

Return of Organization Exempt From Income Tax

Department of the Treasury
Internal Revenue Service

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

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

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

Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 07/01, 2017, and ending 06/30, 2018


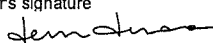
B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization <u>LINCOLN CENTER FOR THE PERFORMING ARTS, INC.</u>		D Employer identification number <u>13-1847137</u>
	Doing business as		E Telephone number <u>(212) 875-5000</u>
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	<u>70 LINCOLN CENTER PLAZA</u>		G Gross receipts \$ <u>184,433,133.</u>
City or town, state or province, country, and ZIP or foreign postal code <u>NEW YORK, NY 10023</u>		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
F Name and address of principal officer: <u>HENRY TIMMS</u> <u>70 LINCOLN CENTER PLAZA NEW YORK, NY 10023</u>		H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No	
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		If "No," attach a list. (see instructions)	
J Website: <u>WWW.ABOUTLINCOLNCENTER.ORG</u>		H(c) Group exemption number ▶	
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: <u>1956</u>	M State of legal domicile: <u>NY</u>

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: <u>TO SUSTAIN, ENCOURAGE, AND PROMOTE THE PERFORMING ARTS AND TO EDUCATE THE PUBLIC WITH RELATION THERETO. SEE SCHEDULE O FOR CONTINUATION.</u>
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.
	3 Number of voting members of the governing body (Part VI, line 1a) 3 <u>82.</u>
	4 Number of independent voting members of the governing body (Part VI, line 1b) 4 <u>82.</u>
	5 Total number of individuals employed in calendar year 2017 (Part V, line 2a) 5 <u>1,990.</u>
	6 Total number of volunteers (estimate if necessary) 6 <u>280.</u>
	7a Total unrelated business revenue from Part VIII, column (C), line 12 7a <u>6,988,680.</u>
7b Net unrelated business taxable income from Form 990-T, line 34 7b <u>623,811.</u>	
Revenue	8 Contributions and grants (Part VIII, line 1h) <u>68,877,991.</u> Prior Year <u>46,046,673.</u> Current Year
	9 Program service revenue (Part VIII, line 2g) <u>82,604,635.</u> <u>80,318,675.</u>
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) <u>8,029,900.</u> <u>15,633,394.</u>
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) <u>2,655,242.</u> <u>2,641,844.</u>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) <u>162,167,768.</u> <u>144,640,586.</u>
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) <u>845,619.</u> <u>2,660,831.</u>
	14 Benefits paid to or for members (Part IX, column (A), line 4) <u>0.</u> <u>0.</u>
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) <u>80,026,236.</u> <u>80,413,908.</u>
	16a Professional fundraising fees (Part IX, column (A), line 11e) <u>38,912.</u> <u>29,764.</u>
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ <u>8,263,691.</u>
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) <u>90,349,922.</u> <u>84,739,180.</u>
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) <u>171,260,689.</u> <u>167,843,683.</u>
19 Revenue less expenses. Subtract line 18 from line 12 <u>-9,092,921.</u> <u>-23,203,097.</u>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16) Beginning of Current Year <u>785,793,684.</u> End of Year <u>736,654,157.</u>
	21 Total liabilities (Part X, line 26) <u>363,696,539.</u> <u>328,035,252.</u>
	22 Net assets or fund balances. Subtract line 21 from line 20. <u>422,097,145.</u> <u>408,618,905.</u>

Part II Signature Block

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

Sign Here	Signature of officer 	Date <u>5/15/19</u>			
	ROBERT CUNDALL EXEC. VP & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name <u>DEVIN L DUNCAN</u>	Preparer's signature 	Date <u>5/15/19</u>	Check <input type="checkbox"/> if self-employed	PTIN <u>P01249521</u>
	Firm's name ▶ <u>KPMG LLP</u>	Firm's EIN ▶ <u>13-5565207</u>			
	Firm's address ▶ <u>345 PARK AVENUE NEW YORK, NY 10154-0102</u>	Phone no. <u>212-758-9700</u>			

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

For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2017)

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 \$ 77,831,271. including grants of \$) (Revenue \$ 59,282,267.)

FACILITY SERVICES - LINCOLN CENTER FOR THE PERFORMING ARTS PROVIDES FACILITY MAINTENANCE, PARKING, SECURITY AND CLEANING SERVICES FOR ELEVEN CONSTITUENT ORGANIZATIONS COMPRISING LINCOLN CENTER AND THE 16-ACRE FACILITY WHERE MOST RESIDE, WHICH WELCOMES APPROXIMATELY 6.5 MILLION ANNUAL VISITORS. THE CAMPUS WELCOMES NOT ONLY CONCERT-GOERS BUT FAMILIES AND NEIGHBORS, STUDENTS AND VISITORS FROM AROUND THE WORLD.

4b (Code:) (Expenses \$ 27,526,618. including grants of \$) (Revenue \$ 11,600,940.)

PERFORMANCE PROGRAMMING - LINCOLN CENTER FOR THE PERFORMING ARTS PRESENTS THESE WORLD-CLASS FESTIVALS AND PERFORMANCE SERIES ANNUALLY: AMERICAN SONGBOOK, GREAT PERFORMERS, LINCOLN CENTER OUT OF DOORS, MIDSUMMER NIGHT SWING, MOSTLY MOZART FESTIVAL, AND WHITE LIGHT FESTIVAL. FROM COUNTRY TO JAZZ, BLUEGRASS TO BROADWAY, ORCHESTRA CONCERTS TO OUTDOOR DANCING, THESE SERIES CELEBRATE COMPOSERS, ARTISTS, AND PERFORMERS OF MUSIC, DANCE, THEATER, AND OPERA, AND OFFER INTERACTIVE AND FAMILY BASED PROGRAMMING. SEE SCHEDULE O FOR CONTINUATION.

4c (Code:) (Expenses \$ 12,027,785. including grants of \$ 2,473,331.) (Revenue \$ 1,092,133.)

LINCOLN CENTER REDEVELOPMENT - LINCOLN CENTER DEVELOPMENT PROJECT EMBRACES LINCOLN CENTER'S GOAL OF FOSTERING THE PERFORMING ARTS TO IMPROVE THE CULTURAL LIFE OF COMMUNITIES THROUGHOUT THE UNITED STATES AND THE WORLD BY OVERSEEING THE ACTIVITIES ASSOCIATED WITH RENOVATING, MODERNIZING AND RECONFIGURING BUILDINGS ON THE LINCOLN CENTER CAMPUS OPEN TO THE PUBLIC FOR EDUCATIONAL AND CULTURAL PERFORMANCES. IN ADDITION, INCLUDED IN TOTAL EXPENSES REPORTED ABOVE ARE \$9,554,454 IN FINANCING COSTS RELATED TO CAMPUS CAPITAL PROJECTS.

4d Other program services (Describe in Schedule O.)

(Expenses \$ 12,643,655. including grants of \$ 187,500.) (Revenue \$ 4,932,082.)

4e Total program service expenses 130,029,329.

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 Revenue Procedure 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 temporarily restricted endowments, permanent endowments, or 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

Part IV Checklist of Required Schedules (continued)

	Yes	No
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	
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	
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		X
d 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, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II.</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <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 Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29 Did the organization receive more than \$25,000 in non-cash 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 in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question number, question text, and Yes/No response boxes. Includes questions 1a through 14b regarding IRS filings and tax compliance.

