director	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations	truste	Institutional trustee		yee	Highest compensated employee		(** 27 1000 1/1100)		and related
	below	vidual	tution	Je.	Key employee	nest co loyee	Je.			organizations
	line)	Indi	Insti	Officer	Key	High	Former			
(1) RICHARD PARSONS	1.00	ļ								
CHAIRMAN		Х		Х				0.	0.	0.
(2) JOANN H. PRICE	1.00	١		l						•
TREASURER		Х		Х				0.	0.	0.
(3) JOHN W. CARR. ESQ.	1.00	١		l						•
SECRETARY	1 00	Х		Х				0.	0.	0.
(4) ALFRED C. LIGGINS III	1.00	١		l						•
VICE CHAIRMAN	1 00	Х		Х				0.	0.	0.
(5) RONALD O. PERELMAN	1.00							_	_	•
VICE CHAIRMAN	1 00	Х		Х				0.	0.	0.
(6) JOHN D. DEMSEY	1.00	,,						_	_	•
MEMBER	1 00	Х						0.	0.	0.
(7) MICHAEL L. DIAMOND	1.00	,,						0	_	0
MEMBER	1 00	Х						0.	0.	0.
(8) T. TROY DIXON	1.00	,,						_	_	•
MEMBER	1 00	Х						0.	0.	0.
(9) W. ANTHONY EDSON	1.00	٠,,						_	_	0
MEMBER	1 00	Х						0.	0.	0.
(10) YOLANDA FERRELL-BROWN	1.00	٠,,						_	_	0
MEMBER	1 00	Х						0.	0.	0.
(11) MAYA L. HARRIS	1.00	Ψ.						0.	0.	^
MEMBER (10) NO PORTE OF TOWER	1.00	Х						0.	0.	0.
(12) MARCELLA A. JONES	1.00	X						0.	0.	0.
MEMBER	1.00	Δ						0.	0.	0.
(13) PAUL TUDOR JONES II	1.00	X						0.	0.	0.
MEMBER (14) OUINCY JONES	1.00	^						0.	0.	0.
MEMBER	1.00	X						0.	0.	0.
	1.00	^						0.	0.	<u> </u>
(15) ROBERT K. KRAFT MEMBER	1.00	X						0.	0.	0.
(16) LOIDA NICOLAS LEWIS	1.00							0.	0.	-
MEMBER	1.00	X						0.	0.	0.
(17) WILLIAM E. LIGHTEN	1.00							0.	0.	J
MEMBER	1.00	x						0.	0.	0.
432007 11-07-14						_			<u> </u>	Form 990 (2014)

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Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	Compensated Employe	es (continued)				
(A)	(B)			_ (0				(D)	(E)			(F)	
Name and title	Average	(do	not o	Posi	ition more	than	one	Reportable	Reportable		Est	timate	ed .
	hours per	box	, unle	ss pe	rson i	is bot	h an	compensation	compensation		am	ount (of
	week		cer ar	iu a u	recio	or/trus	lee)	from	from related			other	
	(list any hours for	irecto						the	organization			oensa	
	related	or d	tee			sated		organization (W-2/1099-MISC)	(W-2/1099-MI	SC)		om the	-
	organizations	nstee.	trust		96	ubeu		(۷۷-2/1099-101130)			•	anizati I relate	
	below	dual tr	tional	١. ا	yoldr	st cor						nizatio	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Forme				9		
(18) CAROLYN MINICK MASON	1.00												
MEMBER	1 00	Х						0.		0.			0.
(19) JASON L. MATHEWS	1.00									ا ہ			_
MEMBER	1 00	Х						0.		0.			0.
(20) CHARLES PHILLIPS	1.00									ا ۸			^
MEMBER	1 00	Х						0.		0.			0.
(21) PHILIP R. PITRUZZELLO	1.00	,,								ا ۸			0
MEMBER (22) LISA GARCIA QUIROZ	1.00	Х						0.		0.			0.
MEMBER	1.00	Х						0.		0.			0.
(23) MARCUS SAMUELSSON	1.00												
MEMBER		х						0.		0.			0.
(24) DEBRA SHRIVER	1.00												
MEMBER		Х						0.		0.			0.
(25) EARL W. STAFFORD	1.00												
MEMBER		Х						0.		0.			0.
(26) LESLIE M. UGGAMS	1.00												_
MEMBER		Х						0.		0.			0.
1b Sub-total								0.		0.		2 4	0.
c Total from continuation sheets to Pa								1,389,406.		0.		0,1	
d Total (add lines 1b and 1c)								1,389,406.		0.	5(0,1	21.
2 Total number of individuals (including b		ose	liste	ed al	oove	e) wł	no r	eceived more than \$100	0,000 of reportab	le			1 0
compensation from the organization	<u> </u>											Yes	10 No
3 Did the organization list any former off	icar director or tr	ıcto	o ko	w on	nnlo	woo	or	highest componented o	mployoo on	П		103	140
line 1a? If "Yes," complete Schedule J	, ,		,	,	•		•	•		- 1	3		Х
4 For any individual listed on line 1a, is the											Ť		
and related organizations greater than	· · · · · · · · · · · · · · · · · · ·		-					· · · · · · · · · · · · · · · · · · ·	g		4	х	
5 Did any person listed on line 1a receive	e or accrue compe	nsat	ion 1	from	any	unr/	elat	ted organization or indiv	idual for services	, [
rendered to the organization? If "Yes,"	complete Schedul	e J f	or s	uch _I	pers	son .					5		X
Section B. Independent Contractors													
1 Complete this table for your five highes	·								•	npensa	ation fr	rom	
the organization. Report compensation		ear (endi	ng v	vith	or w	ithir T		year.				
(A) Name and busii								(B) Description of s	services	Co	(C omper		n

(A) Name and business address	(B) Description of services	(C) Compensation
THE ROOTS ON TOUR, INC., 1 PRESIDENTIAL BOULEVARD, SUITE 320, BALA CYNWYD, PA	ARTIST FEE	158,000.
MUSEUM INSIGHTS, LLC.	STRATEGIC PLANNING CONSULTANT	101,816.
		-

Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2014)

Form 990 APOLLO TE	HEATER I	<u>''Ol</u>	ТИГ)A'.	I,T (<u>, ис</u>	, -	INC.	13-363	0066
Part VII Section A. Officers, Directors, Tru	ıstees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average			-	ition	ı		Reportable	Reportable	Estimated
	hours	(cl	neck				ly)	compensation	compensation	amount of
	per					Ė		from	from related	other
	week	_				oyee		the	organizations	compensation
	(list any	recto				empl		organization	(W-2/1099-MISC)	from the
	hours for	or di	ee ee			ated		(W-2/1099-MISC)		organization
	related organizations	nstee	trust		e e	suadı				and related organizations
	below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) BRONSON VAN WYCK	1.00									
MEMBER		Х						0.	0.	0.
(28) PHARRELL WILLIAMS	1.00									
MEMBER		Х						0.	0.	0.
(29) VAUGHN C. WILLIAMS. ESQ.	1.00									
MEMBER		Х						0.	0.	0.
(30) WILLIE E. WOODS	1.00									
MEMBER		Х						0.	0.	0.
(31) BRETT IAN WRIGHT	1.00	l								
MEMBER	1 00	Х						0.	0.	0.
(32) PATRICIA MILLER ZOLLAR	1.00								0	
MEMBER	25 00	Х						0.	0.	0.
(33) JONELLE PROCOPE	35.00							050 644	•	
PRESIDENT & CEO	25 00	Х		Х				252,644.	0.	7,317.
(34) MIKKI SHEPARD	35.00			,,				007 200	0	0.4.6
EXECUTIVE PRODUCER	35 00			Х				227,380.	0.	846.
(35) JACQUES BRUNSWICK	35.00			х				227 200	0.	7 2 2 1
C.O.O.	35.00			^				227,380.	0.	7,321.
(36) DONNA LIEBERMAN	35.00					v		154 221	0.	6 200
SENIOR DIRECTOR OF DEVELOPMENT	35.00					Х		154,231.	0.	6,290.
(37) LAURA E. GREER	35.00					x		126 615	0.	7 060
ASSOCIATE PRODUCER	35.00					Λ		126,615.	0.	7,068.
(38) MICHELE PAGNOTTA	33.00					х		138,510.	0.	7 110
SENIOR DIRECTOR OF FINANCE (39) STEVEN R. JONES	35.00					Λ		130,310.	0.	7,110.
DIRECTOR OF PRODUCTION	33.00					x		132,992.	0.	7,088
(40) NEIL J. LEVY	35.00							152,552.	0.	7,000
GENERAL MANAGER	33:00					х		129,654.	0.	7,081.
									•	,,,,,,
	ı	·								
Total to Part VII, Section A, line 1c								1,389,406.		50,121.

