

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

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

OMB No 1545-0047
2018
Open to Public Inspection

A For the 2019 calendar year, or tax year beginning 10-01-2018, and ending 09-30-2019

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
 JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS
 % LYNNE H PRATT
 Doing business as

D Employer identification number
 53-0245017

E Telephone number
 (202) 416-8000

G Gross receipts \$ 528,262,388

F Name and address of principal officer
 DEBORAH F RUTTER
 2700 F STREET NW
 WASHINGTON, DC 20566

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀(insert no) 4947(a)(1) or 527

J Website: ▶ WWW.KENNEDY-CENTER.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1958 **M** State of legal domicile DC

Part I Summary

1 Briefly describe the organization's mission or most significant activities
 THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS (KENNEDY CENTER) SERVES AS BOTH A PRESIDENTIAL MEMORIAL AND THE NATION'S CENTER FOR THE PERFORMING ARTS

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	59
4 Number of independent voting members of the governing body (Part VI, line 1b)	59
5 Total number of individuals employed in calendar year 2018 (Part V, line 2a)	2,832
6 Total number of volunteers (estimate if necessary)	1,700
7a Total unrelated business revenue from Part VIII, column (C), line 12	-205,725
7b Net unrelated business taxable income from Form 990-T, line 34	

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	145,478,302	206,224,574
9 Program service revenue (Part VIII, line 2g)	151,644,052	107,790,391
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	12,576,458	3,356,875
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	9,433,151	9,092,405
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	319,131,963	326,464,245
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,215,452	1,339,475
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	103,846,815	113,112,179
16a Professional fundraising fees (Part IX, column (A), line 11e)	671,312	788,638
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 13,496,482		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	173,892,346	139,645,999
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	279,625,925	254,886,291
19 Revenue less expenses Subtract line 18 from line 12	39,506,038	71,577,954

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	556,989,780	661,370,760
21 Total liabilities (Part X, line 26)	120,847,980	159,712,775
22 Net assets or fund balances Subtract line 21 from line 20	436,141,800	501,657,985

Part II Signature Block

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

Sign Here

Signature of officer: *****
 Date: 2020-08-07

DEBORAH F RUTTER PRESIDENT
 Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: _____ Preparer's signature: _____ Date: _____

Check if self-employed PTIN P01871563

Firm's name ▶ BDO USA LLP Firm's EIN ▶ _____

Firm's address ▶ 8401 GREENSBORO DRIVE 800
 MCLEAN, VA 22102 Phone no (703) 893-0600

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

SEE SCHEDULE O

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 \$ 229,817,842 including grants of \$ 1,339,475) (Revenue \$ 107,790,529)
See Additional Data

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 ▶ 229,817,842

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1 through 22 regarding organizational requirements, such as political campaign activities, lobbying, and financial reporting.

Part IV Checklist of Required Schedules *(continued)*

		Yes	No
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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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 "Yes," complete Schedule L, Part II</i> <input checked="" type="checkbox"/>	26 Yes	
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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	28b	Yes
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> <input checked="" type="checkbox"/>	28c	No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	34 Yes	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a Yes	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	35b	No
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> <input checked="" type="checkbox"/>	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> <input checked="" type="checkbox"/>	37	No
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	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 1,198	
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	

<p>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</p>	2a	2,832			
<p>b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note.If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)</p>			2b	Yes	
<p>3a Did the organization have unrelated business gross income of \$1,000 or more during the year?</p>			3a	Yes	
<p>b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i></p>			3b	Yes	
<p>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)?</p>			4a		No
<p>b If "Yes," enter the name of the foreign country ▶ _____ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)</p>					
<p>5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?</p>			5a		No
<p>b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?</p>			5b		No
<p>c If "Yes," to line 5a or 5b, did the organization file Form 8886-T?</p>			5c		
<p>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?</p>			6a		No
<p>b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?</p>			6b		
7 Organizations that may receive deductible contributions under section 170(c).					
<p>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?</p>			7a	Yes	
<p>b If "Yes," did the organization notify the donor of the value of the goods or services provided?</p>			7b	Yes	
<p>c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?</p>			7c		No
<p>d If "Yes," indicate the number of Forms 8282 filed during the year</p>	7d				
<p>e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?</p>			7e		No
<p>f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?</p>			7f		No
<p>g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?</p>			7g		
<p>h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?</p>			7h		
8 Sponsoring organizations maintaining donor advised funds.					
<p>Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?</p>			8		
<p>9a Did the sponsoring organization make any taxable distributions under section 4966?</p>			9a		
<p>b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?</p>			9b		
10 Section 501(c)(7) organizations. Enter					
<p>a Initiation fees and capital contributions included on Part VIII, line 12</p>	10a				
<p>b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities</p>	10b				
11 Section 501(c)(12) organizations. Enter					
<p>a Gross income from members or shareholders</p>	11a				
<p>b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them)</p>	11b				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
<p>b If "Yes," enter the amount of tax-exempt interest received or accrued during the year</p>	12b				
13 Section 501(c)(29) qualified nonprofit health insurance issuers.					
<p>a Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O</p>			13a		
<p>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</p>	13b				
<p>c Enter the amount of reserves on hand</p>	13c				
<p>14a Did the organization receive any payments for indoor tanning services during the tax year?</p>			14a		No
<p>b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i></p>			14b		
<p>15 Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? If "Yes," see instructions and file Form 4720, Schedule N</p>			15		No
<p>16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O</p>			16		No

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

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (59); 1b Enter the number of voting members included in line 1a, above, who are independent (59); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (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? (No); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (No); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (No); 6 Did the organization have members or stockholders? (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? (No); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (No); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (Yes); b Each committee with authority to act on behalf of the governing body? (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 (No).

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

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (No); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (Yes); 11b 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 (Yes); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (Yes); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (Yes); 13 Did the organization have a written whistleblower policy? (Yes); 14 Did the organization have a written document retention and destruction policy? (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 (Yes); b Other officers or key employees of the organization (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? (Yes); 16b 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? (Yes).

Section C. Disclosure

Table with 2 columns: Question, Answer. Rows include: 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-A 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: Own website, Another's website, Upon request (checked), Other (explain in Schedule O); 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year; 20 State the name, address, and telephone number of the person who possesses the organization's books and records: LYNNE H PRATT 2700 F STREET NW WASHINGTON, DC 20566 (202) 416-8000

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										

1b Sub-Total			
1c Total from continuation sheets to Part VII, Section A			
1d Total (add lines 1b and 1c)	6,429,292	0	661,722

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ▶ 233

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
WHITING TURNER CONTRACTING, 300 E JOPPA RD TOWSON, MD 21286	CONSTRUCTION	57,118,776
ADVENTURELAND PRESENTS LLC, 1501 BROADWAY NEW YORK, NY 10036	TOURING COMPANY	50,368,829
HONORS PRODUCTION INC, 12400 WILSHIRE BLVD LOS ANGELES, CA 90025	EVENT PRODUCTION	5,635,400
SECURIGUARD INC, 6858 OLD DOMINION DR MCLEAN, VA 22101	SECURITY	5,879,724
ANASTASIA US TOURING LLC, 630 NINTH AVE NEW YORK, NY 10036	TOURING COMPANY	2,763,534

