


Form 990



Department of the Treasury  
Internal Revenue Service

Return of Organization Exempt From Income Tax

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

Do not enter Social Security numbers on this form as it may be made public By law, the IRS generally cannot redact the information on the form

Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990)

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning 10-01-2013, 2013, and ending 09-30-2014

<b>B</b> Check if applicable <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS		<b>D</b> Employer identification number  53-0245017
	Doing Business As		
	Number and street (or P O box if mail is not delivered to street address) Room/suite 2700 F STREET NW		<b>E</b> Telephone number  (202) 416-8000
	City or town, state or province, country, and ZIP or foreign postal code WASHINGTON, DC 205660001		<b>G</b> Gross receipts \$ 298,674,651
	<b>F</b> Name and address of principal officer MS DEBORAH F RUTTER 2700 F STREET NW WASHINGTON,DC 205660001		
<b>I</b> Tax-exempt status <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) <input type="checkbox"/> (insert no ) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No  <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions)  <b>H(c)</b> Group exemption number <input type="checkbox"/>	
<b>J</b> Website: <input checked="" type="checkbox"/> WWW.KENNEDY-CENTER.ORG			

<b>K</b> Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other <input type="checkbox"/>	<b>L</b> Year of formation 1958	<b>M</b> State of legal domicile DC
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Part I

Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS (KENNEDY CENTER) SERVES AS BOTH A PRESIDENTIAL MEMORIAL AND THE NATION'S CENTER FOR THE PERFORMING ARTS THE KENNEDY CENTER (A) DEVELOPS AND PRESENTS A BROAD ARRAY OF PROGRAMS (E G , THEATER, MUSIC, OPERA, BALLET, DANCE), (B) DEVELOPS EDUCATIONAL AND COMMUNITY ENGAGEMENT ACTIVITIES BOTH IN WASHINGTON, DC AND NATIONALLY, AND (C) DELIVERS ARTS MANAGEMENT EDUCATION AND DEVELOPMENT PROGRAMS LOCALLY, NATIONALLY, AND INTERNATIONALLY		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a) . . . . .	<b>3</b>	52
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b) . . . . .	<b>4</b>	52
	<b>5</b> Total number of individuals employed in calendar year 2013 (Part V, line 2a) . . . . .	<b>5</b>	2,342
	<b>6</b> Total number of volunteers (estimate if necessary) . . . . .	<b>6</b>	1,600
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12 . . . . .	<b>7a</b>	-64,098
	<b>b</b> Net unrelated business taxable income from Form 990-T, line 34 . . . . .	<b>7b</b>	-93,480
	Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h) . . . . .	<b>Prior Year</b>
<b>9</b> Program service revenue (Part VIII, line 2g) . . . . .		124,706,358	171,039,096
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d ) . . . . .		76,517,475	74,877,536
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,943,442	3,085,497
<b>12</b> Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) . . . . .		7,399,608	7,629,326
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1–3 ) . . . .	211,566,883	256,631,455
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4) . . . . .	1,399,187	1,038,000
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10)		0
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e) . . . . .	90,463,015	93,783,136
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) <input checked="" type="checkbox"/> 9,517,636	317,621	349,777
	<b>17</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .		
	<b>18</b> Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) . . . . .	108,725,644	114,269,440
	<b>19</b> Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	200,905,467	209,440,353
Net Assets or Fund Balances	<b>19</b> Revenue less expenses Subtract line 18 from line 12 . . . . .	10,661,416	47,191,102
		<b>Beginning of Current Year</b>	<b>End of Year</b>
	<b>20</b> Total assets (Part X, line 16) . . . . .	404,254,578	454,978,531
	<b>21</b> Total liabilities (Part X, line 26) . . . . .	85,568,468	86,742,533
<b>22</b> Net assets or fund balances Subtract line 21 from line 20 . . . . .			

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	<div><div></div><div>Signature of officer</div></div>	
	<div><div></div><div>DEBORAH F RUTTER, PRESIDENT</div><div>Type or print name and title</div></div>	
Paid Preparer Use Only	Print/Type preparer's name BDO USA LLP	Preparer's signature
	Firm's name <input checked="" type="checkbox"/> BDO USA LLP	
	Firm's address <input checked="" type="checkbox"/> 7101 WISCONSIN AVENUE SUITE 800  BETHESDA, MD 20814	

May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions.

Part III

Statement of Program Service Accomplishments

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

☐

1

Briefly describe the organization's mission

THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS (KENNEDY CENTER) SERVES AS BOTH A PRESIDENTIAL MEMORIAL AND THE NATION'S CENTER FOR THE PERFORMING ARTS THE KENNEDY CENTER (A) DEVELOPS AND PRESENTS A BROAD ARRAY OF PROGRAMS (E G , THEATER, MUSIC, OPERA, BALLET, DANCE), (B) DEVELOPS EDUCATIONAL AND COMMUNITY ENGAGEMENT ACTIVITIES BOTH IN WASHINGTON, DC AND NATIONALLY, AND (C) DELIVERS ARTS MANAGEMENT EDUCATION AND DEVELOPMENT PROGRAMS LOCALLY, NATIONALLY, AND INTERNATIONALLY

2

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

☐ Yes ☒ No

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

3

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

☐ Yes ☒ No

If "Yes," describe these changes on Schedule O

4

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

4a

(Code ) (Expenses \$ 191,917,156 including grants of \$ 1,038,000 ) (Revenue \$ 74,880,288 )

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

4b

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

4c

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

4d



















Other program services (Describe in Schedule O )

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

4e

Total program service expenses ▶ 191,917,156

Part IV Checklist of Required Schedules

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

Part IV

Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> . . . . .	21	Yes	
22	Did the organization report more than \$5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> . . . . .	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> . . . . .	23	Yes	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> . . . . .	24a	Yes	
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? . . . .	24b		No
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? . . . . .	24c		No
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? . . . .	24d		No
25a	<b>Section 501(c)(3) and 501(c)(4) organizations.</b> 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> . . . . .	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> . . . . .	25b		No
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 so, complete Schedule L, Part II</i> . . . . .	26		No
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> . . . . .	27		No
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> . . . . .	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> . . . . .	28b		No
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> . . . .	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> . . .	29	Yes	
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> . . . . .	30		No
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> . . . . .	31		No
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> . . . . .	32		No
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> . . . . .	33	Yes	
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> . . . . .	34	Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		No
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> . . . .	35b		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> . . . . .	36		No
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> . . .	37		No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O . . . . .	38	Yes	

Part V

Statements Regarding Other IRS Filings and Tax Compliance

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

			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	1a	1,200	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b	0	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return.	2a	2,342	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions).	2b	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Yes	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		No
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		No
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		No
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7	<b>Organizations that may receive deductible contributions under section 170(c).</b>			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	Yes	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Yes	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		No
d	If "Yes," indicate the number of Forms 8282 filed during the year.	7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		No
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		No
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	<b>Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations.</b> Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?	8		
9	<b>Sponsoring organizations maintaining donor advised funds.</b>			
a	Did the organization make any taxable distributions under section 4966?	9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	<b>Section 501(c)(7) organizations.</b> Enter			
a	Initiation fees and capital contributions included on Part VIII, line 12.	10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.	10b		
11	<b>Section 501(c)(12) organizations.</b> Enter			
a	Gross income from members or shareholders.	11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).	11b		
12a	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	12b		
13	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>			
a	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.	13a		
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans.	13b		
c	Enter the amount of reserves on hand.	13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		No
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.	14b		

Part VI

Governance, Management, and Disclosure

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year . . . . .		
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O		
b	Enter the number of voting members included in line 1a, above, who are independent . . . . .		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? . . . . .	2	Yes
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person? . . . . .	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? . . . . .	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets? . . . . .	5	No
6	Did the organization have members or stockholders? . . . . .	6	No
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? . . . . .	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? . . . . .	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
a	The governing body? . . . . .	8a	Yes
b	Each committee with authority to act on behalf of the governing body? . . . . .	8b	Yes
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O . . . . .	9	No

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates? . . . . .	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . . .	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? . . . . .	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990 . . . . .		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13 . . . . .	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? . . . . .	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done . . . . .	12c	Yes
13	Did the organization have a written whistleblower policy? . . . . .	13	Yes
14	Did the organization have a written document retention and destruction policy? . . . . .	14	Yes
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official . . . . .	15a	Yes
b	Other officers or key employees of the organization . . . . .	15b	Yes
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? . . . . .	16a	Yes
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? . . . . .	16b	Yes

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed▶
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request <input type="checkbox"/> Other (explain in Schedule O)
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization ▶LYNNE H PRATT 2700 F STREET NW WASHINGTON,DC 20566 (202) 416-8000

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

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

[illegible]