Forn	า 99	90 (2	2014) APOLLO T	HEATE	R FOUNDA'	TION, INC.		13-3630	066 Page 9
Pa	rt '	VIII							
			Check if Schedule O contains a	response	or note to any lin	e in this Part VIII	/5\		<u> </u>
						(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1	а	Federated campaigns	1a					
ara our			Membership dues		76,764.				
s, C			Fundraising events		4,407,413.				
Contributions, Gifts, Grants and Other Similar Amounts			Related organizations						
ini,		е	Government grants (contributions)	1e	176,576.				
rior S		f	All other contributions, gifts, grants, and						
ğğ.			similar amounts not included above	1f	2,126,171.				
40 40		g	Noncash contributions included in lines 1a-1f: \$		483,868.				
<u>ම රි</u>		h	Total. Add lines 1a-1f		>	6,786,924.			
					Business Code				
e	2	a	ADMISSIONS		711300	2,581,100.	2,581,100.		
ΘŽ		b	FACILITY RENTAL		711300	1,951,240.	1,951,240.		
Sch		С	LICENSING FEES		900099	289,606.	289,606.		
eve eve		d							
Program Service Revenue		е							
ď		f	All other program service revenue						
		g	Total. Add lines 2a-2f			4,821,946.			
	3	}	Investment income (including divide	nds, inter	est, and				
			other similar amounts)		>	2,896,450.			2,896,450.
	4	ļ	Income from investment of tax-exem	pt bond p	oroceeds >				
	5	;	Royalties		, 				
			(i	Real	(ii) Personal				
	6	a	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
		d	Net rental income or (loss)		, >				
	7	a	Gross amount from sales of (i) S	ecurities	(ii) Other				
			assets other than inventory						
		b	Less: cost or other basis						
			and sales expenses						
			Gain or (loss)						
		d	Net gain or (loss)						
ē	8	а	Gross income from fundraising even						
enr			including \$ 4,407,413.						
ev.			contributions reported on line 1c). S						
ē			Part IV, line 18	a					
Other Revenue			Less: direct expenses		1,014,945.				
J		С	Net income or (loss) from fundraising	g events	>	0.			
	9	а	Gross income from gaming activities						
			Part IV, line 19						
		b	Less: direct expenses						
			Net income or (loss) from gaming ac		>				
	10	a	Gross sales of inventory, less return	S					

3,203,008. Form **990** (2014)

256,240.

50,318.

328,865.

72,625.

Business Code

900099

11 a MISCELLANEOUS INCOME

d All other revenue

e Total. Add lines 11a-11d

Total revenue. See instructions.

b

432009 11-07-14 and allowances

b Less: cost of goods sold

c Net income or (loss) from sales of inventory

Miscellaneous Revenue

4,821,946.

256,240.

50,318

50,318

14,811,878.

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).

clude amounts reported on lines 6b, b, and 10b of Part VIII. ts and other assistance to domestic organizations domestic governments. See Part IV, line 21 hts and other assistance to domestic viduals. See Part IV, line 22 hts and other assistance to foreign anizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 https://discrete.com/discr	741,861. 1,443,324. 212,201.	(B) Program service expenses 412,974.	Management and general expenses 202,392.	Fundraising expenses
domestic governments. See Part IV, line 21 ints and other assistance to domestic viduals. See Part IV, line 22 ints and other assistance to foreign inizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 interest paid to or for members inpensation of current officers, directors, inpensation of current officers, directors, in tees, and key employees inpensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) in salaries and wages in plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits	1,443,324.		202,392.	126,495
nts and other assistance to domestic viduals. See Part IV, line 22 nts and other assistance to foreign unizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 efits paid to or for members neensation of current officers, directors, tees, and key employees pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits	1,443,324.		202,392.	126,495
riduals. See Part IV, line 22 ints and other assistance to foreign inizations, foreign governments, and foreign riduals. See Part IV, lines 15 and 16 initial fits paid to or for members in pensation of current officers, directors, it is and key employees in pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) in its paid accruals and contributions (include on 401(k) and 403(b) employer contributions) in employee benefits roll taxes	1,443,324.		202,392.	126,495
nts and other assistance to foreign inizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16 efits paid to or for members inpensation of current officers, directors, tees, and key employees pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits	1,443,324.		202,392.	126,495
unizations, foreign governments, and foreign viduals. See Part IV, lines 15 and 16	1,443,324.		202,392.	126,495
riduals. See Part IV, lines 15 and 16 efits paid to or for members epensation of current officers, directors, tees, and key employees pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes	1,443,324.		202,392.	126,495
efits paid to or for members npensation of current officers, directors, tees, and key employees pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes	1,443,324.		202,392.	126,495
npensation of current officers, directors, tees, and key employees pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes	1,443,324.		202,392.	126,495
tees, and key employees pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes	1,443,324.		202,392.	126,495
pensation not included above, to disqualified ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes	1,443,324.		202,392.	126,495
ons (as defined under section 4958(f)(1)) and ons described in section 4958(c)(3)(B) er salaries and wages sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes	212,201.	1 077 957		
ons described in section 4958(c)(3)(B) er salaries and wages ion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes	212,201.	1 077 957		
er salaries and wages ion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes	212,201.	1 077 957		
sion plan accruals and contributions (include on 401(k) and 403(b) employer contributions) er employee benefits roll taxes	212,201.	1 077 957		
on 401(k) and 403(b) employer contributions) er employee benefits roll taxes		±,011,001•	138,981.	226,386
on 401(k) and 403(b) employer contributions) er employee benefits roll taxes				
er employee benefits roll taxes	222	183,585.	17,609.	11,007 1,330
roll taxes	228,415.	226,465.	620.	
	197,339.	147,384.	19,002.	30,953
s for services (non-employees):				
agement				
al	90,777.	31,772.	36,311.	22,694
ounting	68,152.	23,853.	27,261.	17,038
bying	22,800.	-	-	22,800
essional fundraising services. See Part IV, line 17	·			·
stment management fees				
er. (If line 11g amount exceeds 10% of line 25,				
mn (A) amount, list line 11g expenses on Sch O.)	1,177,652.	1,016,513.	80,075.	81,064
ertising and promotion	575,719.	571,505.	1,008.	3,206
ce expenses	1,204,950.	906,781.	159,359.	138,810
rmation technology	, , , , , , , , , , , , , , , , , , , ,	,	, , , , , ,	
alties				
upancy	498,539.	289,624.	114,329.	94,586
rel	499,262.	461,347.	7,641.	30,274
ments of travel or entertainment expenses			.,,,,,,,	
any federal, state, or local public officials				
ferences, conventions, and meetings				
, , , , , , , , , , , , , , , , , , , ,	37,374.	5,809.	5,603.	25,962
rest ments to affiliates	3,,3,4,	5,005.	3,003.	23,302
reciation, depletion, and amortization	244,961.	244,961.		
			94 211	58,882
	237,000	04,707	7 = 1 4 + 1 + 1	30,002
e. (List miscellaneous expenses in line 24e. If line				
amount exceeds 10% of line 25, column (A)	5,078,545.	3,927,533.	363,602.	787,410
amount exceeds 10% of line 25, column (A) unt, list line 24e expenses on Schedule 0.) OFESSIONAL EMPLOYEE O	804,833.	804,833.	·	<u> </u>
amount exceeds 10% of line 25, column (A) unt, list line 24e expenses on Schedule 0.)		89,799.	1,667.	81,875
amount exceeds 10% of line 25, column (A) unt, list line 24e expenses on Schedule 0.) OFESSIONAL EMPLOYEE O	173,341.	109,439.	2,805.	52,750
amount exceeds 10% of line 25, column (A) unt, list line 24e expenses on Schedule 0.) OFESSIONAL EMPLOYEE O TIST FEES	173,341.			12,681
amount exceeds 10% of line 25, column (A) unt, list line 24e expenses on Schedule 0.) OFESSIONAL EMPLOYEE O TIST FEES HER EXPENSES SPITALITY	164,994.	97.868.		1,826,203
amount exceeds 10% of line 25, column (A) unt, list line 24e expenses on Schedule 0.) OFESSIONAL EMPLOYEE O TIST FEES HER EXPENSES SPITALITY ther expenses	164,994. 112,884.	=	1,274,811.	T, V L V . L V .)
amount exceeds 10% of line 25, column (A) unt, list line 24e expenses on Schedule 0.) OFESSIONAL EMPLOYEE O TIST FEES HER EXPENSES SPITALITY ther expenses I functional expenses. Add lines 1 through 24e	164,994.	97,868.	1,274,811.	1,020,203
amount exceeds 10% of line 25, column (A) unt, list line 24e expenses on Schedule 0.) OFESSIONAL EMPLOYEE O TIST FEES HER EXPENSES SPITALITY ther expenses I functional expenses. Add lines 1 through 24e t costs. Complete this line only if the organization	164,994. 112,884.	=	1,274,811.	1,020,203
amount exceeds 10% of line 25, column (A) unt, list line 24e expenses on Schedule 0.) OFESSIONAL EMPLOYEE O TIST FEES HER EXPENSES SPITALITY ther expenses I functional expenses. Add lines 1 through 24e	164,994. 112,884.	=	1,274,811.	1,020,203
ra r e e.	expenses. Itemize expenses not covered (List miscellaneous expenses in line 24e. If line nount exceeds 10% of line 25, column (A) t, list line 24e expenses on Schedule 0.) FESSIONAL EMPLOYEE O IST FEES	expenses. Itemize expenses not covered (List miscellaneous expenses in line 24e. If line rount exceeds 10% of line 25, column (A) t, list line 24e expenses on Schedule 0.) FESSIONAL EMPLOYEE O IST FEES ER EXPENSES PITALITY 237,880. 5,078,545. 804,833. 173,341.	237,880	237,880. 84,787. 94,211.

