

PUBLIC DISCLOSURE COPY

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2024

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

A For the 2024 calendar year, or tax year beginning JUL 1, 2024 and ending JUN 30, 2025

Form sections B through M: B Check if applicable, C Name of organization, D Employer identification number, E Telephone number, G Gross receipts, H(a) Is this a group return, H(b) Are all subordinates included, I Tax-exempt status, J Website, K Form of organization, L Year of formation, M State of legal domicile.

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete.

Signature and Preparer information: Sign Here (Signature of officer, Date), Paid (Preparer's name, signature, Date, PTIN), Preparer Use Only (Firm's name, address, EIN, Phone no.).

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: TO SUSTAIN, ENCOURAGE, AND PROMOTE THE PERFORMING ARTS AND TO EDUCATE THE PUBLIC WITH RELATION THERETO. SEE SCHEDULE O FOR CONTINUATION.

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 [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

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 \$ 120,891,879. including grants of \$) (Revenue \$ 88,639,826.) FACILITY SERVICES - LINCOLN CENTER FOR THE PERFORMING ARTS, INC. (LCPA) PROVIDES FACILITY MAINTENANCE, PARKING, SECURITY AND CLEANING SERVICES FOR ELEVEN RESIDENT ARTS ORGANIZATIONS INCLUDING LCPA, WITHIN THE 16.3-ACRE LINCOLN CENTER CAMPUS WHERE MOST RESIDE. THE LINCOLN CENTER CAMPUS WELCOMES VISITORS FROM AROUND THE WORLD TO TICKETED, CHOOSE-WHAT-YOU-PAY, AND FREE PERFORMANCES AND SPECIAL EVENTS.

4b (Code:) (Expenses \$ 27,629,332. including grants of \$) (Revenue \$ 1,229,109.) PERFORMANCE PROGRAMMING - LCPA ANNUALLY PRESENTS OR PRODUCES, AMONG OTHER THINGS, THE FOLLOWING LIVE PERFORMANCE SERIES: AMERICAN SONGBOOK, SUMMER FOR THE CITY SERIES, BIG UMBRELLA FESTIVAL, AND PROGRAMMING AT THE DAVID RUBENSTEIN ATRIUM. THESE SERIES COLLECTIVELY OFFERED PERFORMANCES YEAR-ROUND, WITH SPECIAL EMPHASIS ON EVENTS DURING THE SUMMER MONTHS WHEN MOST RESIDENT ARTS ORGANIZATIONS ARE OFF-SEASON. SEE SCHEDULE O FOR CONTINUATION.

4c (Code:) (Expenses \$ 17,179,301. including grants of \$ 5,479,760.) (Revenue \$ 3,639.) LINCOLN CENTER REDEVELOPMENT - LINCOLN CENTER DEVELOPMENT PROJECT, INC.'S (LCDP) GOAL IS TO IMPLEMENT AND OVERSEE FOR CHARITABLE PURPOSES THE PLANNED REDEVELOPMENT AND TRANSFORMATION OF THE LINCOLN CENTER CAMPUS AND TO PROVIDE A MYRIAD OF SERVICES THAT WOULD FOSTER THE PERFORMING ARTS TO IMPROVE THE CULTURAL LIFE OF COMMUNITIES THROUGHOUT THE CITY, THE UNITED STATES AND THE WORLD. IN ADDITION, INCLUDED IN TOTAL EXPENSES REPORTED ABOVE ARE \$11,699,542 IN FINANCING COSTS RELATED TO CAMPUS CAPITAL PROJECTS.

4d Other program services (Describe on Schedule O.) (Expenses \$ 7,898,484. including grants of \$ 75,000.) (Revenue \$ 2,463,546.)

4e Total program service expenses 173,598,996.

Part IV Checklist of Required Schedules

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> | X | |
| 2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ? See instructions | X | |
| 3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> | | X |
| 4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> | X | |
| 5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i> | | X |
| 6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> | | X |
| 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> | | X |
| 8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> | | X |
| 9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> | | X |
| 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> | X | |
| 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable. | | |
| a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> | X | |
| b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> | X | |
| c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> | | X |
| d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> | | X |
| e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> | X | |
| 12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> | | X |
| b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> | X | |
| 13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> | | X |
| 14a Did the organization maintain an office, employees, or agents outside of the United States? | | X |
| b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> | X | |
| 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> | | X |
| 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> | | X |
| 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I.</i> See instructions | X | |
| 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> | X | |
| 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> | | X |
| 20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> | | X |
| b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | | |
| 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> | X | |

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? <i>If "Yes," complete Schedule I, Parts I and III</i> | X | |
| 23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> | X | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> | X | |
| 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | | X |
| 24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | | X |
| 24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | | X |
| 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> | | X |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part III</i> | | X |
| 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? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i> | | X |
| c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i> | X | |
| 29 Did the organization receive more than \$25,000 in noncash contributions? <i>If "Yes," complete Schedule M</i> | X | |
| 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> | | X |
| 31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> | | X |
| 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> | | X |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> | | X |
| 34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> | X | |
| 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | X | |
| b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> | X | |
| 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> | | X |
| 37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> | | X |
| 38 Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19? | X | |

Note: All Form 990 filers are required to complete Schedule O

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

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with 3 columns: Question, Yes, No. Rows include 2a (employees: 1825), 2b, 3a, 3b, 4a, 4b, 5a, 5b, 5c, 6a, 6b, 7 (Organizations that may receive deductible contributions under section 170(c)), 7a-7h, 8, 9, 9a, 9b, 10, 10a, 10b, 11, 11a, 11b, 12a, 12b, 13, 13a, 13b, 13c, 14a, 14b, 15, 16, 17.

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

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

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 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. | | |
| | 79 | | |
| b | Enter the number of voting members included on line 1a, above, who are independent | | |
| | 78 | | |
| 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? | X | |
| 3 | Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person? | | X |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's assets? | | X |
| 6 | Did the organization have members or stockholders? | | X |
| 7a | Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? | | X |
| b | Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? | | X |
| 8 | Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: | | |
| a | The governing body? | X | |
| b | Each committee with authority to act on behalf of the governing body? | X | |
| 9 | Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | X |

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

| | | Yes | No |
|------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 10a | Did the organization have local chapters, branches, or affiliates? | | X |
| b | If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? | X | |
| 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 | X | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? | X | |
| c | Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done | X | |
| 13 | Did the organization have a written whistleblower policy? | X | |
| 14 | Did the organization have a written document retention and destruction policy? | X | |
| 15 | Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? | | |
| a | The organization's CEO, Executive Director, or top management official | X | |
| b | Other officers or key employees of the organization | X | |
| | 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? | | X |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? | | |

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O
- 18** Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and 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
 JIM O'HARA - (212)875-5000
 70 LINCOLN CENTER PLAZA, NEW YORK, NY 10023

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, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- See 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 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 | Former | | | |
| (1) HENRY TIMMS PRESIDENT AND CEO THRU 8/1/24 | 35.00 0.00 | | | X | | | | 2,247,343. | 0. | 45,874. |
| (2) JAMES O'HARA EVP, CFO & CAO | 31.00 4.00 | | | X | | | | 853,302. | 0. | 51,318. |
| (3) SHANNON SHANTA THAKE-KRIEGSMAN EVP, CHIEF ARTISTIC OFFICER | 35.00 0.00 | | | X | | | | 696,545. | 0. | 53,156. |
| (4) LAUREN KLEIN EVP, GEN. COUNSEL & CORP. SECR. | 34.00 1.00 | | | X | | | | 688,950. | 0. | 60,318. |
| (5) LEAH JOHNSON EVP, CHF, COMM, MKTING & ADVOC. OFC. | 28.00 7.00 | | | X | | | | 687,910. | 0. | 41,337. |
| (6) MELIQUE JONES EVP, CHIEF PEOPLE OFFICER | 35.00 0.00 | | | X | | | | 614,278. | 0. | 35,424. |
| (7) ADAM BAIR BASIC STAGEHAND | 35.00 0.00 | | | | | X | | 413,719. | 0. | 156,858. |
| (8) ROBERT BELLAS BASIC STAGEHAND | 35.00 0.00 | | | | | X | | 382,529. | 0. | 153,621. |
| (9) DARREN ROBERTSON SVP, PERFORMANCE & CAMPUS OPERATIONS | 35.00 0.00 | | | | | X | | 484,201. | 0. | 17,588. |
| (10) LAURA COLONY SVP, A&I - CORPORATE & INSTITUTIONAL | 35.00 0.00 | | | | | X | | 438,865. | 0. | 15,064. |
| (11) MARIKO SILVER PRESIDENT AND CEO AS OF 9/16/24 | 35.00 0.00 | | | X | | | | 389,933. | 0. | 18,136. |
| (12) LAWRENCE SUMULONG PHOTOGRAPHER | 31.00 0.00 | | | | | X | | 376,634. | 0. | 8,920. |
| (13) PETER FLAMM FORMER VP, REAL ESTATE | 0.00 0.00 | | | | | | X | 226,282. | 0. | -1,684. |
| (14) STEVEN R. SWARTZ CHAIRMAN | 20.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (15) SHERYL D. KAYE VICE CHAIR | 3.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (16) ROBERT K. STEEL VICE CHAIR | 3.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (17) CLARA WU TSAI VICE CHAIR | 3.00 0.00 | X | | X | | | | 0. | 0. | 0. |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC/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 | Former | | | |
| (18) ADEBAYO OGUNLESI VICE CHAIR & TREASURER | 1.00 0.00 | X | | X | | | | 0. | 0. | 0. |
| (19) RONNIE ACKMAN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (20) ELIZABETH ALEXANDER DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (21) SARAH ARISON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (22) ELISABETH M. ARMSTRONG DIRECTOR AS OF 6/11/25 | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (23) JODY ARNHOLD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (24) SHARI ARONSON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (25) CHRISTINA BAKER DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (26) RENEE BELFER DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| 1b Subtotal | | | | | | | | 8,500,491. | 0. | 655,930. |
| c Total from continuation sheets to Part VII, Section A | | | | | | | | 0. | 0. | 0. |
| d Total (add lines 1b and 1c) | | | | | | | | 8,500,491. | 0. | 655,930. |