## Part VII

<b>1b</b>	<b>Sub-Total . . . . .</b>	<b>▼</b>			
<b>c</b>	<b>Total from continuation sheets to Part VII, Section A . . . . .</b>	<b>▼</b>			
<b>d</b>	<b>Total (add lines 1b and 1c) . . . . .</b>	<b>▼</b>	5,481,852		411,969

**2** Total number of individuals (including but not limited to those listed in Item 1) who received more than \$100,000 of reportable compensation from the organization. 189

		Yes	No
<b>3</b>	Did the organization list any <b>former</b> officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i> . . . . .	<b>3</b>	No
<b>4</b>	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> . . . . .	<b>4</b>	Yes
<b>5</b>	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> . . . . .	<b>5</b>	No

## Section B. Independent Contractors

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
LATTER DAY TOUR LP, 1051 BROADWAY NEW YORK NY 10036	TOURING COMPANY	8,860,764
SECURIGUARD INC, 6858 OLD DOMINION DRIVE MCLEAN VA 22101	SECURITY SVCS	4,025,605
RAND CONSTRUCTION CORPORATION, 515 M STREET SE WASHINGTON DC 20003	CONSTRUCTION	3,836,366
RESTAURANT ASSOCIATES, 330 FIFTH AVENUE NEW YORK NY 10001	CATERING	2,675,716
CRISTOFORO INC, 1 PENN PLAZA NEW YORK NY 10119	NSO CONDUCTING	2,274,151

**2** Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ▶83



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	368			
	b	Membership dues . . . . .	1b	3,076,139			
	c	Fundraising events . . . . .	1c	13,022,924			
	d	Related organizations . . . .	1d	2,744,192			
	e	Government grants (contributions)	1e	41,836,608			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	110,358,865			
	g	Noncash contributions included in lines 1a-1f \$		2,662,471			
	h	Total. Add lines 1a-1f . . . . .		171,039,096			
Program Service Revenue	2a	PROGRAMMING RECEIPTS	Business Code				
			711190	66,935,301	66,935,301		
	b	TICKET HANDLING FEES	711190	5,437,198	5,437,198		
	c	THEATER LICENSE FEES	711190	2,505,037	2,505,037		
	d						
	e						
	f	All other program service revenue					
	g	Total. Add lines 2a-2f . . . . .		74,877,536			
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts) . . . . .		2,011,853			2,011,853
	4	Income from investment of tax-exempt bond proceeds . .					
	5	Royalties . . . . .		55,617			55,617
	6a	Gross rents	(i) Real				
			473,699				
			(ii) Personal				
	b	Less rental expenses	466,764				
	c	Rental income or (loss)	6,935				
	d	Net rental income or (loss) . . . . .		6,935		836	6,099
	7a	Gross amount from sales of assets other than inventory	(i) Securities				
			36,311,967				
			(ii) Other				
	b	Less cost or other basis and sales expenses	35,238,323				
	c	Gain or (loss)	1,073,644				
	d	Net gain or (loss) . . . . .		1,073,644			1,073,644
	8a	Gross income from fundraising events (not including \$ 13,022,924 of contributions reported on line 1c) See Part IV, line 18 . . .					
			a	583,666			
	b	Less direct expenses . . . .	b	4,056,446			
	c	Net income or (loss) from fundraising events . .		-3,472,780			-3,472,780
	9a	Gross income from gaming activities See Part IV, line 19 . . . .					
			a				
	b	Less direct expenses . . . .	b				
	c	Net income or (loss) from gaming activities . .					
	10a	Gross sales of inventory, less returns and allowances . . .					
			a	2,187,498			
	b	Less cost of goods sold . . .	b	2,281,663			
	c	Net income or (loss) from sales of inventory . .		-94,165	2,752	-96,917	
	Miscellaneous Revenue		Business Code				
	11a	PARKING RECEIPTS	812930	6,331,676			6,331,676
	b	RESTAURANT LICENSE FEE	722513	2,022,142			2,022,142
	c	OTHER EVENT INCOME	900099	1,935,651			1,935,651
	d	All other revenue . . . . .		844,250		31,983	812,267
	e	Total. Add lines 11a-11d . . . . .		11,133,719			
	12	Total revenue. See Instructions . . . . .		256,631,455	74,880,288	-64,098	10,776,169

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States See Part IV, line 21	35,541	35,541		
2	Grants and other assistance to individuals in the United States See Part IV, line 22	713,099	713,099		
3	Grants and other assistance to governments, organizations, and individuals outside the United States See Part IV, lines 15 and 16	289,360	289,360		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees . . . . .	4,865,237	2,536,216	1,657,321	671,700
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) . . . . .				
7	Other salaries and wages	69,130,406	63,589,629	2,419,675	3,121,102
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) . . . . .	6,272,662	5,947,232	183,849	141,581
9	Other employee benefits . . . . .	8,675,615	7,922,510	404,097	349,008
10	Payroll taxes . . . . .	4,839,216	4,296,106	287,239	255,871
11	Fees for services (non-employees)				
a	Management . . . . .				
b	Legal . . . . .	220,111	318	219,793	
c	Accounting . . . . .	219,650	36,750	182,900	
d	Lobbying . . . . .				
e	Professional fundraising services See Part IV, line 17	349,777			349,777
f	Investment management fees . . . . .	310,556		310,556	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O) . . . . .	41,310,807	40,485,932	271,339	553,536
12	Advertising and promotion . . . . .	3,967,394	3,947,960	15,653	3,781
13	Office expenses . . . . .	5,836,965	4,186,359	246,991	1,403,615
14	Information technology . . . . .	817,472	734,989	42,427	40,056
15	Royalties . . . . .	1,933,609	1,933,539	70	
16	Occupancy . . . . .	5,336,346	5,057,705	277,765	876
17	Travel . . . . .	8,655,608	7,325,462	27,243	1,302,903
18	Payments of travel or entertainment expenses for any federal, state, or local public officials . . . . .				
19	Conferences, conventions, and meetings . . . . .	2,094,516	1,452,468	58,492	583,556
20	Interest . . . . .	328,320		328,320	
21	Payments to affiliates . . . . .				
22	Depreciation, depletion, and amortization . . . . .	21,689,148	21,644,321	23,058	21,769
23	Insurance . . . . .	391,782	35,151	356,631	
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O )				
a	ATTRACTION SHARE	13,400,162	13,400,162		
b	EQUIP/INSTRUMENT RENTALS	3,974,087	3,216,153	374,427	383,507
c	CREDIT CARD FEES	1,719,184	1,604,194		114,990
d	PRODUCTION MATERIALS	1,300,029	1,204,399		95,630
e	All other expenses	763,694	321,601	317,715	124,378
25	Total functional expenses. Add lines 1 through 24e	209,440,353	191,917,156	8,005,561	9,517,636
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X

Balance Sheet

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

				(A)		(B)
				Beginning of year		End of year
Assets	1	Cash—non-interest-bearing		4,947,341	1	4,427,234
	2	Savings and temporary cash investments		11,109,461	2	7,097,330
	3	Pledges and grants receivable, net		60,536,478	3	105,178,423
	4	Accounts receivable, net		1,999,514	4	2,479,436
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use		516,855	8	796,229
	9	Prepaid expenses and deferred charges		2,599,110	9	2,968,913
	10a	Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a500,843,467			
	b	Less accumulated depreciation	10b304,289,008	201,143,336	10c	196,554,459
	11	Investments—publicly traded securities		32,422,125	11	35,227,388
	12	Investments—other securities See Part IV, line 11		74,417,909	12	80,603,660
	13	Investments—program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		14,562,449	15	19,645,459
	16	Total assets. Add lines 1 through 15 (must equal line 34)		404,254,578	16	454,978,531
Liabilities	17	Accounts payable and accrued expenses		13,739,982	17	14,775,489
	18	Grants payable			18	
	19	Deferred revenue		21,416,560	19	21,136,523
	20	Tax-exempt bond liabilities		26,440,000	20	25,445,000
	21	Escrow or custodial account liability Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties		600,000	23	400,000
	24	Unsecured notes and loans payable to unrelated third parties		6,289,038	24	8,179,631
	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		17,082,888	25	16,805,890
	26	Total liabilities. Add lines 17 through 25		85,568,468	26	86,742,533
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		129,982,361	27	117,738,489
	28	Temporarily restricted net assets		78,097,982	28	136,873,118
	29	Permanently restricted net assets		110,605,767	29	113,624,391
	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		318,686,110	33	368,235,998
	34	Total liabilities and net assets/fund balances		404,254,578	34	454,978,531

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	256,631,455
2	Total expenses (must equal Part IX, column (A), line 25)	2	209,440,353
3	Revenue less expenses Subtract line 2 from line 1	3	47,191,102
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	318,686,110
5	Net unrealized gains (losses) on investments	5	4,962,896
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-2,604,110
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	368,235,998

