

A For the 2022 calendar year, or tax year beginning 10-01-2022 , and ending 09-30-2023

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS % STACEY B JOHNSON		D Employer identification number 53-0245017	
	Doing business as		E Telephone number (202) 416-8000	
	Number and street (or P.O. box if mail is not delivered to street address) 2700 F STREET NW		Room/suite	
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 20566		G Gross receipts \$ 311,430,800	
	F Name and address of principal officer: DEBORAH F RUTTER 2700 F STREET NW WASHINGTON, DC 20566		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions. H(c) Group exemption number ▶	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527				
J Website: ▶ WWW.KENNEDY-CENTER.ORG				
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1958	
			M State of legal domicile: DC	

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS (KENNEDY CENTER) SERVES AS BOTH A PRESIDENTIAL MEMORIAL AND THE NATION'S CENTER FOR THE PERFORMING ARTS.		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	59
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	59
	5 Total number of individuals employed in calendar year 2022 (Part V, line 2a)	5	2,550
6 Total number of volunteers (estimate if necessary)	6	1,315	
7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	-378,379	
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	9,818	
Revenue		Prior Year	Current Year
	8 Contributions and grants (Part VIII, line 1h)	116,290,442	140,861,307
	9 Program service revenue (Part VIII, line 2g)	111,283,975	129,917,134
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	4,756,921	3,812,460
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	7,355,010	11,847,647
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	239,686,348	286,438,548
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	1,122,215	1,676,313
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)	103,563,360	121,099,371
	16a Professional fundraising fees (Part IX, column (A), line 11e)	673,920	423,603
	b Total fundraising expenses (Part IX, column (D), line 25) ▶17,057,240		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e)	147,302,046	156,744,197
	18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25)	252,661,541	279,943,484
	19 Revenue less expenses. Subtract line 18 from line 12	-12,975,193	6,495,064
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	619,695,551	632,619,187
	21 Total liabilities (Part X, line 26)	145,328,118	142,536,282
	22 Net assets or fund balances. Subtract line 21 from line 20	474,367,433	490,082,905

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

Sign Here	Signature of officer			2024-08-14	
	DEBORAH F RUTTER PRESIDENT			Date	
Type or print name and title					
Paid Preparer Use Only	Print/Type preparer's name		Preparer's signature		Date
	Firm's name ▶ BDO USA		Check <input type="checkbox"/> if self-employed		PTIN P01871563
	Firm's address ▶ 8401 GREENSBORO DRIVE 800 MCLEAN, VA 22102		Firm's EIN ▶ Phone no. (703) 893-0600		

May the IRS discuss this return with the preparer shown above? See Instructions. ☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat No. 11282Y

Form **990** (2022)

Part III

Statement of Program Service Accomplishments

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

1

Briefly describe the organization’s mission:

AS THE NATION'S PERFORMING ARTS CENTER, AND A LIVING MEMORIAL TO PRESIDENT JOHN F. KENNEDY, WE ARE A LEADER FOR THE ARTS ACROSS AMERICA AND AROUND THE WORLD, REACHING AND CONNECTING WITH ARTISTS, INSPIRING AND EDUCATING COMMUNITIES. WE WELCOME ALL TO CREATE, EXPERIENCE, LEARN ABOUT AND ENGAGE WITH THE ARTS.

2

Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?

☐ Yes ☒ No

If "Yes," describe these new services on Schedule O.

3

Did the organization cease conducting, or make significant changes in how it conducts, any program services?

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O.

4

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

4a

(Code:) (Expenses \$ 247,259,915 including grants of \$ 1,676,313) (Revenue \$ 129,917,134)

THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS IS THE NATION'S PERFORMING ARTS FACILITY, ANNUALLY HOSTING MORE THAN 2,000 PERFORMANCES AND EVENTS FOR VISITORS TOTALING OVER 2 MILLION, WITH TELEVISED PRODUCTIONS, EVENTS AND RADIO BROADCASTS REACHING 40 MILLION MORE. THE ORGANIZATION (A) PRODUCES AND PRESENTS MUSIC, DANCE, THEATER, OPERA AND BALLET; (B) SUPPORTS ARTISTS IN THE CREATION OF NEW WORKS; AND (C) SERVES AS THE NATION'S LEADER IN ARTS EDUCATION. ADDITIONALLY, THE ORGANIZATION IS A LIVING MEMORIAL TO THE LATE PRESIDENT JOHN F. KENNEDY, AND RECEIVES VISITORS FROM EVERY STATE AND COUNTRIES AROUND THE WORLD WHO CAN VIEW THE INFORMATION ABOUT HIS VISION AND ADVOCACY FOR THE ARTS, HIS LIFE AND HIS PRESIDENCY.

4b

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c

(Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d

Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e

Total program service expenses 247,259,915

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 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors? See instructions.	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	No
9 Did the organization report an amount in Part X, line 21 for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9	No
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 Yes	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	No
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	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)?	11f Yes	
12a If "Yes," complete Schedule D, Part XI. Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	No
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 Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16 Yes	
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. See instructions.	17 Yes	
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 Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21 Yes	

Part IV

Checklist of Required Schedules (continued)

		Yes	No	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	Yes	
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	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		No
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		No
26	Did the organization report any amount on Part X, line 5 or 22 for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons?	26		No
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		No
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		No
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b	Yes	
c	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions?	30	Yes	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		No
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		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3?	33	Yes	
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	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Yes	
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	Yes	
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		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		No
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No	
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable	1a	1,454	
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	

Part V			Statements Regarding Other IRS Filings and Tax Compliance (continued)					
2a		Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		2a	2,550			
b		If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b		Yes		
3a		Did the organization have unrelated business gross income of \$1,000 or more during the year?		3a		Yes		
b		If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O		3b		Yes		
4a		At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a			No	
b		If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).						
5a		Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? . . .		5a			No	
b		Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b			No	
c		If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c				
6a		Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a			No	
b		If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b				
7		Organizations that may receive deductible contributions under section 170(c).						
a		Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		7a		Yes		
b		If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		Yes		
c		Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c			No	
d		If "Yes," indicate the number of Forms 8282 filed during the year		7d				
e		Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e			No	
f		Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f			No	
g		If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g				
h		If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h				
8		Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		8				
9		Sponsoring organizations maintaining donor advised funds.						
a		Did the sponsoring organization make any taxable distributions under section 4966?		9a				
b		Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b				
10		Section 501(c)(7) organizations. Enter:						
a		Initiation fees and capital contributions included on Part VIII, line 12		10a				
b		Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		10b				
11		Section 501(c)(12) organizations. Enter:						
a		Gross income from members or shareholders		11a				
b		Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.)		11b				
12a		Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a				
b		If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		12b				
13		Section 501(c)(29) qualified nonprofit health insurance issuers.						
a		Is the organization licensed to issue qualified health plans in more than one state?		13a				
		Note. See the instructions for additional information the organization must report on Schedule O.						
b		Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		13b				
c		Enter the amount of reserves on hand		13c				
14a		Did the organization receive any payments for indoor tanning services during the tax year?		14a			No	
b		If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O . . .		14b				
15		Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year?		15		Yes		
16		If the organization is a trust, did it file Form 4720, Schedule N, to report the section 4968 excise tax on net investment income?		16			No	
17		Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952, or 4953?		17				
		If "Yes," complete Form 6069.						