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 208

| | Yes | No |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i> | X | |
| 5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i> | | X |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------|---------------------|
| RESTAURANT ASSOCIATES CATERERS 132 WEST 65TH STREET, NEW YORK, NY 10023 | CATERING SERVICES | 1,952,239. |
| GEMINI MUSIC PRODUCTIONS 2 IRIQUOIS AVENUE, PALISADES, NY 10964 | ARTIST FEES | 1,706,691. |
| UNITED STAGING & RIGGING LLC 250 5TH STREET, BRIDGEPORT, CT 06607 | STAGE CONSTRUCTION | 1,334,391. |
| PRODUCTION RESOURCE GROUP, LLC 539 TEMPLE HILL ROAD, NEW WINDSOR, NY 12553 | EQUIPMENT RENTAL AND LABOR SERVICES | 1,153,717. |
| TK ELEVATOR CORPORATION 519 8TH AVE, NEW YORK, NY 10018 | ELEVATOR SERVICE | 773,013. |
| 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 | 92 | |

SEE PART VII, SECTION A CONTINUATION SHEETS

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i> | | | | | | | | | | |
|-------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (27) FRANK A. BENNACK, JR. DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (28) C. GRAHAM BERWIND, III DIRECTOR AS OF 6/11/25 | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (29) CECILY M. CARSON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (30) DIANA CHEN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (31) KATHRYN CHENAULT DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (32) MISTY COPELAND DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (33) JAMES G. DINAN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (34) CAROL DOMINA DIRECTOR AS OF 10/1/24 | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (35) DAMIEN DWIN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (36) BLAIR W. EFFRON DIRECTOR THRU 6/11/25 | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (37) JOEL S. EHRENKRANZ DIRECTOR THRU 6/11/25 | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (38) MARTIN ESCOBARI DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (39) ELIZABETH EVEILLARD DIRECTOR THRU 7/19/24 | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (40) ZITA EZPELETA DIRECTOR THRU 6/11/25 | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (41) KATHERINE FARLEY DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (42) BART FRIEDMAN DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (43) JOSHUA S. FRIEDMAN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (44) JEFFREY L. GATES DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (45) DAVID GEFFEN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (46) BENNETT J. GOODMAN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

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

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (47) JEFFREY W. GREENBERG DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (48) EFRAIM GRINBERG DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (49) MIMI HAAS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (50) JIM HERBERT DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (51) JOHN B. HESS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (52) ROBERT HOGLUND DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (53) SUSAN S. HUANG DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (54) DAVID A. HUNT DIRECTOR THRU 9/16/24 | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (55) MAHNAZ ISPAHANI BARTOS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (56) KATHY JACOBSON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (57) TOD JOHNSON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (58) BRAD S. KARP DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (59) ANTHONY Y. KIM DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (60) SHELLY LAZARUS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (61) BOBBY LE BLANC DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (62) KEWSONG LEE DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (63) BETTY LEVIN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (64) FRAYDA LINDEMANN DIRECTOR THRU 6/11/25 | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (65) BRYAN LOURD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (66) VINCENT MAI DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

| Part VII | | Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees <i>(continued)</i> | | | | | | | | |
|---------------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------|-----------------------|---------|--------------|------------------------------|--------|----------------------------------------------------------------------|---------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------|
| (A) Name and title | (B) Average hours per week (list any hours for related organizations below line) | (C) Position (check all that apply) | | | | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
| | | Individual trustee or director | Institutional trustee | Officer | Key employee | Highest compensated employee | Former | | | |
| (67) SCOTT D. MALKIN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (68) TORU MATSUI DIRECTOR AS OF 6/11/25 | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (69) PETER W. MAY DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (70) KIRAN MAZUMDAR-SHAW DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (71) AUDRA MCDONALD DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (72) GLENDA MCNEAL DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (73) PHILIP L. MILSTEIN DIRECTOR | 1.00 1.00 | X | | | | | | 0. | 0. | 0. |
| (74) JIM NEARY DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (75) ANNA NIKOLAYEVSKY DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (76) CLARENCE OTIS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (77) DINA POWELL MCCORMICK DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (78) JONELLE PROCOPE DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (79) SHONDA RHIMES DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (80) HON. STEPHEN C. ROBINSON DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (81) STEPHEN M. ROSS DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (82) DAVID M. RUBENSTEIN DIRECTOR THRU 3/31/25 | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (83) RALPH SCHLOSSTEIN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (84) MORWIN SCHMOOKLER DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (85) ESTA EIGER STECHER DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| (86) DANIEL H. STERN DIRECTOR | 1.00 0.00 | X | | | | | | 0. | 0. | 0. |
| Total to Part VII, Section A, line 1c | | | | | | | | | | |

Part VIII Statement of Revenue

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

| | | | (A) | (B) | (C) | (D) | |
|------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------|------------------------------|----------------|------------------------------------|----------------------------|----------------------------------------------------|--|
| | | | Total revenue | Related or exempt function revenue | Unrelated business revenue | Revenue excluded from tax under sections 512 - 514 | |
| Contributions, Gifts, Grants and Other Similar Amounts | 1 a Federated campaigns | 1a | | | | | |
| | b Membership dues | 1b | 1,692,241. | | | | |
| | c Fundraising events | 1c | 7,943,903. | | | | |
| | d Related organizations | 1d | | | | | |
| | e Government grants (contributions) | 1e | 5,079,859. | | | | |
| | f All other contributions, gifts, grants, and similar amounts not included above ... | 1f | 96,686,944. | | | | |
| | g Noncash contributions included in lines 1a-1f | 1g | \$ 7,600,298. | | | | |
| | h Total. Add lines 1a-1f | | 111,402,947. | | | | |
| | Program Service Revenue | 2 a FACILITIES RENTAL | Business Code | | | | |
| | | 532000 | 64,871,863. | 64,871,863. | | | |
| b FACILITIES SERVICES | | 532000 | 35,412,592. | 23,773,689. | 11,638,903. | | |
| c PRESENT PERFORMANCES | | 711300 | 1,229,109. | 1,229,109. | | | |
| d EDUCATION & OUTREACH | | 611600 | 77,507. | 77,507. | | | |
| e REDEVELOPMENT EXP SHAR | | 532000 | 3,639. | 3,639. | | | |
| f All other program service revenue | | | 111,745. | 111,745. | | | |
| g Total. Add lines 2a-2f | | | 101,706,455. | | | | |
| Other Revenue | 3 Investment income (including dividends, interest, and other similar amounts) | | 2,034,543. | | 135,886. | 1,898,657. | |
| | 4 Income from investment of tax-exempt bond proceeds | | | | | | |
| | 5 Royalties | | | | | | |
| | 6 a Gross rents | 6a | (i) Real | | | | |
| | | | (ii) Personal | | | | |
| | | | | | | | |
| | b Less: rental expenses ... | 6b | | | | | |
| | c Rental income or (loss) | 6c | | | | | |
| | d Net rental income or (loss) | | | | | | |
| | 7 a Gross amount from sales of assets other than inventory | 7a | (i) Securities | 8,935,549. | 85,719,598. | | |
| | | | (ii) Other | | | | |
| | | | | 8,594,770. | 68,059,479. | | |
| | | | | 340,779. | 17,660,119. | | |
| | b Less: cost or other basis and sales expenses | 7b | | | | | |
| | c Gain or (loss) | 7c | | | | | |
| d Net gain or (loss) | | | 18,000,898. | | 18,000,898. | | |
| 8 a Gross income from fundraising events (not including \$ 7,943,903. of contributions reported on line 1c). See Part IV, line 18 | 8a | | 330,000. | | | | |
| | | | 773,313. | | | | |
| | | | | | | | |
| b Less: direct expenses | 8b | | | | | | |
| c Net income or (loss) from fundraising events | | | -443,313. | | -443,313. | | |
| 9 a Gross income from gaming activities. See Part IV, line 19 | 9a | | | | | | |
| | | | | | | | |
| | | | | | | | |
| b Less: direct expenses | 9b | | | | | | |
| c Net income or (loss) from gaming activities | | | | | | | |
| 10 a Gross sales of inventory, less returns and allowances | 10a | | 113,476. | | | | |
| | | | 14,516. | | | | |
| | | | | | | | |
| b Less: cost of goods sold | 10b | | | | | | |
| c Net income or (loss) from sales of inventory | | | 98,960. | 98,960. | | | |
| Miscellaneous Revenue | 11 a CORPORATE SPONSORSHIPS | Business Code | | | | | |
| | | 541800 | 1,175,000. | 1,175,000. | | | |
| | b DIGITAL MARKETING SERV | 541800 | 427,253. | 427,253. | | | |
| | c MEDIA DEVELOPMENT/LFLC | 512110 | 12,290. | 12,290. | | | |
| | d All other revenue | | 560,793. | 560,793. | | | |
| | e Total. Add lines 11a-11d | | 2,175,336. | | | | |
| 12 Total revenue. See instructions | | 234,975,826. | 92,341,848. | 11,774,789. | 19,456,242. | | |