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

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

Section A. Governing Body and Management

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

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

Table with 4 columns: Question ID, Question Text, Yes, No. Rows include 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 1
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: ROBERT CUNDALL 70 LINCOLN CENTER PLAZA NEW YORK, NY 10023 (212) 875-5000

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) KATHERINE FARLEY CHAIRMAN	20.00 0.	X		X				0.	0.	0.
(2) ADRIENNE ARSHT VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(3) RICHARD K. DESCHERER VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(4) JOEL S. EHRENKRANZ VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(5) ROY L. FURMAN VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(6) JOHN B. HESS VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(7) BRUCE KOVNER VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(8) PHILIP L. MILSTEIN VICE CHAIR	3.00 2.00	X		X				0.	0.	0.
(9) LAURIE M. TISCH VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(10) ANN ZIFF VICE CHAIR	3.00 0.	X		X				0.	0.	0.
(11) BLAIR W. EFFRON TREASURER	1.00 0.	X						0.	0.	0.
(12) RONNIE ACKMAN DIRECTOR	1.00 0.	X						0.	0.	0.
(13) ROBERT APPEL DIRECTOR	1.00 0.	X						0.	0.	0.
(14) SARAH ARISON DIRECTOR AS OF 06/04/2018	1.00 0.	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 dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JODY GOTTFRIED ARNHOLD ----- DIRECTOR AS OF 06/04/2018	1.00 ----- 0.	X						0.	0.	0.
(16) JOSEPH Y. BAE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(17) CHRISTINA BAKER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(18) KEITH T. BANKS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(19) RENEE BELFER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(20) FRANK A. BENNACK, JR. ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(21) RICHARD S. BRADDOCK ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(22) JEFFREY C. CAMPBELL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(23) JUDITH-ANN CORRENTE ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(24) DANIEL CROWN ----- DIRECTOR THRU 03/19/2018	1.00 ----- 0.	X						0.	0.	0.
(25) JAMES DINAN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								7,341,978.	720,325.	2,827,641.
d Total (add lines 1b and 1c)								7,341,978.	720,325.	2,827,641.

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 ► 144

	Yes	No
3 Did the organization list any former officer, director, or 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
ATTACHMENT 2		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 77

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) BETH DOZORETZ ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(27) HAROLD FORD, JR. ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(28) WILLIAM E. FORD ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(29) BART FRIEDMAN ----- DIRECTOR	1.00 ----- 1.00	X					0.	0.	0.	
(30) JEFFREY L. GATES ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(31) DAVID GEFFEN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(32) BENNETT J. GOODMAN ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(33) EFRAIM GRINBERG ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(34) MIMI HAAS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(35) RONALD G. HARRINGTON ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(36) WILLIAM B. HARRISON, JR. ----- DIRECTOR THRU 12/11/2017	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 144

	Yes	No
3 Did the organization list any former officer, director, or 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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(37) GERALD L. HASSELL ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(38) RITA E. HAUSER ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(39) JIM HERBERT ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(40) ELINOR HOOVER ----- DIRECTOR AS OF 06/04/2018	1.00 ----- 0.	X					0.	0.	0.	
(41) DAVID A. HUNT ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(42) ELLIOT S. JAFFE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(43) STEVEN A. KANDARIAN ----- DIRECTOR THRU 06/04/2018	1.00 ----- 0.	X					0.	0.	0.	
(44) SHERYL DRANGEL KAYE ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(45) SOMESH KHANNA ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(46) DAVID H. KOCH ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
(47) SHELLY LAZARUS ----- DIRECTOR	1.00 ----- 0.	X					0.	0.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 144

	Yes	No
3 Did the organization list any former officer, director, or 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

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(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(48) THOMAS H. LEE ----- DIRECTOR THRU 06/04/2018	1.00 ----- 0.	X						0.	0.	0.
(49) BETTY LEVIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(50) ROBERT I. LIPP ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(51) BRYAN LOURD ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(52) SCOTT MALKIN ----- DIRECTOR AS OF 12/11/2017	1.00 ----- 0.	X						0.	0.	0.
(53) PETER W. MAY ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(54) WILLIAM R. MILLER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(55) ERIC MINDICH ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(56) WILLIAM C. MORRIS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(57) ANNA NIKOLAYEVSKY ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(58) INDRA K. NOOYI ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 144

	Yes	No
3 Did the organization list any former officer, director, or 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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(59) JONELLE PROCOPE ----- DIRECTOR AS OF 10/16/2017	1.00 ----- 0.	X						0.	0.	0.
(60) JAMES O'SHAUGHNESSY ----- DIRECTOR THRU 06/04/2018	1.00 ----- 0.	X						0.	0.	0.
(61) INGEBORG RENNERT ----- DIRECTOR THRU 10/16/2017	1.00 ----- 0.	X						0.	0.	0.
(62) JULIAN ROBERTSON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(63) HON. STEPHEN C. ROBINSON ----- DIRECTOR AS OF 10/16/2017	1.00 ----- 0.	X						0.	0.	0.
(64) STEPHEN M. ROSS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(65) DAVID M. RUBENSTEIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(66) OSCAR SCHAFER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(67) RALPH SCHLOSSTEIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(68) THOMAS SCHUMACHER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(69) ROBERT K. STEEL ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 144

	Yes	No
3 Did the organization list any former officer, director, or 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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(70) ESTA EIGER STECHER ----- DIRECTOR AS OF 03/19/2018	1.00 ----- 0.	X						0.	0.	0.
(71) GAYFRYD STEINBERG ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(72) STEVEN R. SWARTZ ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(73) YASUSHI TAKAHASHI ----- DIRECTOR THRU 06/04/2018	1.00 ----- 0.	X						0.	0.	0.
(74) TONY TAMER ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(75) CHANDRIKA K. TANDON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(76) ANN TENENBAUM ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(77) JOHN A. THAIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(78) ANN UNTERBERG ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(79) BARBARA MANFREY VOGELSTEIN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(80) JOHN E. WALDRON ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 144

	Yes	No
3 Did the organization list any former officer, director, or 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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(81) CHRISTOPHER J. WILLIAMS ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(82) JOHN WREN ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(83) CLARA WU TSAI ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(84) MR. KATSURAO YOSHIMORI ----- DIRECTOR AS OF 06/04/2018	1.00 ----- 0.	X						0.	0.	0.
(85) RANDI ZUCKERBERG ----- DIRECTOR	1.00 ----- 0.	X						0.	0.	0.
(86) HON. BILL DEBLASIO ----- EX OFFICIO	1.00 ----- 0.	X						0.	0.	0.
(87) HON. MELISSA MARK-VIVERITO ----- EX OFFICIO THRU 01/01/2018	1.00 ----- 0.	X						0.	0.	0.
(88) HON. COREY JOHNSON ----- EX OFFICIO AS OF 01/01/2018	1.00 ----- 0.	X						0.	0.	0.
(89) HON. TOM FINKELPEARL ----- EX OFFICIO	1.00 ----- 0.	X						0.	0.	0.
(90) HON. MITCHELL SILVER ----- EX OFFICIO	1.00 ----- 0.	X						0.	0.	0.
(91) LIZA PARKER ----- CHIEF OPERATING OFFICER	35.00 ----- 2.00			X				907,142.	0.	342,381.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 ► 144

	Yes	No
3 Did the organization list any former officer, director, or 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