Form **990** (2014)

Form 990 (2014) Part X Balance Sheet

Pa	πх	balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A)		(B)
			Beginning of year		End of year
	1	Cash - non-interest-bearing	1,080,842.	1	978,852.
	2	Savings and temporary cash investments	80,546.	2	209,933.
	3	Pledges and grants receivable, net	5,079,370.	3	2,691,164.
	4	Accounts receivable, net	149,816.	4	345,908.
	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			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
Ä	8	Inventories for sale or use	40,594.	8	77,709.
	9	Prepaid expenses and deferred charges	133,044.	9	140,179.
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 3,796,609.			
	b	Less: accumulated depreciation 10b 2,539,329.	1,388,398.	10c	1,257,280.
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11	18,480,813.	12	18,480,813.
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	35,692,150.	15	38,606,610.
	16	Total assets. Add lines 1 through 15 (must equal line 34)	62,125,573.	16	62,788,448.
	17	Accounts payable and accrued expenses	1,136,024.	17	1,158,365.
	18	Grants payable		18	
	19	Deferred revenue	214,529.	19	222,879.
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
es	22	Loans and other payables to current and former officers, directors, trustees,			
≝		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
_	23	Secured mortgages and notes payable to unrelated third parties	517,382.	23	153,491.
	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	1 065 005	25	1 524 525
	26	Total liabilities. Add lines 17 through 25	1,867,935.	26	1,534,735.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
es		complete lines 27 through 29, and lines 33 and 34.	FF 400 10C		60 054 452
anc	27	Unrestricted net assets	57,490,196.	27	60,054,453.
Fund Balances	28	Temporarily restricted net assets	2,717,442.	28	1,149,260.
pu	29	Permanently restricted net assets	50,000.	29	50,000.
교		Organizations that do not follow SFAS 117 (ASC 958), check here ▶			
S Q		and complete lines 30 through 34.			
set	30	Capital stock or trust principal, or current funds		30	
As	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
Net Assets or	32	Retained earnings, endowment, accumulated income, or other funds	60 257 620	32	61 052 712
_	33	Total net assets or fund balances	60,257,638.	33	61,253,713.
	34	Total liabilities and net assets/fund balances	62,125,573.	34	62,788,448.

Form **990** (2014)

Pa	rt 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		,81		
2	Total expenses (must equal Part IX, column (A), line 25)	2	13	,81		
3	Revenue less expenses. Subtract line 2 from line 1	3			6,0	
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	60	, 25	7,6	38.
5	Net unrealized gains (losses) on investments	5				
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9				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	61	, 25	3,7	13.
Pa	rt XIII 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 X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule					
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	d 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 separat	e basis	5,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sch					
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Au	ıdit			
	Act and OMB Circular A-133?			За		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	dit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		

Form **990** (2014)

SCHEDULE A

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2014

Open to Public Inspection

Name of the organization

APOLLO THEATER FOUNDATION, INC.

Employer identification number 13-3630066

Pai	t I	Reason for Public (Charity Status (A	All organizations must co	omplete th	is part.) Se	e instructions.	
he o	organi	zation is not a private found	ation because it is: (For lines 1 through 11. o	check only	one box.)		
1		A church, convention of ch)(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 organiz					-	the hospital's name.
		city, and state:		· ·				,
5		An organization operated for	or the benefit of a co	llege or university owne	d or opera	ted by a g	overnmental unit describ	ned in
Ŭ		section 170(b)(1)(A)(iv). (C		maga ar armvaranty aversa	a or opera	tou by a g	overnmental and accord	, GG 111
6		A federal, state, or local gov	•	nental unit described in	section 17	70/h)/1)/A)	(v)	
7		An organization that norma	_				•	nublic described in
'		section 170(b)(1)(A)(vi). (Co	•	intial part of its support	iioiii a gov	ciriiriciitai	unit of norm the general	public described in
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11 \			
9	37					oontributie	ana mambarahin fasa a	nd avana ranninta from
9	21	An organization that norma	*	•	-			-
		activities related to its exen	-	•				-
		income and unrelated busin		(less section 511 tax) if	om busine	sses acqu	ired by the organization	arter June 30, 1975.
40		See section 509(a)(2). (Cor		ively to toot for public or	ofativ Can	aastian EC	10(a)(4)	
10		An organization organized a	•	•	•			numaces of one or
11		An organization organized a	•	•	-		•	
		more publicly supported or	~					neck the box in
_		lines 11a through 11d that	• •			•		. auto dia au
а		Type I. A supporting orga	· ·	•	•			
		the supported organization			a majority	or the alree	ctors or trustees of the s	upporting
		organization. You must o	-				- d	. de e
b		Type II. A supporting org	•					-
		control or management o			same perso	ons that co	ontrol or manage the sup	ропеа
_		organization(s). You mus			:			مانند، ام
С		Type III functionally inte	-				• •	ea with,
		its supported organization						
d		Type III non-functionally	=				• • • •	
		that is not functionally int	-		•			iveness
		requirement (see instruct	·	- ·				
е		Check this box if the orga					Trype i, Type ii, Type iii	
		functionally integrated, or						
T		r the number of supported o						
g		ide the following informatior Name of supported	(ii) EIN		(iv) Is the o	rganization	(v) Amount of monetary	(vi) Amount of
		organization	(-,	(described on lines 1-9	listed i	n your	support (see	other support (see
				above or IRC section	governing of Yes	No No	Instructions)	Instructions)
				(see instructions))	103	140		
ota	ı							

LHA For Paperwork Reduction Act Notice, see the Instructions for

Form 990 or 990-EZ. 432021 09-17-14

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
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)						
6	Public support. Subtract line 5 from line 4.						
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources						
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 VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First five years. If the Form 990 is for	-			•		
<u> </u>	organization, check this box and stor						>
	ction C. Computation of Publ		_			 	
	Public support percentage for 2014 (14	%
	Public support percentage from 2013					15	<u>%</u>
16a	33 1/3% support test - 2014. If the c						
	stop here. The organization qualifies						
t	33 1/3% support test - 2013. If the c	•		,		,	
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			=		~	
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the		•				
10	organization meets the "facts-and-circ						
18	Private foundation. If the organization	п ана пос спеск а	. DON OH III IE 13, 10	va, 100, 174, UT 17		and see instruction edule A (Form 990	
					3011		<u></u>

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.)

Se	ction A. Public Support	elow, please comp	nete Part II.)				
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and	(4) 2010	(2) 2311	(6) 2312	(4) 2010	(6) 2011	(1) 1014
•	membership fees received. (Do not						
	include any "unusual grants.")	9649988.	8217560.	11489913.	8067499.	6786924.	44211884.
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	3058593.	3453078.	4044132.	5363027.	5150811.	21069641.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	1 2700501	11670620	15534045	12420526	11027725	(F)01F)F
	Total. Add lines 1 through 5	12708581.	110/0038.	15534045.	13430526.	1193//35.	05281525.
78	Amounts included on lines 1, 2, and	571,776.	2712293.	2348634.	1067827.	1371350.	8071880.
	3 received from disqualified persons Amounts included on lines 2 and 3 received	3/1,//0.	2/12/90.	2340034.	100/02/-	13/1330.	0071000.
L	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year	53,865.	8,660.				994,185.
	Add lines 7a and 7b	625,641.	2720953.	2593047.	1645736.	1480688.	
8	Public support (Subtract line 7c from line 6.)						56215460.
	ction B. Total Support						
	endar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total 65281525.
	,	12708581.	11670638.	15534045.	13430526.	11937735.	65281525.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties	1807071.	2279621.	2505833.	2673648.	2896450	12162623.
	and income from similar sources Unrelated business taxable income	10070711	2273021.	2303033.	2073040	2030430.	12102023.
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975	100000	0050604	0505000	0680640	0006450	10160600
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on	1807071.	2279621.	2505833.	2673648.	2896450.	12162623.
12	Other income. Do not include gain or loss from the sale of capital	22,621.	6,015.	14,307.	77,844.	50 318	171,105.
40	assets (Explain in Part VI.)	14538273.					
14	First five years. If the Form 990 is for	the organization's	s tirst, second, thir	α, τουπη, or τίπη τε	ax year as a sectio	n 50 (c)(3) organi	zation,
50	check this box and stop here ction C. Computation of Publ	io Support Do	roontago				P
	-					45	72.43 %
	Public support percentage for 2014 (15	74 60
16	Public support percentage from 2013 ction D. Computation of Investigation					16	74.60 %
	<u> </u>			10 (6)		47	15.67 %
17	Investment income percentage for 20					17	4000
	Investment income percentage from					18	
198	a 33 1/3% support tests - 2014. If the	-					1 / is not ► X
t	more than 33 1/3%, check this box a 33 1/3% support tests - 2013. If the						
	line 18 is not more than 33 1/3%, che	ck this box and st	t op here. The orga	anization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14, 19	a, or 19b, check th	nis box and see ins	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in *part VI* how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
4		
1		
2		
За		
Ja		
3b		
3с		
4a		
4b		
4c		
70		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		<u> </u>