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 ▶ 106

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 1,136			
	b Membership dues	1b 4,288,569			
	c Fundraising events	1c 12,249,108			
	d Related organizations	1d 1,689,522			
	e Government grants (contributions)	1e 53,509,120			
	f All other contributions, gifts, grants, and similar amounts not included above	1f 134,487,119			
	g Noncash contributions included in lines 1a - 1f \$	5,234,773			
	h Total. Add lines 1a-1f	206,224,574			
Program Service Revenue	2a PROGRAMMING RECEIPTS	Business Code			
		711190	97,260,785	97,260,785	0
	b TICKET HANDLING FEES	711190	8,674,552	8,674,552	0
	c THEATER LICENSE FEES	711190	1,855,054	1,855,054	0
	d _____				
	e _____				
	f All other program service revenue				
g Total. Add lines 2a-2f	107,790,391				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		2,756,375		2,756,375
	4 Income from investment of tax-exempt bond proceeds		0		
	5 Royalties		29,613		29,613
	6a Gross rents	(i) Real	(ii) Personal		
	b Less rental expenses				
	c Rental income or (loss)	0	0		
	d Net rental income or (loss)			0	
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other		
		196,296,649			
	b Less cost or other basis and sales expenses	195,696,149			
	c Gain or (loss)	600,500			
	d Net gain or (loss)			600,500	600,500
	8a Gross income from fundraising events (not including \$ 12,249,108 of contributions reported on line 1c) See Part IV, line 18	a	1,022,791		
	b Less direct expenses	b	3,667,466		
	c Net income or (loss) from fundraising events			-2,644,675	-2,644,675
9a Gross income from gaming activities See Part IV, line 19	a	0			
b Less direct expenses	b	0			
c Net income or (loss) from gaming activities			0		
10a Gross sales of inventory, less returns and allowances	a	2,212,309			
b Less cost of goods sold	b	2,434,528			
c Net income or (loss) from sales of inventory			-222,219	138	
Miscellaneous Revenue	Business Code				
11a PARKING INCOME	812930	7,692,358	0	0	
b RESTAURANT INCOME	722513	1,606,310	0	0	
c OTHER EVENT INCOME	900099	1,399,332	0	0	
d All other revenue		1,231,686	0	16,632	
e Total. Add lines 11a-11d		11,929,686			
12 Total revenue. See Instructions		326,464,245	107,790,529	-205,725	12,654,867

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

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.				
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	327,087	327,087		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	985,037	985,037		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16	27,351	27,351		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	5,035,141	2,769,348	1,590,678	675,115
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	84,901,852	75,978,705	3,675,167	5,247,980
8 Pension plan accruals and contributions (include section 401 (k) and 403(b) employer contributions)	7,343,568	6,900,758	183,244	259,566
9 Other employee benefits	9,847,666	8,815,006	536,282	496,378
10 Payroll taxes	5,983,952	5,234,283	343,795	405,874
11 Fees for services (non-employees)				
a Management	0			
b Legal	464,438	0	464,438	0
c Accounting	310,413	0	310,413	0
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	788,638			788,638
f Investment management fees	152,056	0	152,056	0
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)	57,762,702	55,942,473	1,017,042	803,187
12 Advertising and promotion	9,678,266	9,464,042	90,309	123,915
13 Office expenses	6,644,125	4,628,050	138,121	1,877,954
14 Information technology	2,191,744	1,961,631	109,211	120,902
15 Royalties	3,413,095	3,411,959	65	1,071
16 Occupancy	3,526,680	3,137,883	387,820	977
17 Travel	9,148,734	7,678,353	131,450	1,338,931
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	2,633,639	1,836,910	109,605	687,124
20 Interest	849,017	0	849,017	0
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	22,239,464	22,142,534	59,949	36,981
23 Insurance	373,582	24,395	349,095	92
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a ATTRACTION SHARE OF SURPLUS	10,598,750	10,598,750	0	0
b EQUIPMENT, INSURANCE & OTHER	3,699,528	3,413,307	57,479	228,742
c CREDIT CARD FEES	2,856,562	2,649,541	115	206,906
d PRODUCTION MATERIALS	1,578,265	1,505,947	3,191	69,127
e All other expenses	1,524,939	384,492	1,013,425	127,022
25 Total functional expenses. Add lines 1 through 24e	254,886,291	229,817,842	11,571,967	13,496,482
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	12,615,536	1	25,241,709
	2 Savings and temporary cash investments	0	2	0
	3 Pledges and grants receivable, net	108,368,008	3	148,304,463
	4 Accounts receivable, net	2,299,527	4	1,627,117
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L	48,486	5	23,463
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	492,618	8	514,305
	9 Prepaid expenses and deferred charges	2,801,797	9	2,976,689
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	10a 732,460,705		
	b Less accumulated depreciation	10b 405,130,231	275,808,377	10c 327,330,474
	11 Investments—publicly traded securities	91,216,178	11	32,012,299
	12 Investments—other securities See Part IV, line 11	26,002,229	12	84,690,039
	13 Investments—program-related See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets See Part IV, line 11	37,337,024	15	38,650,202
16 Total assets. Add lines 1 through 15 (must equal line 34)	556,989,780	16	661,370,760	
Liabilities	17 Accounts payable and accrued expenses	41,281,921	17	34,571,491
	18 Grants payable	0	18	0
	19 Deferred revenue	26,145,344	19	28,585,350
	20 Tax-exempt bond liabilities	20,629,320	20	19,365,291
	21 Escrow or custodial account liability Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	15,195,551	24	59,437,080
	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	17,595,844	25	17,753,563
	26 Total liabilities. Add lines 17 through 25	120,847,980	26	159,712,775
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	103,087,407	27	283,685,750
	28 Temporarily restricted net assets	224,007,337	28	108,406,640
	29 Permanently restricted net assets	109,047,056	29	109,565,595
	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	436,141,800	33	501,657,985	
34 Total liabilities and net assets/fund balances	556,989,780	34	661,370,760	

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	326,464,245
2	Total expenses (must equal Part IX, column (A), line 25)	2	254,886,291
3	Revenue less expenses Subtract line 2 from line 1	3	71,577,954
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	436,141,800
5	Net unrealized gains (losses) on investments	5	-1,065,143
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	-4,996,626
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	501,657,985

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990 Cash Accrual 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
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
 If 'Yes,' check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O
- 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?
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		No
2b	Yes	
2c	Yes	
3a	Yes	
3b	Yes	

Additional Data

Software ID:

Software Version:

EIN: 53-0245017

Name: JOHN F KENNEDY CENTER FOR THE PERFORMING
ARTS

Form 990 (2018)

Form 990, Part III, Line 4a:

SEE SCHEDULE O

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	05 00	X		X				0	0	0
MS AMANDA ALEXANDER TRUSTEE	05 00	X						0	0	0
MS ADRIENNE ARSHT TRUSTEE	05 00	X						0	0	0
THE HON ALEX AZAR TRUSTEE	05 00	X						0	0	0
SEN JOHN BARRASSO TRUSTEE	05 00	X						0	0	0
REP JOYCE BEATTY TRUSTEE	05 00	X						0	0	0
SEN ROY BLUNT TRUSTEE	05 00	X						0	0	0
MR DAVID C BOHNETT TRUSTEE	05 00	X						0	0	0
THE HON MURIEL BOWSER TRUSTEE	05 00	X						0	0	0
THE HON LONNIE BUNCH TRUSTEE	05 00	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			
SEN TOM CARPER TRUSTEE	0 5 0 0	X						0	0	0
REP BARBARA COMSTOCK TRUSTEE	0 5 0 0	X						0	0	0
SEN JOHN CORNYN TRUSTEE	0 5 0 0	X						0	0	0
REP PETER DEFAZIO TRUSTEE	0 5 0 0	X						0	0	0
THE HON BETSY DEVOS TRUSTEE	0 5 0 0	X						0	0	0
MR FRED EYCHANER TRUSTEE	0 5 0 0	X						0	0	0
MR LEWIS FEREBEE TRUSTEE	0 5 0 0	X						0	0	0
MS GISELLE FERNANDEZ TRUSTEE	0 5 0 0	X						0	0	0
MS SAKURAKO FISHER TRUSTEE	0 5 0 0	X						0	0	0
MS NORMA LEE FUNGER TRUSTEE	0 5 0 5	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			
MR JOHN GOLDMAN TRUSTEE	0 5 0 0	X						0	0	0
REP SAMUEL GRAVES TRUSTEE	0 5 0 0	X						0	0	0
THE HON CARLA HAYDEN TRUSTEE	0 5 0 0	X						0	0	0
MS JANET HILL TRUSTEE	0 5 0 0	X						0	0	0
THE HON MICHAEL HUCKABEE TRUSTEE	0 5 0 0	X						0	0	0
MR FRANK F ISLAM TRUSTEE	0 5 0 0	X						0	0	0
MS VALERIE JARRETT TRUSTEE	0 5 0 0	X						0	0	0
REP JOSEPH P KENNEDY TRUSTEE	0 5 0 0	X						0	0	0
MS VICTORIA REGGIE KENNEDY TRUSTEE	0 5 0 0	X						0	0	0
MS MICHELE KESSLER TRUSTEE	0 5 0 0	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 KAREN TUCKER LEFRAK TRUSTEE	0 5 0 0	X						0	0	0
MR CARL H LINDNER III TRUSTEE	0 5 0 0	X						0	0	0
MR MICHAEL LOMBARDO TRUSTEE	0 5 0 0	X						0	0	0
MR ANDRES W LOPEZ TRUSTEE	0 5 0 0	X						0	0	0
MR BRYAN LOURD TRUSTEE	0 5 0 0	X						0	0	0
REP TOM MACARTHUR TRUSTEE	0 5 0 0	X						0	0	0
MS AMALIA PEREA MAHONEY TRUSTEE	0 5 0 0	X						0	0	0
MS BARBARA GOODMAN MANILOW TRUSTEE	0 5 0 0	X						0	0	0
MS ALYSSA MASTROMONACO TRUSTEE	0 5 0 0	X						0	0	0
REP KEVIN MCCARTHY TRUSTEE	0 5 0 0	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			
SEN MITCH MCCONNELL TRUSTEE	0 5 0 0	X						0	0	0
MR W JAMES MCNERNEY JR TRUSTEE	0 5 0 0	X						0	0	0
MR CHARLES B ORTNER TRUSTEE	0 5 0 0	X						0	0	0
REP NANCY PELOSI TRUSTEE	0 5 0 0	X						0	0	0
MS REBECCA POHLAD TRUSTEE	0 5 0 0	X						0	0	0
THE HON MICHAEL POMPEO TRUSTEE	0 5 0 0	X						0	0	0
MR EARL A POWELL III TRUSTEE	0 5 0 0	X						0	0	0
MS SHONDA L RHIMES TRUSTEE	0 5 0 0	X						0	0	0
AMB SUSAN RICE TRUSTEE	0 5 0 0	X						0	0	0
MS LAURA RICKETTS TRUSTEE	0 5 0 0	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 KELLY ROBERTS TRUSTEE	0 5 0 0	X						0	0	0
MS DARYL ROTH TRUSTEE	0 5 0 0	X						0	0	0
MS MARGARET RUSSELL TRUSTEE	0 5 0 0	X						0	0	0
REP PAUL D RYAN TRUSTEE	0 5 0 0	X						0	0	0
MS ROSE KENNEDY SCHLOSSBERG TRUSTEE	0 5 0 0	X						0	0	0
SEN CHUCK SCHUMER TRUSTEE	0 5 0 0	X						0	0	0
MS SUSAN S SHER TRUSTEE	0 5 0 0	X						0	0	0
REP BILL SHUSTER TRUSTEE	0 5 0 0	X						0	0	0
THE HON DAVID J SKORTON TRUSTEE	0 5 0 0	X						0	0	0
MR PAUL DANIEL SMITH TRUSTEE	0 5 0 0	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			
REP JASON SMITH TRUSTEE	0 5 0 0	X						0	0	0
MS ALEXANDRA C STANTON TRUSTEE	0 5 0 0	X						0	0	0
MR MARC I STERN TRUSTEE	0 5 0 0	X						0	0	0
DR BRYAN TRAUBERT TRUSTEE	0 5 0 0	X						0	0	0
MR RANVIR TREHAN TRUSTEE	0 5 0 0	X						0	0	0
MR WALTER F ULLOA TRUSTEE	0 5 0 0	X						0	0	0
MR REGINALD VAN LEE TRUSTEE	0 5 0 0	X						0	0	0
MR JON VOIGHT TRUSTEE	0 5 0 0	X						0	0	0
SEN MARK WARNER TRUSTEE	0 5 0 0	X						0	0	0
MR KELCY WARREN TRUSTEE	0 5 0 0	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 HEATHER WASHBURNE TRUSTEE	0 5 0 0	X						0	0	0
MS PHYLLIS J WASHINGTON TRUSTEE	0 5 0 0	X						0	0	0
MR ANTHONY WELTERS TRUSTEE	0 5 0 0	X						0	0	0
MS ANN MARIE WILKINS TRUSTEE	0 5 0 0	X						0	0	0
MS ANDREA WYNN TRUSTEE	0 5 0 0	X						0	0	0
MS DEBORAH F RUTTER PRESIDENT	39 94 0 06			X				1,255,901	0	34,438
MS LYNNE H PRATT CHIEF FINANCIAL OFFICER	37 58 2 42			X				365,409	0	39,575
MS MARIA KERSTEN GENERAL COUNSEL	38 73 1 27			X				301,876	0	28,302
MS ESTHER OLAVARRIA ASST SECRETARY/VP INST AFFAIRS	40 0 0 0			X				197,409	0	16,925
MS JACQUELINE BADGER MARS SECRETARY	0 5 0 5			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			
MR MICHAEL F NEIDORFF TREASURER	0 5 0 0			X				0	0	0
MR GARY GINSTLING EXECUTIVE DIRECTOR, NSO	38 85 1 15				X			446,307	0	29,539
MR ROBERT VAN LEER SR VP, ARTISTIC PLANNING	40 0 0 0				X			332,077	0	34,438
MR ELLERY J BROWN SR VP, OPERATIONS	40 0 0 0				X			323,323	0	39,575
MR KEVIN F GIGLINTO SR VP, MARKETING & SALES	39 94 0 06				X			320,294	0	29,238
MR TIMOTHY O'LEARY GENERAL DIRECTOR, WNO	38 85 1 15				X			316,980	0	605
MS LESLIE J MILLER SR VP, DEVELOPMENT	40 0 0 0				X			305,187	0	34,181
MS NICOLE J WEAVER VP, STRAT INITIATIVES AND TECH	40 0 0 0				X			254,799	0	26,843
MR MARIO R ROSSERO SR VP, EDUCATION	39 94 0 06				X			237,980	0	25,686
MR GLENN A TURNER VP, PRODUCTION	40 0 0 0				X			222,168	0	30,908