Part VI

Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to lines 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

Section A. Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year.	59		
	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	59		
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	Yes	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3		No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		No
6	Did the organization have members or stockholders?	6		No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		No
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		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
a	The governing body?	8a	Yes	
b	Each committee with authority to act on behalf of the governing body?	8b	Yes	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		No

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		No
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	Yes	
b	Describe on 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	Yes	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	12c	Yes	
13	Did the organization have a written whistleblower policy?	13	Yes	
14	Did the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	Yes	
b	Other officers or key employees of the organization	15b	Yes	
	If "Yes" to line 15a or 15b, describe the process on 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	Yes	
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	Yes	

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed

18 Section 6104 requires an organization to make its Form 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.

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

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:

STACEY B JOHNSON 2700 F STREET NW WASHINGTON, DC 20566 (202) 416-8000

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization’s **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization’s **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Institutional Trustee; Individual trustee or director	Officer	Key employee	Highest compensated employee	Former			
(1) MS DEBORAH F RUTTER PRESIDENT	39.94 0.06		X				1,376,401	0	40,076
(2) MS BARBARA A POLK CHIEF ADMINISTRATIVE OFFICER	39.94 0.06			X			504,856	0	28,645
(3) MS LESLIE J MILLER SR VP, DEVELOPMENT	40.0 0.0			X			419,253	0	40,120
(4) MS NURIT BAR-JOSEF NSO CONCERTMASTER	40.0 0.0				X		422,692	0	36,109
(5) MS LYNNE H PRATT CFO (THRU 12/2021)	0.0 0.0					X	433,702	0	21,405
(6) MR KEVIN F GIGLINTO SR VP, MARKETING & SALES	39.94 0.06			X			401,242	0	47,422
(7) MR GARY GINSTLING EXECUTIVE DIRECTOR, NSO	38.85 1.15			X			401,437	0	41,389
(8) MR TIMOTHY O'LEARY GENERAL DIRECTOR, WNO	38.85 1.15			X			381,563	0	30,086
(9) MR YING FU NSO ASSOCIATE CONCERTMASTER	40.0 0.0				X		296,241	0	45,584
(10) MR MARK M COHEE HEAD ELECTRICIAN, OPERA HOUSE	40.0 0.0				X		255,306	0	81,172
(11) MR ROBERT VAN LEER SR VP, ARTISTIC PLANNING	0.0 0.0					X	285,099	0	34,105
(12) MR ELLERY J BROWN SR VP, OPERATIONS	0.0 0.0					X	275,901	0	39,095
(13) MR JEFFREY A FINN VP, THEATER PROGRAMMING	39.94 0.06				X		254,088	0	44,228
(14) MS EILEEN T ANDREWS VP, PUBLIC RELATIONS	40.0 0.0				X		248,708	0	36,424
(15) MR GLENN A TURNER VP, PRODUCTION	40.0 0.0			X			227,909	0	34,987
(16) MS STACEY B JOHNSON CHIEF FINANCIAL OFFICER	37.7 2.3		X				217,777	0	15,365
(17) MS JORDAN C LASALLE SR VP, EDUCATION	39.94 0.06			X			205,696	0	23,327

Part VII

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)					(D) Reportable compensation from the organization (W-2/1099-MISC/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee;	Officer	Key employee	Highest compensated employee			
(18) MS MONICA S HOLT SR VP, ARTISTIC PLANNING	40.0 0.0				X		196,280	0	25,043
(19) MS ASWATHI ZACHARIAH GENERAL COUNSEL	40.0 0.0			X			213,357	0	550
(20) MR THOMAS G WHITAKER SR VP, OPERATIONS (ACTING)	40.0 0.0				X		166,853	0	37,765
(21) MR DAVID M RUBENSTEIN CHAIRMAN	0.5 0.0	X		X			0	0	0
(22) MS ADRIENNE ARSHT TRUSTEE	0.5 0.0	X					0	0	0
(23) MR BRIAN D BALLARD TRUSTEE	0.5 0.0	X					0	0	0
(24) REP JOYCE BEATTY TRUSTEE	0.5 0.0	X					0	0	0
(25) THE HON XAVIER BECERRA TRUSTEE	0.5 0.0	X					0	0	0
(26) THE HON ANTONY BLINKEN TRUSTEE	0.5 0.0	X					0	0	0
(27) SEN ROY BLUNT TRUSTEE	0.5 0.0	X					0	0	0
(28) MR DAVID C BOHNETT TRUSTEE	0.5 0.0	X					0	0	0
(29) MS PAMELA BONDI TRUSTEE	0.5 0.0	X					0	0	0
(30) MS MARY HELEN BOWERS TRUSTEE	0.5 0.0	X					0	0	0
(31) THE HON MURIEL BOWSER TRUSTEE	0.5 0.0	X					0	0	0
(32) MS HANNAH F BUCHAN TRUSTEE	0.5 0.0	X					0	0	0
(33) THE HON LONNIE BUNCH TRUSTEE	0.5 0.0	X					0	0	0
(34) SEN SHELLEY MOORE CAPITO TRUSTEE	0.5 0.0	X					0	0	0
(35) THE HON MIGUEL CARDONA TRUSTEE	0.5 0.0	X					0	0	0
(36) SEN TOM CARPER TRUSTEE	0.5 0.0	X					0	0	0
(37) MR ROBERT CASTELLANI TRUSTEE	0.5 0.0	X					0	0	0
(38) THE HON ELAINE CHAO TRUSTEE	0.5 0.0	X					0	0	0
(39) SEN SUSAN COLLINS TRUSTEE	0.5 0.0	X					0	0	0
(40) MS TATIANA COPELAND TRUSTEE	0.5 0.0	X					0	0	0
(41) REP PETER DEFAZIO TRUSTEE	0.5 0.0	X					0	0	0
(42) MS PAMELLA ROLAND DEVOS TRUSTEE	0.5 0.0	X					0	0	0
(43) REP ANNA G ESHOO TRUSTEE	0.5 0.0	X					0	0	0
(44) MR FRED EYCHANER TRUSTEE	0.5 0.0	X					0	0	0
(45) MR LEWIS FEREBEE TRUSTEE	0.5 0.0	X					0	0	0
(46) MS JENNIFER FISCHER TRUSTEE	0.5 0.5	X					0	0	0
(47) MS LYNNETTE FRIESS TRUSTEE	0.5 0.0	X					0	0	0
(48) REP SAMUEL GRAVES TRUSTEE	0.5 0.0	X					0	0	0
(49) MR LEE GREENWOOD TRUSTEE	0.5 0.0	X					0	0	0
(50) MS KATE ADAMSON HASELWOOD TRUSTEE	0.5 0.0	X					0	0	0
(51) THE HON CARLA HAYDEN TRUSTEE	0.5 0.0	X					0	0	0
(52) THE HON MICHAEL HUCKABEE TRUSTEE	0.5 0.0	X					0	0	0
(53) MS VALERIE JARRETT TRUSTEE	0.5 0.0	X					0	0	0
(54) REP HAKEEM JEFFRIES TRUSTEE	0.5 0.0	X					0	0	0
(55) MS MICHELE KESSLER TRUSTEE	0.5 0.0	X					0	0	0
(56) REP RICK LARSEN TRUSTEE	0.5 0.0	X					0	0	0
(57) MS KAREN TUCKER LEFRAK TRUSTEE	0.5 0.0	X					0	0	0
(58) MR ROBERT DRURY LENHARD TRUSTEE	0.5 0.0	X					0	0	0
(59) REP JULIA LETLOW TRUSTEE	0.5 0.0	X					0	0	0
(60) MR CARL H LINDNER III TRUSTEE	0.5 0.0	X					0	0	0
(61) MR DOUGLAS MANCHESTER TRUSTEE	0.5 0.0	X					0	0	0
(62) REP KEVIN MCCARTHY TRUSTEE	0.5 0.0	X					0	0	0
(63) REP MICHAEL MCCAUL TRUSTEE	0.5 0.0	X					0	0	0
(64) SEN MITCH MCCONNELL TRUSTEE	0.5 0.0	X					0	0	0
(65) MS PHEFELIA NEZ TRUSTEE	0.5 0.0	X					0	0	0
(66) MR CHARLES B ORTNER TRUSTEE	0.5 0.0	X					0	0	0
(67) REP NANCY PELOSI TRUSTEE	0.5 0.0	X					0	0	0
(68) MS CATHERINE B REYNOLDS TRUSTEE	0.5 0.0	X					0	0	0
(69) MS KELLY ROBERTS TRUSTEE	0.5 0.0	X					0	0	0
(70) MS DARYL ROTH TRUSTEE	0.5 0.0	X					0	0	0
(71) CARI B SACKS TRUSTEE	0.5 0.0	X					0	0	0
(72) THE HON CHARLES F SAMS III TRUSTEE	0.5 0.0	X					0	0	0
(73) MS DENISE SAUL TRUSTEE	0.5 0.0	X					0	0	0
(74) SEN CHUCK SCHUMER TRUSTEE	0.5 0.0	X					0	0	0
(75) MS SUSAN S SHER TRUSTEE	0.5 0.0	X					0	0	0
(76) REP JASON SMITH TRUSTEE	0.5 0.0	X					0	0	0
(77) MS HILDA SOLIS TRUSTEE	0.5 0.0	X					0	0	0
(78) MR MARC I STERN TRUSTEE	0.5 0.0	X					0	0	0
(79) MS BILLIE TSIENT TRUSTEE	0.5 0.0	X					0	0	0
(80) SEN CHRIS VAN HOLLEN TRUSTEE	0.5 0.0	X					0	0	0
(81) MR JON VOIGHT TRUSTEE	0.5 0.0	X					0	0	0
(82) SEN MARK WARNER TRUSTEE	0.5 0.0	X					0	0	0
(83) MR KELCY WARREN TRUSTEE	0.5 0.0	X					0	0	0
(84) MS HEATHER WASHBURNE TRUSTEE	0.5 0.0	X					0	0	0
(85) MS PHYLLIS J WASHINGTON TRUSTEE	0.5 0.0	X					0	0	0
(86) MR STEVEN WITKOFF TRUSTEE	0.5 0.0	X					0	0	0
(87) MS ANDREA WYNN TRUSTEE	0.5 0.0	X					0	0	0
(88) MR PAOLO ZAMPOLLI TRUSTEE	0.5 0.0	X					0	0	0
(89) MR ANTHONY WELTERS VICE CHAIR	0.5 0.0			X			0	0	0
(90) MS SHONDA RHIMES TREASURER	0.5 0.0			X			0	0	0
(91) MS JACQUELINE BADGER MARS SECRETARY	0.5 0.5			X			0	0	0
1b Sub-Total									
c Total from continuation sheets to Part VII, Section A									
d Total (add lines 1b and 1c)					7,184,361		0		702,897