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		No
2b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
2c	If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	Yes	

## Additional Data

**Software ID:**  
**Software Version:**  
**EIN:** 53-0245017  
**Name:** JOHN F KENNEDY CENTER FOR THE  
PERFORMING ARTS

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
MR DAVID M RUBENSTEIN CHAIRMAN	50	X		X				0	0	0
MS ADRIENNE ARSHT TRUSTEE	50	X						0	0	0
THE HON DR JAMES H BILLINGTON TRUSTEE	50	X						0	0	0
REPRESENTATIVE JOHN BOEHNER TRUSTEE	50	X						0	0	0
MR DAVID C BOHNETT TRUSTEE	50	X						0	0	0
SENATOR BARBARA BOXER TRUSTEE	50	X						0	0	0
AMBASSADOR NANCY GOODMAN BRINKER TRUSTEE	50	X						0	0	0
THE HON SYLVIA MATHEWS BURWELL TRUSTEE	50	X						0	0	0
THE HONORABLE DR G WAYNE CLOUGH TRUSTEE	50	X						0	0	0
SENATOR THAD COCHRAN TRUSTEE	50	X						0	0	0
MR GORDON J DAVIS TRUSTEE	50	X						0	0	0
REPRESENTATIVE ROSA DELAURO TRUSTEE	50	X						0	0	0
THE HONORABLE ARNE DUNCAN TRUSTEE	50	X						0	0	0
MR FRED EYCHANER TRUSTEE	50	X						0	0	0
SENATOR DIANNE FEINSTEIN TRUSTEE	50	X						0	0	0
MS GISELLE FERNANDEZ TRUSTEE	50	X						0	0	0
MS NORMA LEE FUNGER TRUSTEE	50	X						0	0	0
MR JOHN GOLDMAN TRUSTEE	50	X						0	0	0
THE HONORABLE VINCENT C GRAY TRUSTEE	50	X						0	0	0
MR DONALD J HALL JR TRUSTEE	50	X						0	0	0
MS KAYA HENDERSON TRUSTEE	50	X						0	0	0
MS JANET HILL TRUSTEE	50	X						0	0	0
MS JOAN E HOTCHKIS TRUSTEE	50	X						0	0	0
MR FRANK F ISLAM TRUSTEE	50	X						0	0	0
THE HONORABLE JONATHAN JARVIS TRUSTEE	50	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
AMBASSADOR CAROLINE KENNEDY TRUSTEE	50	X						0	0	0
MS VICTORIA REGGIE KENNEDY TRUSTEE	50	X						0	0	0
THE HONORABLE JOHN F KERRY TRUSTEE	50	X						0	0	0
MR HERBERT V KOHLER JR TRUSTEE	50	X						0	0	0
MR CARL H LINDNER III TRUSTEE	50	X						0	0	0
MR MICHAEL LOMBARDO TRUSTEE	50	X						0	0	0
MR BRYAN LOURD TRUSTEE	50	X						0	0	0
MS AMALIA PEREA MAHONEY TRUSTEE	50	X						0	0	0
MS BARBARA GOODMAN MANILOW TRUSTEE	50	X						0	0	0
MS ALYSSA MASTROMONACO TRUSTEE	50	X						0	0	0
SENATOR MITCH MCCONNELL TRUSTEE	50	X						0	0	0
MR CAPPY R MCGARR TRUSTEE	50	X						0	0	0
MS MARILYN CARLSON NELSON TRUSTEE	50	X						0	0	0
MR CHARLES B ORTNER TRUSTEE	50	X						0	0	0
REPRESENTATIVE NANCY PELOSI TRUSTEE	50	X						0	0	0
MR ROBERT FRANK PENCE TRUSTEE	50	X						0	0	0
MS REBECCA POHLAD TRUSTEE	50	X						0	0	0
MR EARL A POWELL III TRUSTEE	50	X						0	0	0
REPRESENTATIVE NICK J RAHALL II TRUSTEE	50	X						0	0	0
SENATOR HARRY REID TRUSTEE	50	X						0	0	0
MS SHONDA L RHIMES TRUSTEE	50	X						0	0	0
MS LAURA RICKETTS TRUSTEE	50	X						0	0	0
MR DUANE R ROBERTS TRUSTEE	50	X						0	0	0
MS MARGARET RUSSELL TRUSTEE	50	X						0	0	0
MS SHIRLEY RYAN TRUSTEE	50	X						0	0	0

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
MS ROSE KENNEDY SCHLOSSBERG TRUSTEE	50	X						0	0	0
THE HONORABLE KATHLEEN SEBELIUS TRUSTEE	50	X						0	0	0
MS SUSAN S SHER TRUSTEE	50	X						0	0	0
REPRESENTATIVE BILL SHUSTER TRUSTEE	50	X						0	0	0
MS ALEXANDRA C STANTON TRUSTEE	50	X						0	0	0
MR MARC STERN TRUSTEE	50	X						0	0	0
DR BRYAN TRAUBERT TRUSTEE	50	X						0	0	0
MR WALTER F ULLOA TRUSTEE	50	X						0	0	0
MR REGINALD VAN LEE TRUSTEE	50	X						0	0	0
SENATOR DAVID VITTER TRUSTEE	50	X						0	0	0
DR ROMESH WADHWANI TRUSTEE	50	X						0	0	0
SENATOR MARK WARNER TRUSTEE	50	X						0	0	0
MR ANTHONY WELTERS TRUSTEE	50	X						0	0	0
MS ELAINE WYNN TRUSTEE	50	X						0	0	0
MR MICHAEL M KAISER PRESIDENT	39 94 06			X				1,499,544	0	25,353
MS LYNNE H PRATT CFO	37 58 2 42			X				327,070	0	34,382
MS MARIA KERSTEN GEN COUNSEL	38 73 1 27			X				270,299	0	33,030
MS KATHLEEN C KRUSE ASST SEC/VP	40 00			X				197,321	0	15,573
MS DEBORAH F RUTTER PRESIDENT	40 00			X				0	0	0
MS HELEN LEE HENDERSON SECRETARY	50 50			X				0	0	0
MR MICHAEL F NEIDORFF TREASURER	50			X				0	0	0
MS CLAUDETTE DONLON EXECUTIVE VP	40 00				X			480,852	0	25,353
MS MARIE MATTSON VP DEVEL	40 00				X			402,351	0	30,336
MR DAVID KITTO VP MKTG & S	39 94 06				X			314,315	0	30,336
MS RITA N SHAPIRO ED, NSO	38 85 1 15				X			273,625	0	20,398

**Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors**

(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			
MR MICHAEL L MAEL ED, WNO	38 85 1 15				X			242,224	0	33,568
MR DARRELL AYERS VP EDUCATION	39 94 06				X			211,821	0	21,560
MS NURIT BAR-JOSEF NSO CONC MST	40 00					X		343,779	0	24,688
MR GEORGE M BERRA VP PROD	40 00					X		262,564	0	30,251
MR ALAN C LEVINE CIO	40 00					X		228,109	0	28,173
MR BRETT E EGAN DIR, DVIAM	40 00					X		214,013	0	27,388
MR ROGER C MOSIER VP FACILIT	40 00					X		213,965	0	31,580



SCHEDULE A  
(Form 990 or 990EZ)

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. ▶ See separate instructions.  
▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public  
Inspection

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

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

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

1	<input type="checkbox"/>	A church, convention of churches, or association of churches described in <b>section 170(b)(1)(A)(i).</b>
2	<input type="checkbox"/>	A school described in <b>section 170(b)(1)(A)(ii).</b> (Attach Schedule E )
3	<input type="checkbox"/>	A hospital or a cooperative hospital service organization described in <b>section 170(b)(1)(A)(iii).</b>
4	<input type="checkbox"/>	A medical research organization operated in conjunction with a hospital described in <b>section 170(b)(1)(A)(iii).</b> Enter the hospital's name, city, and state _____
5	<input type="checkbox"/>	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in <b>section 170(b)(1)(A)(iv).</b> (Complete Part II )
6	<input type="checkbox"/>	A federal, state, or local government or governmental unit described in <b>section 170(b)(1)(A)(v).</b>
7	<input checked="" type="checkbox"/>	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in <b>section 170(b)(1)(A)(vi).</b> (Complete Part II )
8	<input type="checkbox"/>	A community trust described in <b>section 170(b)(1)(A)(vi)</b> (Complete Part II )
9	<input type="checkbox"/>	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 <b>section 509(a)(2).</b> (Complete Part III )
10	<input type="checkbox"/>	An organization organized and operated exclusively to test for public safety See <b>section 509(a)(4).</b>
11	<input type="checkbox"/>	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 <b>section 509(a)(3).</b> Check the box that describes the type of supporting organization and complete lines 11e through 11h <b>a</b> <input type="checkbox"/> Type I <b>b</b> <input type="checkbox"/> Type II <b>c</b> <input type="checkbox"/> Type III - Functionally integrated <b>d</b> <input type="checkbox"/> Type III - Non-functionally integrated
e	<input type="checkbox"/>	By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
f	<input type="checkbox"/>	If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
g	Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons? <b>(i)</b> A person who directly or indirectly controls, either alone or together with persons described in <b>(ii)</b> and <b>(iii)</b> below, the governing body of the supported organization? <b>(ii)</b> A family member of a person described in <b>(i)</b> above? <b>(iii)</b> A 35% controlled entity of a person described in <b>(i)</b> or <b>(ii)</b> above?	
h	Provide the following information about the supported organization(s)	