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 ALFONSO E MARTINEZ CHIEF HUMAN RESOURCES OFFICER	40 0 0 0				X			186,387	0	13,165
MS NURIT BAR-JOSEF NSO CONCERTMASTER	40 0 0 0					X		395,422	0	28,736
MR MARK M COHEE HEAD ELECTRICIAN, OPERA HOUSE	40 0 0 0					X		264,462	0	79,579
MR JEFFREY A FINN VP, THEATER PROGRAMMING	39 94 0 06					X		259,521	0	37,664
MR THOMAS M HEWITT STAGEHAND, HEAD CARPENTER	40 0 0 0					X		226,958	0	67,087
MR GILFORD M TAYLOR STAGEHAND, HEAD ELECTRICIAN	40 0 0 0					X		216,832	0	65,238

SCHEDULE A
(Form 990 or
990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.
▶ Go to www.irs.gov/Form990 for the latest information.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 12, check only one box)

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

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

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

(Complete only if you checked the box on line 5, 7, 8, or 9 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	147,621,237	138,081,081	120,667,969	145,477,988	206,224,574	758,072,849
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0
3 The value of services or facilities furnished by a governmental unit to the organization without charge						0
4 Total. Add lines 1 through 3	147,621,237	138,081,081	120,667,969	145,477,988	206,224,574	758,072,849
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)						18,988,854
6 Public support. Subtract line 5 from line 4						739,083,995

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a)2014	(b)2015	(c)2016	(d)2017	(e)2018	(f)Total
7 Amounts from line 4	147,621,237	138,081,081	120,667,969	145,477,988	206,224,574	758,072,849
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,845,004	1,222,318	1,348,955	2,822,185	2,785,988	11,024,450
9 Net income from unrelated business activities, whether or not the business is regularly carried on				264,885		264,885
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	11,862,342	10,932,462	11,865,903	13,544,262	12,935,845	61,140,814
11 Total support. Add lines 7 through 10						830,502,998
12 Gross receipts from related activities, etc (see instructions)					12	418,741,971

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

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	88.992 %
15 Public support percentage for 2017 Schedule A, Part II, line 14	15	82.416 %

16a 33 1/3% support test—2018. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2017. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2018. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

b 10%-facts-and-circumstances test—2017. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2018 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2017 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2018 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2017 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2018. 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—2017. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
	3b		
c	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
	4b		
c	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
	9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
	9b		
c	Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <i>If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised or controlled the supporting organization.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>	Yes	No
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2018 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2018			
a From 2013.			
b From 2014.			
c From 2015.			
d From 2016.			
e From 2017.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2018 from Section D, line 7 \$			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2018, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2019. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2014.			
b Excess from 2015.			
c Excess from 2016.			
d Excess from 2017.			
e Excess from 2018.			

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

Facts And Circumstances Test

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, SECTION A, LINE 1	THE KENNEDY CENTER REDUCED THE AMOUNTS IT REPORTED ON LINE 1 FOR PREVIOUS YEARS BY UNCOLLECTIBLE PLEDGES WRITTEN OFF DURING THE YEAR REPORTED. THE KENNEDY CENTER DEDUCTED THE UNCOLLECTIBLE PLEDGES FROM THE SPECIFIC YEAR IN WHICH IT ORIGINALLY COUNTED THE RELATED CONTRIBUTION AS REVENUE.

990 Schedule A, Supplemental Information

Return Reference	Explanation
PART II, SECTION B, LINE 10	IN ALL YEARS PRESENTED, "OTHER INCOME" INCLUDES (A) INCOME FROM FUNDRAISING EVENTS AND ACTIVITIES NOT INCLUDED IN LINE 1, (B) INCOME GENERATED FROM DONOR TRIPS AND EVENTS, (C) GENERAL INCOME FROM THE OPERATION OF THE PARKING GARAGE, (D) INCOME FROM RESTAURANT LICENSE FEE, AND (E) GENERAL MISCELLANEOUS INCOME

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047
2018
Open to Public Inspection

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

Employer identification number
53-0245017

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts.
Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Yes No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Yes No

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

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

Preservation of land for public use (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	
2a	
2b	
2c	
2d	

a Total number of conservation easements

b Total acreage restricted by conservation easements

c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ► _____

4 Number of states where property subject to conservation easement is located ► _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ► \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? 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" on 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) Revenue included on Form 990, Part VIII, line 1 ► \$ _____

(ii) Assets included in Form 990, Part X ► \$ _____

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

a Revenue included on Form 990, Part VIII, line 1 ► \$ _____

b Assets included in Form 990, Part X ► \$ _____

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

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

Part IV Escrow and Custodial Arrangements.

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	121,471,629	116,336,957	109,377,838	111,710,821	124,013,722
b Contributions	2,175,914	3,830,995	1,609,332	1,470,777	1,531,817
c Net investment earnings, gains, and losses	2,290,614	6,052,029	10,518,415	8,091,846	-7,074,828
d Grants or scholarships					
e Other expenditures for facilities and programs	5,141,269	4,554,606	4,923,755	11,610,292	6,462,054
f Administrative expenses	149,606	193,746	244,873	285,314	297,836
g End of year balance	120,647,282	121,471,629	116,336,957	109,377,838	111,710,821

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 7 700 %
 - b** Permanent endowment ▶ 91 300 %
 - c** Temporarily restricted endowment ▶ 1 000 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|-----|----|
| (i) unrelated organizations | Yes | |
| (ii) related organizations | | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		350,000		350,000
b Buildings		705,218,945	387,608,260	317,610,685
c Leasehold improvements				
d Equipment		26,727,350	17,357,561	9,369,789
e Other		164,410	164,410	0
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				327,330,474

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) U S GOVERNMENT ISSUES	2,468,440	F
(B) CORPORATE ISSUES	4,329,068	F
(C) FOREIGN ISSUES	1,009,858	F
(D) MUNICIPAL ISSUES	266,981	F
(E) MUTUAL FUNDS - EQUITY	76,615,692	F
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12)	84,690,039	

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

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

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

(a) Description	(b) Book value
(1) AND RESTORATION	31,833,666
(2) MANAGEMENT	6,484,331
(3) STOCK GIFTS IN TRANSIT	258,067
(4) OTHER	74,138
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15)	38,650,202