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(92) DEBORA SPAR PRESIDENT & CEO THRU 04/2018	35.00 0.			X				858,357.	0.	28,598.
(93) ROBERT CUNDALL EVP & CHIEF FINANCIAL OFFICER	35.00 2.00			X				407,772.	0.	106,580.
(94) TAMAR C. PODELL EVP, CHIEF DEVELOPMENT OFFICER	35.00 0.			X				596,528.	0.	289,023.
(95) LESLEY FRIEDMAN ROSENTHAL EXEC. VP, GENERAL COUNSEL	35.00 2.00			X				551,900.	0.	268,415.
(96) JANE MOSS ARTISTIC DIRECTOR	35.00 0.			X				429,393.	0.	196,880.
(97) PETER DUFFIN SENIOR VP, BRAND & MARKETING	35.00 0.			X				390,226.	0.	195,361.
(98) RUSSELL GRANET EVP, ACTING PRESIDENT BEG 4/18	35.00 0.			X				480,844.	0.	194,304.
(99) PETER FLAMM VICE PRESIDENT, CONCERT HALLS	35.00 0.			X				324,496.	0.	150,080.
(100) BRET SILVER CHF STRAT & EXT RELA THRU 4/18	35.00 0.			X				181,907.	0.	28,079.
(101) NIGEL REDDEN DIR LINCOLN CTR FEST THRU 9/17	35.00 0.				X			541,995.	0.	327,585.
(102) ELAINE RUIZ VP & CONTROLLER THRU 8/11/2017	35.00 0.					X		355,424.	0.	141,382.
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 144

	Yes	No
3 Did the organization list any former officer, director, or 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

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(A) Name and business address	(B) Description of services	(C) Compensation

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

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(103) RONALD AUSTIN EXEC. DIR., LCDP THRU 01/2018	0. 35.00					X	0.	416,275.	176,283.	
(104) ANDREW C. WILK EXCE. PRODUCER, MEDIA DEVELOPM	35.00 0.					X	319,782.	0.	81,799.	
(105) VALERIE MITCHELL DEPUTY GENERAL COUNSEL	35.00 0.					X	306,050.	0.	93,463.	
(106) TEREA HEBERT COO, LCDP THRU 12/01/2017	0. 35.00					X	0.	304,050.	103,437.	
(107) JED BERNSTEIN PRESIDENT THRU 04/14/2016	35.00 0.						X	180,853.	0.	
(108) DAVID LINK CHIEF DIGIT OFF. THRU 03/15/17	35.00 0.						X	222,988.	0.	
(109) GREG SHEPS SVP, MKTG PTNR THRU 6/2/2017	35.00 0.						X	286,321.	0.	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

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 **▶** 144

	Yes	No
3 Did the organization list any former officer, director, or 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

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(A) Name and business address	(B) Description of services	(C) Compensation

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

Part VIII Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a						
	b Membership dues	1b	5,805,875.					
	c Fundraising events	1c	10,159,355.					
	d Related organizations	1d						
	e Government grants (contributions)	1e	1,818,631.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f	28,262,812.					
	g Noncash contributions included in lines 1a-1f: \$		1,286,444.					
	h Total. Add lines 1a-1f ▶			46,046,673.				
	Program Service Revenue				Business Code			
2a FACILITIES SERVICES			532000	35,028,817.	28,037,314.	6,991,503.		
b FACILITIES RENTAL			532000	31,244,953.	31,244,953.			
c PRESENT PERFORMANCES			711300	11,600,940.	11,600,940.			
d EDUCATION & OUTREACH			611600	866,570.	866,570.			
e GLOBAL PERF. ARTS ASSISTANCE			561499	158,023.	158,023.			
f All other program service revenue				1,419,372.	1,419,372.			
g Total. Add lines 2a-2f ▶				80,318,675.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts). ▶			489,970.		-2,823.	492,793.	
	4 Income from investment of tax-exempt bond proceeds . ▶			0.				
	5 Royalties ▶			0.				
	6a Gross rents		(i) Real	(ii) Personal				
		b Less: rental expenses						
		c Rental income or (loss)						
		d Net rental income or (loss) ▶				0.		
	7a Gross amount from sales of assets other than inventory		(i) Securities	(ii) Other				
			35,095,048.	18,106,503.				
		b Less: cost or other basis and sales expenses			27,806,044.	10,252,083.		
		c Gain or (loss)			7,289,004.	7,854,420.		
	d Net gain or (loss) ▶				15,143,424.		15,143,424.	
	8a Gross income from fundraising events (not including \$ <u>10,159,355.</u> of contributions reported on line 1c). See Part IV, line 18	a			731,842.			
		b Less: direct expenses	b		1,670,248.			
		c Net income or (loss) from fundraising events. ▶				-938,406.		-938,406.
9a Gross income from gaming activities. See Part IV, line 19	a							
	b Less: direct expenses	b						
	c Net income or (loss) from gaming activities. ▶				0.			
10a Gross sales of inventory, less returns and allowances	a			118,946.				
	b Less: cost of goods sold	b		64,172.				
	c Net income or (loss) from sales of inventory. ▶				54,774.	54,774.		
Miscellaneous Revenue			Business Code					
11a	CORPORATE SPONSORSHIPS		541800	2,135,143.	2,135,143.			
	b SUPPORTING SERVICES		561000	515,245.	515,245.			
	c DIGITAL MARKETING SERVICES		541800	229,783.	229,783.			
	d All other revenue		561000	645,305.	645,305.			
	e Total. Add lines 11a-11d ▶				3,525,476.			
12 Total revenue. See instructions. ▶				144,640,586.	76,907,422.	6,988,680.	14,697,811.	

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

Table with 5 columns: (A) Total expenses, (B) Program service expenses, (C) Management and general expenses, (D) Fundraising expenses. Rows include categories like Grants, Compensation, Salaries, Advertising, and Total functional expenses.

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	86,590.	1	75,123.
	2 Savings and temporary cash investments	41,545,556.	2	25,289,364.
	3 Pledges and grants receivable, net	108,401,015.	3	79,415,793.
	4 Accounts receivable, net	16,124,781.	4	14,769,088.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0.	5	0.
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0.	6	0.
	7 Notes and loans receivable, net	0.	7	0.
	8 Inventories for sale or use	694,698.	8	633,856.
	9 Prepaid expenses and deferred charges	9,432,343.	9	8,084,961.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 619,643,567.		
	b Less: accumulated depreciation	10b 270,228,329.	360,528,445.	10c 349,415,238.
	11 Investments - publicly traded securities	71,371,611.	11	78,061,321.
	12 Investments - other securities. See Part IV, line 11	177,469,124.	12	180,800,747.
	13 Investments - program-related. See Part IV, line 11	0.	13	0.
	14 Intangible assets	0.	14	0.
	15 Other assets. See Part IV, line 11	139,521.	15	108,666.
16 Total assets. Add lines 1 through 15 (must equal line 34)	785,793,684.	16	736,654,157.	
Liabilities	17 Accounts payable and accrued expenses	16,404,714.	17	20,737,957.
	18 Grants payable	0.	18	0.
	19 Deferred revenue	20,846,200.	19	18,752,798.
	20 Tax-exempt bond liabilities	253,276,214.	20	251,707,362.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0.	22	0.
	23 Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties	25,000,000.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	48,169,411.	25	36,837,135.
	26 Total liabilities. Add lines 17 through 25	363,696,539.	26	328,035,252.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	210,974,963.	27	197,295,058.
	28 Temporarily restricted net assets	113,503,180.	28	114,898,862.
	29 Permanently restricted net assets	97,619,002.	29	96,424,985.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	422,097,145.	33	408,618,905.
	34 Total liabilities and net assets/fund balances	785,793,684.	34	736,654,157.

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	144,640,586.
2	Total expenses (must equal Part IX, column (A), line 25)	2	167,843,683.
3	Revenue less expenses. Subtract line 2 from line 1	3	-23,203,097.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	422,097,145.
5	Net unrealized gains (losses) on investments	5	20,146,605.
6	Donated services and use of facilities	6	0.
7	Investment expenses	7	0.
8	Prior period adjustments	8	0.
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-10,421,748.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	408,618,905.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		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 in 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 Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2017

Open to Public Inspection

Name of the organization

LINCOLN CENTER FOR THE PERFORMING ARTS, INC.