Pa	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in part y ₁ how the supported organization(s) effectively operated, supervised, or			
	· · · · · · · · · · · · · · · · · · ·			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	_		
•	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sec	tion D. Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally-Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):	,		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	tructions	s).	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i>			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
_	trustees of each of the supported organizations? Provide details in <i>Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in $P_{art\ VI}$ the role played by the organization in this regard.	3b		

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All					
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.			
C4	ion A. Adiustad Nat Income		(A) Drien Veen	(B) Current Year		
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other					
	factors (explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d	3				
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by .035	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1				
2	Enter 85% of line 1	2				
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3				
4	Enter greater of line 2 or line 3	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions)	6				
7	Check here if the current year is the organization's first as a non-functional	y-integra	ted Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990 or 990-EZ) 2014

Par	t V	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	ion D -	Distributions		,	Current Year
1	Amou	nts paid to supported organizations to accomplish exer	mpt purposes		
2	Amou	nts paid to perform activity that directly furthers exemp			
	organ	izations, in excess of income from activity			
3	Admir	nistrative expenses paid to accomplish exempt purpose	es of supported organization	ns	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	e	
		de details in Part VI). See instructions.	J		
9	\i	outable amount for 2014 from Section C, line 6			
		B amount divided by Line 9 amount			
			(i)	(ii)	(iii)
Secti	ion E -	Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
1	Distrib	outable amount for 2014 from Section C, line 6			
		rdistributions, if any, for years prior to 2014			
_		onable cause required-see instructions)			
3	`	s distributions carryover, if any, to 2014:			
a	LAGGG	S distributions sarry over, if any, to 2014.			
b					
c					
d					
	From	2013			
		of lines 3a through e			
		ed to underdistributions of prior years			
		ed to 2014 distributable amount			
		over from 2009 not applied (see instructions)			
÷		inder. Subtract lines 3g, 3h, and 3i from 3f.			
4		outions for 2014 from Section D,			
_	line 7:				
		ed to underdistributions of prior years			
		ed to 2014 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
		ining underdistributions for years prior to 2014, if			
J		Subtract lines 3g and 4a from line 2 (if amount			
		er than zero, see instructions).			
6		ining underdistributions for 2014. Subtract lines 3h			
J		b from line 1 (if amount greater than zero, see			
7		ctions). ss distributions carryover to 2015. Add lines 3j			
'	and 4	-			
Q		c. down of line 7:			
8	break	down of lifte 7.			
_ <u>a</u>					
<u>b</u>					
<u>C</u>		on from 2012			
		ss from 2013			
е	Exces	ss from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2014 APO	LLO THEATER	FOUNDATION,	INC.	13-3630066 Page 8
Part VI	Supplemental Information	1. Provide the explana	tions required by Part I	I, line 10; Part II, line 17a	or 17b; and Part III, line 12.
	Also complete this part for any ac	ditional information. (S	See instructions).		
_					
-					
-					
			-		

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.

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

OMB No. 1545-0047

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) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

• Section 501(c)(4) (5) or (6) or	s), then organizations: Complete Part III.			
Name of organization	rigariizatione. Gompiete Fart III.		Empl	loyer identification number
APO	LLO THEATER FOUNDATI	ON, INC.		13-3630066
Part I-A Complete if t	he organization is exempt und	er section 501(c)	or is a section 527 o	rganization.
2 Political expenditures	e organization's direct and indirect politic		▶ \$	s
Part I-B Complete if t	he organization is exempt und	er section 501(c)	(3).	
	cise tax incurred by the organization und			
2 Enter the amount of any ex	cise tax incurred by organization manage	ers under section 495	5 ▶ \$	
	a section 4955 tax, did it file Form 4720			
				Yes No
b If "Yes," describe in Part IV	he organization is exempt und	or soction 501(a)	overnt section 501	(0)(3)
	xpended by the filing organization for sec	` <i>`</i>	<u> </u>	
 2 Enter the amount of the filir exempt function activities 3 Total exempt function expeline 17b 4 Did the filing organization file 5 Enter the names, addresses made payments. For each contributions received that 	nd organization's funds contributed to other and 2. Enter here a selection of this year? It is and employer identification number (Ellorganization listed, enter the amount paid were promptly and directly delivered to a PAC). If additional space is needed, proving a selection of the property and directly delivered to a PAC).	her organizations for s and on Form 1120-POL N) of all section 527 po from the filing organia separate political org	section 527	Yes No Ch the filing organization ne amount of political
(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

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

Schedule C (Form 990 or 990-EZ) 2014

Schedule C (Form 990 or 990-EZ) 2014

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 e	each "Yes," response to lines 1a through 1i below, provide in Part IV a detailed description	(a	a)	(k	o)
of th	e lobbying activity.	Yes	No	Amo	ount
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:				
а	Volunteers?		X		
	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
	Media advertisements?		X X		
	Mailings to members, legislators, or the public?		X		
	Publications, or published or broadcast statements?		X		
	Grants to other organizations for lobbying purposes?		X		
	Direct contact with legislators, their staffs, government officials, or a legislative body? Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
		X		2.2	2,800.
;	Other activities? Total. Add lines 1c through 1i	22			2,800.
2a	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), secti	on 501(c)	(5), or se	ction	
	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		
Pai	t III-B Complete if the organization is exempt under section 501(c)(4), secti				
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	l "No," Ol	R (b) Par	t III-A, liı	ne 3, is
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).				
а	Current year		2a		
	Carryover from last year				
С	Total				
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 ex	cess			
	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		
Pai	t IV Supplemental Information				
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	o list); Part I	I-A, lines 1	and 2 (see	
	uctions); and Part II-B, line 1. Also, complete this part for any additional information. RT II-B, LINE 1, LOBBYING ACTIVITIES:				
TH	E APOLLO THEATER FOUNDATION, INC. RETAINED MANATT E	HELPS	TO LO	BBY NI	ΞW
YOI	RK CITY FOR PUBLIC SUPPORT.				

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 Open to Public Inspection

Name of the organization

APOLLO THEATER FOUNDATION, INC.

Employer identification number 13-3630066

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts.Complete if the
	organization answered "Yes" to Form 990, Part IV, line	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	vriting that the assets held in donor advis	ed funds
	are the organization's property, subject to the organization's	•	
6	Did the organization inform all grantees, donors, and donor ad		
	for charitable purposes and not for the benefit of the donor or		
Pai			
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).	
	Preservation of land for public use (e.g., recreation or ed		orically important land area
	Protection of natural habitat	Preservation of a certi	
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a conservation easement on the last
	day of the tax year.		
	•		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a		
	listed in the National Register		
3	Number of conservation easements modified, transferred, rele		
	year▶		
4	Number of states where property subject to conservation eas	sement is located >	
5	Does the organization have a written policy regarding the peri	iodic 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 d	uring the year 🕨
7	Amount of expenses incurred in monitoring, inspecting, and e	enforcing conservation easements during	the year > \$
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170	(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation		
	include, if applicable, the text of the footnote to the organizati	ion's financial statements that describes	the organization's accounting for
	conservation easements.		
Pai	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue staten	nent and balance sheet works of art,
	historical treasures, or other similar assets held for public exh	ibition, education, or research in furthera	nce of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items.	
b	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement	and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or research in furtherance of pul	olic service, provide the following amounts
	relating to these items:		
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
			E77 E20
2	If the organization received or held works of art, historical trea	asures, or other similar assets for financia	gain, provide
	the following amounts required to be reported under SFAS 11	16 (ASC 958) relating to these items:	
а	Revenue included in Form 990, Part VIII, line 1		> \$
b	Assets included in Form 990, Part X		> \$