Part X Other Liabilities. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

(a) Description of liability	(b) Book value
(1) Federal income taxes	0
ACCRUED PENSION COST	9,247,508
INTEREST RATE SWAP LIABILITY	4,250,469
CHARITABLE GIFT ANNUITY LIAB	2,909,589
POST EMPLOYMENT AGREEMENT LIAB	343,504
DEFERRED RENT	675,391
OTHER	327,102
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25)	17,753,563

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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return

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

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

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

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

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

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:

Software Version:

EIN: 53-0245017

Name: JOHN F KENNEDY CENTER FOR THE PERFORMING
ARTS

Supplemental Information

Return Reference	Explanation
PART V, LINE 4 - INTENDED USE FOR ENDOWMENT FUNDS	OVER 180 DONORS HAVE CONTRIBUTED TO THE 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 MILL ENNIUM STAGES, (F) THE ARTISTIC DIRECTION AND PERSONNEL OF THE NATIONAL SYMPHONY ORCHESTRA , (G) THE WASHINGTON NATIONAL OPERA PROGRAM AND (H) BOARD DESIGNATED ENDOWMENTS THE ENDOWMENT ALSO INCLUDES CHARITABLE GIFT ANNUITY FUNDS THAT WILL ULTIMATELY BE USED LARGELY TO ESTABLISH ADDITIONAL PERMANENT ENDOWMENTS

Supplemental Information

Return Reference	Explanation
PART X, FIN 48 FOOTNOTE	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, 2019, THERE WERE NO UNCERTAIN TAX POSITIONS FOR WHICH A LIABILITY SHOULD BE RECORDED

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

OMB No 1545-0047
2018
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** Activities per Region (The following Part I, line 3 table can be duplicated if additional space is needed)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in 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
See Add'l Data					
3a Sub-total	0	0			321,957
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	0	0			321,957

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)

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

Part III Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" 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)
See Add'l Data							

Part IV Foreign Forms

- 1 Was the organization a U S transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U S Transferor of Property to a Foreign Corporation (see Instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to separately file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U S Owner (see Instructions for Forms 3520 and 3520-A, don't file with Form 990)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U S Persons with Respect to Certain Foreign Corporations (see Instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U S Persons with Respect to Certain Foreign Partnerships (see Instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713, don't file with Form 990)* Yes No

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
PART I, LINE 2 - PROCEDURES FOR MONITORING THE USE OF GRANT FUNDS	THE 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

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	0	0	Program Services	INTL FEST PLANNING	672
East Asia and the Pacific	0	0	Program Services	INTL FEST PLANNING	324

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 (Including Iceland and Greenland)	0	0	Fundraising		223,099
Europe (Including Iceland and Greenland)	0	0	Program Services	ARTISTIC PLANNING	23,354

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 (Including Iceland and Greenland)	0	0	Program Services	INTL FEST PLANNING	26,389
North America	0	0	Program Services	ARTISTIC PLANNING	4,046

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	0	0	Program Services	INTL FEST PLANNING	8,944
Russia and the Newly Independent States	0	0	Program Services	ARTISTIC PLANNING	2,556

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	0	0	Program Services	INTL FEST PLANNING	4,277
Sub-Saharan Africa	0	0	Program Services	INTL FEST PLANNING	945

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	0	0	Grantmaking		8,124
East Asia and the Pacific	0	0	Grantmaking		6,876

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 (Including Iceland and Greenland)	0	0	Grantmaking		7,343
North America	0	0	Grantmaking		236

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
Russia and the Newly Independent States	0	0	Grantmaking		1,475
South America	0	0	Grantmaking		3,061

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 Asia	0	0	Grantmaking		236

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
BETTY CARTER JAZZ AHEAD	Europe (Including Iceland and Greenland)	1	7,343	CHECK/WIRE			
SUMMER MUSIC INSTITUTE	Central America and the Caribbean	5	8,124	CHECK/WIRE			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
SUMMER MUSIC INSTITUTE	Russia and the Newly Independent States	1	1,475	CHECK/WIRE			
VSA YOUNG SOLOISTS	East Asia and the Pacific	1	5,694	CHECK/WIRE			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
VSA YOUNG SOLOISTS	South America	1	3,061	CHECK/WIRE			
KC INTERNSHIP PROGRAM	East Asia and the Pacific	5	1,182	CHECK/WIRE			

Form 990 Schedule F Part III - Grants and Assistance to Individuals Outside The U S

(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)
KC INTERNSHIP PROGRAM	North America	1	236	CHECK/WIRE			
KC INTERNSHIP PROGRAM	South America	1	236	CHECK/WIRE			

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

OMB No 1545-0047

2018

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" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the 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			
AVALON CONSULTING GROUP INC 805 15TH STREET NW SUITE 700 WASHINGTON, DC 20005	ADVISING		No	0	305,526	-305,526
PUBLIC INTEREST COMMUNICATIONS 7700 LEESBURG PIKE SUITE 301 NORTH FALLS CHURCH, VA 22043	TELEFUNDR		No	12,445	17,171	-4,726
COMMUNITY COUNSELING SERVICE COMPAN 461 FIFTH AVE 3RD FLOOR NEW YORK, NY 10017	ADVISING		No	0	465,941	-465,941
Total				12,445	788,638	-776,193

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

.....
All States

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		KC HONORS (event type)	MARK TWAIN PZ (event type)	5 (total number)	Total events (add col (a) through col (c))
Revenue	1 Gross receipts	7,156,864	1,991,178	4,123,857	13,271,899
	2 Less Contributions	6,573,187	1,843,186	3,832,735	12,249,108
	3 Gross income (line 1 minus line 2)	583,677	147,992	291,122	1,022,791
Direct Expenses	4 Cash prizes	0	0	0	0
	5 Noncash prizes	0	0	0	0
	6 Rent/facility costs	267,744	265,564	417,863	951,171
	7 Food and beverages	795,093	332,811	662,705	1,790,609
	8 Entertainment	9,715	5,750	12,950	28,415
	9 Other direct expenses	356,692	157,146	383,433	897,271
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				3,667,466
	11 Net income summary Subtract line 10 from line 3, column (d) ▶				-2,644,675

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

Revenue		(a) Bingo	(b) Pull tabs/Instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col (a) through col (c))
		1 Gross revenue			
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7 Direct expense summary Add lines 2 through 5 in column (d) ▶					
8 Net gaming income summary Subtract line 7 from line 1, column (d) ▶					

9 Enter the state(s) in which the organization conducts gaming activities _____

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

b If "No," explain _____

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

b If "Yes," explain _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

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

13 Indicate the percentage of gaming activity conducted in

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

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

Name ▶

Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

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

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

Name ▶

Address ▶

16 Gaming manager information

Name ▶

Gaming manager compensation ▶ \$

Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

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

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

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

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

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I (Form 990)

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

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

Table with 8 columns: (a) Name and address of organization or government, (b) EIN, (c) IRC section (if applicable), (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of noncash assistance, (h) Purpose of grant or assistance. Rows 1-12.