Employer identification number

13-1847137

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

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

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: _____
- 10 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3 % of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**.
Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations:

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

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

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

Schedule A (Form 990 or 990-EZ) 2017

JSA
7E1210 1.000

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

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2013, (b) 2014, (c) 2015, (d) 2016, (e) 2017, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc. (see instructions); 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f)); 15 Public support percentage from 2016 Schedule A, Part II, line 14; 16a 33 1/3% support test - 2017; 16b 33 1/3% support test - 2016; 17a 10%-facts-and-circumstances test - 2017; 17b 10%-facts-and-circumstances test - 2016; 18 Private foundation.

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

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5.						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b.						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6.						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources.						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f)).	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2017. 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 - 2016. 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 in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</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 in 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 in 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 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 in (b) and (c) below, the governing body of a supported organization?	11 a	
b A family member of a person described in (a) above?	11 b	
c A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>	11 c	

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>	1	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>	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?	1	
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>	2	
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>	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 government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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>	2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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>	2b		
3 Parent of Supported Organizations. Answer (a) and (b) 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>Provide details in Part VI.</i>	3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	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 (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		

Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2018. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

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.)

OTHER REVENUE

PART II, SECTION B, LINE 10

OTHER INCOME INCLUDES MISCELLANEOUS REVENUE AND GROSS SALES OF INVENTORY

FROM PART VIII, THE STATEMENT OF REVENUE.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2017

Open to Public Inspection

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

Department of the Treasury
Internal Revenue Service

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

If the organization answered "Yes," 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 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. (see instructions for definition of "political campaign activities")
- 2 Political campaign activity expenditures (see instructions) ▶ \$ _____
- 3 Volunteer hours for political campaign activities (see instructions) _____

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

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

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

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

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

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

Schedule C (Form 990 or 990-EZ) 2017

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

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

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

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)	(a) Filing organization's totals	(b) Affiliated group totals												
1a Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b Total lobbying expenditures to influence a legislative body (direct lobbying)														
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%; border-collapse: collapse;"> <thead> <tr> <th style="width:35%; text-align:left;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width:65%; text-align:left;">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:	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:	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?		<input type="checkbox"/> Yes <input type="checkbox"/> 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) 2014	(b) 2015	(c) 2016	(d) 2017	(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					

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		73,146.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X	
i Other activities?		X	
j Total. Add lines 1c through 1i			73,146.
2a Did the activities in line 1 cause the organization to be not 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 expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

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

SEE PAGE 4

Part IV Supplemental Information (continued)

LOBBYING ACTIVITY

PART II-B

FROM TIME TO TIME, LINCOLN CENTER MEETS WITH NEW YORK CITY OFFICIALS ON MATTERS OF CULTURAL POLICY AND ARTS FUNDING. SPECIFICALLY, LINCOLN CENTER SEEKS CONTINUED AND ADDITIONAL CITY SUPPORT FOR ITS ARTS AND EDUCATIONAL INITIATIVES, PARTICULARLY THOSE THAT BENEFIT THE GENERAL PUBLIC OR SPECIFIC UNDERSERVED POPULATIONS. LINCOLN CENTER ALSO MEETS WITH CITY OFFICIALS ON MATTERS PERTAINING TO THOSE PORTIONS OF ITS PREMISES THAT ARE EITHER OWNED BY THE CITY OR REGULATED/PERMITTED BY IT.

IN FY18 LINCOLN CENTER DID NOT ENGAGE IN LOBBYING AT THE STATE OR FEDERAL LEVEL.

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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?, 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?

Part II Conservation Easements.

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

Table with 2 columns: Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. (a) Total number of conservation easements, (b) Total acreage restricted by conservation easements, (c) Number of conservation easements on a certified historic structure included in (a), (d) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register, 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 2(d) 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.

Table with 2 columns: Revenue, Assets. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) 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 SFAS 116 (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) 2017

JSA 7E1268 2.000

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

- 3** Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a** Public exhibition
 - b** Scholarly research
 - c** Preservation for future generations
 - d** Loan or exchange programs
 - e** Other _____
- 4** Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5** During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|--|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	248,686,419.	229,824,506.	251,650,997.	250,993,121.	210,492,813.
b Contributions	-1,035,908.	442,416.	453,075.	665,154.	13,520,468.
c Net investment earnings, gains, and losses	23,092,685.	34,204,034.	-10,732,273.	9,680,060.	36,143,714.
d Grants or scholarships	187,500.	300,000.	215,000.	206,243.	170,000.
e Other expenditures for facilities and programs	11,711,091.	15,484,537.	11,332,293.	9,481,095.	8,993,874.
f Administrative expenses					
g End of year balance	258,844,605.	248,686,419.	229,824,506.	251,650,997.	250,993,121.

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

- a** Board designated or quasi-endowment 42.1500 %
- b** Permanent endowment 37.2500 %
- c** Temporarily restricted endowment 20.6000 %

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

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

- (i)** unrelated organizations
- (ii)** related organizations

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

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

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

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		15,513,280.		15,513,280.
b Buildings		525,399,696.	252,667,194.	272,732,502.
c Leasehold improvements		28,314,795.	5,850,980.	22,463,815.
d Equipment		19,535,265.	11,710,155.	7,825,110.
e Other		30,880,531.		30,880,531.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				349,415,238.

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) OTHER ALTERNATIVE INVSTMTS	16,495,399.	FMV
(B) INTERNATIONAL EQUITY	56,799,249.	FMV
(C) LARGE CAP EQUITY FUND	10,030,445.	FMV
(D) ABSOLUTE RETURN	51,531,767.	FMV
(E) HEDGED EQUITY	37,483,812.	FMV
(F) PRIVATE EQUITY	8,460,075.	FMV
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶	180,800,747.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

Complete if the organization answered "Yes" 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) FAIR VALUE OF INTEREST RATE SWAPS	36,837,135.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	36,837,135.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

PART V, LINE 4

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

UNCERTAIN TAX POSITIONS

PART X, LINE 2

LINCOLN CENTER 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.

RECONCILIATION OF REVENUE PER AUDITED FINANCIAL STATEMENTS TO FORM 990

PART XI, LINE 4B - OTHER ADJUSTMENTS:

CONTRIBUTION WRITE-OFFS	\$ 6,000,000
COST OF GOODS SOLD	-64,172

TOTAL	\$ 5,935,828

RECONCILIATION OF EXPENSE PER AUDITED FINANCIAL STATEMENTS TO FORM 990

PART XII, LINE 2D - OTHER ADJUSTMENTS:

BAD DEBT EXPENSE WRITE-OFF	\$ 4,421,748
COST OF GOODS SOLD	64,172

TOTAL	\$ 4,485,920

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **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.**

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
(1) CENTRAL AMERICA/CARIBBEAN	0.	0.	INVESTMENTS		51,830,720.
(2) EUROPE	0.	0.	INVESTMENTS		5,495,490.
(3) EAST ASIA AND THE PACIFIC	0.	0.	INVESTMENTS		2,985,075.
(4) EAST ASIA AND THE PACIFIC	0.	0.	PROGRAM SERVICES	PERFORMING ARTS	6,096.
(5) EUROPE	0.	0.	PROGRAM SERVICES	PERFORMING ARTS	87,068.
(6) MIDDLE EAST AND NORTH AFRICA	0.	0.	PROGRAM SERVICES	PERFORMING ARTS	2,602.
(7) NORTH AMERICA	0.	0.	PROGRAM SERVICES	PERFORMING ARTS	11,519.
(8) RUSSIA/INDEPENDENT STATES	0.	0.	PROGRAM SERVICES	PERFORMING ARTS	1,612.
(9) SOUTH AMERICA	0.	0.	PROGRAM SERVICES	PERFORMING ARTS	1,210.
(10) SUB-SAHARAN AFRICA	0.	0.	PROGRAM SERVICES	PERFORMING ARTS	3,061.
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total					60,424,453.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)					60,424,453.