	Yes	No
11g(i)		
11g(ii)		
11g(iii)		

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

Part II

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	112,160,590	99,164,246	101,252,715	124,706,358	171,039,096	608,323,005
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	<b>Total.</b> Add lines 1 through 3	112,160,590	99,164,246	101,252,715	124,706,358	171,039,096	608,323,005
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						76,996,877
6	<b>Public support.</b> Subtract line 5 from line 4						531,326,128

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶		(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	112,160,590	99,164,246	101,252,715	124,706,358	171,039,096	608,323,005
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,725,095	1,460,900	1,773,904	1,766,676	2,484,088	9,210,663
9	Net income from unrelated business activities, whether or not the business is regularly carried on	60,424	134,951	44,138			239,513
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	13,756,175	15,170,743	10,741,919	12,052,633	11,685,402	63,406,872
11	<b>Total support.</b> (Add lines 7 through 10)						681,180,053

12	Gross receipts from related activities, etc. (see instructions)	12	361,559,877
13	<b>First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and <b>stop here</b> . . . . . <input type="checkbox"/>		

Section C. Computation of Public Support Percentage

14	Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f))		14	78 000 %
15	Public support percentage for 2012 Schedule A, Part II, line 14		15	85 540 %
16a	<b>33 1/3% support test—2013.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input checked="" type="checkbox"/>			
b	<b>33 1/3% support test—2012.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization <input type="checkbox"/>			
17a	<b>10%-facts-and-circumstances test—2013.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
b	<b>10%-facts-and-circumstances test—2012.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization <input type="checkbox"/>			
18	<b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions <input type="checkbox"/>			

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

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

Section A. Public Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6 )						

Section B. Total Support						
Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and stop here ▶						

Section C. Computation of Public Support Percentage		
15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage		
17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2013. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
b 33 1/3% support tests—2012. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization ▶		
20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶		

Part IV

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

Facts And Circumstances Test	
Return Reference	Explanation
PART II, LINE 10	63,406,872
SUPPLEMENTAL INFORMATION	PART II, SECTION A, LINE 1 THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS (KENNEDY CENTER) REDUCED THE AMOUNTS IT REPORTED ON LINE 1 FOR PREVIOUS YEARS BY UNCOLLECTIBLE PLEDGES WRITTEN OFF DURING THE CURRENT TAX YEAR THE KENNEDY CENTER DEDUCTED THE UNCOLLECTIBLE PLEDGES FROM THE SPECIFIC YEAR IN WHICH IT ORIGINALLY COUNTED THE RELATED CONTRIBUTION AS REVENUE PART II, SECTION B, LINE 10 IN ALL YEARS PRESENTED, "OTHER INCOME" INCLUDES (A) INCOME FROM FUNDRAISING EVENTS AND ACTIVITIES NOT INCLUDED IN EITHER LINE 1 OR LINE 8(A) OF FORM 990 PART VIII, (B) INCOME GENERATED FROM DONOR TRIPS, (C) GENERAL INCOME FROM THE OPERATION OF THE PARKING GARAGE, (D) INCOME FROM PATRON LOUNGES, AND (E) GENERAL MISCELLANEOUS INCOME (E G , REFUNDS) THE AMOUNTS REPORTED IN 2010 AND 2009 ALSO INCLUDE EXPENSE REIMBURSEMENTS FOR STAFF AND OTHER SERVICES PROVIDED TO AN AFFILIATE

SCHEDULE D  
(Form 990)

Supplemental Financial Statements

OMB No 1545-0047

2013

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

► Attach to Form 990. ► See separate instructions. ► Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

Name of the organization JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	Employer identification number 53-0245017
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Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate contributions to (during year)	
3	Aggregate 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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	
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? <div><input type="checkbox"/> Yes <input type="checkbox"/> No</div>	

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

1

Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education) ☐ Preservation of an historically important land area

☐ Protection of natural habitat ☐ Preservation of a certified historic structure

☐ Preservation of open space

2

Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

	Held at the End of the 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 8/17/06, 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?

☐ Yes ☐ No

6

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ►\_\_\_\_\_

7

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ► \$ \_\_\_\_\_

8

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

☐ Yes ☐ No

9

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a

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

b

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

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

► \$ \_\_\_\_\_

(ii) Assets included in Form 990, Part X

► \$ \_\_\_\_\_

2

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

a

Revenues included in Form 990, Part VIII, line 1

► \$ \_\_\_\_\_

b

Assets included in Form 990, Part X

► \$ \_\_\_\_\_

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

3

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

a

☐ Public exhibition

b

☐ Scholarly research

c

☐ Preservation for future generations

d

☐ Loan or exchange programs

e

☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

☐ Yes

☐ No

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

	Amount
1c	
1d	
1e	
1f	

2a

Did the organization include an amount on Form 990, Part X, line 21?

☐ Yes

☐ No

b

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

☐

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

	(a)Current year	(b)Prior year	b (c)Two years back	(d)Three years back	(e)Four years back
1a Beginning of year balance	119,176,990	101,448,353	96,030,197	98,844,355	92,771,816
b Contributions	2,610,450	14,331,074	1,243,165	126,579	3,302,004
c Net investment earnings, gains, and losses	8,007,209	8,602,869	9,654,059	1,780,850	8,540,523
d Grants or scholarships					
e Other expenditures for facilities and programs	5,473,939	4,913,544	5,173,697	4,380,191	5,445,787
f Administrative expenses	306,988	291,762	305,371	341,396	324,201
g End of year balance	124,013,722	119,176,990	101,448,353	96,030,197	98,844,355

2

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

a

Board designated or quasi-endowment

b

Permanent endowment

92 700 %

c

Temporarily restricted endowment

7 300 %

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

3a

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

(i) unrelated organizations

3a(i)

Yes

No

(ii) related organizations

3a(ii)

No

b

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

3b

4

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

**Part VI Land, Buildings, and Equipment.** Complete if the organization answered 'Yes' to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b)Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		350,000		350,000
b Buildings		480,274,222	287,703,320	192,570,902
c Leasehold improvements				
d Equipment		20,054,835	16,421,278	3,633,557
e Other		164,410	164,410	
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				196,554,459



Part XI

Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

Part XII

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

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

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

Part XIII

Supplemental Information

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

Return Reference	Explanation
SCHEDULE D, PAGE 3, PART X	THE EFFECTS OF A TAX POSITION CANNOT BE RECOGNIZED IN THE FINANCIAL STATEMENTS UNLESS IT IS "MORE-LIKELY-THAN-NOT" TO BE SUSTAINED BASED SOLELY ON ITS TECHNICAL MERITS AS OF THE REPORTING DATE. THE MORE-LIKELY-THAN-NOT THRESHOLD REPRESENTS A POSITIVE ASSERTION BY MANAGEMENT THAT THE KENNEDY CENTER IS ENTITLED TO THE ECONOMIC BENEFITS OF A TAX POSITION. IF A TAX POSITION IS NOT CONSIDERED MORE-LIKELY-THAN-NOT TO BE SUSTAINED BASED SOLELY ON ITS TECHNICAL MERITS, NO BENEFITS OF THE POSITION ARE TO BE RECOGNIZED. MOREOVER, THE MORE-LIKELY-THAN-NOT THRESHOLD MUST CONTINUE TO BE MET IN EACH REPORTING PERIOD TO SUPPORT CONTINUED RECOGNITION OF A BENEFIT. AS OF SEPTEMBER 30, 2014, THERE WERE NO UNCERTAIN TAX POSITIONS FOR WHICH A LIABILITY SHOULD BE RECORDED.
SCHEDULE D, PAGE 4, PART XIII	PART V, LINE 4 - INTENDED USES FOR ENDOWMENT FUNDS OVER 180 DONORS HAVE CONTRIBUTED TO THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS' (KENNEDY CENTER) ENDOWMENT. THE ENDOWMENT SUPPORTS A VARIETY OF DONOR-RESTRICTED PURPOSES, INCLUDING, BUT NOT LIMITED TO: (A) THE GENERAL MISSION AND OPERATIONS, (B) EDUCATION PROGRAMS, (C) THE PRESENTATION OF CHAMBER MUSIC, (D) THE PRESENTATION OF JAPANESE ARTS AND ARTISTS, (E) THE PRESENTATION OF PROGRAMMING ON THE MILLENNIUM STAGES, (F) THE ARTISTIC DIRECTION AND PERSONNEL OF THE NATIONAL SYMPHONY ORCHESTRA, AND (G) THE WASHINGTON NATIONAL OPERA PROGRAM. THE ENDOWMENT ALSO INCLUDES CHARITABLE GIFT ANNUITY FUNDS THAT WILL ULTIMATELY BE USED LARGELY TO ESTABLISH ADDITIONAL PERSONAL ENDOWMENTS.