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 10
3 Enter total number of other organizations listed in the line 1 table 0

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
See Additional Data Table					
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

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

Additional Data

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

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRIDGEPORT PUBLIC SCHOOLS 45 LYON TERRACE BRIDGEPORT, CT 06604	06-6001865	GOVERNMENT	16,276				TA LOCAL PROGRAM
RICHMOND PUBLIC SCHOOLS EDUCATION FDN 301 NORTH 9TH ST 17TH FL RICHMOND, VA 23219	54-2025186	501(C)(3)	10,258				TA LOCAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CITY OF PROVIDENCE 25 DORRANCE ST PROVIDENCE, RI 02903	05-6000329	GOVERNMENT	11,950				TA LOCAL PROGRAM
TURNAROUND ARTS CALIFORNIA 12541 BEATRICE ST LOS ANGELES, CA 90066	47-2446628	501(C)(3)	220,210				TA LOCAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DES MOINES INDEPENDENT COMMUNITY SCHOOL DISTRICT 2323 GRAND AVE DES MOINES, IA 50312	42-6001433	501(C)(3)	16,119				TA LOCAL PROGRAM
THE SCHOOL BOARD OF BROWARD COUNTY 600 SE 3RD AVENUE FT LAUDERDALE, FL 33301	59-6000530	GOVERNMENT	9,000				TA LOCAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY FOR URBAN SCHOOL LEADERSHIP 3400 N AUSTIN AVENUE CHICAGO, IL 60634	36-4447457	501(C)(3)	12,000				TA LOCAL PROGRAM
STATE OF MINNESOTA 658 CEDAR STREET ST PAUL, MN 55155	41-6007162	GOVERNMENT	8,000				TA LOCAL PROGRAM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BROWARD EDUCATION FOUNDATION 600 SE 3RD AVENUE FT LAUDERDALE, FL 33301	59-2359433	501(C)(3)	6,000				TA LOCAL PROGRAM
DANVILLE INDEPENDENT SCHOOL DISTRICT 152 E ML KING BLVD DANVILLE, KY 40422	61-6001399	GOVERNMENT	10,000				NSB AWARD

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
CAFritz YOUNG ARTISTS PROGRAM	18	384,611			
KC ACTF AWARDS/SCHOLARSHIPS	152	101,837			
SUMMER MUSIC INSTITUTE	60	95,749			
KC FELLOWSHIP IN ARTS MANAGEMENT	7	81,504			
VSA EMERGING YOUNG ARTISTS PROGRAM	14	61,000			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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
SONDHEIM INSP TEACHING AWARDS	6	60,000			
YOUTH FELLOWSHIP PROGRAM	25	59,012			
BETTY CARTER JAZZ AHEAD	11	38,639			
CITIZEN ARTIST PROGRAM	8	24,057			
KENNEDY CENTER DANCE LAB	33	23,915			

Form 990, Schedule I, Part III, Grants and Other Assistance to Domestic Individuals.

(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 INTERNSHIP PROGRAM	75	17,335			
MARIAN ANDERSON AWARD	1	11,075			
VSA YOUNG SOLOSISTS	3	9,822			
VSA PLAYWRIGHT DISCOVERY	6	9,031			
WNO OPERA INSTITUTE	11	7,050			

Schedule J
(Form 990)

Compensation Information

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

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

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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 on 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"/>	Travel for companions		
<input type="checkbox"/>	Tax indemnification and gross-up payments		
<input type="checkbox"/>	Discretionary spending account		
<input type="checkbox"/>	Housing allowance or residence for personal use		
<input type="checkbox"/>	Payments for business use of personal residence		
<input type="checkbox"/>	Health or social club dues or initiation fees		
<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"/>	Independent compensation consultant		
<input checked="" type="checkbox"/>	Form 990 of other organizations		
<input checked="" type="checkbox"/>	Written employment contract		
<input checked="" type="checkbox"/>	Compensation survey or study		
<input checked="" type="checkbox"/>	Approval by the board or compensation committee		
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization		
a	Receive a severance payment or change-of-control payment?	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? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III	4c	No
Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of		
a	The organization?	5a	No
b	Any related organization? If "Yes," on line 5a or 5b, describe in Part III	5b	No
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of		
a	The organization?	6a	No
b	Any related organization? If "Yes," on line 6a or 6b, describe in Part III	6b	No
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	No
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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
PART I, LINE 1A	THE KENNEDY CENTER PRESIDENT IS PERMITTED TO TRAVEL FIRST CLASS



Schedule J (Form 990) 2018

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 and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base Compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
MS DEBORAH F RUTTER PRESIDENT	(i)	1,003,774	250,000	2,127	19,250	15,188	1,290,339	0
	(ii)	0	0	0	0	0	0	0
MS LYNNE H PRATT CHIEF FINANCIAL OFFICER	(i)	363,949	0	1,460	19,250	20,325	404,984	0
	(ii)	0	0	0	0	0	0	0
MS MARIA KERSTEN GENERAL COUNSEL	(i)	299,726	0	2,150	9,350	18,952	330,178	0
	(ii)	0	0	0	0	0	0	0
MS ESTHER OLAVARRIA ASST SECRETARY/VP INST AFFAIRS	(i)	194,765	0	2,644	7,944	8,981	214,334	0
	(ii)	0	0	0	0	0	0	0
MR GARY GINSTLING EXECUTIVE DIRECTOR, NSO	(i)	420,460	25,000	847	9,214	20,325	475,846	0
	(ii)	0	0	0	0	0	0	0
MR ROBERT VAN LEER SR VP, ARTISTIC PLANNING	(i)	330,640	0	1,437	19,250	15,188	366,515	0
	(ii)	0	0	0	0	0	0	0
MR ELLERY J BROWN SR VP, OPERATIONS	(i)	311,863	10,000	1,460	19,250	20,325	362,898	0
	(ii)	0	0	0	0	0	0	0
MR KEVIN F GIGLINTO SR VP, MARKETING & SALES	(i)	317,457	0	2,837	8,913	20,325	349,532	0
	(ii)	0	0	0	0	0	0	0
MR TIMOTHY O'LEARY GENERAL DIRECTOR, WNO	(i)	241,842	40,000	35,138	0	605	317,585	0
	(ii)	0	0	0	0	0	0	0
MS LESLIE J MILLER SR VP, DEVELOPMENT	(i)	304,749	0	438	19,250	14,931	339,368	0
	(ii)	0	0	0	0	0	0	0
MS NICOLE J WEAVER VP, STRAT INITIATIVES AND TECH	(i)	253,667	0	1,132	17,862	8,981	281,642	0
	(ii)	0	0	0	0	0	0	0
MR MARIO R ROSSERO SR VP, EDUCATION	(i)	237,683	0	297	16,743	8,943	263,666	0
	(ii)	0	0	0	0	0	0	0
MR GLENN A TURNER VP, PRODUCTION	(i)	221,105	0	1,063	15,894	15,014	253,076	0
	(ii)	0	0	0	0	0	0	0
MR ALFONSO E MARTINEZ CHIEF HUMAN RESOURCES OFFICER	(i)	185,680	0	707	0	13,165	199,552	0
	(ii)	0	0	0	0	0	0	0
MS NURIT BAR-JOSEF NSO CONCERTMASTER	(i)	395,199	0	223	14,138	14,598	424,158	0
	(ii)	0	0	0	0	0	0	0
MR MARK M COHEE HEAD ELECTRICIAN, OPERA HOUSE	(i)	264,462	0	0	21,221	58,358	344,041	0
	(ii)	0	0	0	0	0	0	0
MR JEFFREY A FINN VP, THEATER PROGRAMMING	(i)	249,796	0	9,725	17,466	20,198	297,185	0
	(ii)	0	0	0	0	0	0	0
MR THOMAS M HEWITT STAGEHAND, HEAD CARPENTER	(i)	226,958	0	0	17,890	49,197	294,045	0
	(ii)	0	0	0	0	0	0	0
MR GILFORD M TAYLOR STAGEHAND, HEAD ELECTRICIAN	(i)	216,832	0	0	17,397	47,841	282,070	0
	(ii)	0	0	0	0	0	0	0