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 ... | 5,479,760. | 5,479,760. | | |
| 2 Grants and other assistance to domestic individuals. See Part IV, line 22 | 75,000. | 75,000. | | |
| 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 | | | | |
| 4 Benefits paid to or for members | | | | |
| 5 Compensation of current officers, directors, trustees, and key employees | 6,180,738. | 603,957. | 5,576,781. | |
| 6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 Other salaries and wages | 63,877,337. | 45,272,432. | 13,705,059. | 4,899,846. |
| 8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) | 6,538,113. | 2,864,394. | 3,529,591. | 144,128. |
| 9 Other employee benefits | 14,771,320. | 11,929,228. | 2,213,073. | 629,019. |
| 10 Payroll taxes | 5,509,165. | 3,656,774. | 1,524,030. | 328,361. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | | | | |
| b Legal | 385,245. | 156,545. | 228,700. | |
| c Accounting | 237,203. | | 237,129. | 74. |
| d Lobbying | 229,000. | | 229,000. | |
| e Professional fundraising services. See Part IV, line 17 | 4,747. | | | 4,747. |
| f Investment management fees | 5,825,139. | | 5,825,139. | |
| g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.) | 3,090,082. | 1,261,229. | 1,618,209. | 210,644. |
| 12 Advertising and promotion | 1,700,470. | 1,360,962. | 271,115. | 68,393. |
| 13 Office expenses | 2,619,070. | 1,652,068. | 894,904. | 72,098. |
| 14 Information technology | 2,816,556. | 320,382. | 2,490,639. | 5,535. |
| 15 Royalties | 87,553. | 86,553. | 1,000. | |
| 16 Occupancy | 29,029,165. | 28,375,037. | 654,128. | |
| 17 Travel | 1,110,956. | 762,977. | 241,833. | 106,146. |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials ... | | | | |
| 19 Conferences, conventions, and meetings | 952,237. | 296,789. | 543,098. | 112,350. |
| 20 Interest | 11,848,424. | 11,685,083. | 163,341. | |
| 21 Payments to affiliates | | | | |
| 22 Depreciation, depletion, and amortization | 33,952,075. | 31,992,369. | 1,554,250. | 405,456. |
| 23 Insurance | 2,409,786. | 2,159,161. | 250,609. | 16. |
| 24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.) | | | | |
| a PRODUCTION EXPENSES | 10,875,801. | 10,735,552. | 71,888. | 68,361. |
| b ARTISTS AND PERFORMANCE | 8,705,480. | 8,642,228. | 30,051. | 33,201. |
| c BLDG AND EQUIP. REPAIRS | 7,455,071. | 7,012,928. | 440,301. | 1,842. |
| d MAINTENANCE CONTRACTS | 780,187. | 780,067. | 120. | |
| e All other expenses | 5,115,177. | -3,562,479. | 7,745,444. | 932,212. |
| 25 Total functional expenses. Add lines 1 through 24e | 231,660,857. | 173,598,996. | 50,039,432. | 8,022,429. |
| 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 X

| | | (A) Beginning of year | | (B) End of year |
|----------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------|----------------|--------------------|
| Assets | 1 Cash - non-interest-bearing | 51,026. | 1 | 18,250. |
| | 2 Savings and temporary cash investments | 11,645,397. | 2 | 11,771,379. |
| | 3 Pledges and grants receivable, net | 99,128,422. | 3 | 115,391,520. |
| | 4 Accounts receivable, net | 30,301,210. | 4 | 31,066,686. |
| | 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 | | 5 | |
| | 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) | | 6 | |
| | 7 Notes and loans receivable, net | | 7 | |
| | 8 Inventories for sale or use | 619,051. | 8 | 635,756. |
| | 9 Prepaid expenses and deferred charges | 9,381,567. | 9 | 7,602,595. |
| | 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D | 10a 1,209,549,779. | | |
| | b Less: accumulated depreciation | 10b 414,692,334. | | |
| | 11 Investments - publicly traded securities | 809,585,665. | 10c | 794,857,445. |
| | 12 Investments - other securities. See Part IV, line 11 | 13,057,944. | 11 | 18,598,461. |
| | 13 Investments - program-related. See Part IV, line 11 | 256,094,902. | 12 | 220,786,108. |
| | 14 Intangible assets | | 13 | |
| | 15 Other assets. See Part IV, line 11 | 2,732,187. | 14 | |
| 16 Total assets. Add lines 1 through 15 (must equal line 33) | 1,232,597,371. | 15 | 1,779,630. | |
| | | 16 | 1,202,507,830. | |
| Liabilities | 17 Accounts payable and accrued expenses | 27,785,069. | 17 | 34,656,559. |
| | 18 Grants payable | | 18 | |
| | 19 Deferred revenue | 212,908,826. | 19 | 198,714,595. |
| | 20 Tax-exempt bond liabilities | 306,263,792. | 20 | 302,955,798. |
| | 21 Escrow or custodial account liability. Complete Part IV of Schedule D | | 21 | |
| | 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 | | 22 | |
| | 23 Secured mortgages and notes payable to unrelated third parties | | 23 | |
| | 24 Unsecured notes and loans payable to unrelated third parties | 59,608,067. | 24 | 38,102,749. |
| | 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 | 26,416,039. | 25 | 13,162,263. |
| | 26 Total liabilities. Add lines 17 through 25 | 632,981,793. | 26 | 587,591,964. |
| 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 | 393,376,068. | 27 | 344,988,593. |
| | 28 Net assets with donor restrictions | 206,239,510. | 28 | 269,927,273. |
| | 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 | 599,615,578. | 32 | 614,915,866. |
| | 33 Total liabilities and net assets/fund balances | 1,232,597,371. | 33 | 1,202,507,830. |

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 | 234,975,826. |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | 231,660,857. |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | 3,314,969. |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | 599,615,578. |
| 5 | Net unrealized gains (losses) on investments | 5 | 15,342,482. |
| 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 on Schedule O) | 9 | -3,357,163. |
| 10 | Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) | 10 | 614,915,866. |

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 | | X |
| 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 | X | |
| 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 on Schedule O. | X | |
| 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? _____ | | X |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits _____ | | |

Form **990** (2024)

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

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

Section A. Public Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|--------------|-------------|--------------|--------------|
| 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 157,818,761. | 105,531,088. | 118,046,065. | 61,502,826. | 111,402,947. | 554,301,687. |
| 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf | | | | | | |
| 3 The value of services or facilities furnished by a governmental unit to the organization without charge | | | | | | |
| 4 Total. Add lines 1 through 3 | 157,818,761. | 105,531,088. | 118,046,065. | 61,502,826. | 111,402,947. | 554,301,687. |
| 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) | | | | | | 111,756,606. |
| 6 Public support. Subtract line 5 from line 4. | | | | | | 442,545,081. |

Section B. Total Support

| Calendar year (or fiscal year beginning in) | (a) 2020 | (b) 2021 | (c) 2022 | (d) 2023 | (e) 2024 | (f) Total |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------|--------------|--------------|-------------|--------------|--------------------------|
| 7 Amounts from line 4 | 157,818,761. | 105,531,088. | 118,046,065. | 61,502,826. | 111,402,947. | 554,301,687. |
| 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 315,155. | 380,059. | 314,404. | 1,527,892. | 1,898,657. | 4,436,167. |
| 9 Net income from unrelated business activities, whether or not the business is regularly carried on | | 130,531. | 1,163,156. | 1,002,736. | 805,025. | 3,101,448. |
| 10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) | | 166,000. | 498,300. | 433,105. | 330,000. | 1,427,405. |
| 11 Total support. Add lines 7 through 10 | | | | | | 563,266,707. |
| 12 Gross receipts from related activities, etc. (see instructions) | | | | | 12 | 375,989,186. |
| 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 | | | | | | <input type="checkbox"/> |

Section C. Computation of Public Support Percentage

| | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|-------------------------------------|
| 14 Public support percentage for 2024 (line 6, column (f), divided by line 11, column (f)) | 14 | 78.57 % |
| 15 Public support percentage from 2023 Schedule A, Part II, line 14 | 15 | 84.02 % |
| 16a 33 1/3% support test - 2024. 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 | | <input checked="" type="checkbox"/> |
| b 33 1/3% support test - 2023. 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 | | <input type="checkbox"/> |
| 17a 10% -facts-and-circumstances test - 2024. 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 | | <input type="checkbox"/> |
| b 10% -facts-and-circumstances test - 2023. 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 | | <input type="checkbox"/> |
| 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 | | <input type="checkbox"/> |

Schedule A (Form 990) 2024

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

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

Section A. Public Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2020, (b) 2021, (c) 2022, (d) 2023, (e) 2024, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Description, Percentage. Row 15: Public support percentage for 2024 (line 8, column (f), divided by line 13, column (f)) 15%. Row 16: Public support percentage from 2023 Schedule A, Part III, line 15 16%.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Description, Percentage. Row 17: Investment income percentage for 2024 (line 10c, column (f), divided by line 13, column (f)) 17%. Row 18: Investment income percentage from 2023 Schedule A, Part III, line 17 18%.

19a 33 1/3% support tests - 2024. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2023. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

Part IV Supporting Organizations

(Complete only if you checked a box on line 12 of Part I. If you checked box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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 line 11a above? | | |
| c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i> | | |
| 11a | | |
| 11b | | |
| 11c | | |

Section B. Type I Supporting Organizations

| | Yes | No |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|
| 1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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> | | |
| 1 | | |
| 2 | | |

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> | | |
| 1 | | |

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 on 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> | | |
| 1 | | |
| 2 | | |
| 3 | | |

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 governmental 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> | | |
| 2a | | |
| 2b | | |
| 3a | | |
| 3b | | |

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): | | |
| 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 0.85 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 | <input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions). | | |

Schedule A (Form 990) 2024

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 2024 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-2024 | (iii) Distributable Amount for 2024 |
|---------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------|-------------------------------------------|
| 1 | Distributable amount for 2024 from Section C, line 6 | | |
| 2 | Underdistributions, if any, for years prior to 2024 (reasonable cause required - explain in Part VI). See instructions. | | |
| 3 | Excess distributions carryover, if any, to 2024 | | |
| a | From 2019 | | |
| b | From 2020 | | |
| c | From 2021 | | |
| d | From 2022 | | |
| e | From 2023 | | |
| f | Total of lines 3a through 3e | | |
| g | Applied to under distributions of prior years | | |
| h | Applied to 2024 distributable amount | | |
| i | Carryover from 2019 not applied (see instructions) | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | |
| 4 | Distributions for 2024 from Section D, line 7: \$ | | |
| a | Applied to underdistributions of prior years | | |
| b | Applied to 2024 distributable amount | | |
| c | Remainder. Subtract lines 4a and 4b from line 4. | | |
| 5 | Remaining underdistributions for years prior to 2024, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. | | |
| 6 | Remaining underdistributions for 2024. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | |
| 7 | Excess distributions carryover to 2025. Add lines 3j and 4c. | | |
| 8 | Breakdown of line 7: | | |
| a | Excess from 2020 | | |
| b | Excess from 2021 | | |
| c | Excess from 2022 | | |
| d | Excess from 2023 | | |
| e | Excess from 2024 | | |

Schedule A (Form 990) 2024

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.)