2

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

255

3

Did the organization list any **former** officer, director or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*

3

Yes

4

For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? *If "Yes," complete Schedule J for such individual*

4

Yes

5

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

5

No

Section B. Independent Contractors

1

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

(A) Name and business address	(B) Description of services	(C) Compensation
ADVENTURELAND PRESENTS LLC, 1501 BROADWAY 24TH FLOOR NEW YORK, NY 10036	COMPANY FEE	22,715,351
CONSIGLI CONSTRUCTION CO INC, 72 SUMNER STREET MILFORD, MA 01757	CONSTRUCTION	10,519,017
THE HONORS INC, 12400 WILSHIRE boulevard SUITE 127 LOS ANGELES, CA 900251078	PRODUCTION FEES	5,991,478
SECURIGUARD INC, 6858 OLD DOMINION DRIVE SUITE 307 MCLEAN, VA 221013832	SECURITY SERVICES	5,809,030
MUNCHKINLAND PRODUCTIONS LP, 420 W 45TH STREET 2ND FLOOR NEW YORK, NY 10036	COMPANY FEE	4,796,731

2

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

5

Part VIII

Statement of Revenue

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

	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants, and Other	1a Federated campaigns . . . b Membership dues . . . c Fundraising events . . . d Related organizations e Government grants (contributions) f All other contributions, gifts, grants, and similar amounts not included above g Noncash contributions included in lines 1a - 1f:\$ h Total. Add lines 1a-1f . . .	1a	2,703	
Amt		1b	4,647,290	
Similar		1c	13,115,272	
Amounts		1d	964,381	
		1e	55,666,977	
		1f	66,464,684	
		1g	2,075,959	
			140,861,307	

Program Service Revenue	2a	PROGRAMMING RECEIPTS	Business Code				
	b	TICKET HANDLING FEES	711190	115,605,487	115,605,487		
	c	THEATER LICENSE FEES	711190	12,491,547	12,491,547		
	d		711190	1,820,100	1,820,100		
	e						
	f	All other program service revenue.					
	g	Total. Add lines 2a-2f.	129,917,134				

Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		4,098,618		-9,249	4,107,867
	4	Income from investment of tax-exempt bond proceeds		0			
	5	Royalties		402,203			402,203
			(i) Real	(ii) Personal			
	6a	Gross rents	2,978,366				
	6b	Less: rental expenses	3,408,752				
	6c	Rental income or (loss)	-430,386	0			
	d	Net rental income or (loss)		-430,386		-430,386	
			(i) Securities	(ii) Other			
	7a	Gross amount from sales of assets other than inventory	15,094,432				
	7b	Less: cost or other basis and sales expenses	15,380,590				
	7c	Gain or (loss)	-286,158				
	d	Net gain or (loss)		-286,158			-286,158
	8a	Gross income from fundraising events (not including \$ 13,115,272 of contributions reported on line 1c). See Part IV, line 18	1,618,521				
	8b	Less: direct expenses	3,754,260				
	c	Net income or (loss) from fundraising events		-2,135,739			-2,135,739
	9a	Gross income from gaming activities. See Part IV, line 19	0				
	9b	Less: direct expenses	0				
	c	Net income or (loss) from gaming activities		0			
	10a	Gross sales of inventory, less returns and allowances	2,603,468				
	10b	Less: cost of goods sold	2,448,650				
	c	Net income or (loss) from sales of inventory		154,818		61,256	93,562

Other	Revenue	Misc	Amt	Business Code				
				812930	9,415,962			9,415,962
				722513	3,078,360			3,078,360
				900099	1,033,723			1,033,723
					328,706			328,706
					13,856,751			
					286,438,548	129,917,134	-378,379	16,038,486

Part IX

Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	724,087	724,087		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	938,713	938,713		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16.	13,513	13,513		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,273,827	2,332,163	1,935,424	1,006,240
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	90,136,331	76,016,876	7,165,396	6,954,059
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	7,824,669	7,258,725	264,550	301,394
9 Other employee benefits	12,405,130	10,806,992	625,049	973,089
10 Payroll taxes	5,459,414	4,775,255	163,130	521,029
11 Fees for services (non-employees):				
a Management	0			
b Legal	70,517		70,517	
c Accounting	420,801	48,741	372,060	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	423,603			423,603
f Investment management fees	203,766		203,766	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	60,788,079	57,301,984	1,686,503	1,799,592
12 Advertising and promotion	7,637,667	7,502,534	80,560	54,573
13 Office expenses	5,210,204	3,423,354	228,140	1,558,710
14 Information technology	949,984	727,164	149,160	73,660
15 Royalties	2,933,363	2,931,728	592	1,043
16 Occupancy	6,168,213	5,483,085	679,932	5,196
17 Travel	8,771,068	6,519,163	274,970	1,976,935
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	153,969	87,309	41,730	24,930
20 Interest	2,056,437	2,056,383	0	54
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	21,693,826	19,651,405	1,366,283	676,138
23 Insurance	613,388	97,197	516,191	
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ATTRACTION SHARE OF SURPLUS	30,602,581	30,602,581		
b CREDIT CARD FEES	4,022,761	3,857,638		165,123
c EQUIPMENT, INSURANCE & OTHER	2,729,372	2,210,748	75,019	443,605
d PRODUCTION MATERIALS	1,395,089	1,369,513	15,142	10,434
e All other expenses	323,112	523,064	-287,785	87,833
25 Total functional expenses. Add lines 1 through 24e	279,943,484	247,259,915	15,626,329	17,057,240
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X

Balance Sheet

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

☐

				(A)		(B)	
				Beginning of year		End of year	
Assets	1	Cash—non-interest-bearing		61,914,202	1	37,697,766	
	2	Savings and temporary cash investments		0	2	0	
	3	Pledges and grants receivable, net		80,071,012	3	83,477,418	
	4	Accounts receivable, net		4,629,310	4	3,976,109	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		9,170	5	0	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		0	6	0	
	7	Notes and loans receivable, net		0	7	0	
	8	Inventories for sale or use		517,989	8	524,928	
	9	Prepaid expenses and deferred charges		2,567,941	9	3,165,453	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a	783,750,507			
	b	Less: accumulated depreciation	10b	501,063,313	298,468,818	10c	282,687,194
	11	Investments—publicly traded securities		109,594,732	11	139,991,666	
	12	Investments—other securities. See Part IV, line 11		6,402,423	12	9,235,149	
	13	Investments—program-related. See Part IV, line 11		0	13	0	
	14	Intangible assets		0	14	0	
	15	Other assets. See Part IV, line 11		55,519,954	15	71,863,504	
16	Total assets: Add lines 1 through 15 (must equal line 33)		619,695,551	16	632,619,187		
Liabilities	17	Accounts payable and accrued expenses		20,275,666	17	17,290,514	
	18	Grants payable		0	18	0	
	19	Deferred revenue		38,179,972	19	34,261,663	
	20	Tax-exempt bond liabilities		0	20	0	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		0	21	0	
	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		0	22	0	
	23	Secured mortgages and notes payable to unrelated third parties		0	23	0	
	24	Unsecured notes and loans payable to unrelated third parties		78,314,866	24	75,063,515	
	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		8,557,614	25	15,920,590	
	26	Total liabilities. Add lines 17 through 25		145,328,118	26	142,536,282	
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.						
	27	Net assets without donor restrictions		250,156,308	27	230,957,612	
	28	Net assets with donor restrictions		224,211,125	28	259,125,293	
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.						
	29	Capital stock or trust principal, or current funds			29		
	30	Paid-in or capital surplus, or land, building or equipment fund			30		
	31	Retained earnings, endowment, accumulated income, or other funds			31		
	32	Total net assets or fund balances		474,367,433	32	490,082,905	
	33	Total liabilities and net assets/fund balances		619,695,551	33	632,619,187	