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

Schedule F (Form 990) 2017

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

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

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

3 Enter total number of other organizations or entities ▶ _____

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations (see Instructions for Form 5471)* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)* Yes No

Schedule F (Form 990) 2017

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).

SCHEDULE G
(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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

2017

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest instructions.

Open to Public Inspection

Name of the organization

LINCOLN CENTER FOR THE PERFORMING ARTS, INC.

Employer identification number

13-1847137

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

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

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

- 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**
- b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 SD&A TELESERVICES	TELE-MARKETING		X	43,831.	29,764.	14,067.
2						
3						
4						
5						
6						
7						
8						
9						
10						
Total				43,831.	29,764.	14,067.

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

AL, AK, AZ, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, OH,
OK, OR, PA, RI, SC, TN, TX, UT, VT, VA, WA, WV, WI, WY,

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)	SONGBOOK GALA	(event type)	36	
Revenue	1	Gross receipts	3,194,651.	3,191,138.	4,505,408.	10,891,197.	
	2	Less: Contributions	3,089,951.	3,069,938.	3,999,466.	10,159,355.	
	3	Gross income (line 1 minus line 2)	104,700.	121,200.	505,942.	731,842.	
Direct Expenses	4	Cash prizes					
	5	Noncash prizes					
	6	Rent/facility costs			79,442.	79,442.	
	7	Food and beverages	111,641.	153,714.	452,687.	718,042.	
	8	Entertainment	78,669.		141,050.	219,719.	
	9	Other direct expenses	73,679.	83,756.	495,610.	653,045.	
	10	Direct expense summary. Add lines 4 through 9 in column (d)					1,670,248.
	11	Net income summary. Subtract line 10 from line 3, column (d)					-938,406.

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))
		Yes	No	Yes	No	Yes	No	
Revenue	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 ▶ _____

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

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

Part IV Supplemental Information. Provide the explanation 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).

PART I, LINE 2B

ADDRESS OF SD&A TELESERVICES

5757 WEST CENTURY BLVD, SUITE 300

LOS ANGELES, CA 90045

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

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

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

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 General Information on Grants and Assistance

- 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
- 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 non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) LINCOLN CENTER DEVELOPMENT PROJECT, INC 70 LINCOLN CENTER PLAZA NEW YORK, NY 10023	13-4172481	501(C)(3)	2,473,331.				TO PROVIDE FUNDING FOR REDEVELOPMENT
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

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) (2017)

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 non-cash assistance
1 AVERY FISHER ARTIST PROGRAM GRANT	7.	100,000.			
2 MARTIN SEGAL AWARD	11.	82,500.			
3 LINCOLN CENTER EDU BIG APPLE AWARDS	1.	5,000.			
4					
5					
6					
7					

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

GRANT MONITORING

PART I, LINE 2

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

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

THE AVERY FISHER ARTIST PROGRAM AWARDS GRANTS TO OUTSTANDING INSTRUMENTALISTS 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 MARTIN E. SEGAL AWARD HONORS YOUNG ARTISTS OF OUTSTANDING ACHIEVEMENT WHO ARE CONNECTED TO THE RESIDENT ORGANIZATIONS OF LINCOLN CENTER. THE PURPOSE OF THE AWARD IS TO HIGHLIGHT AND REWARD THE WORK OF UP-AND-COMING ARTISTS FROM THE LINCOLN CENTER COMMUNITY. AWARDS OF \$7,500 PER

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 non-cash assistance
1					
2					
3					
4					
5					
6					
7					

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

RECEIPIENT MAY BE AWARDED EACH YEAR.

LINCOLN CENTER EDUCATION HAS TEAMED WITH THE NEW YORK CITY DEPARTMENT OF EDUCATION'S "BIG APPLE AWARDS" TO HONOR ART TEACHERS FOR MAKING A DIFFERENCE IN THE LIVES OF THEIR STUDENTS AND FOR GOING ABOVE AND BEYOND IN THEIR ROLE AS ART EDUCATORS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

- ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2017

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

- | | |
|---|---|
| <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
1a		
1b		
2		
3		
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) 2017

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 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 JED BERNSTEIN PRESIDENT THRU 04/14/2016	(i)	0.	0.	180,853.	0.	0.	180,853.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 LIZA PARKER CHIEF OPERATING OFFICER	(i)	676,090.	0.	231,052.	307,615.	34,766.	1,249,523.	87,500.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 DEBORA SPAR PRESIDENT & CEO THRU 04/2018	(i)	757,577.	100,000.	780.	0.	28,598.	886,955.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ROBERT CUNDALL EVP & CHIEF FINANCIAL OFFICER	(i)	405,000.	0.	2,772.	78,622.	27,958.	514,352.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 ELAINE RUIZ VP & CONTROLLER THRU 8/11/2017	(i)	228,551.	0.	126,873.	137,766.	3,616.	496,806.	72,115.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6 TAMAR C. PODELL EVP, CHIEF DEVELOPMENT OFFICER	(i)	476,165.	0.	120,363.	256,957.	32,066.	885,551.	59,375.
	(ii)	0.	0.	0.	0.	0.	0.	0.
7 LESLEY FRIEDMAN ROSENTH EXEC. VP, GENERAL COUNSEL	(i)	451,750.	0.	100,150.	237,309.	31,106.	820,315.	56,250.
	(ii)	0.	0.	0.	0.	0.	0.	0.
8 DAVID LINK CHIEF DIGIT OFF. THRU 03/15/17	(i)	92,806.	0.	130,182.	0.	27,290.	250,278.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
9 JANE MOSS ARTISTIC DIRECTOR	(i)	395,567.	0.	33,826.	184,996.	11,884.	626,273.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
10 PETER DUFFIN SENIOR VP, BRAND & MARKETING	(i)	374,358.	0.	15,868.	182,661.	12,700.	585,587.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
11 RUSSELL GRANET EVP, ACTING PRESIDENT BEG 4/18	(i)	399,000.	0.	81,844.	161,198.	33,106.	675,148.	50,000.
	(ii)	0.	0.	0.	0.	0.	0.	0.
12 GREG SHEPS SVP, MKTG PTRN THRU 6/2/2017	(i)	169,387.	0.	116,934.	47,778.	28,923.	363,022.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
13 NIGEL REDDEN DIR LINCOLN CTR FEST THRU 9/17	(i)	217,721.	0.	324,274.	296,579.	31,006.	869,580.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
14 PETER FLAMM VICE PRESIDENT, CONCERT HALLS	(i)	318,880.	0.	5,616.	119,054.	31,026.	474,576.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
15 RONALD AUSTIN EXEC. DIR., LCDP THRU 01/2018	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	374,400.	0.	41,875.	144,577.	31,706.	592,558.	0.
16 ANDREW C. WILK EXCE. PRODUCER, MEDIA DEVELOPM	(i)	309,559.	0.	10,223.	52,693.	29,106.	401,581.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.