PART II, SECTION B, LINE 10

OTHER REVENUE

OTHER INCOME INCLUDES MISCELLANEOUS REVENUE AND GROSS SALES OF
INVENTORY FROM PART VIII, THE STATEMENT OF REVENUE.

Multiple horizontal lines for supplemental information.

**Schedule B
(Form 990)**

(Rev. December 2024)
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

| | |
|-----------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC. | Employer identification number 13-1847137 |
|-----------------------------------------------------------------------------|----------------------------------------------|

Organization type (check one):

Filers of:

Section:

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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

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

General Rule

- For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or 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 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), 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 (entering "N/A" in column (b) instead of the contributor name and address), 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), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990).

| | |
|-------------------------------------------------------------------------|---------------------------------------------------------|
| Name of organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC. | Employer identification number 13-1847137 |
|-------------------------------------------------------------------------|---------------------------------------------------------|

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

| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
|------------|-----------------------------------|----------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1 | | \$ 50,000,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 2 | | \$ 6,500,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 3 | | \$ 5,250,000. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 4 | | \$ 4,210,359. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.) |
| 5 | | \$ 3,694,015. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |
| 6 | | \$ 3,052,735. | Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.) |

| | |
|-------------------------------------------------------------------------|---------------------------------------------------------|
| Name of organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC. | Employer identification number 13-1847137 |
|-------------------------------------------------------------------------|---------------------------------------------------------|

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 |
|------------------------------|----------------------------------------------|-------------------------------------------------|----------------------|
| 5 | SECURITIES _____ _____ _____ | \$ 3,613,036. | 06/30/25 |
| 6 | SECURITIES _____ _____ _____ | \$ 2,010,159. | 06/30/25 |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |
| | _____ _____ _____ | \$ _____ | _____ |

| | |
|-------------------------------------------------------------------------|--------------------------------------------------|
| Name of organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC. | Employer identification number 13-1847137 |
|-------------------------------------------------------------------------|--------------------------------------------------|

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 info. once.) \$ _____
Use duplicate copies of Part III if additional space is needed.

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

SCHEDULE C
(Form 990)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2024

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under Section 501(c) and Section 527
Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.
Go to www.irs.gov/Form990 for instructions and the latest information.

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

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

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

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

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

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

| | |
|-------------------------------------------------------------------------|----------------------------------------------------|
| Name of organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC. | Employer identification number (EIN) 13-1847137 |
|-------------------------------------------------------------------------|----------------------------------------------------|

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

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

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

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

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

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

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

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

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

| Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.) | | (a) Filing organization's totals | (b) Affiliated group totals | | | | | | | | | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|-----------------------------------------|--------------------|-------------------------------|-----------------------------------------|--------------------------------------------------|-------------------------------------------|----------------------------------------------------|--------------------------------------------|---------------------------------------------------|-------------------|--------------|--|--|
| 1a | Total lobbying expenditures to influence public opinion (grassroots lobbying) | | | | | | | | | | | | | | |
| b | Total lobbying expenditures to influence a legislative body (direct lobbying) | | | | | | | | | | | | | | |
| c | Total lobbying expenditures (add lines 1a and 1b) | | | | | | | | | | | | | | |
| d | Other exempt purpose expenditures | | | | | | | | | | | | | | |
| e | Total exempt purpose expenditures (add lines 1c and 1d) | | | | | | | | | | | | | | |
| f | Lobbying nontaxable amount. Enter the amount from the following table in both columns. | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%;"> <thead> <tr> <th style="text-align: left;">IF the amount on line 1e, column (a) or (b), is:</th> <th style="text-align: left;">THEN the lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table> | | IF the amount on line 1e, column (a) or (b), is: | THEN the lobbying nontaxable amount is: | not over \$500,000 | 20% of the amount on line 1e. | over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | over \$17,000,000 | \$1,000,000. | | |
| IF the amount on line 1e, column (a) or (b), is: | THEN the lobbying nontaxable amount is: | | | | | | | | | | | | | | |
| not over \$500,000 | 20% of the amount on line 1e. | | | | | | | | | | | | | | |
| over \$500,000 but not over \$1,000,000 | \$100,000 plus 15% of the excess over \$500,000. | | | | | | | | | | | | | | |
| over \$1,000,000 but not over \$1,500,000 | \$175,000 plus 10% of the excess over \$1,000,000. | | | | | | | | | | | | | | |
| over \$1,500,000 but not over \$17,000,000 | \$225,000 plus 5% of the excess over \$1,500,000. | | | | | | | | | | | | | | |
| over \$17,000,000 | \$1,000,000. | | | | | | | | | | | | | | |
| g | Grassroots nontaxable amount (enter 25% of line 1f) | | | | | | | | | | | | | | |
| h | Subtract line 1g from line 1a. If zero or less, enter -0- | | | | | | | | | | | | | | |
| i | Subtract line 1f from line 1c. If zero or less, enter -0- | | | | | | | | | | | | | | |
| j | If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year? | | | | | | | | | | | | | | |

Yes No

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

| Lobbying Expenditures During 4-Year Averaging Period | | | | | |
|---------------------------------------------------------------------|----------|----------|----------|----------|-----------|
| Calendar year (or fiscal year beginning in) | (a) 2021 | (b) 2022 | (c) 2023 | (d) 2024 | (e) Total |
| 2a Lobbying nontaxable amount | | | | | |
| b Lobbying ceiling amount (150% of line 2a, column(e)) | | | | | |
| c Total lobbying expenditures | | | | | |
| d Grassroots nontaxable amount | | | | | |
| e Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | |
| f Grassroots lobbying expenditures | | | | | |

Schedule C (Form 990) 2024

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

| For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity. | (a) | | (b) |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|----------|
| | Yes | No | Amount |
| 1 During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: | | | |
| a Volunteers? | X | | |
| b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? .. | X | | |
| c Media advertisements? | | X | |
| d Mailings to members, legislators, or the public? | | X | |
| e Publications, or published or broadcast statements? | | X | |
| f Grants to other organizations for lobbying purposes? | | X | |
| g Direct contact with legislators, their staffs, government officials, or a legislative body? | X | | 252,202. |
| h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? | | X | |
| i Other activities? | | X | |
| j Total. Add lines 1c through 1i | | | 252,202. |
| 2a Did the activities in line 1 cause the organization to not be described in section 501(c)(3)? | | X | |
| b If "Yes," enter the amount of any tax incurred under section 4912 | | | |
| c If "Yes," enter the amount of any tax incurred by organization managers under section 4912 | | | |
| d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year? | | | |

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

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

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

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

Part IV Supplemental Information

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

PART II-B, LINE 1, LOBBYING ACTIVITIES:

LCPA MEETS WITH NEW YORK CITY AND NEW YORK STATE OFFICIALS ON MATTERS OF ARTS AND EDUCATIONAL INITIATIVES AND CAPITAL PROJECTS. THESE ACTIVITIES ARE REPORTED REGULARLY AS REQUIRED TO THE RESPECTIVE GOVERNMENT AGENCIES.

SCHEDULE D
(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS,
INC.

Employer identification number
13-1847137

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).
 Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 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.

| | Held at the End of the Tax Year |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------|
| a Total number of conservation easements | 2a |
| b Total acreage restricted by conservation easements | 2b |
| c Number of conservation easements on a certified historic structure included on line 2a | 2c |
| d Number of conservation easements included on line 2c acquired after July 25, 2006, 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?

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 2d above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

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 \$ _____

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

Schedule D (Form 990) (Rev. 12-2024)

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) INTERNATIONAL EQUITY | 41,586,632. | END-OF-YEAR MARKET VALUE |
| (B) LARGE CAP EQUITY FUND | 47,069,538. | END-OF-YEAR MARKET VALUE |
| (C) SMALL/MID CAP EQUITY FUND | 23,810,188. | END-OF-YEAR MARKET VALUE |
| (D) ABSOLUTE RETURN | 43,222,091. | END-OF-YEAR MARKET VALUE |
| (E) HEDGED EQUITY | 28,276,023. | END-OF-YEAR MARKET VALUE |
| (F) PRIVATE EQUITY | 36,821,636. | END-OF-YEAR MARKET VALUE |
| (G) | | |
| (H) | | |
| Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B)) | 220,786,108. | |

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B)) | | |

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) | |
| (2) | |
| (3) | |
| (4) | |
| (5) | |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 15, col. (B)) | |

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 | |
| (2) SHARED REDEVELOPMENT PLEDGE | 5,897,462. |
| (3) DUE TO CONSTITUENT ORGANIZATIONS | 4,000,000. |
| (4) LEASE LIABILITY | 1,089,801. |
| (5) OTHER LIABILITIES | 2,175,000. |
| (6) | |
| (7) | |
| (8) | |
| (9) | |
| Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) | 13,162,263. |

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 FASB 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 | 245,185,914. |
| 2 | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | | |
| a | Net unrealized gains (losses) on investments | 2a 15,342,482. | | |
| b | Donated services and use of facilities | 2b 3,745,530. | | |
| c | Recoveries of prior year grants | 2c | | |
| d | Other (Describe in Part XIII.) | 2d | | |
| e | Add lines 2a through 2d | | 2e | 19,088,012. |
| 3 | Subtract line 2e from line 1 | | 3 | 226,097,902. |
| 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 5,825,139. | | |
| b | Other (Describe in Part XIII.) | 4b 3,052,785. | | |
| c | Add lines 4a and 4b | | 4c | 8,877,924. |
| 5 | Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.) | | 5 | 234,975,826. |

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 | 229,873,246. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | | |
| a | Donated services and use of facilities | 2a 3,745,530. | | |
| b | Prior year adjustments | 2b | | |
| c | Other losses | 2c | | |
| d | Other (Describe in Part XIII.) | 2d 291,998. | | |
| e | Add lines 2a through 2d | | 2e | 4,037,528. |
| 3 | Subtract line 2e from line 1 | | 3 | 225,835,718. |
| 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 5,825,139. | | |
| b | Other (Describe in Part XIII.) | 4b | | |
| c | Add lines 4a and 4b | | 4c | 5,825,139. |
| 5 | Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.) | | 5 | 231,660,857. |

Part XIII Supplemental Information

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

PART V, LINE 4:

ENDOWMENT FUNDS:

LCPA'S ENDOWMENT IS INTENDED TO FUND THE SUSTAINMENT, ENCOURAGEMENT, AND PROMOTION OF THE PERFORMING ARTS.