[illegible]

SCHEDULE F  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Statement of Activities Outside the United States

► Complete if the organization answered "Yes" to Form 990,  
Part IV, line 14b, 15, or 16.  
► Attach to Form 990. ► See separate instructions.  
► Information about Schedule F (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number  
  
53-0245017

Part I

General Information on Activities Outside the United States. Complete if the organization answered "Yes" to 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 Activites 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 region	(d) Activities conducted in region (by type) (e g , 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 region	(f) Total expenditures for and investments in region
( 1 ) See Add'l Data					
( 2 )					
( 3 )					
( 4 )					
( 5 )					
3a Sub-total					34,313,585
b Total from continuation sheets to Part I					65,165
c Totals (add lines 3a and 3b)					34,378,750

Part II

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
( 1 )									
( 2 )									
( 3 )									
( 4 )									

- 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 IIIGrants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" to 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 non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
( 1 ) DVIAM INT'L FELLOWSHIPS	EUROPE	8	53,510	CHECK/WIRE			
( 2 ) DVIAM INT'L FELLOWSHIPS	SOUTH ASIA	1	7,752	CHECK/WIRE			
( 3 ) DVIAM INT'L FELLOWSHIPS	SUB-SAHARAN AFRICA	3	21,422	CHECK/WIRE			
( 4 ) DOMINGO-CAFRITZ YA PROG	NORTH AMERICA	1	33,837	CHECK/WIRE			
( 5 ) DVIAM INT'L FELLOWSHIPS	EAST ASIA AND THE PACIFIC	3	21,774	CHECK/WIRE			
( 6 ) DVIAM INT'L FELLOWSHIPS	MIDDLE EAST AND NORTH AFRICA	3	20,337	CHECK/WIRE			
( 7 ) DOMINGO-CAFRITZ YA PROG	EAST ASIA AND THE PACIFIC	3	85,373	CHECK/WIRE			
( 8 ) DVIAM INT'L FELLOWSHIPS	SOUTH AMERICA	2	13,368	CHECK/WIRE			
( 9 ) DVIAM INT'L FELLOWSHIPS	NORTH AMERICA	1	5,839	CHECK/WIRE			
( 10 ) BETTY CARTER JAZZ AHEAD	NORTH AMERICA	2	4,971	CHECK/WIRE			
( 11 ) BETTY CARTER JAZZ AHEAD	SOUTH AMERICA	1	1,692	CHECK/WIRE			
( 12 ) BETTY CARTER JAZZ AHEAD	MIDDLE EAST AND NORTH AFRICA	2	6,605	CHECK/WIRE			
( 13 ) DOMINGO-CAFRITZ YA PROG	RUSSIA AND NEIGHBORING STATES	1	7,034	CHECK/WIRE			
( 14 ) VSA YOUNG SOLOISTS	EUROPE	1	3,191	CHECK/WIRE			
( 15 ) KC ACTF AWRDS/SCHOLAR	NORTH AMERICA	1	2,655	CHECK/WIRE			
( 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 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)*

☐ 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 file Form 5713, International Boycott Report (see Instructions for Form 5713).*

☐ Yes

☒ No

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).

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 2	THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS (KENNEDY CENTER) MONITORS FOREIGN GRANT PROGRAMS PRIMARILY THROUGH DIRECT SUPERVISION OF PROGRAM PARTICIPANTS (E.G., FELLOWSHIPS). CERTAIN FOREIGN GRANTS REPRESENT AWARDS TO WINNERS OF ARTISTIC COMPETITIONS. IN THESE INSTANCES, THE KENNEDY CENTER AWARDS GRANTS TO THE RECIPIENTS BASED UPON A COMPLETED ARTISTIC DELIVERABLE THAT WAS EVALUATED BY A PANEL.

990 Schedule F, Supplemental Information

Return Reference	Explanation
SCHEDULE F, PAGE 1, PART I, LINE 3	CENTRAL AMERICA AND THE CARIBBEAN 0 32,736,542 EAST ASIA AND THE PACIFIC 10,782 0 EAST ASI A AND THE PACIFIC 814 0 EAST ASIA AND THE PACIFIC 107,147 0 EUROPE 1,567 0 EUROPE 697,900 0 EUROPE 56,701 0 EUROPE 101,511 0 EUROPE 71,752 0 EUROPE 29,150 0 MIDDLE EAST AND NORTH A FRICA 198 0 MIDDLE EAST AND NORTH AFRICA 3,985 0 MIDDLE EAST AND NORTH AFRICA 26,942 0 MID DLE EAST AND NORTH AFRICA 419,577 0 NORTH AMERICA 47,302 0 NORTH AMERICA 540 0 NORTH AMERI CA 1,175 0 RUSSIA AND NEIGHBORING STATES 7,034 0 SOUTH AMERICA 10,232 0 SOUTH AMERICA 15,0 60 0 SOUTH ASIA 7,752 0 SUB-SAHARAN AFRICA 3,665 0 SUB-SAHARAN AFRICA 21,422 0

Additional Data

Software ID:  
Software Version:  
EIN: 53-0245017  
Name: JOHN F KENNEDY CENTER FOR THE  
PERFORMING ARTS

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service (s) in region	(f) Total expenditures for region
CENTRAL AMERICA AND THE CARIBBEAN			INVESTMENTS		32,736,542
EAST ASIA AND THE PACIFIC			PROG SERVICE	ARTS MGMT TRAINING	10,782
EAST ASIA AND THE PACIFIC			PROG SERVICE	INTL FEST PLANNING	814



Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EAST ASIA AND THE PACIFIC			PROG SERVICE	GRANT/AWARDS	107,147
EUROPE			PROG SERVICE	ORCHESTRA TOUR	1,567
EUROPE			FUNDRAISING		697,900

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			PROG SERVICE	GRANTS/AWARDS	56,701
EUROPE			PROG SERVICE	INT'L FEST PLANNING	101,511
EUROPE			PROG SERVICE	ARTS MGMT TRAINING	71,752

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
EUROPE			PROG SERVICE	OPERA PROG PLANNING	29,150
MIDDLE EAST AND NORTH AFRICA			PROG SERVICE	ORCHESTRA TOUR	198
MIDDLE EAST AND NORTH AFRICA			PROG SERVICE	ARTS MGMT TRAINING	3,985

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
MIDDLE EAST AND NORTH AFRICA			PROG SERVICE	GRANT/AWARDS	26,942
MIDDLE EAST AND NORTH AFRICA			FUNDRAISING		419,577
NORTH AMERICA			PROG SERVICE	GRANT/AWARDS	47,302

**Form 990 Schedule F Part I - Activities Outside The United States**

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
NORTH AMERICA			PROG SERVICE	OPERA PROG PLANNING	540
NORTH AMERICA			PROG SERVICE	INT'L FEST PLANNING	1,175
RUSSIA AND NEIGHBORING STATES			PROG SERVICE	GRANT/AWARDS	7,034

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SOUTH AMERICA			PROG SERVICE	INT'L FEST PLANNING	10,232
SOUTH AMERICA			PROG SERVICE	GRANT/AWARDS	15,060
SOUTH ASIA			PROG SERVICE	GRANT/AWARDS	7,752

Form 990 Schedule F Part I - Activities Outside The United States

(a) Region	(b) Number of offices in the region	(c) Number of employees or agents in region	(d) Activities conducted in region (by type) (i e , fundraising, program services, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for region
SUB-SAHARAN AFRICA			PROG SERVICE	INT'L FEST PLANNING	3,665
SUB-SAHARAN AFRICA			PROG SERVICE	GRANT/AWARDS	21,422

SCHEDULE G  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information Regarding  
Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.  
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.  
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number  
53-0245017