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 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	VALERIE MITCHELL DEPUTY GENERAL COUNSEL	(i) 305,420.	(ii) 0.	(iii) 630.	56,830.	36,633.	399,513.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
2	TEREA HEBERT COO, LCDF THRU 12/01/2017	(i) 0.	(ii) 0.	(iii) 0.	0.	0.	0.	0.
	(ii) 303,444.	0.	606.	91,553.	11,884.	407,487.	0.	
3	BRET SILVER CHF STRAT & EXT RELA THRU 4/18	(i) 181,610.	(ii) 0.	(iii) 297.	0.	28,079.	209,986.	0.
	(ii) 0.	0.	0.	0.	0.	0.	0.	0.
4		(i)						
	(ii)							
5		(i)						
	(ii)							
6		(i)						
	(ii)							
7		(i)						
	(ii)							
8		(i)						
	(ii)							
9		(i)						
	(ii)							
10		(i)						
	(ii)							
11		(i)						
	(ii)							
12		(i)						
	(ii)							
13		(i)						
	(ii)							
14		(i)						
	(ii)							
15		(i)						
	(ii)							
16		(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-B

JED BERNSTEIN, FORMER PRESIDENT - MR. BERNSTEIN'S COMPENSATION INCLUDES A SEVERANCE PAYMENT OF \$180,000.

DAVID LINK, FORMER CHIEF DIGITAL OFFICER - MR. LINK'S COMPENSATION INCLUDES A SEVERANCE PAYMENT OF \$130,000.

GREG SHEPS, FORMER SVP, MARKETING PARTNERSHIPS - MR. SHEP'S COMPENSATION INCLUDES A SEVERANCE PAYMENT OF \$116,667.

NIGEL REDDEN, FORMER DIRECTOR OF LINCOLN CENTER FESTIVAL - MR. REDDEN'S COMPENSATION INCLUDES A SEVERANCE PAYMENT OF \$320,112.

AMOUNTS INCLUDED IN COLUMN (B)(III) REFLECT PAYMENTS OF ACTUARIALLY CALCULATED SUPPLEMENTAL RETIREMENT BENEFITS INTENDED TO COMPENSATE FOR IRS LIMITATIONS IN DEFINED BENEFIT PENSION PLANS, IN THIS CASE A NONQUALIFIED SUPPLEMENTAL RETIREMENT PLAN. TAXABLE PAYMENTS WERE MADE AS FOLLOWS: LIZA PARKER \$83,412; JANE MOSS \$28,389; TAMAR PODELL \$28,529; LESLEY FRIEDMAN ROSENTHAL \$14,808; PETER DUFFIN \$15,238; NIGEL REDDEN

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.

\$366; ELAINE RUIZ \$20,061; RUSSEL GRANET \$5,878; PETER FLAMM \$4,985;

ANDREW C. WILK \$4,889.

AMOUNTS IN COLUMN (B)(III) INCLUDE TAXABLE PAYMENTS UNDER A 457(F)

DEFERRED COMPENSATION PLAN: LIZA PARKER \$145,834; TAMAR PODELL \$89,062;

LESLEY FRIEDMAN ROSENTHAL \$84,376; ELAINE RUIZ \$105,000; RUSSEL GRANET

\$75,000; RONALD AUSTIN \$40,000.

AMOUNTS IN COLUMN (C) INCLUDE DEFERRALS UNDER A 457(F) DEFERRED

COMPENSATION PLAN: LIZA PARKER \$116,667; TAMAR PODELL

\$89,063; LESLEY FRIEDMAN ROSENTHAL \$84,374; RUSSELL GRANET \$75,000;

RONALD AUSTIN \$40,000.

PART III, COLUMN C:

THE CHANGE IN PENSION VALUE CAN BE ATTRIBUTED TO THREE MAIN AREAS, (1)

THE EMPLOYEES AGE BY ONE YEAR, (2) THE EMPLOYEE EARNS AN ADDITIONAL YEAR

ON BENEFIT ACCRUAL AND (3) THE CHANGES IN THE YIELD CURVE.

**SCHEDULE K
(Form 990)**

Supplemental Information on Tax-Exempt Bonds

OMB No. 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.**

2017

▶ **Attach to Form 990.**

**Open to Public
Inspection**

▶ **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 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 2008A	91-1882413		06/10/2015	151,250,000.	2008A REISSUE		X		X		X
B THE TRUST FOR CULTURAL RESOURCES OF NYC 2016A	91-1882413	649717UE3	11/29/2016	104,370,134.	REFUND 2008C 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	151,250,000.		104,370,134.					
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds								
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds			732,082.					
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds								
11 Other spent proceeds	151,250,000.		103,638,052.					
12 Other unspent proceeds								
13 Year of substantial completion	2011							
	Yes	No	Yes	No	Yes	No	Yes	No
14 Were the bonds issued as part of a current refunding issue?	X		X					
15 Were the bonds issued as part of 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					

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				

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

Part III Private Business Use (Continued)

THE TRUST FOR CULTURAL RESOURCES OF NYC

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
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?								
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 nongovernmental 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				
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?								

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

SCHEDULE K, PART I, BOND ISSUES:

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

(F) DESCRIPTION OF PURPOSE: REFUND 2008A ISSUE

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

(F) DESCRIPTION OF PURPOSE: REFUND 2008C ISSUE

SCHEDULE K, PARTS I & IV

SCHEDULE K, PART I: THE REFUND BOND ISSUE DATED 6/10/15 IS SUBJECT TO A
BANK DIRECT PURCHASE BY BANK OF AMERICA CAPITAL CORPORATION.

SCHEDULE K, PART IV, LINE 2C

REBATE COMPUTATION FOR BOND 2008A WAS PERFORMED IN AUGUST 2013.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for the latest information.

Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	Employer identification number 13-1847137
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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 .	1,286,444 .	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 IV, Donee Acknowledgement **29**

		Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?	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.			

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.

NUMBER OF CONTRIBUTIONS

PART I, COLUMN (B)

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

**SCHEDULE O
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

Name of the organization

LINCOLN CENTER FOR THE PERFORMING ARTS, INC.

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2017

**Open to Public
Inspection**

Employer identification number

13-1847137

DESCRIPTION OF ORGANIZATION MISSION

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 SITE IN NEW YORK CITY, THE ORGANIZATION PROVIDES PROGRAMS AND PRESENTS CONCERTS AND OTHER PERFORMANCES THAT SUPPLEMENT THE PRESENTATIONS OF LINCOLN CENTER CONSTITUENT ORGANIZATIONS. THESE CONSTITUENT ORGANIZATIONS, ALL OF WHICH ARE PUBLIC CHARITIES AS DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE, CONSIST OF THE CHAMBER MUSIC SOCIETY OF LINCOLN CENTER, THE FILM SOCIETY OF LINCOLN CENTER, JAZZ AT LINCOLN CENTER, THE JUILLIARD SCHOOL, THE VIVIAN BEAUMONT THEATER (THE LINCOLN CENTER THEATER), THE METROPOLITAN OPERA, THE NEW YORK CITY BALLET, THE PHILHARMONIC SYMPHONY SOCIETY OF NEW YORK (NEW YORK CITY PHILHARMONIC ORCHESTRA), THE NEW YORK PUBLIC LIBRARY FOR THE PERFORMING ARTS, AND THE SCHOOL OF AMERICAN BALLET.

PROGRAM SERVICE ACCOMPLISHMENTS

FORM 990, PART III, LINE 4B

LIVE FROM LINCOLN CENTER IS A CORNERSTONE OF PERFORMING ARTS BROADCASTING, PRESENTING THE WORLD'S GREATEST ARTISTS AND PERFORMANCES IN MUSIC, DANCE, AND THEATER FROM LINCOLN CENTER'S RENOWNED STAGES. NOW IN ITS 44TH SEASON ON PBS, THE PIONEERING SERIES HAS BEEN SEEN BY HUNDREDS OF MILLIONS OF VIEWERS SINCE ITS DEBUT AND CELEBRATED BY 17 EMMY AWARDS

Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	Employer identification number 13-1847137
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AND OTHER HONORS FOR ITS BROADCASTING EXCELLENCE. EPISODES AND ADDITIONAL CONTENT ARE ALSO ACCESSIBLE ONLINE.