PART X, LINE 2:

UNCERTAIN TAX POSITIONS:

LCPA RECOGNIZES THE BENEFIT OF TAX POSITIONS WHEN IT IS MORE LIKELY THAN NOT THAT THE POSITION WILL BE SUSTAINABLE BASED ON THE MERITS OF THE POSITION.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

| | |
|---------------------------------------|------------|
| COST OF GOODS SOLD | -14,516. |
| PLEDGE WRITE-OFF | 3,067,301. |
| TOTAL TO SCHEDULE D, PART XI, LINE 4B | 3,052,785. |

PART XII, LINE 2D - OTHER ADJUSTMENTS:

| | |
|----------------------------------------|----------|
| COST OF GOODS SOLD | 14,516. |
| BAD DEBT RECOVERIES | 277,482. |
| TOTAL TO SCHEDULE D, PART XII, LINE 2D | 291,998. |

**SCHEDULE F
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Statement of Activities Outside the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

Attach to Form 990.

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

OMB No. 1545-0047

**Open to Public
Inspection**

| | |
|-----------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC. | Employer identification number 13-1847137 |
|-----------------------------------------------------------------------------|----------------------------------------------|

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 and 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 the 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 |
|---------------------------------------------------------|-------------------------------------|----------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------|----------------------------------------------------------|
| EUROPE (INCLUDING ICELAND AND GREENLAND) | 0 | 0 | PROGRAM SERVICES | PERFORMING ARTS | 36,861. |
| NORTH AMERICA (CANADA AND MEXICO) | 0 | 0 | PROGRAM SERVICES | PERFORMING ARTS | 11,991. |
| SOUTH ASIA | 0 | 0 | PROGRAM SERVICES | PERFORMING ARTS | 14,952. |
| SOUTH AMERICA | 0 | 0 | PROGRAM SERVICES | PERFORMING ARTS | 12,305. |
| CENTRAL AMERICA/CARIBBEAN | 0 | 0 | INVESTMENTS | | 144,182,665. |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| 3 a Subtotal | 0 | 0 | | | 144,258,774. |
| b Total from continuation sheets to Part I | 0 | 0 | | | 0. |
| c Totals (add lines 3a and 3b) | 0 | 0 | | | 144,258,774. |

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 the 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 the 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 the 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 the 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 the 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 the Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) (Rev. 12-2024)

Part V Supplemental Information

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.

Multiple horizontal lines for supplemental information.

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.

| | | (a) Event #1 | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through col. (c)) | |
|-----------------|--------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|---------------------|--------------------------------------------------------|------------|
| | | FALL GALA (event type) | SPRING GALA (event type) | 1 (total number) | | |
| Revenue | 1 | Gross receipts | 5,043,447. | 3,192,108. | 38,348. | 8,273,903. |
| | 2 | Less: Contributions | 4,836,247. | 3,069,308. | 38,348. | 7,943,903. |
| | 3 | Gross income (line 1 minus line 2) | 207,200. | 122,800. | | 330,000. |
| Direct Expenses | 4 | Cash prizes | | 790. | | 790. |
| | 5 | Noncash prizes | | | | |
| | 6 | Rent/facility costs | 41. | | | 41. |
| | 7 | Food and beverages | 106,191. | 190,541. | 14,949. | 311,681. |
| | 8 | Entertainment | 36,408. | 1,000. | | 37,408. |
| | 9 | Other direct expenses | 106,990. | 285,610. | 30,793. | 423,393. |
| | 10 | Direct expense summary. Add lines 4 through 9 in column (d) | | | | 773,313. |
| 11 | Net income summary. Subtract line 10 from line 3, column (d) | | | | -443,313. | |

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.

| | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
|-----------------|--------------------------------------------------------------------|-----------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|---------------------------------------------------------------------|
| | | 1 | Gross revenue | | |
| Direct Expenses | 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 the name and address of the third party:

Name _____

Address _____

16 Gaming manager information:

Name _____

Gaming manager compensation \$ _____

Description of services provided _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: SD&A TELESERVICES

(I) ADDRESS OF FUNDRAISER:

5757 WEST CENTURY BLVD., SUITE 300, LOS ANGELES, CA 90045

**SCHEDULE I
(Form 990)**

(Rev. December 2024)

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 instructions and the latest information.

OMB No. 1545-0047

**Open to Public
Inspection**

Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS,
INC.

Employer identification number
13-1847137

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.

| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of noncash assistance | (f) Method of valuation (book, FMV, appraisal, other) | (g) Description of noncash assistance | (h) Purpose of grant or assistance |
|---------------------------------------------------------------------------------------------------|------------|---------------------------------|--------------------------|----------------------------------|-------------------------------------------------------|---------------------------------------|-------------------------------------------------------------------|
| LINCOLN CENTER DEVELOPMENT PROJECT, INC - 70 LINCOLN CENTER PLAZA, 9TH FLOOR - NEW YORK, NY 10023 | 13-4172481 | 501(C)(3) | 5,479,760. | 0. | | | TO PROVIDE FUNDING FOR REDEVELOPMENT OF THE LINCOLN CENTER CAMPUS |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

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

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

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

Schedule I (Form 990) (Rev. 12-2024)

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 non-cash assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash assistance |
|-----------------------------------|--------------------------|--------------------------|-----------------------------------|-------------------------------------------------------|---------------------------------------|
| AVERY FISHER ARTIST PROGRAM GRANT | 3 | 75,000. | 0. | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |

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

PART I, LINE 2:

GRANT MONITORING

ON A MONTHLY BASIS, LCDP SENDS LCPA A DRAW REQUEST. THE DRAW REQUEST IS A REIMBURSEMENT REQUEST TO FUND INVOICES PAID BY LCDP TO SUPPORT CAPITAL PROJECTS RELATED TO THE LINCOLN CENTER CAMPUS. THE DRAW REQUEST CLASSIFIES, BY PROJECT, ITEMS PAID BY LCDP AND IS SUPPORTED BY INVOICES INCLUDED IN EACH DRAW.

THE AVERY FISHER CAREER GRANTS AWARDS GRANTS TO EMERGING INSTRUMENTALISTS AND/OR CHAMBER ENSEMBLES TO SUPPORT THEIR CAREERS IN THE PERFORMING ARTS. THE GRANTS ARE BASED ON EXCELLENCE ALONE, AND THE MUSICIANS MUST BE U.S. CITIZENS OR PERMANENT U.S. RESIDENTS. UP TO FIVE GRANTS OF \$25,000 AND ONE GRANT OF \$75,000 MAY BE AWARDED EACH YEAR.

THE AVERY FISHER PRIZE PROGRAM AWARDS SOLO INSTRUMENTALISTS AND/OR CHAMBER ENSEMBLES WHO HAVE DEMONSTRATED OUTSTANDING ARTISTIC ACHIEVEMENT AND LEADERSHIP IN MUSIC. THE AWARD IS BASED ON EXCELLENCE ALONE, AND THE RECIPIENTS MUST BE U.S. CITIZENS OR PERMANENT U.S.

**SCHEDULE J
(Form 990)**

(Rev. December 2024)
Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **LINCOLN CENTER FOR THE PERFORMING ARTS, INC.** Employer identification number **13-1847137**

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.

- | | |
|--------------------------------------------------------------------|----------------------------------------------------------------------------|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|-------------------------------------------------------------------------|-------------------------------------------------------------------------------------|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> 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 section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- 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 on 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 | | |
| 2 | | |
| 4a | X | |
| 4b | | X |
| 4c | | X |
| 5a | | X |
| 5b | | X |
| 6a | | X |
| 6b | | X |
| 7 | X | |
| 8 | | X |
| 9 | | |

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

Schedule J (Form 990) (Rev. 12-2024)

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

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

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

| (A) Name and Title | | (B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation | | | (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 | | | | |
| (1) HENRY TIMMS PRESIDENT AND CEO THRU 8/1/24 | (i) | 910,240. | 1,336,667. | 436. | 13,575. | 32,299. | 2,293,217. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (2) JAMES O'HARA EVP, CFO & CAO | (i) | 631,017. | 219,300. | 2,985. | 16,858. | 34,460. | 904,620. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (3) SHANNON SHANTA THAKE-KRIEGSMAN EVP, CHIEF ARTISTIC OFFICER | (i) | 429,142. | 266,700. | 703. | 21,521. | 31,635. | 749,701. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (4) LAUREN KLEIN EVP, GEN. COUNSEL & CORP. SECR. | (i) | 570,155. | 116,850. | 1,945. | 16,846. | 43,472. | 749,268. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (5) LEAH JOHNSON EVP, CHF. COMM, MKTING & ADVOC. OFC. | (i) | 504,925. | 180,000. | 2,985. | 17,222. | 24,115. | 729,247. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (6) MELIQUE JONES EVP, CHIEF PEOPLE OFFICER | (i) | 450,563. | 161,700. | 2,015. | 21,512. | 13,912. | 649,702. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (7) ADAM BAIR BASIC STAGEHAND | (i) | 413,719. | 0. | 0. | 88,594. | 68,264. | 570,577. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (8) ROBERT BELLAS BASIC STAGEHAND | (i) | 382,529. | 0. | 0. | 85,812. | 67,809. | 536,150. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (9) DARREN ROBERTSON SVP, PERFORMANCE & CAMPUS OPERATIONS | (i) | 423,523. | 60,000. | 678. | 12,588. | 5,000. | 501,789. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (10) LAURA COLONY SVP, A&I - CORPORATE & INSTITUTIONAL | (i) | 379,987. | 58,500. | 378. | 14,797. | 267. | 453,929. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (11) MARIKO SILVER PRESIDENT AND CEO AS OF 9/16/24 | (i) | 264,788. | 125,000. | 145. | 0. | 18,136. | 408,069. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (12) LAWRENCE SUMULONG PHOTOGRAPHER | (i) | 373,434. | 3,200. | 0. | 8,920. | 0. | 385,554. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| (13) PETER FLAMM FORMER VP, REAL ESTATE | (i) | 0. | 0. | 226,282. | -1,684. | 0. | 224,598. | 0. |
| | (ii) | 0. | 0. | 0. | 0. | 0. | 0. | 0. |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |

Part III Supplemental Information

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

PART I, LINE 4A:

PETER FLAMM, FORMER VP, REAL ESTATE RECEIVED SEVERANCE OF \$225,762.