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

Schedule D (Form 990) 2014

	t III Organizations Maintaining C	collections of Ar	t, Historical Tr	easures, c	or Othe	r Simila	r Asse	ts (continu	ed)
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following tha	t are a si	gnificant u	se of its	collection	items
	(check all that apply):								
а	X Public exhibition	d	Loan or excl	hange progra	ıms				
b	Scholarly research	е	Other						
С	X Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	he organizatio	on's exer	npt purpo	se in Parl	XIII.	
5	During the year, did the organization solicit o	r receive donations o	of art, historical trea	sures, or othe	er similar	assets			
	to be sold to raise funds rather than to be ma	aintained as part of th	ne organization's co	ollection?				Yes	X No
Pai	t IV Escrow and Custodial Arran	gements. Comple	te if the organizatio	n answered "	'Yes" to I	Form 990,	Part IV, I	ine 9, or	
	reported an amount on Form 990, Par	rt X, line 21.							
1a	Is the organization an agent, trustee, custod	ian or other intermed	iary for contribution	s or other as	sets not	included		_	_
	on Form 990, Part X?						L	Yes	└── No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:						
<u> </u>								Amount	
С	Beginning balance					. 1c			
d	Additions during the year					. 1d			
е	Distributions during the year					. 1e			
f	Ending balance					. 1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or cu	ustodial acco	unt liabili	ty?	L	Yes	Щ No
	If "Yes," explain the arrangement in Part XIII.								
Pai	t V Endowment Funds. Complete i	f the organization and	swered "Yes" to Fo	rm 990, Part					
		(a) Current year	(b) Prior year	(c) Two year		d) Three ye			
1a	Beginning of year balance	50,000.	50,000.	50	,000.	į	50,000.		50,000.
b	Contributions								
С	Net investment earnings, gains, and losses								
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	50,000.	50,000.	50	,000.	į	50,000.		50,000.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:					
а	Board designated or quasi-endowment		_%						
b	Permanent endowment ► 100.00	%							
С	Temporarily restricted endowment ▶	%							
	The percentages in lines 2a, 2b, and 2c should	ıld equal 100%.							
За	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administe	red for th	ne organiza	ation	_	
	by:							Y	es No
	(i) unrelated organizations							3a(i)	X
	(ii) related organizations							3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations							3b	
4	Describe in Part XIII the intended uses of the		wment funds.						
Pai	t VI Land, Buildings, and Equipm								
	Complete if the organization answere		i	1					
	Description of property	(a) Cost or ot		or other		cumulate	d	(d) Book	value
		basis (investm	nent) basis	(otner)	dep	reciation			
	Land								
b	Buildings		7-	6 010		ee oo		400	006
C	Leasehold improvements			6,010.		355,02			,986.
d	Equipment		3,04	0,599.	۷, ۱	.84,30	13.	000	,294.
	Other (2.4 cm)		<u> </u>				-	1 257	200
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part 2	x, column (B), line 1	Uc.)				1,257	,⊿Ծ∪.

Schedule D (Form 990) 2014

Part VII	Investments -	Other	Securities.

rait viii investinents - Other Securities.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	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) INVESTMENT IN APOLLO		
(B) THEATER MANAGING MEMBER,		
(C) INC.	18,480,813.	COST
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	18,480,813.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes"	to Form 990, Part IV, line 1	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)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.

(7) (8) (9)

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) SECURITY DEPOSIT	20,855.
(2) PORTRAITS	577,538.
(3) DUE FROM APOLLO THEATER LESSOR, LLC	38,008,217.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.)	38,606,610.

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)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	

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

Schedule D (Form 990) 2014

Part XI Reconciliation of Revenue per Audited Financial St	<u> </u>	nue ner Return.	Page 4
Complete if the organization answered "Yes" to Form 990, Part IV, lii		ndo por riotarii	
1 Total revenue, gains, and other support per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a Net unrealized gains (losses) on investments	2a		
b Donated services and use of facilities			
c Recoveries of prior year grants			
d Other (Describe in Part XIII.)			
e Add lines 2a through 2d	· · · · · · · · · · · · · · · · · · ·	2e	
3 Subtract line 2e from line 1			
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.)			
c Add lines 4a and 4b		4c	
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12			
Part XII Reconciliation of Expenses per Audited Financial S	tatements With Expe	enses per Return.	
Complete if the organization answered "Yes" to Form 990, Part IV, li	ne 12a.		
1 Total expenses and losses per audited financial statements		1	
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses			
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d			
3 Subtract line 2e from line 1		3	
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1		
a Investment expenses not included on Form 990, Part VIII, line 7b			
b Other (Describe in Part XIII.)	4b		
c Add lines 4a and 4b		4c	
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line	18.)	5	
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a		Part V, line 4; Part X, line 2; Part	: XI,
PART III, LINE 4:			
THE THEATER MAINTAINS A COLLECTION OF HI	STORICAL PORTE	AITS OF LEGENDAR	Y
ARTISTS AND EVENTS THAT PERFORMED AND OCC	CURRED, RESPEC	TIVELY, AT THE	
THEATER. THESE PORTRAITS ARE HELD PRIMAR	ILY FOR ARTIST	IC AND THEATRICA	L
PURPOSES.			
PART V, LINE 4:			
THE APOLLO'S ENDOWMENT CONSISTS OF AN IN	DIVIDUAL FUND	ESTABLISHED FOR	
HISTORIC PRESERVATION USE.			
DADE V. LINE 2.			

PART X, LINE 2:

THE APOLLO HAS DETERMINED THAT ITS ACTIVITIES ARE IN ACCORDANCE WITH ITS

Schedule D (Form 990) 2014

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

Open to Public Inspection

Name of the organization

Employer identification number

APOLLO	THEATER FOUNDATION	, <u> </u>	MC.		13-3030	000		
Part I Fundraising Activities. required to complete this part	 Complete if the organization answet. 	ered "Y	'es" to	Form 990, Part IV, I	ine 17. Form 990-EZ	filers are not		
1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. a								
(i) Name and address of individual or entity (fundraiser) (ii) Activity (iii) Did fundraiser have custody or contributions? (iv) Gross receipts from activity fundraiser listed in col. (i) (vi) Amount paid to (or retained by) fundraiser listed in col. (i)								
		Yes	No					
Fotal			•					
List all states in which the organizatio or licensing.	n is registered or licensed to solicit	contrib	utions	s or has been notified	d it is exempt from re	egistration		

432081 08-28-14 Schedule G (Form 990 or 990-EZ) 2014

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

Schedule G (Form 990 or 990 EZ) 2014 APOLLO THEATER FOUNDATION, INC. 13-3630066 Page 2 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 **(b)** Event #2 (c) Other events (d) Total events HAMPTONS (add col. (a) through ANNUAL GALA EVENT 1 col. (c)) (event type) (total number) (event type) 2,021,859. 3,041,130. 359,369. 5,422,358. 1 Gross receipts 1,481,397. 2,669,685 256,331. 4,407,413. 2 Less: Contributions 540,462 371,445. 103,038. 1,014,945. Gross income (line 1 minus line 2) 4 Cash prizes 5 Noncash prizes Direct Expense 226,505. 26,357. 252,862. 6 Rent/facility costs 30,725. 126,450. 157,175. 7 Food and beverages 186,056. 317,445. 2,513 506,014. 8 Entertainment 98,894. 9 Other direct expenses 1,451. 54,000. 43,443. 1,014,945. 10 Direct expense summary. Add lines 4 through 9 in column (d) 11 Net income summary. Subtract line 10 from line 3, column (d) 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. (b) Pull tabs/instant (d) Total gaming (add (a) Bingo (c) Other gaming Revenue bingo/progressive bingo col. (a) through col. (c)) Gross revenue .. 2 Cash prizes Direct Expenses 3 Noncash prizes 4 Rent/facility costs 5 Other direct expenses Yes Yes % Yes 6 Volunteer labor 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 conducts gaming activities: a Is the organization licensed to conduct gaming activities in each of these states? No **b** If "No," explain:

Schedule G (Form 990 or 990-EZ) 2014

b If "Yes," explain:

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?

Sche	edule G (Form 990 or 990 EZ) 2014 APOLLO THEATER FOUNDATION, INC. 13-3	<u>3630066</u>	Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No No
	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 conducted in:		
	The organization's facility	13a	%
			
	An outside facility Enter the name and address of the person who prepares the organization's gaming/special events books and records:	130	70
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 \$\sum_{\text{\colored}}\$		
С	If "Yes," enter name and address of the third party:		
Ŭ	Too, one hame and address of the time party.		
	Name ▶		
	Address		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
а		Yes	□ No
	retain the state gaming license?	— 1es	□ NO
D	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 ▶ \$		
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III,	lines 9, 9b, 10	0b, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).		