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule K (Form 990)

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" to Form 990, Part VI, line 24a. Provide descriptions, explanations, and any additional information in Part VI. Attach to Form 990. Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Employer identification number 53-0245017

Part I Bond Issues

Table with columns (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. Row 1: DISTRICT OF COLUMBIA, 53-6001131, 2548394G5, 07-31-2008, 30,700,000, REFUND BONDS ISSUED IN 1999, X, X, X.

Part II Proceeds

Table with columns A, B, C, D for rows 1-13. Rows 14-17 have Yes/No columns. Row 14: Were the bonds issued as part of a current refunding issue? (X). Row 15: Were the bonds issued as part of an advance refunding issue? (X). Row 16: Has the final allocation of proceeds been made? (X). Row 17: Does the organization maintain adequate books and records to support the final allocation of proceeds? (X).

Part III Private Business Use

Table with columns A, B, C, D for rows 1-2. Row 1: Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds? Row 2: Are there any lease arrangements that may result in private business use of bond-financed property?

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?								
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?								
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 ▶		0 %						
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?								
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?								
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?								

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
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 "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?	X							
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider		0						
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)?								
b Name of provider	0							
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?	X							

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

Return Reference	Explanation
DATE REBATE COMPUTATION PERFORMED	DISTRICT OF COLUMBIA 6/30/13

Return Reference	Explanation
PART IV, LINE 2C	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

Return Reference	Explanation
PART V	THE KENNEDY CENTER ESTABLISHED WRITTEN PROCEDURES TO ENSURE THAT VIOLATIONS OF FEDERAL TAX REQUIREMENTS ARE IDENTIFIED TIMELY AND CORRECTED THROUGH THE VOLUNTARY CLOSING AGREEMENT PROGRAM IF SELF-REMEDIATION IS NOT AVAILABLE UNDER APPLICABLE REGULATIONS

Schedule L
(Form 990 or 990-EZ)

Transactions with Interested Persons

OMB No 1545-0047

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, lines 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.**
 ▶ **Attach to Form 990 or Form 990-EZ.**
 ▶ **Go to www.irs.gov/Form990 for the latest information.**

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS	Employer identification number 53-0245017
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Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only)
 Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b

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

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

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

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

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	(d) Loan to or from the organization?		(e) Original principal amount	(f) Balance due	(g) In default?		(h) Approved by board or committee?		(i) Written agreement?	
			To	From			Yes	No	Yes	No	Yes	No
(1) GARY GINSTLING	KEY Emp	RELOCATION		X	75,000	23,463		No		No	Yes	
Total						▶ \$	23,463					

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

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

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
(1) JESSICA EVANS	SEE PART V	43,958	EMPLOYEE		No

Part V Supplemental Information

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

Return Reference	Explanation
PART II, LINE 1, COLUMN (I)	THE LOAN WAS APPROVED BY THE SEARCH COMMITTEE OF THE NATIONAL SYMPHONY ORCHESTRA ASSOCIATION (NSOA) BOARD OF DIRECTORS, LEAD BY THE NSOA BOARD CHAIRMAN AND THE NSOA BOARD PRESIDENT IT WAS ALSO APPROVED BY THE CHIEF HUMAN RESOURCES OFFICER AND THE PRESIDENT OF THE KENNEDY CENTER
PART IV, LINE 1, COLUMN (B)	MS EVANS IS A FAMILY MEMBER OF GLENN TURNER, KEY EMPLOYEE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047

2018

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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		11,625	COST/SELLING PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	140	3,801,935	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	5	167,376	COST/SELLING PRICE
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u> </u>) FIXTURES)	X	3	1,223,999	COST/SELLING PRICE
26 Other ▶ (<u> </u>) GIFTS/AWARDS)	X	2	27,250	COST/SELLING PRICE
27 Other ▶ (<u> </u>) COSMETICS)	X	5	2,588	COST/SELLING PRICE
28 Other ▶ (<u> </u>)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		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		

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

SCHEDULE O
(Form 990 or 990-EZ)**Supplemental Information to Form 990 or 990-EZ**

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

2018**Open to Public Inspection**

Department of the Treasury

Name of the organization

JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS

Employer identification number

53-0245017

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PAGE 1, LINE A	THE KENNEDY CENTER KEEPS ITS BOOKS AND COMPUTES ITS INCOME ON THE BASIS OF A 52-53 WEEK TAX YEAR THE 52-53 WEEK TAX YEAR ALWAYS ENDS ON THE SUNDAY NEAREST TO THE LAST CALENDAR DAY IN SEPTEMBER THE TAX YEAR REPORTED HEREIN REPRESENTS THE PERIOD FROM OCTOBER 1, 2018, THROUGH SEPTEMBER 29, 2019, A 52 WEEK TAX YEAR UNDER SECTION 441 OF THE INTERNAL REVENUE CODE, THE KENNEDY CENTER MADE AN INITIAL ELECTION TO USE A 52-53 WEEK TAX YEAR IN ITS 2006 FORM 990 HOWEVER, WHEN THE INTERNAL REVENUE SERVICE RESPONDED TO THE KENNEDY CENTERS REQUEST, IT NOTIFIED THE CENTER THAT IT CANNOT ACCEPT A 52-53 WEEK ELECTION FOR AN EXEMPT ORGANIZATION ACCORDINGLY, AND TO ENSURE THAT THE INTERNAL REVENUE SERVICE WOULD ACCEPT THE KENNEDY CENTERS CURRENT RETURN, THE KENNEDY CENTER CHANGED THE DATES OF ITS REPORTING PERIOD FROM THE AFOREMENTIONED DATES TO THE PERIOD OCTOBER 1, 2018 THROUGH SEPTEMBER 30, 2019