OTHER PROGRAM SERVICES

FORM 990, PART III, LINE 4D

EDUCATION AND OUTREACH - LINCOLN CENTER EDUCATION'S (LCE) MISSION IS TO ENRICH THE LIVES OF STUDENTS, EDUCATORS, AND LIFELONG LEARNERS BY PROVIDING OPPORTUNITIES FOR ENGAGEMENT WITH THE ARTS ONSTAGE, IN THE CLASSROOM, DIGITALLY, AND WITHIN COMMUNITIES. SINCE ITS FOUNDING IN 1975, LCE'S PROGRAMS AND INITIATIVES HAVE REACHED MORE THAN 20 MILLION STUDENTS, EDUCATORS, ADMINISTRATORS, PARENTS, COMMUNITY MEMBERS, AND TEACHING ARTISTS. ITS ARTS IN THE MIDDLE INITIATIVE STRIVES TO INCREASE HIGH-QUALITY ARTS EXPERIENCES IN MIDDLE SCHOOL AND BUILDS CAPACITY OF SCHOOL STAFF AND ADMINISTRATION TO PLAN AND IMPLEMENT SUSTAINABLE ARTS PROGRAMS. LINCOLN CENTER'S ANNUAL SUMMER FORUM BRINGS TEACHERS FROM ALL OVER THE WORLD TOGETHER FOR THREE WEEKS OF INTENSIVE ARTS EDUCATION WORKSHOPS. LINCOLN CENTER EDUCATION ALSO PARTNERS WITH COMMUNITY-BASED ORGANIZATIONS TO PRESENT ARTISTS IN ALL FIVE BOROUGHES OF NEW YORK CITY THROUGH PROGRAMS LIKE BORO-LINC, WHICH HOSTS LIVE SHOWS AND WORKSHOPS, AND THE COMMUNITY ARTIST RESIDENCIES PROGRAM, WHICH SUPPORTS LOCAL ARTISTS COLLABORATING WITH COMMUNITIES TO INCREASE ACCESS TO TRANSFORMATIVE ART. ACCESSIBILITY AT LINCOLN CENTER IS COMMITTED TO PROVIDING ACCESS AND FULL PARTICIPATION IN THE WORLD OF LINCOLN CENTER FOR THE PERFORMING ARTS TO PATRONS, ARTISTS, AND EMPLOYEES WITH DISABILITIES. IN ITS THIRD SEASON, LINCOLN CENTER MOMENTS, AN INNOVATIVE PROGRAM DESIGNED ESPECIALLY FOR PEOPLE WITH DEMENTIA AND THEIR

Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	Employer identification number 13-1847137
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CAREGIVERS, PRESENTED TWELVE PERFORMANCES, EACH FOLLOWED BY INTERACTIVE WORKSHOPS. LINCOLN CENTER CONTINUES TO SET STANDARDS FOR ARTS ACCESSIBILITY THROUGH ONGOING IMPROVEMENTS TO ITS FACILITIES AND PROGRAMMING.

EXPENSES \$10,324,729. INCL GRANTS OF \$187,500. REVENUE \$866,570.

GUEST AND PATRON SERVICES - IN THE COMMUNITY, LCPA EXPANDS ITS PRESENCE WITH A HOST OF INITIATIVES TO MAKE THE ARTS MORE ACCESSIBLE. THESE INCLUDE THE RUBENSTEIN ATRIUM, A COMMUNITY GATHERING PLACE OFFERING FREE WEEKLY PERFORMANCES, DISCOUNT TICKETS, A CAFE, AND CAMPUS TOURS. ITS CELEBRATED VERA LIST ART PROJECT COMMISSIONS PRIMARILY LIMITED-EDITION PRINTS AS WELL AS POSTERS FOR SALE TO THE PUBLIC. A SELECTION OF PRINTS IS ON VIEW IN THE ART GALLERY IN DAVID GEFFEN HALL'S LOWER LOBBY.

EXPENSES \$1,593,794. INCL GRANTS OF \$0. REVENUE \$412,135.

NEW VENTURES AND SPECIAL PROJECTS - LINCOLN CENTER CONTINUES TO EXPERIMENT WITH NEW WAYS TO INCREASE PUBLIC ACCESS AND EXPOSURE TO HIGH QUALITY ARTS CONTENT, INCLUDING THROUGH ITS RELATIONSHIPS WITH WNET (PUBLIC TELEVISION) AND ARTS CONSULTING (FOSTERING CULTURAL EXCHANGE).

EXPENSES \$725,132. INCL GRANTS OF \$0. REVENUE \$3,653,377.

TOTAL OTHER: EXPENSES \$12,643,655. INCL GRANTS OF \$187,500. REVENUE \$4,932,082.

BOARD RELATIONSHIPS

FORM 990, PART VI, SECTION A, LINE 2

Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	Employer identification number 13-1847137
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DIRECTOR THOMAS H. LEE AND DIRECTOR ANN TENENBAUM - FAMILY RELATIONSHIP

DIRECTOR INDRA K. NOOYI AND DIRECTOR CHANDRIKA K. TANDON - FAMILY
RELATIONSHIP

DIRECTOR FRANK A. BENNACK, JR. AND DIRECTOR STEVE R. SWARTZ - BUSINESS
RELATIONSHIP

DIRECTOR JOHN WALDRON AND DIRECTOR ESTA EIGER STECHER - BUSINESS
RELATIONSHIP

DIRECTOR BENNETT J. GOODMAN AND DIRECTOR SHELLY LAZARUS - BUSINESS
RELATIONSHIP

DIRECTOR JOHN B. HESS AND DIRECTOR JOSEPH Y. BAE - BUSINESS RELATIONSHIP

FORM 990 REVIEW

FORM 990, PART VI, SECTION B, LINE 11

THE LINCOLN CENTER 2017 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 LINCOLN CENTER AUDIT COMMITTEE
REVIEWS AND APPROVES THE 990 PRIOR TO ITS FILING ON BEHALF OF THE LINCOLN
CENTER BOARD OF DIRECTORS. THE AUDIT COMMITTEE HAS REVIEWED AND
UNANIMOUSLY APPROVED THE LINCOLN CENTER 2017 FORM 990. A COPY OF THE
RETURN WAS PROVIDED TO THE FULL BOARD PRIOR TO FILING.

CONFLICT OF INTEREST REVIEW

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

MEMBERS OF LINCOLN CENTER'S BOARD OF DIRECTORS AND SENIOR MANAGEMENT MAY,
FROM TIME TO TIME, BE ASSOCIATED, EITHER DIRECTLY OR INDIRECTLY, WITH

Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	Employer identification number 13-1847137
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COMPANIES DOING BUSINESS WITH LINCOLN CENTER. FOR SENIOR MANAGEMENT, LINCOLN CENTER REQUIRES ANNUAL DISCLOSURE OF SIGNIFICANT FINANCIAL INTERESTS IN, OR EMPLOYMENT OR CONSULTING RELATIONSHIPS WITH, ENTITIES DOING BUSINESS WITH LINCOLN CENTER. WHEN SUCH RELATIONSHIPS EXIST, MEASURES ARE TAKEN TO APPROPRIATELY MANAGE THE ACTUAL OR PERCEIVED CONFLICT IN THE BEST INTERESTS OF LINCOLN CENTER, AND TO UNDERTAKE PERIODIC REVIEW OF CONTINUING SUCH RELATIONSHIPS. LINCOLN CENTER HAS A WRITTEN CONFLICT OF INTEREST POLICY THAT REQUIRES, AMONG OTHER THINGS, THAT NO MEMBER OF THE BOARD OF DIRECTORS CAN PARTICIPATE IN ANY DECISION IN WHICH HE OR SHE (OR RELATED PARTY) HAS A MATERIAL FINANCIAL INTEREST. EACH DIRECTOR IS REQUIRED TO CERTIFY COMPLIANCE WITH THE CONFLICT OF INTEREST POLICY ON AN ANNUAL BASIS AND INDICATE WHETHER LINCOLN CENTER DOES BUSINESS WITH AN ENTITY IN WHICH THE DIRECTOR HAS A RELATED PARTY RELATIONSHIP OR MATERIAL FINANCIAL INTEREST. WHEN SUCH A RELATIONSHIP EXISTS, MEASURES ARE TAKEN TO MITIGATE ANY ACTUAL OR PERCEIVED CONFLICT, INCLUDING REQUIRING THAT SUCH TRANSACTIONS BE CONDUCTED AT ARM'S LENGTH, FOR GOOD AND SUFFICIENT CONSIDERATION, BASED ON TERMS THAT ARE FAIR AND REASONABLE TO AND FOR THE BENEFIT OF LINCOLN CENTER, AND IN ACCORDANCE WITH APPLICABLE CONFLICT OF INTEREST LAWS. NO SUCH ASSOCIATIONS ARE CONSIDERED TO BE SIGNIFICANT. THE TRANSACTION OR ARRANGEMENT MUST FURTHER LINCOLN CENTER'S CHARITABLE PURPOSES, AND DOES NOT RESULT IN PRIVATE INUREMENT, AN EXCESS BENEFIT TRANSACTION OR IMPERMISSIBLE PRIVATE BENEFIT UNDER LAWS APPLICABLE TO ORGANIZATIONS EXEMPT FROM FEDERAL INCOME TAX UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

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

FORM 990, PART VI, SECTION B, LINE 15

COMPENSATION FOR SENIOR MANAGEMENT BELOW THE CHIEF EXECUTIVE OFFICER LEVEL IS DETERMINED ANNUALLY BY THE PRESIDENT IN CONSULTATION WITH THE CHIEF OPERATING OFFICER, AND REVIEWED WITH THE PERSONNEL AND COMPENSATION COMMITTEE OF THE BOARD. 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 WAS LAST PERFORMED IN FALL 2018. THE FORM 990 INFORMATION RETURNS OF SUCH ORGANIZATIONS ARE ALSO CONSIDERED. NEITHER THE PRESIDENT NOR THE CHIEF OPERATING OFFICER IS INVOLVED IN THEIR OWN COMPENSATION DETERMINATION PROCESS.

COMPENSATION FOR THE PRESIDENT IS SET PURSUANT TO WRITTEN MULTI-YEAR AGREEMENTS. NEW COMPENSATION LEVELS AND OTHER TERMS ARE DETERMINED IN CONJUNCTION WITH THE DECISION TO EXTEND OR RENEW HIS OR HER EMPLOYMENT AGREEMENT. IN CONJUNCTION WITH SUCH DECISIONS, THE ORGANIZATION, THROUGH ITS CHAIR OF THE BOARD, FROM TIME TO TIME, ENGAGES AN INDEPENDENT COMPENSATION CONSULTANT TO PROVIDE COMPARABILITY DATA FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS AT SIMILARLY SITUATED ORGANIZATIONS. THIS WAS LAST PERFORMED IN FALL 2018. THE FORMS 990 OF SUCH ORGANIZATIONS ARE ALSO CONSIDERED. INDEPENDENT MEMBERS OF THE BOARD SIT AS A PERSONNEL AND COMPENSATION COMMITTEE (THE "AUTHORIZED BODY") AT SUCH INTERVALS AND ITS DELIBERATIONS, DECISIONS AND APPROVAL REGARDING COMPENSATION ARE RECORDED IN CONFIDENTIAL MINUTES TAKEN BY THE CHAIRMAN. NEITHER THE PRESIDENT NOR ANY MEMBER OF MANAGEMENT IS PRESENT

Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	Employer identification number 13-1847137
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AT SUCH MEETINGS, WHICH ARE HELD IN EXECUTIVE SESSION. ALL PARTICIPATING MEMBERS OF THE PERSONNEL AND COMPENSATION COMMITTEE ARE INDEPENDENT UNDER THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. LINCOLN CENTER COMPLIES WITH THE "REBUTTABLE PRESUMPTION" PROCEDURES FOR DETERMINING THAT COMPENSATION IS REASONABLE UNDER INTERNAL REVENUE CODE SECTION 4958.

DOCUMENT AVAILABILITY

FORM 990, PART VI, SECTION C, LINE 19

LINCOLN CENTER MAKES ITS ANNUAL FINANCIAL STATEMENTS AND FORM 990 AVAILABLE VIA THE ORGANIZATION'S WEBSITE. OTHER GOVERNING DOCUMENTS ARE AVAILABLE UPON REQUEST.

AVERAGE HOURS PER WEEK

FORM 990, PART VII, COLUMN (B)

THE HOURS REPORTED FOR EACH DIRECTOR ON PART VII ARE REASONABLE ESTIMATES OF HOURS SERVED PER WEEK.

OTHER CHANGE IN NET ASSETS

FORM 990, PART XI, LINE 9

CONTRIBUTION WRITE-OFFS	- \$6,000,000
BAD DEBT EXPENSE WRITE-OFF	- \$4,421,748

	- \$10,421,748

Name of the organization LINCOLN CENTER FOR THE PERFORMING ARTS, INC.	Employer identification number 13-1847137
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ATTACHMENT 1FORM 990, PART VI, LINE 17 - STATES

AL, AK, AR, CA, CO, CT,
 DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,
 MS, MO, NH, NJ, NY, NC, OH, OK, OR, PA,
 RI, SC, TN, WA, WV, WI,

ATTACHMENT 2990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
SPECIALTY CONSTRUCTION SYSTEM, INC. 31 SOUTH STREET MOUNT VERNON, NY 10550	CONSTRUCTION FIRM	1,745,273.
GEMINI MUSIC PRODUCTIONS 2 IRIQUOIS AVENUE PALISADES, NY 10964	ARTIST FEES	1,303,623.
RESTAURANT ASSOCIATES CATERERS 132 WEST 65TH STREET NEW YORK, NY 10023	CATERING	1,271,482.
THYSSENKRUPP ELEVATOR CORP. 519 8TH AVENUE, 6TH FLOOR NEW YORK, NY 10018	ELEVATOR SERVICE	1,034,862.
IMG ARTISTS, LLC 7 WEST 54TH STREET NEW YORK, NY 10019	ARTIST FEES	1,019,300.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2017

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.**

▶ **Attach to Form 990.**

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

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) LINCOLN CENTER DEVELOPMENT PROJECT, INC. 13-4172481 70 LINCOLN CENTER PLAZA NEW YORK, NY 10023	CONSTRUCTION	NY	501(C)(3)	7	LCPA	X	
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							

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

Schedule R (Form 990) 2017

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	
(1)												
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												

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
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)									

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		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	2,473,331.	FMV
(2)			
(3)			
(4)			
(5)			
(6)			

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners section 501(c)(3) organizations?		(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		Yes	No	
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
(8)													
(9)													
(10)													
(11)													
(12)													
(13)													
(14)													
(15)													
(16)													

Part VII **Supplemental Information**

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