Part XI

Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	286,438,548
2	Total expenses (must equal Part IX, column (A), line 25)	2	279,943,484
3	Revenue less expenses. Subtract line 2 from line 1	3	6,495,064
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	474,367,433
5	Net unrealized gains (losses) on investments	5	9,064,528
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	155,880
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (A))	10	490,082,905

Part XII

Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?	Yes	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	Yes	

Additional Data

Return to Form

Software ID:

Software Version:

Form 990, Special Condition Description:

Special Condition Description

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

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1

☐

A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2

☐

A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990).)
- 3

☐

A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4

☐

A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state:
- 5

☐

An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6

☐

A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7

☒

An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8

☐

A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9

☐

An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture. See instructions. Enter the name, city, and state of the college or university:
- 10

☐

An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11

☐

An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12

☐

An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2).** See **section 509(a)(3).** Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
- a

☐

Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
- b

☐

Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
- c

☐

Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
- d

☐

Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
- e

☐

Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
- f

Enter the number of supported organizations
- g

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization failed to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . . .	205,726,437	139,293,470	112,420,321	116,290,442	140,861,307	714,591,977
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge.						0
4 Total. Add lines 1 through 3	205,726,437	139,293,470	112,420,321	116,290,442	140,861,307	714,591,977
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)						35,058,459
6 Public support. Subtract line 5 from line 4.						679,533,518

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7 Amounts from line 4.	205,726,437	139,293,470	112,420,321	116,290,442	140,861,307	714,591,977
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,785,988	3,324,400	2,793,396	3,933,436	4,510,070	17,347,290
9 Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.).	12,935,845	7,187,080	5,314,133	11,308,172	15,189,114	51,934,344
11 Total support. Add lines 7 through 10						783,873,611
12 Gross receipts from related activities, etc. (see instructions)					12	413,992,988

13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2022 (line 6, column (f) divided by line 11, column (f))	14	86.689 %
15 Public support percentage for 2020 Schedule A, Part II, line 14	15	90.863 %

16a 33 1/3% support test—2022. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☒

b 33 1/3% support test—2021. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ☐

17a 10%-facts-and-circumstances test—2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

b 10%-facts-and-circumstances test—2021. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization ☐

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

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources . .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) .						
14 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2022 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2021 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2022 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2021 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests–2022. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support tests–2021. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization		<input type="checkbox"/>
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions		<input type="checkbox"/>

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, of Part I, complete Sections A and B. If you checked box 12b, of Part I, complete Sections A and C. If you checked box 12c, of Part I, complete Sections A, D, and E. If you checked box 12d, of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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).</i>		
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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990) .</i>		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b	Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c	Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
b	Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings).</i>		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11c below, the governing body of a supported organization?		
b	A family member of a person described on 11a above?		
c	A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to 11a, 11b, or 11c, provide detail in Part VI.</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the officers, 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? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section 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)? <i>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).</i>		

Section D. All 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, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in line 2 above, 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section 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):			
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions)			
2	Activities Test. Answer lines 2a and 2b below.			
a	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? <i>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.</i>			
b	Did the activities described on line 2a, above constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>			
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
a	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? <i>If "Yes" or "No," provide details in Part VI.</i>			
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>			

Part V **Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations**

- 1** ☐ Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (*explain in **Part VI***). **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income

(A) Prior Year

(B) Current 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 |

Section 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): | 1 |
| a Average monthly value of securities | 1a |
| b Average monthly cash balances | 1b |
| c Fair market value of other non-exempt-use assets | 1c |
| d Total (add lines 1a, 1b, and 1c) | 1d |
| e Discount claimed for blockage or other factors (<i>explain in detail in Part VI</i>): | |
| 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 0.015 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 0.035 | 6 |
| 7 Recoveries of prior-year distributions | 7 |
| 8 Minimum Asset Amount (add line 7 to line 6) | 8 |

Section 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-functionally-integrated Type III supporting organization (see instructions)

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations			(continued)
Section D - Distributions		Current Year	
1	Amounts paid to supported organizations to accomplish exempt purposes	1	
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2	
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3	
4	Amounts paid to acquire exempt-use assets	4	
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5	
6	Other distributions (describe in Part VI). See instructions	6	
7	Total annual distributions. Add lines 1 through 6.	7	
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	8	
9	Distributable amount for 2022 from Section C, line 6	9	
10	Line 8 amount divided by Line 9 amount	10	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1 Distributable amount for 2022 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2022 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2022:			
a From 2017.			
b From 2018.			
c From 2019.			
d From 2020.			
e From 2021.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2022 distributable amount			
i Carryover from 2017 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4 Distributions for 2022 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2022 distributable amount			
c Remainder. Subtract lines 4a and 4b from line 4.			
5 Remaining underdistributions for years prior to 2022, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2022. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2023. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2018.			
b Excess from 2019.			
c Excess from 2020.			
d Excess from 2021.			
e Excess from 2022.			

Part VI **Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions).

Facts And Circumstances Test

Return Reference	Explanation
SCHEDULE A, PART II, SECTION A, LINE 1:	THE KENNEDY CENTER REDUCED THE AMOUNTS IT REPORTED ON LINE 1 FOR PREVIOUS YEARS BY UNCOLLECTIBLE PLEDGES WRITTEN OFF DURING THE YEAR REPORTED. THE KENNEDY CENTER DEDUCTED THE UNCOLLECTIBLE PLEDGES FROM THE SPECIFIC YEAR IN WHICH IT ORIGINALLY COUNTED THE RELATED CONTRIBUTION AS REVENUE.
SCHEDULE A, PART II, SECTION B, LINE 10:	IN ALL YEARS PRESENTED, "OTHER INCOME" INCLUDES (A) INCOME FROM FUNDRAISING EVENTS AND ACTIVITIES NOT INCLUDED IN LINE 1; (B) INCOME GENERATED FROM DONOR TRIPS AND EVENTS; (C) GENERAL INCOME FROM THE OPERATION OF THE PARKING GARAGE; (D) INCOME FROM RESTAURANT LICENSE FEE; AND (E) GENERAL MISCELLANEOUS INCOME.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Schedule B (Form 990) Department of the Treasury Internal Revenue Service	Schedule of Contributors ▶ Attach to Form 990, 990-EZ, or 990-PF. ▶ Go to www.irs.gov/Form990 for the latest information.	OMB No. 1545-0047
		2022
Name of the organization JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS		Employer identification number 53-0245017

Organization type (check one):

Filers of:	Section:
Form 990 or 990-EZ	<input type="checkbox"/> 501(c)() (enter number) organization
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust not treated as a private foundation
	<input type="checkbox"/> 527 political organization
Form 990-PF	<input type="checkbox"/> 501(c)(3) exempt private foundation
	<input type="checkbox"/> 4947(a)(1) nonexempt charitable trust treated as a private foundation
	<input type="checkbox"/> 501(c)(3) taxable private foundation

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

General Rule

☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or other property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special Rules

- ☐ For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33¹/₃% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of **(1)** \$5,000 or **(2)** 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.
- ☐ For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

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

Employer identification number
53-0245017

Part I

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
RESTRICTED		\$ RESTRICTED	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	<input type="checkbox"/> Person
			<input type="checkbox"/> Payroll
			<input type="checkbox"/> Noncash (Complete Part II for noncash contributions.)

Name of organization JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	Employer identification number 53-0245017
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Part II

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

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-	<div></div> <div></div> <div></div>	<div></div> \$	<div></div>

Name of organization JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	Employer identification number 53-0245017
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ► \$ _____

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

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div>	<div></div>	
	<div></div>	<div></div>	
	<div></div>	<div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div>	<div></div>	
	<div></div>	<div></div>	
	<div></div>	<div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div>	<div></div>	
	<div></div>	<div></div>	
	<div></div>	<div></div>	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div>	<div></div>	<div></div>
	(e) Transfer of gift		
	Transferee's name, address, and ZIP 4	Relationship of transferor to transferee	
	<div></div>	<div></div>	
	<div></div>	<div></div>	
	<div></div>	<div></div>	

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Name of the organization JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	Employer identification number 53-0245017
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.

Complete if the organization answered "Yes" on Form 990, Part IV, line 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 writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Part II Conservation Easements.

Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1	Purpose(s) of conservation easements held by the organization (check all that apply). <input type="checkbox"/> Preservation of land for public use (e.g., recreation or education) <input type="checkbox"/> Preservation of an historically important land area <input type="checkbox"/> Protection of natural habitat <input type="checkbox"/> Preservation of a certified historic structure <input type="checkbox"/> Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.	
a	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
c	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____	
4	Number of states where property subject to conservation easement is located ► _____	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? <input type="checkbox"/> Yes <input type="checkbox"/> No	
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? <input type="checkbox"/> Yes <input type="checkbox"/> No	
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.	

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

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

1a	If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 ► \$ _____ (ii) Assets included in Form 990, Part X ► \$ _____	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 ► \$ _____ b Assets included in Form 990, Part X ► \$ _____	

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

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

Part IV Escrow and Custodial Arrangements.

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

1a

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

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? ☐ Yes ☐ No

b

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

Part V Endowment Funds.

Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	115,434,644	147,599,665	123,629,319	120,647,282	121,471,629
b Contributions	3,777,257	6,295,579	9,195,507	1,056,590	2,175,914
c Net investment earnings, gains, and losses	12,052,133	-22,049,413	16,530,217	6,728,120	2,290,614
d Grants or scholarships					
e Other expenditures for facilities and programs	5,331,220	16,214,852	1,573,093	4,660,187	5,141,269
f Administrative expenses	194,163	196,335	182,285	142,486	149,606
g End of year balance	125,738,651	115,434,644	147,599,665	123,629,319	120,647,282

2

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

a

Board designated or quasi-endowment ▶ 14.600 %

b

Permanent endowment ▶ 85.400 %

c

Term endowment ▶

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

3a

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

(i) Unrelated organizations

(ii) Related organizations

b

If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R?

	Yes	No
3a(i)	Yes	
3a(ii)		No
3b		

4

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		350,000		350,000
b Buildings		754,633,448	477,478,059	277,155,389
c Leasehold improvements				
d Equipment		28,602,648	23,420,843	5,181,805
e Other		164,411	164,411	0
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).) . . . ▶				282,687,194

Schedule D (Form 990) 2021

Part VII

Investments - Other Securities.
Complete if the organization answered "Yes" on Form 990, Part IV, line 11b.See Form 990, Part X, line 12.

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

Part VIII

Investments - Program Related.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX

Other Assets.
Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)AND RESTORATION	54,849,405
(2)MANAGEMENT	8,733,028
(3)ROU ASSETS - OPERATING LEASE	7,637,139
(4)OTHER	597,042
(5)ROU ASSETS - FINANCE LEASE	25,074
(6)STOCK GIFTS IN TRANSIT	21,816
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 15.) ▶	71,863,504

Part X

Other Liabilities.
Complete if the organization answered 'Yes' on 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	0
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	15,920,590

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 ☒

Part XI

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

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	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	

Part XII

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 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	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
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 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Return Reference	Explanation
SCHEDULE D, PART V, LINE 4 - INTENDED USE FOR ENDOWMENT FUNDS:	Over 410 donors have contributed to the Center's endowment. The Center's endowment supports a variety of donor-restricted purposes, including, but not limited to, (i) the Center's general mission and operations, (ii) the Center's education programs, (iii) the presentation of Chamber music, (iv) the presentation of Japanese arts and artists, (v) the presentation of programming on the Center's Millennium Stages, (vi) the artistic direction of the NSO and (vii) the Washington National Opera programs.
SCHEDULE D, PART X, FIN 48 FOOTNOTE:	ASC 740-10 REQUIRES THAT A TAX POSITION CANNOT BE RECOGNIZED IN THE FINANCIAL STATEMENTS UNLESS IT IS "MORE LIKELY-THAN-NOT" TO BE SUSTAINED BASED SOLELY ON ITS TECHNICAL MERITS AS OF THE REPORTING DATE. THE MORE-LIKELY-THAN-NOT THRESHOLD REPRESENTS A POSITIVE ASSERTION BY MANAGEMENT THAT THE NATIONAL SYMPHONY ORCHESTRA ASSOCIATION IS ENTITLED TO THE ECONOMIC BENEFITS OF A TAX POSITION. IF A TAX POSITION IS NOT CONSIDERED MORE-LIKELY-THAN-NOT TO BE SUSTAINED BASED SOLELY ON ITS TECHNICAL MERITS, NO BENEFITS OF THE POSITION ARE TO BE RECOGNIZED. MOREOVER, THE MORE-LIKELY-THAN-NOT THRESHOLD MUST CONTINUE TO BE MET IN EACH REPORTING PERIOD TO SUPPORT CONTINUED RECOGNITION OF A BENEFIT. AS OF OCTOBER 2, 2023, THERE WERE NO UNCERTAIN TAX POSITIONS FOR WHICH A LIABILITY SHOULD BE RECORDED. THE ORGANIZATION IS GENERALLY NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY U.S. FEDERAL, STATE AND LOCAL, OR NON-U.S. TAXING AUTHORITIES FOR FISCAL YEARS PRIOR TO FISCAL YEAR 2020.

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 14b.

- 1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants or other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.
- 3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
(1) Europe (Including Iceland and Greenland)	0	0	Program Services	ARTISTIC PLANNING	28,413
(2) Europe (Including Iceland and Greenland)	0	0	Fundraising		10,519
(3) North America	0	0	Program Services	ARTISTIC PLANNING	6,484
(4) Middle East and North Africa	0	0	Program Services	ARTISTIC PLANNING	4,383
(5) South Asia	0	0	Program Services	ARTISTIC PLANNING	3,790
(6) Central America and the Caribbean	0	0	Grantmaking		8,921
(7) East Asia and the Pacific	0	0	Grantmaking		1,800
(8) South America	0	0	Grantmaking		450
(9)					
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	0	0			67,102
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			67,102

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									
(8)									
(9)									
(10)									
(11)									
(12)									
(13)									
(14)									
(15)									
(16)									

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter

3 Enter total number of other organizations or entities

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) NSO SUMMER MUSIC INSTITUTE	Central America and the Caribbean	3	8,921	CHECK			
(2) NSO SUMMER MUSIC INSTITUTE	Europe (Including Iceland and Greenland)	1	2,342	CHECK			
(3) VSA LEAD CONFERENCE	East Asia and the Pacific	2	1,800	CHECK			
(4) VSA LEAD CONFERENCE	South America	1	450	CHECK			
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1

Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)*

☒ Yes

☐ No
- 2

Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)*

☐ Yes

☒ No
- 3

Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with Respect to Certain Foreign Corporations. (see Instructions for Form 5471)*

☒ Yes

☐ No
- 4

Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621)*

☐ Yes

☒ No
- 5

Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)*

☐ Yes

☒ No
- 6

Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990).*

☐ Yes

☒ No

Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information. See instructions.

[illegible]

Additional Data

Software ID:

Software Version:

Name of the organization
JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS

Employer identification number
53-0245017

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

1

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

a ☒ Mail solicitations

e ☒ Solicitation of non-government grants

b ☒ Internet and email solicitations

f ☒ Solicitation of government grants

c ☒ Phone solicitations

g ☒ Special fundraising events

d ☒ In-person solicitations

2a

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

b

If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 CAPACITY INTERACTIVE CONSULTING LLC 82 NASSAU STREET 60283 NEW YORK, NY 10038	MARKETING		No	0	14,625	-14,625
2 AVALON CONSULTING GROUP INC 2 MASSACHUSETTS AVENUE NE UNIT 778 WASHINGTON, DC 20005	ADVISING		No	0	308,317	-308,317
3 COMMUNITY COUNSELING 461 FIFTH AVENUE 3RD FLOOR NEW YORK, NY 10017	ADVISING		No	0	95,000	-95,000
4 JOAN DESENS 131 APPLE LANE JORDANVILLE, NY 13361	ADVISING		No	0	27,875	-27,875
5 MOONSHOT COMMUNICATIONS LLC 2326 NW 52ND ST OKLAHOMA, OK 73112	ADVISING		No	0	40,844	-40,844
6 MISSION RAISED LLC 1930 NEW HAMPSHIRE AVE NW WASHINGTON, DC 20009	ADVISING		No	0	27,000	-27,000
7						
8						
9						
10						
Total ▶				0	513,661	-513,661

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

All States

Part II Fundraising Events. Complete if the organization answered "Yes" on 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.

Revenue		(a)Event #1	(b) Event #2	(c)Other events	(d) Total events
		Honors (event type)	M. Twain Prize (event type)	4 (total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	7,686,889	3,861,555	3,185,349	14,733,793
	2 Less: Contributions	6,928,545	3,582,420	2,604,307	13,115,272
	3 Gross income (line 1 minus line 2)	758,344	279,135	581,042	1,618,521
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	324,684	123,484	197,822	645,990
	7 Food and beverages	1,028,893	498,241	848,805	2,375,939
	8 Entertainment	5,500	8,350	19,218	33,068
	9 Other direct expenses	388,114	99,967	211,182	699,263
	10 Direct expense summary. Add lines 4 through 9 in column (d) ▶				3,754,260
	11 Net income summary. Subtract line 10 from line 3, column (d) ▶				-2,135,739

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col.(a) through col.(c))
Direct Expenses	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> 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? ☐ Yes ☐ No

b If "No," explain: _____

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

b If "Yes," explain: _____

11

Does the organization conduct gaming activities with nonmembers?

☐ Yes ☐ No

12

Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming?

☐ Yes ☐ No

13

Indicate the percentage of gaming activity conducted in:

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

14

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

Name ▶ -----

Address ▶ -----

15a

Does the organization have a contract with a third party from whom the organization receives gaming revenue?

☐ Yes ☐ No

b

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

c

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

Name ▶ -----

Address ▶ -----

16

Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----.

Description of services provided ▶ -----

☐ Director/officer ☐ Employee ☐ Independent contractor

17

Mandatory distributions:

a

Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?

☐ Yes ☐ No

b

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

Part IV

Supplemental Information.

Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See Instructions.

Return Reference	Explanation
SCHEDULE G, PART 1, LINE 3:	AS A TRUST INSTRUMENTALITY OF THE FEDERAL GOVERNMENT, AND PURSUANT TO THE SUPREMACY CLAUSE OF THE US CONSTITUTION, THE KENNEDY CENTER IS NOT SUBJECT TO EITHER STATE OR DISTRICT OF COLUMBIA REGULATION OF THE ORGANIZATION'S FUNDRAISING ACTIVITIES. ACCORDINGLY, THE ORGANIZATION MAY PERFORM FUNDRAISING IN ANY STATE AND THE DISTRICT OF COLUMBIA.

Schedule I
(Form 990)

Department of the
Treasury
Internal Revenue Service

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

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2022

Open to Public
Inspection

Name of the organization
JOHN F KENNEDY CENTER FOR THE PERFORMING
ARTS

Employer identification number
53-0245017

Part I General Information on Grants and Assistance

- 1

Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?

☒ Yes ☐ No
- 2

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

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) TURANROUND ARTS CALIFORNIA 12541 BEATRICE LOS ANGELES,CA 90066	47-2446628	501(C)(3)	176,000				TURNAROUND ARTS
(2) EXPLORING THE ARTS IN CALIFORNIA 34-12 36 ST STE ASTORIA,NY 11231	13-4069251	501(C)(3)	56,000				TURNAROUND ARTS
(3) ACTF MANAGEMENT LTD PO BOX 101510 ARLINGTON,V A 22210	05-0546026	501(C)(3)	46,500				KC AMERICAN COLLEGE
(4) EUGENE O'NEIL THEATER CENTER 305 GREAT NECK ROAD WATERFORD,CT 06385	06-6070900	501(C)(3)	27,843				KC AMERICAN COLLEGE
(5) DES MOINES INDEPENDENT COM SCHOOL DISTRICT 2100 FLEUR DR DES MOINES,IA 50321	42-6001433	GOVERNMENT	24,000				TURNAROUND ARTS
(6) MILWAUKEE BOARD OF SCHOOL DIRECTORS 800 W WALNUT ST MILWAUKEE,WI 53209	39-6003457	GOVERNMENT	16,000				TURNAROUND ARTS
(7) CORA CASH INC 92 B FIRWOOD ROAD PORT WASHINGTON,NY 11050	81-1141700		15,000				KC AMERICAN COLLEGE
(8) STATE OF MINNESOTA 658 CEDAR STREET ST PAUL,MN 55155	41-6007162	GOVERNMENT	14,140				TURNAROUND ARTS
(9) BROWARD EDUCATION FOUNDATION 600 SE 3RD AVE FORT LAUDERDALE,FL 33301	59-2359433	501(C)(3)	12,000				TURNAROUND ARTS
(10) BRIDGEPORT PUBLIC SCHOOLS 45 LYON TERRACE BRIDGEPORT,CT 06604	06-6001865	GOVERNMENT	10,642				TURNAROUND ARTS
(11) MONTCLAIR STATE UNIVERSITY GLOBAL EDUCATION CENTER MONTCLAIR,NJ 07043	22-2912682	GOVERNMENT	6,600				KC AMERICAN COLLEGE

- 2

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

10
- 3

Enter total number of other organizations listed in the line 1 table

1

Part III

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) WNO CAFRITZ YOUNG ARTISTS PROGRAM	12	390,677			
(2) KC AMERICAN COLLEGE THEATER FESTIVAL	199	248,109			
(3) NSO SUMMER MUSIC INSTITUTE	58	100,561			
(4) KC FELLOWSHIP IN ARTS MANAGEMENT	8	82,875			
(5) VSA LEAD CONFERENCE	16	14,400			
(6) VSA INTERNATIONAL YOUNG SOLOISTS	6	11,150			
(7) WNO MARIAN ANDERSON AWARD	1	10,556			
(8) VSA PLAYRIGHT DISCOVERY	6	6,500			
(9) NSO YOUTH FELLOWSHIP PROGRAM	2	3,000			
(10) ANY GIVEN CHILD	2	2,500			

Part IV

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

Return Reference	Explanation
SCHEDULE I,PART I LINE 2-PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS:	THE KENNEDY CENTER MONITORS GRANT PROGRAMS PRIMARILY THROUGH DIRECT SUPERVISION OF PROGRAM PARTICIPANTS (E.G., FELLOWSHIPS). CERTAIN KENNEDY CENTER GRANTS REPRESENT AWARDS TO WINNERS OF ARTISTIC COMPETITIONS BASED UPON A COMPLETED ARTISTIC DELIVERABLE THAT HAS BEEN EVALUATED BY A PANEL.

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization
JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS

Employer identification number
53-0245017

Part I Questions Regarding Compensation

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- ☒ First-class or charter travel

☐ Housing allowance or residence for personal use
- ☐ Travel for companions

☐ Payments for business use of personal residence
- ☐ Tax idemnification and gross-up payments

☐ Health or social club dues or initiation fees
- ☐ Discretionary spending account

☐ Personal services (e.g., maid, chauffeur, chef)
- b** If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- ☒ Compensation committee

☒ Written employment contract
- ☒ Independent compensation consultant

☒ Compensation survey or study
- ☒ Form 990 of other organizations

☒ Approval by the board or compensation committee
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization?
- b** Any related organization?
If "Yes," on line 5a or 5b, describe in Part III.
- 6** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:
- a** The organization?
- b** Any related organization?
If "Yes," on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III
- 8** Were any amounts reported on 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
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b	Yes	
2	Yes	
4a	Yes	
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