PART I, LINE 7:

THE FOLLOWING INDIVIDUALS RECEIVED DISCRETIONARY, NON-FIXED BONUSES IN CALENDAR 2024:

HENRY TIMMS, FORMER PRESIDENT AND CEO \$946,667.

MARIKO SILVER, PRESIDENT AND CEO \$125,000.

JAMES O'HARA, EVP, CHIEF FINANCIAL OFFICER AND CHIEF ADMINISTRATIVE OFFICER \$219,300.

LAUREN KLEIN, EVP, GEN. COUNSEL & CORP SEC. \$116,850

LEAH JOHNSON, EVP, CHIEF COMMUNICATIONS, MARKETING AND ADVOCACY OFFICER \$180,000.

SHANNON SHANTA THAKE-KRIEGSMANN, EVP, CHIEF ARTISTIC OFFICER \$266,700.

MELIQUE JONES, EVP, CHIEF PEOPLE OFFICER \$161,700.

DARREN ROBERTSON, VP, PERFORMANCE & CAMPUS OPERATIONS \$60,000.

LAURA COLONY, SVP, A&I CORPORATE AND INSTITUTINAL GIVING \$58,500.

LAWRENCE SUMULONG, PHOTOGRAPHER, \$3,200.

PART II, COLUMN C:

AMOUNTS IN THIS COLUMN INCLUDE CHANGES IN THE PRESENT VALUE OF QUALIFIED DEFINED BENEFIT PENSION PLAN BENEFITS. THE CHANGES IN VALUE CAN BE ATTRIBUTED TO THREE MAIN FACTORS: (1) THE EMPLOYEE AGES BY ONE YEAR; (2) THE EMPLOYEE EARNS AN ADDITIONAL YEAR OF BENEFIT ACCRUAL; AND (3) THE YIELD CURVE CHANGES.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990.
Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Name of the organization **LINCOLN CENTER FOR THE PERFORMING ARTS, INC.** Employer identification number **13-1847137**

| Part I Bond Issues | | | | | | | | | | | |
|-----------------------------------------------------------------|----------------|-------------|-----------------|-----------------|----------------------------|--------------|----|-------------------------|----|----------------------|----|
| (a) Issuer name | (b) Issuer EIN | (c) CUSIP # | (d) Date issued | (e) Issue price | (f) Description of purpose | (g) Defeased | | (h) On behalf of issuer | | (i) Pooled financing | |
| | | | | | | Yes | No | Yes | No | Yes | No |
| A THE TRUST FOR CULTURAL RESOURCES OF NYC - SERIES 2016A | 91-1882413 | 649717UE3 | 11/29/16 | 104,370,134. | REFUND 2008C ISSUE | | X | | X | | X |
| B THE TRUST FOR CULTURAL RESOURCES OF NYC - SERIES 2020A | 91-1882413 | 649717VL6 | 08/24/20 | 152,580,126. | REFUND 2008A ISSUE | | X | | X | | X |
| C | | | | | | | | | | | |
| D | | | | | | | | | | | |

| Part II Proceeds | | | | | | | | | | |
|--------------------------------------------------------------------------------------------------------------------------------------------|--------------|----|--------------|----|-----|----|-----|----|-----|----|
| | A | | B | | C | | D | | | |
| 1 Amount of bonds retired | | | | | | | | | | |
| 2 Amount of bonds legally defeased | | | | | | | | | | |
| 3 Total proceeds of issue | 104,370,134. | | 152,580,126. | | | | | | | |
| 4 Gross proceeds in reserve funds | | | | | | | | | | |
| 5 Capitalized interest from proceeds | | | | | | | | | | |
| 6 Proceeds in refunding escrows | | | | | | | | | | |
| 7 Issuance costs from proceeds | 732,082. | | 937,331. | | | | | | | |
| 8 Credit enhancement from proceeds | | | | | | | | | | |
| 9 Working capital expenditures from proceeds | | | | | | | | | | |
| 10 Capital expenditures from proceeds | | | | | | | | | | |
| 11 Other spent proceeds | 103,638,052. | | 151,642,795. | | | | | | | |
| 12 Other unspent proceeds | | | | | | | | | | |
| 13 Year of substantial completion | 2018 | | 2020 | | | | | | | |
| | Yes | No | Yes | No | Yes | No | Yes | No | Yes | No |
| 14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)? | X | | X | | | | | | | |
| 15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)? | | X | | X | | | | | | |
| 16 Has the final allocation of proceeds been made? | X | | X | | | | | | | |
| 17 Does the organization maintain adequate books and records to support the final allocation of proceeds? | X | | X | | | | | | | |

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

Schedule K (Form 990) (Rev. 12-2024)

| Part III Private Business Use | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | A | | B | | C | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? | | X | | X | | | | |
| 2 Are there any lease arrangements that may result in private business use of bond-financed property? | | X | | X | | | | |
| 3a Are there any management or service contracts that may result in private business use of bond-financed property? | X | | X | | | | | |
| b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property? | | X | | X | | | | |
| c Are there any research agreements that may result in private business use of bond-financed property? | | X | | X | | | | |
| d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ... | | | | | | | | |
| 4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government | | % | | % | | % | | % |
| 5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government | | % | | % | | % | | % |
| 6 Total of lines 4 and 5 | | % | | % | | % | | % |
| 7 Does the bond issue meet the private security or payment test? | | X | | X | | | | |
| 8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued? | | X | | X | | | | |
| b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of | | % | | % | | % | | % |
| c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2? | | | | | | | | |
| 9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2? | X | | X | | | | | |

| Part IV Arbitrage | | | | | | | | |
|-----------------------------------------------------------------------------------------------------------------------------|------------|-----------|------------|-----------|------------|-----------|------------|-----------|
| | A | | B | | C | | D | |
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate? | | X | | X | | | | |
| 2 If "No" to line 1, did the following apply? | | | | | | | | |
| a Rebate not due yet? | | X | | X | | | | |
| b Exception to rebate? | | X | | X | | | | |
| c No rebate due? | X | | X | | | | | |
| If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed | | | | | | | | |
| 3 Is the bond issue a variable rate issue? | | X | | X | | | | |

Part IV Arbitrage (continued)

| | A | | B | | C | | D | |
|--------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| 4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue? | | X | | X | | | | |
| b Name of provider | | | | | | | | |
| c Term of hedge | | | | | | | | |
| d Was the hedge superintegrated? | | | | | | | | |
| e Was the hedge terminated? | | | | | | | | |
| 5a Were gross proceeds invested in a guaranteed investment contract (GIC)? | | X | | X | | | | |
| b Name of provider | | | | | | | | |
| c Term of GIC | | | | | | | | |
| d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied? | | | | | | | | |
| 6 Were any gross proceeds invested beyond an available temporary period? | | X | | X | | | | |
| 7 Has the organization established written procedures to monitor the requirements of section 148? | X | | X | | | | | |

Part V Procedures To Undertake Corrective Action

| | A | | B | | C | | D | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|-----|----|-----|----|-----|----|
| | Yes | No | Yes | No | Yes | No | Yes | No |
| Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations? | X | | X | | | | | |

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART I, BOND ISSUES:

BOND ISSUE A

(A) ISSUER NAME: THE TRUST FOR CULTURAL RESOURCES OF THE CITY OF NEW

YORK

(F) DESCRIPTION OF PURPOSE: REFUND 2008C ISSUE

BOND ISSUE B

(A) ISSUER NAME: THE TRUST FOR CULTURAL RESOURCES OF THE CITY OF NEW

YORK

(F) DESCRIPTION OF PURPOSE: REFUND 2008A ISSUE

SCHEDULE K, PART III, LINE 3A - BOND ISSUE A AND BOND ISSUE B

ALL MANAGEMENT AND SERVICE CONTRACTS WITHIN BOND FINANCED SPACE MEET THE REQUIREMENTS OF ONE OF THE AVAILABLE SAFE HARBORS OR INCIDENTAL USE EXCEPTION AND DO NOT RESULT IN PRIVATE BUSINESS USE.

SCHEDULE K, PART IV, LINE 2B - BOND ISSUE A

BOND PROCEEDS FROM THE BOND ISSUED ON 11/29/2016 WERE FULLY APPLIED TO REFUND 2008C BONDS, AND NO PROCEEDS WERE OUTSTANDING; THEREFORE, NO PROCEEDS WERE IN AN ACCOUNT WITH THE POTENTIAL TO EARN INVESTMENT

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions. *(continued)*

INCOME.

SCHEDULE K, PART IV, LINE 2B - BOND ISSUE B
BOND PROCEEDS FROM THE BOND ISSUED ON 08/24/20 WERE FULLY APPLIED TO
REFUND 2008A BONDS, AND NO PROCEEDS WERE OUTSTANDING; THEREFORE, NO
PROCEEDS WERE IN AN ACCOUNT WITH THE POTENTIAL TO EARN INVESTMENT
INCOME.

SCHEDULE L

(Form 990)

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Transactions With Interested Persons

Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c; or Form 990-EZ, Part V, line 38a or 40b.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public
Inspection

Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC. Employer identification number 13-1847137

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.

Table with 4 main columns: (a) Name of disqualified person, (b) Relationship between disqualified person and organization, (c) Description of transaction, (d) Corrected? (Yes/No). Rows 1-6.