Schedule G	(Form 990 or 990-EZ)	APOLLO THEATER	FOUNDATION,	INC.	13-3630066 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Information	rmation (continued)			
		(
<u></u>					
-					
<u></u>					

SCHEDULE J (Form 990)

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

APOLLO THEATER FOUNDATION, INC. Employer identification number 13-3630066

Pa	art I Questions Regarding Compensation			
			Yes	No
1 a	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	, , , , , , , , , , , , , , , , , , , ,			
	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.			
	X Compensation committee			
	X Independent compensation consultant X Compensation survey or study			
	Form 990 of other organizations X Approval by the board or compensation committee			
	Desired the control of the control o			
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:	40		х
a	Receive a severance payment or change-of-control payment? Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4a 4b		X
D	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.			
	The storage of lines 4a e, list the persons and provide the applicable amounts for each item in a tim.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) 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:			
а	The organization?	5a		Х
b	Any related organization?	5b		Х
	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:			
а	The organization?	6a		X
b	Any related organization?	6b		Х
	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		<u> </u>

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

Schedule J (Form 990) 2014

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.

		(B) Breakdown of W-2 and/or 1099-MIS		SC compensation	(C) Retirement and	(D) Nontaxable benefits	(E) Total of columns	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	Denetits	(B)(i)-(D)	in column (B) reported as deferred in prior Form 990
			Compensation	compensation				
(1) JONELLE PROCOPE	(i)	252,644.	0.	0.	0.	7,317.	259,961.	
PRESIDENT & CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MIKKI SHEPARD	(i)	227,380.	0.	0.	0.	846.	228,226.	
EXECUTIVE PRODUCER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JACQUES BRUNSWICK	(i)	227,380.	0.	0.	0.	7,321.		0.
C.O.O.	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DONNA LIEBERMAN	(i)	154,231.	0.	0.	0.	6,290.		0.
SENIOR DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(i) (ii)							
	(i)							
	(ii)							
	(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 M (Form 990)

Department of the Treasury

Internal Revenue Service

Part I

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.

| Employ

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

Types of Property

APOLLO THEATER FOUNDATION, INC.

Employer identification number 13-3630066

				(b)	(c)	(d)						
			Check if applicable	Number of contributions or	Noncash contribution amounts reported on	Method of de noncash contribu		•	·e			
			арріюавіс		Form 990, Part VIII, line 1g	Tioricasii contribe	tion a	nount				
1	Art - Works of a	art										
2	Art - Historical	treasures										
3	Art - Fractional	interests										
4		olications										
5		ousehold goods										
6		vehicles										
7		nes										
8		perty										
9		olicly traded	X	4	220,197.	FMV						
10		sely held stock			,							
11		tnership, LLC, or										
•	trust interests	, , ,										
12		scellaneous										
13		ervation contribution -										
10	•	res										
14		ervation contribution - Other										
15		esidential										
16		ommercial										
17		ther										
18												
19		dial amalia										
20		dical supplies										
21												
22		cts										
23		imens										
24	Other (artifacts	X	1	100 000	FAIR MARKET	177	T TTD				
25	,	COFFEE MAKER	X	1		FAIR MARKET						
26			X	2	54,000.	FAIR MARKET	777	<u> </u>				
27		LIQUOR MAKE UP AND G	X	4	35,000.							
28	Other (<u> </u>	FAIR MARKET		TOE				
29		ms 8283 received by the organ		-								
	for which the o	rganization completed Form 82	83, Part IV,	Donee Acknowled	gement 29							
								Yes	No			
30a		r, did the organization receive b	-			_						
		t least three years from the dat										
		ses for the entire holding period	?				30a		X			
b		be the arrangement in Part II.										
31	_	nization have a gift acceptance		•	•		31	Х				
32a	Does the organ	nization hire or use third parties	or related or	ganizations to soli	cit, process, or sell noncasl	า			_			
	contributions?						32a		X			
b	If "Yes," descri	be in Part II.										
33	If the organizat	ion did not report an amount in	column (c) 1	or a type of prope	rty for which column (a) is c	hecked,						
	describe in Par	t II.										
LHA	For Paperwo	ork Reduction Act Notice, see	the Instruc	tions for Form 99	0.	Schedule M	(Form	990) (2014)			

432141 08-12-14

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.
PART I, OTHER TYPES OF PROPERTY:
OTHER
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 1
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 15000.
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE
NON-ALCHHOLIC BEVERAGES
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 2
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 4930.
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE
DESSERT
(A) CHECK IF APPLICABLE = X
(B) NUMBER OF CONTRIBUTIONS = 2
(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 2641.
(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

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.

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

► Attach to Form 990 or 990-EZ.

Open to Public

OMB No. 1545-0047

Inspection

Name of the organization

APOLLO THEATER FOUNDATION, INC. **Employer identification number** 13-3630066

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE APOLLO THEATER FOUNDATION, INC., A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED IN 1991, IS DEDICATED TO THE PRESERVATION AND DEVELOPMENT OF THE LEGENDARY APOLLO THEATER THROUGH THE APOLLO EXPERIENCE, INCLUDING WORLD CLASS PERFORMANCES AND EDUCATION PROGRAMS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: THE APOLLO THEATER FOUNDATION, INC., A NOT-FOR-PROFIT ORGANIZATION ESTABLISHED IN 1991, IS DEDICATED TO THE PRESERVATION AND DEVELOPMENT OF THE LEGENDARY APOLLO THEATER THROUGH THE APOLLO EXPERIENCE OF WORLD-CLASS LIVE PERFORMANCES AND EDUCATION PROGRAMS THAT HONOR THE INFLUENCE AND ADVANCE THE CONTRIBUTIONS OF AFRICAN-AMERICAN ARTISTS AND ADVANCE EMERGING CREATIVE VOICES ACROSS CULTURAL AND ARTISTIC MEDIA.

THE APOLLO THEATER FOUNDATION, INC.'S VISION IS TO EXPAND THE REACH OF THE APOLLO EXPERIENCE TO A WORLDWIDE AUDIENCE.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: THE APOLLO'S 2014-2015 SEASON CONTINUED TO POSITION THE THEATER AS A GLOBAL, MULTIDISCIPLINARY PRESENTING ORGANIZATION. IN OCTOBER 9-12, 2014, THE APOLLO PARTNERED WITH CARNEGIE HALL'S UNBUNTU FESTIVAL AND THE WORLD MUSIC INSTITUTE FOR A SPECIAL SOUTH AFRICAN EDITION OF THE APOLLO'S ANNUAL AFRICA NOW! MUSIC FESTIVAL. OCTOBER 9, THE APOLLO CURATED A CONCERT ENTITLED, "MUSIC FOR PEACE" AT THE UNITED NATIONS. OCTOBER 10, THE APOLLO OFFERED A MAINSTAGE PERFORMANCE FOR

SCHOOLCHILDREN THAT FEATURED THE SOIL, SOWETO'S AWARD-WINNING BEAT

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

Schedule O (Form 990 or 990-EZ) (2014)

13363001

Name of the organization **Employer identification number** APOLLO THEATER FOUNDATION, INC. 13-3630066 BOX/ACAPELLA GROUP AND THE US PREMIERE OF SOCIALLY CONSCIOUS, HIP-HOP ARTIST TUMI MOLEKANE. THE APOLLO ALSO PRESENTED A MAINSTAGE CONCERT ON SATURDAY, OCTOBER 11, 2014, FEATURING SIMPHIWE DANA, TUMI MOLEKANE, THE SOIL, HUGH MASEKELA, AND DJ FUNAFUJI. IRVIN MAYFIELD, JR. AND THE NEW ORLEANS JAZZ ORCHESTRA HELD A SOLD-OUT, THREE-PERFORMANCE ENGAGEMENT AT THE APOLLO NOV. 7 - 8, 2014. GRAMMY-WINNING AMERICAN JAZZ TRUMPETER AND BANDLEADER IRVIN MAYFIELD CURATED THE SPECIAL WEEKEND OF PERFORMANCES. THE APOLLO CO-COMMISSIONED BALLET HISPANICO TO CREATE AND PERFORM CARMEN.MAQUIA, GUSTAVO RAMIREZ SANSANO'S CONTEMPORARY TAKE ON GEORGES BIZET'S "CARMEN". THE MAINSTAGE PERFORMANCE ON NOVEMBER 22, 2014, WAS UNDER THE ARTISTIC LEADERSHIP OF EDUARDO VILARO, AND BALLET HISPANICO ALSO GAVE TWO PERFORMANCES FOR SCHOOLCHILDREN. ON NOVEMBER 29, 2014, THE APOLLO COMMEMORATED THE 35TH ANNIVERSARY OF BOB MARLEY'S 1979 DEBUT AT THE THEATER WITH A SPECIAL PROGRAM. "ONE LOVE!" WAS COMPRISED OF TWO PERFORMANCES ON THE MAINSTAGE WITH THE WAILERS, THIRD WORLD, MAXI PRIEST, LAURYN HILL, AND KY-MANI MARLEY. ELLINGTON AT CHRISTMAS, THE APOLLO'S TWIST ON TRADITIONAL SEASONAL OFFERINGS, FEATURING DUKE ELLINGTON'S NUTCRACKER SUITE AND THE RARELY PERFORMED SACRED MUSIC CONCERTS WAS OFFERED DECEMBER 13-14, 2014. THE APOLLO THEATER AND THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS COLLABORATED ON THE THEATER'S 2015 HARLEM JAZZ SHRINES FESTIVAL FOR A SPECIAL MAINSTAGE PERFORMANCE. JASON MORAN, THE KENNEDY CENTER'S ARTISTIC ADVISOR FOR JAZZ, CURATED THE APOLLO THEATER'S ANCHOR FESTIVAL PERFORMANCE, WHICH FOCUSED ON HARLEM AND WASHINGTON D.C.'S DEEP MUSICAL RELATIONSHIP. ENTITLED, "HARLEM NIGHTS/U STREET LIGHTS" THE PROGRAM FURTHERED THE CREATIVE CONNECTION BETWEEN THE HARLEM AND U STREET COMMUNITIES BY PRESENTING ARTISTS SIGNIFICANT TO BOTH.