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

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

a ☒ 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 ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(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 AVALON CONSULTING GROUP INC 2030 M STREET NW  WASHINGTON, DC 20036	ADVISING		No		217,938	-217,938
2 THE HERITAGE COMPANY PO BOX 16325  LITTLE ROCK, AR 72231	TELEFUNDR		No	95,634	69,841	25,793
3 SHARE GROUP INC PO BOX 55183  BOSTON, MA 02205	TELEFUNDR		No	31,705	29,162	2,543
4 COMNET MARKETING GROUP INC 1214 STOWE AVENUE  MEDFORD, OR 97501	TELEFUNDR		No	44,660	24,446	20,214
5 SDA TELESERVICES INC 5757 WEST CENTURY BLVD  LOST ANGELES, CA 90045	TELEFUNDR		No	7,945	8,390	-445
6						
7						
8						
9						
10						
Total . . . . . ▶				179,944	349,777	-169,833

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

All States

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

Cat No 50083H

Schedule G (Form 990 or 990-EZ) 2013



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

Revenue			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events	
			KC HONORS	SPRING GALA	4	(add col (a) through	
			(event type)	(event type)	(total number)	col (c))	
1	Gross receipts	. . .	6,704,445	2,477,406	4,424,739	13,606,590	
2	Less Contributions	. .	6,426,150	2,381,031	4,215,743	13,022,924	
3	Gross income (line 1 minus line 2)	. . .	278,295	96,375	208,996	583,666	
Direct Expenses	4	Cash prizes	. . .				
	5	Noncash prizes	. .				
	6	Rent/facility costs	. .	309,497	105,146	472,791	887,434
	7	Food and beverages	.	508,826	257,273	667,917	1,434,016
	8	Entertainment	. . .	23,149	1,000	11,637	35,786
	9	Other direct expenses	.	594,454	360,839	743,917	1,699,210
	10	Direct expense summary Add lines 4 through 9 in column (d) . . . . . ▶					(4,056,446)
	11	Net income summary Subtract line 10 from line 3, column (d) . . . . . ▶					-3,472,780

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

		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
Revenue	1	Gross revenue . . . . .			
	2	Cash prizes . . . . .			
Direct Expenses	3	Non-cash 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 operates gaming activities \_\_\_\_\_

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

b If "No," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

b If "Yes," explain \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**12**

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

**13**

Indicate the percentage of gaming activity operated in

<b>a</b>	The organization's facility . . . . .	<b>13a</b>	%
<b>b</b>	An outside facility . . . . .	<b>13b</b>	%

**14**

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**15a**

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

**b**

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

**c**

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

Name ▶ \_\_\_\_\_

Address ▶ \_\_\_\_\_

**16**

Gaming manager information

Name ▶ \_\_\_\_\_

Gaming manager compensation ▶ \$ \_\_\_\_\_

Description of services provided ▶ \_\_\_\_\_

☐ Director/officer

☐ Employee

☐ Independent contractor

**17**

Mandatory distributions

**a**

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

**b**

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

**Part IV**

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

Return Reference	Explanation
SCHEDULE G, PART IV	PART I, LINE 3 - AS A TRUST INSTRUMENTALITY OF THE US GOVERNMENT, AND PURSUANT TO THE SUPREMACY CLAUSE OF THE US CONSTITUTION, THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS IS NOT SUBJECT TO EITHER STATE OR DISTRICT OF COLUMBIA REGULATION OF THE ORGANIZATION'S FUNDRAISING ACTIVITIES ACCORDINGLY, THE ORGANIZATION MAY PERFORM FUNDRAISING IN ANY STATE AND THE DISTRICT OF COLUMBIA

Schedule I  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

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

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

OMB No 1545-0047

2013

Open to Public  
Inspection

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

Employer identification number  
53-0245017

Part I

General Information on Grants and Assistance

- 1

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

☒ Yes ☐ No
- 2

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

Part II

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

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance

- 2

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

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

**Part III**

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

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

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	
Return Reference	Explanation
SCHEDULE I, PAGE 1, PART I, LINE 2	THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS (KENNEDY CENTER) MONITORS GRANT PROGRAMS PRIMARILY THROUGH DIRECT SUPERVISION OF PROGRAM PARTICIPANTS (E G FELLOWSHIPS) CERTAIN KENNEDY CENTER GRANTS REPRESENT AWARDS TO WINNER OF ARTISTIC COMPETITIONS BASED UPON A COMPLETED ARTISTIC DELIVERABLE THAT HAS BEEN EVALUATED BY A PANEL

Additional Data

Software ID:  
Software Version:  
EIN: 53-0245017  
Name: JOHN F KENNEDY CENTER FOR THE  
PERFORMING ARTS

Form 990, Schedule I, Part III, Grants and Other Assistance to Individuals in the United States

(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
KC ACTF AWARDS/SCHOLAR	180	206,514			
DOMINGO-CAFRITZ YA PRG	11	191,486			
SUMMER MUSIC INSTITUTE	57	100,380			
YOUTH FELLOWSHIP PROGRAM	25	64,808			
SONDHEIM INSP TCHR AWRDS	6	60,000			
BETTY CARTER JAZZ AHEAD	19	37,943			
VSA YOUNG SOLOISTS	6	15,761			
VSA PLAYWRIGHT DISCOVERY	11	9,347			
EXPLR BALLET W/S FARRELL	4	6,386			
WNO OPERA INSTITUTE	12	7,648			
MARIAN ANDERSON AWARD	1	10,000			
NSO YOUNG SOLOISTS	1	2,826			

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" to Form 990, Part IV, line 23.  
▶ Attach to Form 990. ▶ See separate instructions.

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

OMB No 1545-0047

2013

Open to Public Inspection

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

Employer identification number  
53-0245017

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items			
	<input checked="" 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 idemnification 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 (e g , maid, chauffeur, chef)		
b	If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	Yes	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	Yes	
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 checked="" 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 in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		No
b	Any related organization?	5b		No
	If "Yes," to line 5a or 5b, describe in Part III			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		No
b	Any related organization?	6b		No
	If "Yes," to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		No
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		No
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
See Additional Data Table								

**Part III**   **Supplemental Information**

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

Return Reference	Explanation
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**Additional Data****Software ID:****Software Version:****EIN:** 53-0245017**Name:** JOHN F KENNEDY CENTER FOR THE  
PERFORMING ARTS**Form 990, Schedule J, Part II - Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees**

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other compensation				
MR MICHAEL M KAISER PRESIDENT	(i) (ii)	1,497,591		1,953	17,850	7,503	1,524,897	
MS LYNNE H PRATT CFO	(i) (ii)	326,380		690	17,850	16,532	361,452	
MS MARIA KERSTEN GEN COUNSEL	(i) (ii)	269,148		1,151	17,850	15,180	303,329	
MS KATHLEEN C KRUSE ASST SEC/VP	(i) (ii)	196,145		1,176	13,957	1,616	212,894	
MS CLAUDETTE DONLON EXECUTIVE VP	(i) (ii)	479,562		1,290	17,850	7,503	506,205	
MS MARIE MATTSON VP DEVEL	(i) (ii)	400,398		1,953	17,850	12,486	432,687	
MR DAVID KITTO VP MKTG & SALES	(i) (ii)	308,839		5,476	17,850	12,486	344,651	
MS RITA N SHAPIRO ED, NSO	(i) (ii)	272,463		1,162	17,850	2,548	294,023	
MR MICHAEL L MAEL ED, WNO	(i) (ii)	241,213		1,011	17,166	16,402	275,792	
MR DARRELL AYERS VP EDUCATION	(i) (ii)	210,987		834	14,821	6,739	233,381	
MS NURIT BAR-JOSEF NSO CONC MSTR	(i) (ii)	343,752		27	12,966	11,722	368,467	
MR GEORGE M BERRA VP PROD	(i) (ii)	259,294		3,270	17,850	12,401	292,815	
MR ALAN C LEVINE CIO	(i) (ii)	223,604		4,505	15,861	12,312	256,282	
MR BRETT E EGAN DIR, DVIAM	(i) (ii)	213,834		179	15,104	12,284	241,401	
MR ROGER C MOSIER VP FACILIT	(i) (ii)	213,763		202	15,244	16,336	245,545	

Schedule K  
(Form 990)

Department of the Treasury  
Internal Revenue Service

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

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Part VI.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule K (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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2013

Open to Public Inspection

Employer identification number  
53-0245017

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) Pool financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	2548394G5	07-31-2008	30,700,000	REF BONDS ISS 1999		X		X		X

Part II

Proceeds

		A		B		C		D	
1	Amount of bonds retired								
2	Amount of bonds legally defeased								
3	Total proceeds of issue	30,700,000							
4	Gross proceeds in reserve funds								
5	Capitalized interest from proceeds								
6	Proceeds in refunding escrows								
7	Issuance costs from proceeds								
8	Credit enhancement from proceeds								
9	Working capital expenditures from proceeds								
10	Capital expenditures from proceeds								
11	Other spent proceeds	30,700,000							
12	Other unspent proceeds								
13	Year of substantial completion	2004							
		Yes	No						
14	Were the bonds issued as part of a current refunding issue?	X							
15	Were the bonds issued as part of an advance refunding issue?		X						
16	Has the final allocation of proceeds been made?	X							
17	Does the organization maintain adequate books and records to support the final allocation of proceeds?	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						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III

Private Business Use (Continued)

		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						
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						
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						
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						
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							

Part IV

Arbitrage

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
1	Has the issuer filed Form 8038-T?		X						
2	If "No" to line 1, did the following apply?								
a	Rebate not due yet?		X						
b	Exception to rebate?		X						
c	No rebate due?	X							
	If you checked "No rebate due" in line 2c, provide in Part VI the date the rebate computation was performed								
3	Is the bond issue a variable rate issue?	X							
4a	Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b	Name of provider								
c	Term of hedge								
d	Was the hedge superintegrated?								
e	Was the hedge terminated?								