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.

Table with 10 main columns: (a) Name of interested person, (b) Relationship with organization, (c) Purpose of loan, (d) Loan to or from the organization? (To/From), (e) Original principal amount, (f) Balance due, (g) In default? (Yes/No), (h) Approved by board or committee? (Yes/No), (i) Written agreement? (Yes/No). Rows 1-10 and Total.

Total \$

Part III Grants or Assistance Benefiting Interested Persons

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

Table with 5 main columns: (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. Rows 1-10.

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

Schedule L (Form 990) (Rev. 12-2024)

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) JOSHUA FRIEDMAN | SEE PART V | 128,825. | INVESTMENT | | X |
| (2) JOSHUA FRIEDMAN | SEE PART V | 151,805. | CARRIED INT | | X |
| (3) | | | | | |
| (4) | | | | | |
| (5) | | | | | |
| (6) | | | | | |
| (7) | | | | | |
| (8) | | | | | |
| (9) | | | | | |
| (10) | | | | | |

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: JOSHUA FRIEDMAN

(D) DESCRIPTION OF TRANSACTION: INVESTMENT MGMT FEES

(A) NAME OF PERSON: JOSHUA FRIEDMAN

(D) DESCRIPTION OF TRANSACTION: CARRIED INTEREST/INCENTIVE FEES

SCHEDULE L, PART IV, ITEMS (1) & (2)

JOSHUA FRIEDMAN, CO-FOUNDER, CO-CHAIRMAN, AND CO-CHIEF EXECUTIVE OFFICER OF CANYON PARTNERS, LLC, THE MANAGING MEMBER OF CANYON CAPITAL ADVISORS LLC, SERVES ON LCPA'S BOARD OF DIRECTORS. LCPA HOLDS INVESTMENTS IN TWO FUNDS, THE VALUE OF WHICH APPROXIMATED \$1.8M AND \$3.7M, RESPECTIVELY, AS OF JUNE 30, 2025, FOR WHICH CANYON CAPITAL ADVISORS ACTS AS INVESTMENT ADVISOR. DURING FISCAL YEAR 2025, LCPA PAID \$128,825 FOR INVESTMENT MANAGEMENT SERVICES AND ACCRUED CARRIED INTEREST TOTALING \$151,805. THIS RELATIONSHIP PRE-DATES MR. FRIEDMAN'S MEMBERSHIP ON THE BOARD. THE ONGOING RELATIONSHIP IS SUBJECT TO PERIODIC REVIEW BY LCPA'S AUDIT COMMITTEE.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2024

Open to Public Inspection

Complete if the organizations answered "Yes" on Form 990, Part IV, line 29 or 30.
Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization **LINCOLN CENTER FOR THE PERFORMING ARTS, INC.** Employer identification number **13-1847137**

Part I Types of Property

| | (a) Check if applicable | (b) Number of contributions or items contributed | (c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g | (d) Method of determining noncash contribution amounts |
|--------------------------------------------------------------|----------------------------|-----------------------------------------------------|------------------------------------------------------------------------------|-----------------------------------------------------------|
| 1 Art - Works of art | | | | |
| 2 Art - Historical treasures | | | | |
| 3 Art - Fractional interests | | | | |
| 4 Books and publications | | | | |
| 5 Clothing and household goods | | | | |
| 6 Cars and other vehicles | | | | |
| 7 Boats and planes | | | | |
| 8 Intellectual property | | | | |
| 9 Securities - Publicly traded | X | 18 | 7,600,298. FMV | |
| 10 Securities - Closely held stock | | | | |
| 11 Securities - Partnership, LLC, or trust interests | | | | |
| 12 Securities - Miscellaneous | | | | |
| 13 Qualified conservation contribution - Historic structures | | | | |
| 14 Qualified conservation contribution - Other | | | | |
| 15 Real estate - Residential | | | | |
| 16 Real estate - Commercial | | | | |
| 17 Real estate - Other | | | | |
| 18 Collectibles | | | | |
| 19 Food inventory | | | | |
| 20 Drugs and medical supplies | | | | |
| 21 Taxidermy | | | | |
| 22 Historical artifacts | | | | |
| 23 Scientific specimens | | | | |
| 24 Archeological artifacts | | | | |
| 25 Other () | | | | |
| 26 Other () | | | | |
| 27 Other () | | | | |
| 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 V, Donee Acknowledgement **29** 0

30a During the year, did the organization receive by contribution any property reported on Part I, lines 1 through 28, that it must hold for at least 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? **31** X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

| | Yes | No |
|-----|-----|----|
| 30a | | X |
| 31 | X | |
| 32a | | X |

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

Schedule M (Form 990) 2024

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

SCHEDULE M, PART I, COLUMN (B):

NUMBER OF CONTRIBUTIONS

THE AMOUNT IN COLUMN (B) REPRESENTS THE NUMBER OF CONTRIBUTIONS.

Lined area for supplemental information input.

**SCHEDULE O
(Form 990)**

(Rev. December 2024)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**Open to Public
Inspection**

| | |
|-----------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC. | Employer identification number 13-1847137 |
|-----------------------------------------------------------------------------|----------------------------------------------|

FORM 990, PART I, LINE 1 & PART III, LINE 1

TO SUSTAIN, ENCOURAGE, AND PROMOTE THE PERFORMING ARTS AND TO EDUCATE THE PUBLIC WITH RELATION THERETO. IN ADDITION TO MAINTAINING A PERFORMING ARTS COMPLEX AND SOME OF THE PERFORMANCE FACILITIES AT THE LINCOLN CENTER CAMPUS IN NEW YORK CITY, THE ORGANIZATION PROVIDES PROGRAMS AND PRESENTS CONCERTS AND OTHER PERFORMANCES THAT SUPPLEMENT THE PRESENTATIONS OF LINCOLN CENTER RESIDENT ARTS ORGANIZATIONS. THESE RESIDENT ARTS ORGANIZATIONS, ALL OF WHICH ARE INDEPENDENT PUBLIC CHARITIES AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, CONSIST OF

LCPA, THE CHAMBER MUSIC SOCIETY OF LINCOLN CENTER, FILM AT LINCOLN CENTER, JAZZ AT LINCOLN CENTER, THE JUILLIARD SCHOOL, THE VIVIAN BEAUMONT THEATER D/B/A LINCOLN CENTER THEATER, THE METROPOLITAN OPERA, THE NEW YORK CITY BALLET, THE PHILHARMONIC SYMPHONY SOCIETY OF NEW YORK, THE NEW YORK PUBLIC LIBRARY FOR THE PERFORMING ARTS, AND THE SCHOOL OF AMERICAN BALLET.

FORM 990, PART III, LINE 4B

LCPA OFFERS MANY EVENTS, INCLUDING AMERICAN SONGBOOK, BIG UMBRELLA FESTIVAL, PASSPORT TO THE ARTS, LINCOLN CENTER MOMENTS, SUMMER FOR THE CITY, AN EXPANDED SCHEDULE OF FREE PERFORMANCES IN THE DAVID RUBENSTEIN ATRIUM. LCPC SERVES AS A COMPLEMENTARY PRESENTER TO THE RESIDENT ARTS ORGANIZATIONS, MAKING THE LINCOLN CENTER CAMPUS A YEAR-ROUND PERFORMING ARTS AND CIVIC HUB.

IN 2024, SUMMER FOR THE CITY WELCOMED OVER 600,000 AUDIENCE MEMBERS AND CAMPUS VISITORS TO OVER 200 EVENTS, INCLUDING SHANGHAI DAY, BRAZIL WEEK, SILENT DISCO, MAHABHARATA, GLOBALFEST AND RUN AMOC FESTIVAL, PERFORMANCES BY THE FESTIVAL ORCHESTRA OF LINCOLN CENTER, CONDUCTED BY JONATHON HEYWARD, THE BAAND TOGETHER DANCE FESTIVAL, BROOKLYN RIDERS, SOCIAL DANCE NIGHTS ON JOSIE ROBERTSON PLAZA, AND MORE.

FORM 990, PART III, LINE 4D

EDUCATION, ENGAGEMENT AND ACCESSIBILITY - LCPC'S FOUNDERS BELIEVED THAT "THE ARTS ARE NOT FOR THE PRIVILEGED FEW, BUT FOR THE MANY." SINCE ITS FOUNDING, MORE THAN 20 MILLION PEOPLE HAVE ENGAGED WITH LCPC'S MYRIAD EDUCATIONAL PROGRAMS ON ITS CAMPUS, AT ITS AFFILIATED SCHOOLS AND INSTITUTIONS, ONLINE, AND BEYOND. LCPC IS COMMITTED TO PRESENTING HIGH QUALITY EXAMPLES OF PERFORMING ARTS AND ARTS EDUCATION TO THE BROADEST POSSIBLE AUDIENCE AND OFFERING EXTENSIVE EDUCATION AND COMMUNITY ENGAGEMENT PROGRAMMING GEARED TO NEW AUDIENCES AND UNDERSERVED COMMUNITIES. THESE HAVE INCLUDED EDUCATIONAL PROGRAMS SUCH AS MIDDLE SCHOOL ARTS AUDITION CAMP, A TWO-WEEK BOOTCAMP FOR RISING 8TH GRADERS TO PREPARE FOR HIGH SCHOOL AUDITIONS; YOUNG ARTIST PIPELINE, A FOUNDATIONAL ARTS TRAINING PROGRAM FOR UPPER AND ELEMENTARY SCHOOL STUDENTS ON SATURDAYS DURING THE SCHOOL YEAR; AND WORKSHOPS AND EVENTS ENGAGING THE PUBLIC IN ARTS LEARNING, INCLUDING AN ANNUAL OPEN HOUSE. EXPENSES \$5,974,612. INCL GRANTS OF \$75,000. REVENUE \$77,507.