Part II

Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2, 1099-MISC compensation, and/or 1099-NEC			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1MS DEBORAH F RUTTER PRESIDENT	(i)	1,122,526	250,000	3,875	21,350	18,726	1,416,477	0
	(ii)	0	0	0	0	- 0	- 0	0
2MS ASWATHI ZACHARIAH GENERAL COUNSEL	(i)	213,242	0	115	0	550	213,907	0
	(ii)	0	0	0	0	- 0	- 0	0
3MS STACEY B JOHNSON CHIEF FINANCIAL OFFICER	(i)	210,604	7,000	173	0	15,365	233,142	0
	(ii)	0	0	0	0	- 0	- 0	0
4MS MONICA S HOLT SR VP, ARTISTIC PLANNING	(i)	196,122	0	158	13,824	11,219	221,323	0
	(ii)	0	0	0	0	- 0	- 0	0
5MS JORDAN C LASALLE SR VP, EDUCATION	(i)	205,473	0	223	12,443	10,884	229,023	0
	(ii)	0	0	0	0	- 0	- 0	0
6MR THOMAS G WHITAKER SR VP, OPERATIONS (ACTING)	(i)	165,861	0	992	12,118	25,647	204,618	0
	(ii)	0	0	0	0	- 0	- 0	0
7MR GLENN A TURNER VP, PRODUCTION	(i)	226,385	0	1,524	16,374	18,613	262,896	0
	(ii)	0	0	0	0	- 0	- 0	0
8MS EILEEN T ANDREWS VP, PUBLIC RELATIONS	(i)	248,275	0	433	17,763	18,661	285,132	0
	(ii)	0	0	0	0	- 0	- 0	0
9MR JEFFREY A FINN VP, THEATER PROGRAMMING	(i)	253,432	0	656	18,248	25,980	298,316	0
	(ii)	0	0	0	0	- 0	- 0	0
10MR ROBERT VAN LEER SR VP, ARTISTIC PLANNING	(i)	284,091	0	1,008	20,093	14,012	319,204	0
	(ii)	0	0	0	0	- 0	- 0	0
11MR ELLERY J BROWN SR VP, OPERATIONS	(i)	274,227	0	1,674	19,583	19,512	314,996	0
	(ii)	0	0	0	0	- 0	- 0	0
12MR YING FU NSO ASSOCIATE CONCERTMASTER	(i)	296,148	0	93	18,561	27,023	341,825	0
	(ii)	0	0	0	0	- 0	- 0	0
13MR TIMOTHY O'LEARY GENERAL DIRECTOR, WNO	(i)	381,113	0	450	21,350	8,736	411,649	0
	(ii)	0	0	0	0	- 0	- 0	0
14MS LYNNE H PRATT CFO (THRU 12/2021)	(i)	31,970	0	401,732	21,350	55	455,107	0
	(ii)	0	0	0	0	- 0	- 0	0
15MR MARK M COHEE HEAD ELECTRICIAN, OPERA HOUSE	(i)	255,306	0	0	22,333	58,839	336,478	0
	(ii)	0	0	0	0	- 0	- 0	0
16MR GARY GINSTLING EXECUTIVE DIRECTOR, NSO	(i)	400,271	0	1,166	19,825	21,564	442,826	0
	(ii)	0	0	0	0	- 0	- 0	0
17MS NURIT BAR-JOSEF NSO CONCERTMASTER	(i)	422,589	0	103	16,412	19,697	458,801	0
	(ii)	0	0	0	0	- 0	- 0	0
18MS LESLIE J MILLER SR VP, DEVELOPMENT	(i)	368,738	50,000	515	21,350	18,770	459,373	0
	(ii)	0	0	0	0	- 0	- 0	0
19MR KEVIN F GIGLINTO SR VP, MARKETING & SALES	(i)	399,877	0	1,365	21,350	26,072	448,664	0
	(ii)	0	0	0	0	- 0	- 0	0
20MS BARBARA A POLK CHIEF ADMINISTRATIVE OFFICER	(i)	428,491	75,000	1,365	25,738	2,907	533,501	0
	(ii)	0	0	0	0	- 0	- 0	0

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.

Return Reference	Explanation
SCHEDULE J, PART I, LINE 1A:	THE KENNEDY CENTER PRESIDENT IS PERMITTED TO TRAVEL FIRST CLASS.
SCHEDULE J, PART I, LINE 4A:	LYNNE H. PRATT RECEIVED SEVERANCE IN THE AMOUNT OF \$401,655

Additional Data

Return to Form

Software ID:
Software Version:

Name of the organization
JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS

Employer identification number
53-0245017

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and section 501(c)(29) organizations only).
Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b.

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

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

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

Part II Loans to and/or From Interested Persons.
Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a, or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22

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

Total ► \$ 0

Part III Grants or Assistance Benefiting Interested Persons.
Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) Jessica Evans Turner	Family Member of Key Employee	59,262	Compensation		No

Part V Supplemental Information

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

Return Reference	Explanation
------------------	-------------

Additional Data

[Return to Form](#)

Software ID:

Software Version:

Part I		Types of Property		
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		9,317	COST/SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	126	1,608,319	COST/SELLING PRICE
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles	X	1	11,456	EXPERT OPINION
19 Food inventory	X	5	172,547	COST/SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
Other (THEATER EQUIPMENT)	X	1	209,276	COST/SP.
25 ▶ ()				
26 Other ▶ (FIXTURES)	X	2	60,135	COST/SP.
Other (GIFTS/AWARDS)	X	2	4,909	COST/SP.
27 ▶ ()				
28 Other ▶ ()				
29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement			29	2
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?				Yes No
b If "Yes," describe the arrangement in Part II.				
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?			31	Yes No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?			32a	Yes
b If "Yes," describe in Part II.				
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.				

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

Return Reference	Explanation
SCHEDULE M, PART I, COLUMN (B):	THE NUMBER OF CONTRIBUTIONS REPORTED IN PART I, COLUMN (B) OF THIS SCHEDULE REFLECTS THE NUMBER OF CONTRIBUTIONS FOR EACH SPECIFIC TYPE, NOT THE NUMBER OF INDIVIDUAL ITEMS RECEIVED (E.G. A CONTRIBUTION OF 500 ITEMS BY A SINGLE DONOR WOULD BE REFLECTED AS 1 CONTRIBUTION IN PART I, COLUMN(B)).
SCHEDULE M, PART I, LINE 32A:	THE CENTER RECEIVES STOCK THROUGH A BROKERAGE ACCOUNT. THE BROKERAGE SELLS ALL STOCKS UPON RECEIPT. THE CENTER HIRED AN AUCTION HOUSE IN FY23 TO SELL A ONE TIME GIFT OF COLLECTIBLES.