Part IV

Arbitrage (Continued)

		A		B		C		D	
		Yes	No	Yes	No	Yes	No	Yes	No
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b	Name of provider								
c	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the requirements of section 148?	X							

Part V

Procedures To Undertake Corrective Action

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

Part VI

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

Return Reference	Explanation
SCHEDULE K - DATE REBATE COMPUTATION PERFORMED	DISTRICT OF COLUMBIA 06/30/13

Return Reference	Explanation
SCHEDULE K - ADDITIONAL INFORMATION	DISTRICT OF COLUMBIA PART IV, LINE 2 (C) - NO ARBITRAGE CALCULATION WAS PERFORMED AS THE BOND PROCEEDS WERE ISSUED AS A PART OF THE CURRENT REFUNDING ISSUE THEREFORE, PROCEEDS WERE USED IMMEDIATELY AND NOT INVESTED PART V - THE KENNEDY CENTER ESTABLISHED WRITTEN PROCEDURES TO ENSURE THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE TIMELY IDENTIFIED AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS

SCHEDULE M  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Noncash Contributions

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

▶Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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

Employer identification number  
53-0245017

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art . . . . .				
2 Art—Historical treasures . . . . .				
3 Art—Fractional interests . . . . .				
4 Books and publications . . . . .				
5 Clothing and household goods . . . . .	X		2,050	COST/SELLING PRICE
6 Cars and other vehicles . . . . .				
7 Boats and planes . . . . .				
8 Intellectual property . . . . .				
9 Securities—Publicly traded . . . . .	X	110	2,437,128	COST/SELLING PRICE
10 Securities—Closely held stock . . . . .				
11 Securities—Partnership, LLC, or trust interests . . . . .				
12 Securities—Miscellaneous . . . . .				
13 Qualified conservation contribution—Historic structures . . . . .				
14 Qualified conservation contribution—Other . . . . .				
15 Real estate—Residential . . . . .				
16 Real estate—Commercial . . . . .				
17 Real estate—Other . . . . .				
18 Collectibles . . . . .				
19 Food inventory . . . . .	X	3	39,624	COST/SELLING PRICE
20 Drugs and medical supplies . . . . .				
21 Taxidermy . . . . .				
22 Historical artifacts . . . . .				
23 Scientific specimens . . . . .				
24 Archeological artifacts . . . . .				
25 Other ▶ ( PRINTED MAT )	X	1	28,000	COST/SELLING PRICE
26 Other ▶ ( WATCHES )	X	1	7,735	COST/SELLING PRICE
27 Other ▶ ( GIFTS )	X	3	147,102	COST/SELLING PRICE
28 Other ▶ ( PAPERWEIGHTS )	X	1	832	COST/SELLING PRICE

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 . . . . .

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 is not required to be used for exempt purposes for the entire holding period? . . . . .

30a

No

b

If "Yes," describe the arrangement in Part II

31

Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?

31

No

32a

Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? . . . . .

32a

No

b

If "Yes," describe in Part II

33

If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II

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

Cat No 51227J

Schedule M (Form 990) (2013)

Part II

Supplemental Information.

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

Return Reference	Explanation
SCHEDULE M, PAGE 2, PART II	SCHEDULE M, PART I, COLUMN (B) THE NUMBER OF CONTRIBUTIONS REPORTED IN PART I, COLUMN (B) OF THIS SCHEDULE REFLECTS THE NUMBER OF CONTRIBUTIONS FOR EACH SPECIFIC TYPES, NOT THE NUMBER OF INDIVIDUAL ITEMS RECEIVED (E G , A CONTRIBUTION OF 500 ITEMS BY A SINGLE DONOR WOULD BE REFLECTED AS 1 CONTRIBUTION IN PART I, COLUMN (B))

SCHEDULE O  
(Form 990 or 990-EZ)

Department of the Treasury  
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 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](http://www.irs.gov/form990).