Name of the organization

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APOLLO THEATER FOUNDATION, INC. 13-3630066 THE APOLLO'S 82ND SEASON IS ALREADY UNDERWAY, AND FEATURES CLASSIC, INNOVATIVE, AND COLLABORATIVE ARTISTIC PROGRAMS THAT SPAN MUSIC, COMEDY, DANCE, THEATER, AND OPERA. THE APOLLO SERVES AS A PLATFORM FOR ESTABLISHED ARTISTS AND NURTURES EMERGING AND MID-CAREER PERFORMERS AND NEW WORK DEVELOPMENT ACROSS DISCIPLINES. 2015-2016 SEASON HIGHLIGHTS INCLUDE WORLD-RENOWNED TALENT LIKE JAZZ TRUMPETER IRVIN MAYFIELD, JR., CHOREOGRAPHER RENNIE HARRIS AND COMPOSER/PIANIST ARTURO O'FARRILL AND THE AFRO LATIN JAZZ ORCHESTRA, AS WELL AS NOTED EMERGING AND MID-CAREER ARTISTS; AND COLLABORATIONS WITH ESTEEMED ORGANIZATIONS INCLUDING THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS, OPERA PHILADELPHIA, BALLET HISPANICO, AND CLASSICAL THEATRE OF HARLEM. THE APOLLO WILL PRODUCE ITS FIRST OPERA, CHARLIE PARKER'S YARBIRD, THIS SPRING. THIS NEW OPERA TAKES PLACE IN THAT EMPTY TWILIGHT BETWEEN LIFE AND DEATH, WHERE TORTURED JAZZ SOLOIST CHARLIE PARKER COMPOSES HIS FINAL MASTERPIECE, REVISITING THE INSPIRATIONS, DEMONS, AND WOMEN WHO FUELED HIS CREATIVE GENIUS. LAWRENCE BROWNLEE STARS AS THE LEGENDARY SAXOPHONIST-A ROLE CRAFTED AROUND THE EFFORTLESS, IMPROVISATIONAL STYLE THAT MAKES HIM ONE OF MUSIC'S MOST SOUGHT AFTER TENORS. SOPRANO ANGELA BROWN MESMERIZES AS HIS MOTHER, ADDIE PARKER, AND BARITONE WILL LIVERMAN DEBUTS AS JAZZ ICON DIZZY GILLESPIE. SET IN THE FAMED NYC JAZZ CLUB BIRDLAND, THE OPERA IS AS UNCOMPROMISING IN ITS ARTISTIC VISION AS THE "YARDBIRD" HIMSELF. THIS PROJECT SERVES AS A "HOMECOMING" FOR CHARLIE PARKER, WHO PERFORMED MANY TIMES AT THE APOLLO, AND THE APOLLO WILL BE INDUCTING HIM INTO THE APOLLO LEGENDS WALK OF FAME AS PART OF THE YARDBIRD ACTIVITIES.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

OPEN HOUSE; APOLLO HISTORIC BACKSTAGE TOURS; THE FREE UPTOWN HALL

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APOLLO THEATER FOUNDATION, INC. 13-3630066

SERIES FOSTERING DIALOGUE AROUND PRESSING ISSUES IN OUR COMMUNITY; A

MONTH OF FREE AND AFFORDABLE HOLIDAY PROGRAMMING EACH DECEMBER; AND AN

ARRAY OF FREE AND LOW-COST PROGRAMS THROUGHOUT THE YEAR, INCLUDING A

WIDE-REACHING TICKET ACCESS PROGRAM ENSURING BROAD ACCESSIBILITY TO THE

THEATER'S RANGE OF PERFORMING ARTS AND ENTERTAINMENT.

THE APOLLO THEATER IS COMMITTED TO ENGAGING STUDENTS AND YOUTH THROUGH INNOVATIVE EDUCATION INITIATIVES. THE APOLLO THEATER ACADEMY OFFERS HANDS-ON PROGRAMS TO DEVELOP CAREER AND LEADERSHIP SKILLS IN UNDERSERVED TEENS BY ENGAGING THEM IN "BEHIND THE SCENES" ARTS AND ENTERTAINMENT PROFESSIONS INCLUDING TECHNICAL THEATER APPRENTICESHIPS, ADMINISTRATIVE INTERNSHIPS, AND INFORMATIVE PANEL DISCUSSIONS. THE APOLLO ORAL HISTORY PROJECT IS AN IN-DEPTH IN-SCHOOL PROGRAM WHERE HARLEM STUDENTS TRANSFORM LOCAL HISTORY INTO ORIGINAL THEATRICAL AND MULTIMEDIA PROJECTS. EXTENDING THE APOLLO EXPERIENCE TO A NEW GENERATION OF THEATERGOERS WHILE SUPPORTING CLASSROOM LEARNING AND IN-SCHOOL WORK, SCHOOL DAY LIVE AND FAMILY SHOWTIME PERFORMANCES ALLOW NEARLY 11,000 STUDENTS, TEACHERS, AND FAMILIES TO EXPERIENCE WORLD-CLASS PERFORMING ARTS PRESENTATIONS ON THE APOLLO STAGES. THROUGH ITS PERFORMING ARTS PROGRAM, EDUCATION AND COMMUNITY INITIATIVES, AND OTHER ENDEAVORS SUCH AS DIGITAL MEDIA AND THE ARCHIVES, THE ICONIC APOLLO THEATER EXTENDS ITS LEGACY AS A WORLD RENOWNED PERFORMING ARTS CENTER AND A NURTURING HOME FOR DIVERSE ARTISTS. THE THEATER CONTINUES TO SHOWCASE POPULAR AND EMERGING TALENT AND ENGAGE AUDIENCES WITH ITS ARTISTIC, EDUCATION AND COMMUNITY PROGRAMMING. WITH DEMONSTRATED LONGEVITY AS A SIGNIFICANT AMERICAN CULTURAL CENTER, THE APOLLO REMAINS A CELEBRATED AND ACCESSIBLE VENUE FOR DIVERSE AUDIENCES, ARTISTS AND COMMUNITIES.

08-27-1

Name of the organization APOLLO THEATER FOUNDATION, INC. Employer identification number 13-3630066

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

PRIOR TO FILING THE FORM 990, THE 1ST REVIEW IS CONDUCTED BY THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS. THE INDEPENDENT AUDITOR PRESENTS THE FORM 990 TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS AND ANY QUESTIONS AND CONCERNS ARE ADDRESSED. SUBSEQUENTLY THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD OF DIRECTORS FOR FINAL REVIEW AND APPROVAL. UPON APPROVAL OF THE FORM 990 BY THE BOARD OF DIRECTORS, IT IS FILED WITH THE INTERNAL REVENUE SERVICE.