Additional Data

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Name of the organization JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	Employer identification number 53-0245017
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Return Reference	Explanation
FORM 990, PAGE 1, LINE A:	THE KENNEDY CENTER KEEPS ITS BOOKS AND COMPUTES ITS INCOME ON THE BASIS OF A 52-53 WEEK TAX YEAR. THE 52-53 WEEK TAX YEAR ALWAYS ENDS ON THE SUNDAY NEAREST TO THE LAST CALENDAR DAY IN SEPTEMBER. THE TAX YEAR REPORTED HEREIN REPRESENTS THE PERIOD FROM OCTOBER 3, 2022, THROUGH OCTOBER 1, 2023, A 52 WEEK TAX YEAR. UNDER SECTION 441 OF THE INTERNAL REVENUE CODE, THE KENNEDY CENTER MADE AN INITIAL ELECTION TO USE A 52-53 WEEK TAX YEAR IN ITS 2007 FORM 990. HOWEVER, WHEN THE INTERNAL REVENUE SERVICE RESPONDED TO THE KENNEDY CENTER'S REQUEST, IT NOTIFIED THE CENTER THAT IT CANNOT ACCEPT A 52-53 WEEK ELECTION FOR AN EXEMPT ORGANIZATION. ACCORDINGLY, AND TO ENSURE THAT THE INTERNAL REVENUE SERVICE WOULD ACCEPT THE KENNEDY CENTER'S CURRENT RETURN, THE KENNEDY CENTER CHANGED THE DATES OF ITS REPORTING PERIOD FROM THE AFOREMENTIONED DATES TO THE PERIOD OCTOBER 1, 2022 THROUGH SEPTEMBER 30, 2023.
FORM 990, PART VI, LINE 2:	THE FOLLOWING TRUSTEES AND OFFICERS HAVE A BUSINESS RELATIONSHIP: MR. DAVID M. RUBENSTEIN, MR. MARC I. STERN, AND MR. ANTHONY WELTERS. THE FOLLOWING TRUSTEES HAVE A FAMILY RELATIONSHIP: THE HON. ELAINE CHAO AND SEN. MITCH MCCONNELL. THE FOLLOWING TRUSTEES HAVE A BUSINESS RELATIONSHIP: THE HON. ELAINE CHAO AND MS. CATHERINE B. REYNOLDS.
FORM 990, PART VI, LINE 11B:	PRIOR TO PROVIDING THE FORM 990 (RETURN) TO MEMBERS OF THE BOARD OF TRUSTEES FOR THEIR REVIEW AND CONSIDERATION, A DETAILED REVIEW WAS PERFORMED BY THE PRESIDENT, CHIEF FINANCIAL OFFICER, CONTROLLER AND VARIOUS OTHER MEMBERS OF SENIOR MANAGEMENT. THE RETURN WAS ALSO PREPARED BY AN INDEPENDENT ACCOUNTING FIRM. AFTER THE RETURN WAS FINALIZED, MANAGEMENT PROVIDED IT TO EACH TRUSTEE VIA EMAIL/WEBSITE PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE. QUESTIONS, IF ANY, WERE DIRECTED TO AND ADDRESSED BY THE CONTROLLER AND COMMUNICATED TO THE AUDIT COMMITTEE. RESPONSES TO NOTABLE QUESTIONS WERE PROVIDED TO ALL TRUSTEES FOR THEIR INFORMATION.
FORM 990, PART VI, LINE 12C:	THE CONFLICT OF INTEREST POLICY (POLICY) APPLIES TO ALL MEMBERS OF THE BOARD OF TRUSTEES (BOARD), KEY AND OTHER INFLUENTIAL EMPLOYEES WITH THE AUTHORITY TO SIGN ANYTHING OVER \$15,000 AND HAS THE POWER TO INFLUENCE A TRANSACTION BETWEEN THE KENNEDY CENTER AND ANOTHER ORGANIZATION (COLLECTIVELY KNOWN AS "COVERED INDIVIDUALS"). THE POLICY COVERS TRANSACTIONS BETWEEN THE KENNEDY CENTER AND (A) A COVERED INDIVIDUAL, (B) HIS OR HER FAMILY MEMBERS AND/OR (C) AN AFFILIATED ENTITY. TO ASSIST THE KENNEDY CENTER IN IDENTIFYING TRANSACTIONS WHERE THERE MAY BE AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST, EACH COVERED INDIVIDUAL SHALL COMPLETE AND SIGN AN ANNUAL CONFLICT OF INTEREST DECLARATION (DECLARATION) AND SHALL, AS NECESSARY, UPDATE THE DECLARATION TO REFLECT ANY CHANGES DURING THE COURSE OF THE YEAR. DECLARATIONS COMPLETED BY THE TRUSTEES WHERE A POTENTIAL CONFLICT IS IDENTIFIED ARE REVIEWED BY THE AUDIT COMMITTEE. DECLARATIONS COMPLETED BY NON-TRUSTEE COVERED INDIVIDUALS ARE REVIEWED BY THE GENERAL COUNSEL'S OFFICE. WHEN A COVERED INDIVIDUAL BECOMES AWARE OF A CONFLICT, HE OR SHE HAS THE DUTY TO IMMEDIATELY DISCLOSE THE EXISTENCE AND CIRCUMSTANCES OF THE CONFLICT TO THE GENERAL COUNSEL'S OFFICE (IF A CONFLICT WERE TO INVOLVE THE GENERAL COUNSEL, THE EXISTENCE AND CIRCUMSTANCE OF THE CONFLICT WOULD BE DISCLOSED TO THE AUDIT COMMITTEE). THE AFFECTED COVERED INDIVIDUAL MUST (A) REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE THE KENNEDY CENTER TO ENTER INTO/NOT ENTER INTO THE TRANSACTION AND (B) PHYSICALLY EXCUSE HIMSELF OR HERSELF FROM PARTICIPATION IN ANY DISCUSSIONS REGARDING THE TRANSACTION, EXCEPT TO RESPOND TO REQUESTS FOR INFORMATION. IF A CONFLICT IS EITHER DISCLOSED IN A DECLARATION TO THE BOARD CHAIR, AUDIT COMMITTEE OR GENERAL COUNSEL'S OFFICE, IT WILL BE REVIEWED BY EITHER THE AUDIT COMMITTEE OR GENERAL COUNSEL'S OFFICE. DURING THE AUDIT COMMITTEE'S (OR GENERAL COUNSEL'S OFFICE) REVIEW, IT WILL CONSIDER WHETHER, ABSENT THE PARTICIPATION OF THE AFFECTED COVERED INDIVIDUAL, ANY PROPOSED CONFLICT IS FAIR AND REASONABLE TO THE KENNEDY CENTER. THE AUDIT COMMITTEE (OR GENERAL COUNSEL'S OFFICE) WILL MAINTAIN SUCH DOCUMENTATION AS MAY BE NECESSARY AND APPROPRIATE TO DOCUMENT THE REVIEW OF THE CONFLICT AND WILL REPORT TO THE BOARD ON CONFLICTS (WHETHER APPROVED OR NOT). THE AUDIT COMMITTEE MAY SEEK ADVICE FROM THE GENERAL COUNSEL'S OFFICE OR FROM OUTSIDE ADVISORS (THE GENERAL COUNSEL'S OFFICE MAY ALSO SEEK ADVICE FROM OUTSIDE ADVISORS). SUCH ADVICE WILL GENERALLY BE IN CONNECTION WITH EITHER THE REVIEW OF ANY CONFLICT OR WITH THE ADMINISTRATION OF THE POLICY.
FORM 990, PART VI, LINE 15A:	THE COMPENSATION OF THE KENNEDY CENTER'S PRESIDENT IS EVALUATED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD. THE COMMITTEE'S CONSIDERATION OF THE PRESIDENT'S COMPENSATION INCLUDED THE REVIEW OF COMPARABILITY DATA, RECOMMENDATIONS OF AN INDEPENDENT CONSULTANT AND THE CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.
FORM 990, PART VI, LINE 15B:	THE COMPENSATION PROCESS FOR THE KENNEDY CENTER'S OFFICERS AND KEY EMPLOYEES IS EVALUATED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD. THE COMMITTEE'S CONSIDERATION OF THE OFFICERSKEY EMPLOYEES' COMPENSATION INCLUDED THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.
FORM 990, PART VI, LINE 19:	THE ORGANIZATION'S GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC.
FORM 990, PART VIII, LINE 1E:	THE AMOUNT REPORTED ON LINE 1E INCLUDES A FEDERAL APPROPRIATION OF \$45,380,000 RECEIVED FOR THE OPERATION, MAINTENANCE, CAPITAL REPAIR, AND RESTORATION OF THE BUILDINGS AND PROPERTY OF THE KENNEDY CENTER, A LIVING MEMORIAL TO PRESIDENT JOHN F. KENNEDY. PART IX STATEMENT OF FUNCTIONAL EXPENSES INCLUDES THE RELATED COSTS WITHIN SEVERAL CATEGORIES AS PROGRAM SERVICE EXPENSES.
FORM 990, PART XI, LINE 9:	CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY LIABILITY \$440,775 PENSION RELATED CHANGES EXCLUDING NET PERIODIC PENSION COST \$103,956 OTHER CHANGES IN NET ASSETS \$(388,851) ----- TOTAL \$155,880
FORM 990 PART IX LINE 11G	DESCRIPTION:ARTISTIC SVCS-COMPANY FEES TOTAL FEES:10283234
FORM 990 PART IX LINE 11G	DESCRIPTION:ARTISTIC SERVICES - OTHER TOTAL FEES:18390662
FORM 990 PART IX LINE 11G	DESCRIPTION:FACILITY APPEARANCE TOTAL FEES:4531068
FORM 990 PART IX LINE 11G	DESCRIPTION:OTHER CONTRACTED SERVICES TOTAL FEES:27583115

Additional Data

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SCHEDULE R
(Form 990)

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2022

Open to Public Inspection

Name of the organization
JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS

Employer identification number
53-0245017

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JOHN F KENNEDY CENTER FOR THE PERF ARTS 1 LINCOLN STREET SSFC 24 BOSTON, MA 02111 94-6739330	ANNUITIES	MA	85,619	566,727	NA

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) KC ELECTRONIC MEDIA TECHNOLOGIES INC 2700 F STREET NW WASHINGTON, DC 20566 52-1136673	SUPPORT JFKC	DC	501(C)(3)	12A, I	NA	Yes	
(2) KENNEDY CENTER PRODUCTIONS INC 2700 F STREET NW WASHINGTON, DC 20566 22-1962191	SUPPORT JFKC	DC	501(C)(3)	12A, I	NA	Yes	
(3) NATIONAL SYMPHONY ORCHESTRA ASSN 2700 F STREET NW WASHINGTON, DC 20566 53-0208364	SUPPORT NSO	DC	501(C)(3)	7	NA		No
(4) VSA ARTS INC 2700 F STREET NW WASHINGTON, DC 20566 52-1065313	PROG. DISAB.	DC	501(C)(3)	12A, I	NA	Yes	
(5) WASHINGTON NATIONAL OPERA 2700 F STREET NW WASHINGTON, DC 20566 53-0237707	SUPPORT WNO	DC	501(C)(3)	7	NA		No

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

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

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

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

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

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

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)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

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

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	Yes	No
1a		No
1b		No
1c	Yes	
1d		No
1e		No
1f		No
1g		No
1h		No
1i		No
1j		No
1k		No
1l	Yes	
1m		No
1n	Yes	
1o	Yes	
1p		No
1q		No
1r		No
1s		No

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved

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.

[illegible]

Part VII **Supplemental Information**

Provide additional information for responses to questions on Schedule R. See instructions.

Return Reference	Explanation
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Schedule R (Form 990) 2021

Additional Data

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