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Employer identification number  
53-0245017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 - ORGANIZATION'S MISSION	
FORM 990, PAGE 6, PART VI, LINE 2	MR DAVID M RUBENSTEIN MS JANET HILL BUSINESS RELATIONSHIP MR FRANK F ISLAM MS DEBBIE DRIESMAN (NSOA) FAMILY RELATIONSHIP AMBASSADOR CAROLINE KENNEDY MS ROSE KENNEDY SCHLOSSB ERG FAMILY RELATIONSHIP
FORM 990, PAGE 6, PART VI, LINE 11B	PRIOR TO PROVIDING THE FORM 990 (RETURN) TO THE MEMBERS OF THE BOARD OF TRUSTEES FOR THEIR REVIEW AND CONSIDERATION, A DETAIL REVIEW WAS PERFORMED BY THE PRESIDENT, CHIEF FINANCIAL OFFICER, CONTROLLER, GENERAL COUNSEL AND VARIOUS OTHER MEMBERS OF SENIOR MANAGEMENT THE RETURN WAS ALSO REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM AFTER THE RETURN WAS FINALIZED , MANAGEMENT PROVIDED IT TO EACH TRUSTEE VIA E-MAIL/WEBSITE PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE QUESTIONS, IF ANY, WERE DIRECTED TO AND ADDRESSED BY THE CONTROLLER AND COMMUNICATED TO THE AUDIT COMMITTEE RESPONSES TO NOTABLE QUESTIONS WERE PROVIDED TO ALL TRUSTEES FOR THEIR INFORMATION
FORM 990, PAGE 6, PART VI, LINE 12C	THE CONFLICT OF INTEREST POLICY (POLICY) APPLIES TO ALL MEMBERS OF THE BOARD OF TRUSTEES (BOARD), KEY AND OTHER EMPLOYEES THAT HAVE AUTHORITY TO SIGN CONTRACTS TOTALING 25,000 OR MORE AND/OR HAVE THE POWER TO INFLUENCE A TRANSACTION BETWEEN THE KENNEDY CENTER AND ANOTHER ORGANIZATION (COLLECTIVELY "COVERED INDIVIDUALS") THE POLICY COVERS TRANSACTIONS BETWEEN THE KENNEDY CENTER AND (A) A COVERED INDIVIDUAL, (B) HIS OR HER FAMILY MEMBERS AND/OR (C) AN AFFILIATED ENTITY TO ASSIST THE KENNEDY CENTER IN IDENTIFYING TRANSACTIONS WHERE THERE MAY BE AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST, EACH COVERED INDIVIDUAL SHALL COMPLETE AND SIGN AN ANNUAL CONFLICT OF INTEREST DECLARATION (DECLARATION) AND SHALL, AS NECESSARY, UPDATE THE DECLARATION TO REFLECT ANY CHANGES DURING THE COURSE OF THE YEAR DECLARATIONS COMPLETED BY THE TRUSTEES ARE REVIEWED BY THE AUDIT COMMITTEE DECLARATIONS COMPLETED BY NON-TRUSTEE COVERED INDIVIDUALS ARE REVIEWED BY THE GENERAL COUNSEL WHEN A TRUSTEE BECOMES AWARE OF A CONFLICT, HE OR SHE HAS THE DUTY TO IMMEDIATELY DISCLOSE THE EXISTENCE AND CIRCUMSTANCES OF THE CONFLICT TO THE BOARD CHAIR (IF A CONFLICT WERE TO INVOLVE THE BOARD CHAIR, THE EXISTENCE AND CIRCUMSTANCE OF THE CONFLICT WOULD BE DISCLOSED TO EITHER THE AUDIT COMMITTEE OR THE GENERAL COUNSEL) WHEN A NON-TRUSTEE COVERED INDIVIDUAL BECOMES AWARE OF A CONFLICT, HE OR SHE HAS THE DUTY TO IMMEDIATELY DISCLOSE THE EXISTENCE AND CIRCUMSTANCES OF THE CONFLICT TO THE GENERAL COUNSEL (IF A CONFLICT WERE TO INVOLVE THE GENERAL COUNSEL, THE EXISTENCE AND CIRCUMSTANCE OF THE CONFLICT WOULD BE DISCLOSED TO THE AUDIT COMMITTEE) THE AFFECTED COVERED INDIVIDUAL MUST (A) REFRAIN FROM USING HIS OR HER PERSONAL INFLUENCE TO ENCOURAGE THE KENNEDY CENTER TO ENTER INTO/NOT ENTER INTO THE TRANSACTION AND (B) PHYSICALLY EXCUSE HIMSELF OR HERSELF FROM PARTICIPATION IN ANY DISCUSSIONS REGARDING THE TRANSACTION, EXCEPT TO RESPOND TO REQUESTS FOR INFORMATION IF A CONFLICT IS EITHER DISCLOSED IN A DECLARATION TO THE BOARD CHAIR, AUDIT COMMITTEE OR GENERAL COUNSEL, IT WILL BE REVIEWED BY EITHER THE AUDIT COMMITTEE OR GENERAL COUNSEL DURING THE AUDIT COMMITTEE'S (OR GENERAL COUNSEL'S) REVIEW, IT WILL CONSIDER WHETHER, ABSENT THE PARTICIPATION OF THE AFFECTED COVERED INDIVIDUAL, ANY PROPOSED CONFLICT IS FAIR AND REASONABLE TO THE KENNEDY CENTER THE AUDIT COMMITTEE (OR GENERAL COUNSEL) WILL MAINTAIN SUCH DOCUMENTATION AS MAY BE NECESSARY AND APPROPRIATE TO DOCUMENT THE REVIEW OF THE CONFLICT AND WILL REPORT TO THE BOARD ON CONFLICTS (WHETHER APPROVED OR NOT) THE AUDIT COMMITTEE MAY SEEK ADVICE FROM THE GENERAL COUNSEL OR FROM OUTSIDE ADVISORS (THE GENERAL COUNSEL MAY ALSO SEEK ADVICE FROM OUTSIDE ADVISORS) SUCH ADVICE WILL GENERALLY BE IN CONNECTION WITH EITHER THE REVIEW OF ANY CONFLICT OR WITH THE ADMINISTRATION OF THE POLICY
FORM 990, PAGE 6, PART VI, LINE 15A	THE COMPENSATION OF THE KENNEDY CENTER'S PRESIDENT IS EVALUATED BY THE BOARD'S INDEPENDENT COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE'S CONSIDERATION OF THE PRESIDENT'S COMPENSATION INCLUDED THE REVIEW OF COMPARABILITY DATA, RECOMMENDATIONS OF AN INDEPENDENT COMPENSATION CONSULTANT AND THE CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION
FORM 990, PAGE 6, PART VI, LINE 15B	THE COMPENSATION OF THE KENNEDY CENTER'S OFFICERS AND KEY EMPLOYEES IS EVALUATED BY THE BOARD'S INDEPENDENT COMPENSATION COMMITTEE THE COMPENSATION COMMITTEE'S CONSIDERATION OF THE OFFICERS' AND KEY EMPLOYEES' COMPENSATION INCLUDED THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION
FORM 990, PAGE 6, PART VI, LINE 19	THE KENNEDY CENTER MAKES ITS GOVERNING DOCUMENTS, POLICY AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST, IN A PORTABLE DOCUMENT FORMAT (I.E., PDF), GENERALLY VIA E-MAIL
FORM 990, PART IX, LINE 11G	IT/FACILITIES SERVICES 963,391 55,611 52,504 ARTIST/OTHER PROGRAM SERVICES 26,743,956 0 0 OTHER CONTRACTED SERVICES 48,233 215,728 479,352 BUILDING SERVICES 2,157,753 0 0 TEMPORARY STAFF SERVICES 1,250 0 21,680 COMPANY FEES 10,571,349 0 0
FORM 990, PART XI, LINE 9	PENSION RELATED CHANGES, EXCLUDING NET PERIODIC COSTS 0 GAIN ON INTEREST RATE SWAP 0 OTHER NON OPERATING ITEMS 0
FORM 990, PART XI, LINE 9	LOSS ON INTEREST RATE SWAP -924,604 PENSION RELATED CHANGES, EXCLUDING NET PERIOD COST -587,070 OTHER NON OPERATING ITEMS -1,092,436



SCHEDULE R  
(Form 990)

Department of the Treasury  
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.  
▶ Attach to Form 990. ▶ See separate instructions.  
▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

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Employer identification number  
53-0245017

Part I Identification of Disregarded Entities

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JFK CENTER FOR THE PERFORMING ARTS 1 LINCOLN STREET SSFC 24 BOSTON, MA 021112900 94-6739330	ANNUITIES	MA	276,201	3,923,112	N/A

Part II Identification of Related Tax-Exempt Organizations

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) KC ELECTRONIC MEDIA TECHNO INC  2700 F STREET NW  WASHINGTON, DC 20566 52-1136673	SPRT JFKC	DC	501C3	11A	N/A	Yes	
(2) KENNEDY CENTER PRODUCTIONS INC  2700 F STREET NW  WASHINGTON, DC 20566 22-1962191	SPRT JFKC	DC	501C3	11A	N/A	Yes	
(3) NATIONAL SYMPHONY ORCHESTRA ASSOC  2700 F STREET NW  WASHINGTON, DC 20566 53-0208364	SPRT NSO	DC	501C3	7	N/A	Yes	
(4) VSA ARTS INC  2700 F STREET NW  WASHINGTON, DC 20566 52-1065313	PRG DISAB	DC	501C3	7	N/A	Yes	
(5) WASHINGTON NATIONAL OPERA  2700 F STREET NW  WASHINGTON, DC 20566 53-0237707	SPRT WNO	DC	501C3	7	N/A	Yes	

**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	

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

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

Part V

Transactions With Related Organizations

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

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

1

During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a

Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity

b

Gift, grant, or capital contribution to related organization(s)

c

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

d

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

e

Loans or loan guarantees by related organization(s)

f

Dividends from related organization(s)

g

Sale of assets to related organization(s)

h

Purchase of assets from related organization(s)

i

Exchange of assets with related organization(s)

j

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

k

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

l

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

m

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

n

Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o

Sharing of paid employees with related organization(s)

p

Reimbursement paid to related organization(s) for expenses

q

Reimbursement paid by related organization(s) for expenses

r

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

s

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

Yes

No

1a

1b

1c

1d

1e

1f

1g

1h

1i

1j

1k

1l

1m

1n

1o

1p

1q

1r

1s

No

No

Yes

No

No

No

No

No

No

No

No

Yes

No

Yes

Yes

No

No

No

No

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

Schedule R (Form 990) 2013

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

[illegible]

**Part VII**   **Supplemental Information**

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

Return Reference	Explanation
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**TY 2013 GeneralDependencySmall**

**Name:** JOHN F KENNEDY CENTER FOR THE  
PERFORMING ARTS

**EIN:** 53-0245017



**Business Name or Person Name:**

**Taxpayer Identification Number:**

**Form, Line or Instruction  
Reference:**

**Regulations Reference:**

**Description:** GENERAL FOOTNOTE

**Attachment Information:** FORM 990, PAGE 1, LINE A: THE JOHN F. KENNEDY CENTER FOR THE PERFORMING ARTS (KENNEDY CENTER) KEEPS ITS BOOKS AND COMPUTES ITS INCOME ON THE BASIS OF A 52-53 WEEK TAX YEAR. THE 52-53 WEEK TAX YEAR ALWAYS ENDS ON THE SUNDAY NEAREST TO THE LAST CALENDAR DAY IN SEPTEMBER. THE TAX YEAR REPORTING HEREIN REPRESENTS THE PERIOD FROM SEPTEMBER 30, 2013, THROUGH SEPTEMBER 28, 2014, A 52 WEEK TAX YEAR. UNDER SECTION 441 OF THE INTERNAL REVENUE SERVICE CODE, THE KENNEDY CENTER MADE AN INITIAL ELECTION TO USE A 52-53 WEEK TAX YEAR IN ITS 2006 FORM 990. HOWEVER, WHEN THE INTERNAL REVENUE SERVICE RESPONDED TO THE KENNEDY CENTER'S REQUEST, IT NOTIFIED THE KENNEDY CENTER THAT IT CANNOT ACCEPT A 52-53 WEEK ELECTION FOR AN EXEMPT ORGANIZATION. ACCORDINGLY, AND TO ENSURE THAT THE INTERNAL REVENUE SERVICE WOULD ACCEPT THE KENNEDY CENTER'S CURRENT RETURN, THE KENNEDY CENTER CHANGED THE DATES OF ITS REPORTED PERIOD FROM THE AFOREMENTIONED DATED TO THE PERIOD OCTOBER 1, 2013, THROUGH SEPTEMBER 30, 2014.