INNOVATION AND OTHER VENTURES - IN THE COMMUNITY, LCPC EXPANDS ITS PRESENCE WITH A HOST OF INITIATIVES TO MAKE THE ARTS MORE ACCESSIBLE. LCPC ALSO OPERATES A RANGE OF PROGRAMS FOR AUDIENCES WITH DISABILITIES,

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

Schedule O (Form 990) (Rev. 12-2024)

LHA 432211 01-15-25

| | |
|-----------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC. | Employer identification number 13-1847137 |
|-----------------------------------------------------------------------------|----------------------------------------------|

SUCH AS PASSPORT TO THE ARTS, A COST-FREE INTRODUCTION TO THE ARTS AT LINCOLN CENTER FOR PEOPLE WITH DISABILITIES AND THEIR FAMILIES; LINCOLN CENTER MOMENTS, A PERFORMANCE-BASED PROGRAM FOR AUDIENCES WITH DEMENTIA AND THEIR CAREGIVERS; AND ACCESS SERVICES LIKE ASL TRANSLATION, LIVE CAPTIONING, AND CONCIERGE SUPPORT DURING PERFORMANCES. LCPC CONTINUES TO EXPERIMENT WITH NEW WAYS TO INCREASE PUBLIC ACCESS AND EXPOSURE TO HIGH QUALITY ARTS CONTENT.
EXPENSES \$1,923,872. INCL GRANTS OF \$0. REVENUE \$210,705.

FORM 990, PART VI, SECTION A, LINE 2:
DIRECTOR FRANK A. BENNACK, JR. AND DIRECTOR STEVEN R. SWARTZ BUSINESS RELATIONSHIP

DIRECTOR CLARENCE OTIS AND ROBERT STEEL - BUSINESS RELATIONSHIP

DIRECTOR JOHN B. HESS AND DIRECTOR ADEBAYO OGUNLESI - BUSINESS RELATIONSHIP

DIRECTOR KEWSONG LEE AND DIRECTOR ZITA EZPELETA - FAMILY RELATIONSHIP

FORM 990, PART VI, SECTION B, LINE 11B:
THIS LCPC 2024 FORM 990 WAS PREPARED BY ITS INDEPENDENT ACCOUNTING FIRM WITH DATA PROVIDED BY ITS FINANCE DEPARTMENT. THE RETURN IS THEN REVIEWED BY THE FINANCE DEPARTMENT AND GENERAL COUNSEL BEFORE IT IS PROVIDED TO THE AUDIT COMMITTEE. THE LCPC AUDIT COMMITTEE REVIEWS AND APPROVES THE 990 PRIOR TO IT'S FILING ON BEHALF OF THE LCPC BOARD OF DIRECTORS. THE AUDIT COMMITTEE HAS REVIEWED AND UNANIMOUSLY APPROVED THE LCPC 2024 FORM 990. A COPY OF THE RETURN WAS PROVIDED TO THE FULL BOARD PRIOR TO FILING.

FORM 990, PART VI, SECTION B, LINE 12C:
CONFLICT OF INTEREST REVIEW
LCPC'S DIRECTORS AND OFFICERS AS WELL AS CERTAIN OTHER KEY PERSONS MAY, FROM TIME TO TIME, BE ASSOCIATED, EITHER DIRECTLY OR INDIRECTLY, WITH INDIVIDUALS, COMPANIES OR OTHER ENTITIES THAT MIGHT BE UNDER CONSIDERATION TO ENGAGE IN TRANSACTIONS OR PARTICIPATE IN OTHER ARRANGEMENTS WITH LCPC. TO ADDRESS THIS POSSIBILITY AND THE SPECIFIC STATUTORY REQUIREMENTS OF THE NEW YORK NOT-FOR-PROFIT CORPORATION LAW, LCPC HAS A CONFLICT OF INTEREST POLICY. AMONG OTHER THINGS, THIS POLICY PROVIDES FOR THOSE COVERED BY IT (PRINCIPALLY, DIRECTORS, OFFICERS AND OTHERS WHO HAVE OFFICER-LIKE RESPONSIBILITIES, MANAGE LCPC OR A SEGMENT OF LCPC REPRESENTING A SUBSTANTIAL PORTION OF LCPC'S ACTIVITIES, INCOME OR ASSETS, OR CONTROL OR DETERMINE A SUBSTANTIAL PORTION OF LCPC'S CAPITAL EXPENDITURES OR OPERATING BUDGET) TO COMPLETE A RELATED PARTY QUESTIONNAIRE PRIOR TO ELECTION OR APPOINTMENT (OR AS SOON THEREAFTER AS POSSIBLE) AND TO UPDATE THE QUESTIONNAIRE ANNUALLY AND WHENEVER THERE IS A CHANGE OF CIRCUMSTANCES. IN ADDITION, IF A PERSON COVERED BY THE POLICY BECOMES AWARE OF ANY RELATED PARTY TRANSACTION (AS DEFINED IN THE POLICY), THE POLICY PROVIDES FOR THE PERSON TO PROMPTLY DISCLOSE THIS INFORMATION, AND THE PERSON WILL BE RECUSED FROM CONSIDERATION OF ANY TRANSACTION OR ARRANGEMENT THAT IS A RELATED PARTY TRANSACTION WITH RESPECT TO THEM. THE POLICY ALSO PROVIDES FOR CERTAIN CO-INVESTMENT RELATIONSHIPS TO BE DISCLOSED, AND A DISINTERESTED REVIEW OF THE CIRCUMSTANCES MAY RESULT IN A DETERMINATION TO REQUIRE RECUSAL. THE POLICY PROVIDES FOR ANY APPROVAL OF A RELATED PARTY TRANSACTION TO BE MADE BY A MAJORITY OF THE DISINTERESTED MEMBERS OF THE LCPC AUDIT COMMITTEE.

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

| | |
|-----------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC. | Employer identification number 13-1847137 |
|-----------------------------------------------------------------------------|----------------------------------------------|

COMPENSATION REVIEW

COMPENSATION FOR THE PRESIDENT/CEO IS SET PURSUANT TO A WRITTEN MULTI-YEAR AGREEMENT, APPROVED BY THE BOARD AND/OR THE PERSONNEL AND EXECUTIVE COMPENSATION COMMITTEE. COMPENSATION LEVELS AND OTHER TERMS FOR THE PRESIDENT/CEO ARE REVIEWED AND RE-EVALUATED FROM TIME TO TIME, INCLUDING IN CONJUNCTION WITH THE DECISION TO EXTEND OR RENEW THE PRESIDENT'S EMPLOYMENT AGREEMENT. FOR THE COMPENSATION REPORTED ON THIS RETURN, THIS REVIEW WAS UNDERTAKEN IN 2023 AND 2024.

COMPENSATION FOR THE EXECUTIVE LEADERSHIP TEAM (OTHER THAN THE PRESIDENT/CEO) IS DETERMINED BY THE PRESIDENT/CEO, GENERALLY ON AN ANNUAL BASIS, ON APPROVAL OF THE PERSONNEL AND EXECUTIVE COMPENSATION COMMITTEE. FOR THE COMPENSATION REPORTED ON THIS RETURN, THIS REVIEW WAS UNDERTAKEN IN 2023 AND 2024.

PERIODICALLY, THE ORGANIZATION RETAINS AN INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THIS DATA IS USED BY THE BOARD AND/OR THE PERSONNEL AND EXECUTIVE COMPENSATION COMMITTEE IN THE PERIODIC REVIEWS DESCRIBED ABOVE. THE 990 TAX RETURNS OF SUCH ORGANIZATIONS ARE ALSO CONSIDERED. THE BOARD APPOINTS INDEPENDENT MEMBERS OF THE BOARD TO SIT AS A PERSONNEL AND EXECUTIVE COMPENSATION COMMITTEE, AND ITS DELIBERATIONS, DECISIONS AND APPROVALS REGARDING COMPENSATION ARE RECORDED IN CONFIDENTIAL MINUTES.

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990:
AL, AK, AR, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, TN, TX, UT, VA, VT, WA, WV, WI, WY

FORM 990, PART VI, SECTION C, LINE 18:
DOCUMENT AVAILABILITY
LCPA MAKES ITS ANNUAL FINANCIAL STATEMENTS AND FORM 990 AVAILABLE VIA THE ORGANIZATION'S WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART VI, SECTION C, LINE 19:
SEE NARRATIVE REPORTED ABOVE TITLED FORM 990, PART VI, SECTION C, LINE 18.

FORM 990, PART VII, COLUMN (B)
AVERAGE HOURS PER WEEK
THE HOURS REPORTED FOR EACH DIRECTOR ON PART VII ARE REASONABLE ESTIMATES OF HOURS SERVED PER WEEK.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

| | |
|------------------------------------|-------------|
| PLEDGE WRITE-OFFS | -3,067,301. |
| BAD DEBT RECOVERIES | -277,482. |
| OTHER CHANGES | -12,380. |
| TOTAL TO FORM 990, PART XI, LINE 9 | -3,357,163. |

**SCHEDULE R
(Form 990)**

(Rev. January 2025)

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.

OMB No. 1545-0047

**Open to Public
Inspection**

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

| | |
|-----------------------------------------------------------------------------|----------------------------------------------|
| Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC. | Employer identification number 13-1847137 |
|-----------------------------------------------------------------------------|----------------------------------------------|

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 |
|------------------------------------------------------------------------|-------------------------|-----------------------------------------------------|---------------------|---------------------------|-------------------------------------|
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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 |
| LINCOLN CENTER DEVELOPMENT PROJECT, INC. - 13-4172481, 70 LINCOLN CENTER PLAZA, NEW YORK, NY 10023 | CONSTRUCTION | NEW YORK | 501(C)(3) | 7 | LCPA | X | |
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Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling entity | (e) Predominant income (related, unrelated, excluded from tax under sections 512-514) | (f) Share of total income | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (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 | |
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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 |
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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?

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

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

| (a) Name of related organization | (b) Transaction type (a-s) | (c) Amount involved | (d) Method of determining amount involved |
|----------------------------------------------|-------------------------------|------------------------|----------------------------------------------|
| (1) LINCOLN CENTER DEVELOPMENT PROJECT, INC. | B | 5,479,760. FMV | |
| (2) LINCOLN CENTER DEVELOPMENT PROJECT, INC. | O | 4,128,508. FMV | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |