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

DISCLOSURE OF CONFLICT. AN INTERESTED PERSON MUST DISCLOSE ORALLY OR IN WRITING THE EXISTENCE OF HIS OR HER INTEREST AND ALL MATERIAL FACTS RELATED TO AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST TO DIRECTORS AND/OR MEMBERS OF COMMITTEES AUTHORIZING A PROPOSED CONTRACT OR OTHER TRANSACTION INVOLVING SUCH CONFLICT OF INTEREST. IF A CONTRACT OR TRANSACTION IS NOT BEING CONSIDERED BY THE BOARD OR A COMMITTEE, THE REQUIRED DISCLOSURE MUST BE MADE TO THE CHAIRMAN OF THE BOARD, CHAIRMAN OF THE AUDIT COMMITTEE, SECRETARY OR THE CHAIRMAN'S DESIGNEE, WHO SHALL, SUBJECT TO THE DISCRETION OF THE CHAIRMAN (WHERE THE INTERESTED PERSON IS NOT THE CHAIRMAN), DISCLOSE SUCH POTENTIAL CONFLICT OF INTEREST TO THE BOARD OF DIRECTORS OR THE AUDIT COMMITTEE. UNTIL A PROPOSED CONTRACT OR OTHER TRANSACTION INVOLVING A CONFLICT OF INTEREST HAS BEEN VOTED UPON BY THE BOARD OR A COMMITTEE, AN INTERESTED PERSON SHALL REFRAIN FROM ANY ACTION THAT MIGHT AFFECT THE FOUNDATION'S PARTICIPATION IN ANY CONTRACT OR TRANSACTION AFFECTED BY SUCH AN INTERESTED PERSON MAY NOT VOTE ON THE CONTRACT OR CONFLICT OF INTEREST. TRANSACTION TO WHICH THE CONFLICT OF INTEREST RELATES, BUT MAY BE COUNTED

IN DETERMINING THE PRESENCE OF A QUORUM AT THE MEETING OF THE BOARD OR

APOLLO THEATER FOUNDATION, INC.

Employer identification number 13-3630066

COMMITTEE THAT AUTHORIZES SUCH CONTRACTS OR TRANSACTIONS.

THE BOARD OR COMMITTEE SHALL DETERMINE BY A MAJORITY VOTE OF THE DISINTERESTED DIRECTORS WHETHER A CONFLICT OF INTEREST EXISTS AND, IF SO, WHETHER THE FOUNDATION SHOULD NONETHELESS ENTER INTO THE CONTRACT OR TRANSACTION BECAUSE IT IS IN THE FOUNDATION'S BEST INTEREST.

ARTICLE V. VIOLATIONS OF THE CONFLICT OF INTEREST POLICY

1.FAILURE TO DISCLOSE CONFLICT. IF THE BOARD OR COMMITTEE HAS GOOD REASON
TO BELIEVE THAT AN INTERESTED PERSON HAS FAILED TO DISCLOSE AN ACTUAL OR
POTENTIAL CONFLICT OF INTEREST, IT SHALL INFORM THE INTERESTED PERSON OF
THE BASIS FOR SUCH BELIEF AND AFFORD THE INTERESTED PERSON AN OPPORTUNITY
TO EXPLAIN THE ALLEGED FAILURE TO DISCLOSE PRIOR TO THE BOARD OR SUCH
COMMITTEE TAKING ANY ACTION WITH RESPECT TO THE CONTRACT OR OTHER
TRANSACTION INVOLVING A CONFLICT OF INTEREST.

2.DISCIPLINARY ACTION. IF, AFTER HEARING THE RESPONSE OF THE INTERESTED

PERSON AND MAKING ANY FURTHER INVESTIGATION AS MAY BE WARRANTED IN THE

CIRCUMSTANCES, THE BOARD OR COMMITTEE DETERMINES THAT THE MEMBER HAS IN

FACT FAILED TO DISCLOSE AN ACTUAL OR POTENTIAL CONFLICT OF INTEREST, THE

BOARD OR SUCH COMMITTEE MAY TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE

ACTION, WHICH MAY INCLUDE REMOVAL OF A DIRECTOR FROM THE BOARD OR A

COMMITTEE OR TERMINATION OF AN EMPLOYEE'S EMPLOYMENT.

EACH INTERESTED PERSON SHALL ANNUALLY SIGN A STATEMENT WHICH AFFIRMS THAT

SUCH PERSON HAS RECEIVED A COPY OF THE POLICY, HAS READ AND UNDERSTANDS THE

POLICY AND HAS AGREED TO COMPLY WITH THE POLICY. IN ADDITION, EACH

INTERESTED PERSON SHALL DISCLOSE ON SUCH ANNUAL STATEMENT ANY

RELATIONSHIPS, CIRCUMSTANCES OR POSITIONS IN WHICH THE INTERESTED PERSON OR

A FAMILY MEMBER IS INVOLVED THAT HE OR SHE BELIEVES COULD RESULT IN, CAUSE

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Name of the organization APOLLO THEATER FOUNDATION, INC.	Employer identification number 13-3630066
OR CONTRIBUTE TO A CONFLICT OF INTEREST ARISING. THE POL	ICY IS REVIEWED
ANNUALLY BY THE BOARD OF DIRECTORS OR THE AUDIT COMMITTEE	OF THE BOARD OF
DIRECTORS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE INDEPENDENT COMPENSATION COMMITTEE OF THE BOARD REVIE	WS AND APPROVES
THE EXECUTIVE LEVEL SALARIES ON AN ANNUAL BASIS. THEY US	E SALARY SURVEYS
FROM SIMILAR SIZED ORGANIZATIONS WITHIN THE PERFORMING AR	TS INDUSTRY FOR
BENCHMARKING. OTHER THAN THESE EXECUTIVE LEVEL EMPLOYEES	, NO OTHER
EMPLOYEES OF THE ORGANIZATION MEET THE CRITERIA TO BE CLA	SSIFIED AS
OFFICERS OR KEY EMPLOYEES.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST. THE	ORGANIZATION'S
GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY ARE N	OT AVAILABLE TO
THE PUBLIC.	

SCHEDULE R (Form 990)

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.

Department of the Treasury Internal Revenue Service Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990. Name of the organization

2014

OMB No. 1545-0047

Open to Public Inspection

Name of the organization APOLLO THEATE	R FOUNDATION, INC.		•		En	nployer identific 13-36300	cation no	umber
Part I Identification of Disregarded Entities Comple	ete if the organization answered "Yes"	on Form 990, Part IV, line 33	3.		·			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year	assets	Direct c	(f) ontrolling ntity	9
Identification of Related Tax-Exempt Organi	zations Complete if the organization a	answered "Yes" on Form 990	. Part IV. line 34 b	ecause it had one o	r more	related tax-exen		
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		(f) ect controlling entity	Section S	g) 512(b)(13) rolled tity?
orroated organization	_	ioreign country)	oodis.ii	501(c)(3))			Yes	No

Identification of Related Organizations Taxable as a Partnership Complete if the organization answered "Yes" on Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year. Part III

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	n)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under	Share of total income	Share of end-of-year assets		ortionate tions?	J 20 of Schedule	managir partner	
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	D
			APOLLO THEATER								
APOLLO THEATER LESSOR, LLC -	THE RESTORATION		MANAGING								
20-1083608, 253 W 125TH	OF THE HISTORIC		MEMBER, INC								
STREET, NEW YORK, NY 10027	APOLLO THEATER	NY	SEE PART IV	RELATED				X	N/A	X	.00%
	1										
	1										

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)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	Sec	i) ction
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership	512(l contr ent	b)(13) rolled :ity?
		country)		·				Yes	No
APOLLO THEATER MANAGING MEMBER, INC	MANAGING MEMBER OF								
20-1105633, 253 WEST 125TH STREET, NEW YORK,	APOLLO THEATER								
NY 10027	LESSOR, LLC-SEE P III	NY	N/A	C CORP	-3,620,794.	0.	100%		X
	_								

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

Yes No

X

1a

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

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

b	Gift, grant, or capital contribution to related organization(s)				1b		_X_				
	Gift, grant, or capital contribution from related organization(s)						X				
	Loans or loan guarantees to or for related organization(s)					Х					
е	Loans or loan guarantees by related organization(s)				1e		X				
f	Dividends from related organization(s)				1f		X				
g	g Sale of assets to related organization(s)										
	Purchase of assets from related organization(s)						X				
i	Exchange of assets with related organization(s)				1i		X				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j	X					
							X				
k Lease of facilities, equipment, or other assets from related organization(s)											
Performance of services or membership or fundraising solicitations for related organization(s)											
						X	X				
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) o Sharing of paid employees with related organization(s) p Reimbursement paid to related organization(s) for expenses 1p										
							X				
р	p Reimbursement paid to related organization(s) for expenses										
q	Reimbursement paid by related organization(s) for expenses				1 q		X				
							37				
	Other transfer of cash or property to related organization(s)						X				
	Other transfer of cash or property from related organization(s)				1 s		X				
2	If the answer to any of the above is "Yes," see the instructions for information on w	vho must complete t	his line, including covered	relationships and transaction thresholds.							
	(a) Name of related organization	(b)	(c)	(d)							
	Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	voivea						
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(4)											
(1)											
(2)											
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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)	(b)	(c)	(d)	(e) Are a partners 501(c) orgs.)	(f)	(g)	(h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners	S Sec.	Share of	Share of	Disp	ropor- nate	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera	Percentag
of entity		(state or foreign	excluded from tax under	orgs.)(3) .?	total	end-of-year	alloca	itions?	of Schedule K-1	partne	ownership
		country)	sections 512-514)	Yes I		income	assets	Yes	No	(Form 1065)	Yes N	10
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