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 1	AS THE NATIONS PERFORMING ARTS CENTER, AND A LIVING MEMORIAL TO PRESIDENT JOHN F KENNEDY, WE ARE A LEADER FOR THE ARTS ACROSS AMERICA AND AROUND THE WORLD, REACHING AND CONNECTING WITH ARTISTS, INSPIRING AND EDUCATING COMMUNITIES WE WELCOME ALL TO CREATE, EXPERIENCE, LEARN ABOUT AND ENGAGE WITH THE ARTS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART III, LINE 4A	THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS IS THE NATIONS PERFORMING ARTS FACILITY , ANNUALLY HOSTING MORE THAN 2,000 PERFORMANCES AND EVENTS FOR AUDIENCES TOTALING NEARLY 2 MILLION, WITH TELEVISED PRODUCTIONS, EVENTS AND RADIO BROADCASTS REACHING 40 MILLION MORE THE ORGANIZATION (A) PRODUCES AND PRESENTS MUSIC, DANCE, THEATER, OPERA AND BALLET, (B) SUPPORTS ARTISTS IN THE CREATION OF NEW WORKS, AND (C) SERVES AS THE NATIONS LEADER IN ART S EDUCATION ADDITIONALLY, THE ORGANIZATION IS A LIVING MEMORIAL TO THE LATE PRESIDENT JOH N F KENNEDY AND RECEIVES MORE THAN 1 MILLION VISITORS ANNUALLY FROM EVERY STATE AND COUNT RIES AROUND THE WORLD WHO CAN VIEW THE INFORMATION ABOUT HIS VISION AND ADVOCACY FOR THE A RTS, HIS LIFE AND HIS PRESIDENCY

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 2	THE FOLLOWING TRUSTEES HAVE A BUSINESS RELATIONSHIP MS JANET HILL, MR DAVID M RUBENSTEIN, MR MARC I STERN, AND MR ANTHONY WELTERS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 11B	PRIOR TO PROVIDING THE FORM 990 (RETURN) TO MEMBERS OF THE BOARD OF TRUSTEES FOR THEIR REVIEW AND CONSIDERATION, A DETAILED REVIEW WAS PERFORMED BY THE PRESIDENT, CHIEF FINANCIAL OFFICER, CONTROLLER AND VARIOUS OTHER MEMBERS OF SENIOR MANAGEMENT THE RETURN WAS ALSO REVIEWED BY AN INDEPENDENT ACCOUNTING FIRM AFTER THE RETURN WAS FINALIZED, MANAGEMENT PROVIDED IT TO EACH TRUSTEE VIA EMAIL/WEBSITE PRIOR TO FILING THE RETURN WITH THE INTERNAL REVENUE SERVICE QUESTIONS, IF ANY, WERE DIRECTED TO AND ADDRESSED BY THE CONTROLLER AND COMMUNICATED TO THE AUDIT COMMITTEE RESPONSES TO NOTABLE QUESTIONS WERE PROVIDED TO ALL TRUSTEES FOR THEIR INFORMATION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 12C	<p>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 KNOWN AS COVERED INDIVIDUALS) THE POLICY COVERS TRANSACTIONS BETWEEN THE KENNEDY CENTER AND (A) A COVERED INDIVIDUAL, (B) HIS OR HER FAMILY MEMBERS AND/OR (C) AN AFFILIATED ENTITY TO ASSIST THE KENNEDY CENTER IN IDENTIFYING TRANSACTIONS WHERE THERE MAY BE AN ACTUAL OR PERCEIVED CONFLICT OF INTEREST, EACH COVERED INDIVIDUAL SHALL COMPLETE AND SIGN AN ANNUAL CONFLICT OF INTEREST DECLARATION (DECLARATION) AND SHALL, AS NECESSARY, UPDATE THE DECLARATION TO REFLECT ANY CHANGES DURING THE COURSE OF THE YEAR DECLARATIONS COMPLETED BY THE TRUSTEES WHERE A POTENTIAL CONFLICT IS IDENTIFIED ARE REVIEWED BY THE AUDIT COMMITTEE DECLARATIONS COMPLETED BY NON-TRUSTEE COVERED INDIVIDUALS ARE REVIEWED BY THE GENERAL COUNSEL 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 COMMITTEES (OR GENERAL COUNSELS) 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</p>

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15A	THE COMPENSATION OF THE KENNEDY CENTERS PRESIDENT IS EVALUATED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD THE COMMITTEES CONSIDERATION OF THE PRESIDENTS COMPENSATION INCLUDED THE REVIEW OF COMPARABILITY DATA, RECOMMENDATIONS OF AN INDEPENDENT CONSULTANT AND THE CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 15B	THE COMPENSATION PROCESS FOR THE KENNEDY CENTERS OFFICERS AND KEY EMPLOYEES IS EVALUATED BY THE HUMAN RESOURCES COMMITTEE OF THE BOARD THE COMMITTEES CONSIDERATION OF THE OFFICERS AND KEY EMPLOYEES COMPENSATION INCLUDED THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, LINE 19	THE ORGANIZATIONS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE NOT AVAILABLE TO THE PUBLIC

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	PENSION RELATED CHANGES EXCLUDING NET PERIODIC PENSION COSTS \$(2,776,037) LOSS ON INTEREST RATE SWAP \$(1,481,837) CHANGE IN SPLIT INTEREST AGREEMENTS \$(420,539) OTHER CHANGES IN NET ASSETS - \$(318,213)

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION ARTIST AND OTHER PROG SVCS TOTAL FEES 37454858

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION BUILDING SERVICES TOTAL FEES 3131947

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION COMPANY FEES TOTAL FEES 14997424

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION IT/FACILITIES SERVICES TOTAL FEES 399081

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION OTHER CONTRACTED SERVICES TOTAL FEES 1550169

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990 PART IX LINE 11G	DESCRIPTION TEMPORARY STAFF SERVICES TOTAL FEES 229223

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2018

**Open to Public
Inspection**

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

Department of the Treasury
Internal Revenue Service

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

Employer identification number

53-0245017

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

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JOHN F KENNEDY CENTER FOR THE PERF ARTS 1 LINCOLN STREET SSFC 24 BOSTON, MA 02111 94-6739330	ANNUITIES	MA	-11,914	2,726,019	NA

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

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

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

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

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a	No
b Gift, grant, or capital contribution to related organization(s)	1b	No
c Gift, grant, or capital contribution from related organization(s)	1c	Yes
d Loans or loan guarantees to or for related organization(s)	1d	No
e Loans or loan guarantees by related organization(s)	1e	No
f Dividends from related organization(s)	1f	No
g Sale of assets to related organization(s)	1g	No
h Purchase of assets from related organization(s)	1h	No
i Exchange of assets with related organization(s)	1i	No
j Lease of facilities, equipment, or other assets to related organization(s)	1j	No
k Lease of facilities, equipment, or other assets from related organization(s)	1k	No
l Performance of services or membership or fundraising solicitations for related organization(s)	1l	Yes
m Performance of services or membership or fundraising solicitations by related organization(s)	1m	No
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	Yes
o Sharing of paid employees with related organization(s)	1o	Yes
p Reimbursement paid to related organization(s) for expenses	1p	No
q Reimbursement paid by related organization(s) for expenses	1q	No
r Other transfer of cash or property to related organization(s)	1r	No
s Other transfer of cash or property from related organization(s)	1s	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

Part VII **Supplemental Information**

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

Return Reference	Explanation