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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 black lung benefit trust or private foundation)
 The organization may have to use a copy of this return to satisfy state reporting requirements

OMB No 1545-0047
2010
Open to Public Inspection

A For the 2010 calendar year, or tax year beginning 10-01-2010 and ending 09-30-2011

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS		D Employer identification number 53-0245017
	Doing Business As		E Telephone number (202) 416-8000
	Number and street (or P O box if mail is not delivered to street address) 2700 F STREET NW	Room/suite	G Gross receipts \$ 238,300,961
	City or town, state or country, and ZIP + 4 WASHINGTON, DC 205660001		
F Name and address of principal officer MICHAEL M KAISER 2700 F STREET NW WASHINGTON, DC 205660001		H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list (see instructions) H(c) Group exemption number	

I Tax-exempt status 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

Activities & Governance	1 Briefly describe the organization's mission or most significant activities THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS (KENNEDY CENTER) SERVES AS A PRESIDENTIAL MEMORIAL AND THE NATIONAL CENTER FOR THE PERFORMING ARTS, DEVELOPING AND PRESENTING A BROAD ARRAY OF PERFORMING ARTS PROGRAMS (E G , THEATER, MUSIC, OPERA, BALLET, DANCE)		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	57
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	57
	5 Total number of individuals employed in calendar year 2010 (Part V, line 2a)	5	2,069
	6 Total number of volunteers (estimate if necessary)	6	1,500
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	134,951
b Net unrelated business taxable income from Form 990-T, line 34	7b	110,258	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9 Program service revenue (Part VIII, line 2g)	112,517,720	99,500,012
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	56,815,180	80,351,826
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	2,621,302	3,710,876
	12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	10,856,284	11,402,053
		182,810,486	194,964,767
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1–3)	2,540,494	1,227,707
	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)	74,275,625	81,851,184
	16a Professional fundraising fees (Part IX, column (A), line 11e)	393,431	432,750
	b Total fundraising expenses (Part IX, column (D), line 25) 7,371,413		
	17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24f)	83,774,646	109,035,936
	18 Total expenses Add lines 13–17 (must equal Part IX, column (A), line 25)	160,984,196	192,547,577
19 Revenue less expenses Subtract line 18 from line 12	21,826,290	2,417,190	
Net Assets or Fund Balances		Beginning of Current Year	End of Year
	20 Total assets (Part X, line 16)	399,599,359	411,406,853
	21 Total liabilities (Part X, line 26)	93,929,770	108,892,474
22 Net assets or fund balances Subtract line 21 from line 20	305,669,589	302,514,379	

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: 2012-08-13
 MICHAEL M KAISER PRESIDENT
 Type or print name and title

Paid Preparer Use Only
 Print/Type preparer's name: MICHAEL SORRELLS CPA
 Preparer's signature: MICHAEL SORRELLS CPA
 Date: _____
 Check if self-employed
 PTIN: _____
 Firm's name: BDO USA LLP
 Firm's EIN: _____
 Firm's address: 7101 WISCONSIN AVE SUITE 800
 BETHESDA, MD 208144827
 Phone no: (301) 654-4900

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

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III

1 Briefly describe the organization's mission

SEE SCHEDULE O THE KENNEDY CENTER SERVES AS BOTH A PRESIDENTIAL MEMORIAL AND THE NATIONAL CENTER FOR THE PERFORMING ARTS IT (A) DEVELOPS AND PRESENTS A BROAD ARRAY OF PERFORMING ARTS PROGRAMS, INCLUDING THEATER, MUSIC, OPERA, BALLET AND DANCE, (B) DEVELOPS EDUCATIONAL AND COMMUNITY ENGAGEMENT ACTIVITIES BOTH IN WASHINGTON, DC, AND NATIONALLY, AND (C) DELIVERS ARTS MANAGEMENT EDUCATION AND DEVELOPMENT PROGRAMS LOCALLY, NATIONALLY AND INTERNATIONALLY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

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

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

If "Yes," describe these changes on Schedule O

4 Describe the exempt purpose achievements for each of the organization's three largest program services by expenses Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts 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 \$ 173,246,832 including grants of \$ 1,227,707) (Revenue \$ 80,387,812)

THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS (KENNEDY CENTER) IS THE NATION'S PERFORMING ARTS FACILITY, ANNUALLY HOSTING APPROXIMATELY 2,000 PERFORMANCES FOR AUDIENCES TOTALING NEARLY 2 MILLION KENNEDY CENTER TOURING PRODUCTIONS, TELEVISION AND RADIO BROADCASTS REACH 40 MILLION MORE THE KENNEDY CENTER (A) PRODUCES AND PRESENTS EXAMPLES OF MUSIC, DANCE AND THEATER, OPERA, AND BALLET, (B) SUPPORTS ARTISTS IN THE CREATION OF NEW WORKS, AND, (C) SERVES AS THE NATION'S LEADER IN ARTS EDUCATION ADDITIONALLY, THE KENNEDY CENTER IS A LIVING MEMORIAL TO THE LATE PRESIDENT JOHN F KENNEDY AND RECEIVES MORE THAN 1 MILLION VISITORS ANNUALLY FROM EVERY STATE AND MORE THAN 20 COUNTRIES THESE VISITORS CAN VIEW INFORMATION ABOUT PRESIDENT KENNEDY'S VISION AND ADVOCACY FOR THE ARTS, HIS LIFE AND HIS PRESIDENCY

4b (Code) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses \$ 173,246,832

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A.</i>	Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instruction)?	Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I.</i>		No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II.</i>		No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III.</i>		
6 Did the organization maintain any donor advised funds or any similar funds or accounts where donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I.</i>		No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas or historic structures? <i>If "Yes," complete Schedule D, Part II.</i>		No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III.</i>		No
9 Did the organization report an amount in Part X, line 21, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV.</i>		No
10 Did the organization, directly or through a related organization, hold assets in term, permanent, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V.</i>	Yes	
11 If the organization's answer to any of the following questions is 'Yes,' then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI.</i>	Yes	
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII.</i>	Yes	
c Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII.</i>		No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX.</i>	Yes	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X.</i>	Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI, XII, and XIII.</i>		No
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI, XII, and XIII is optional.</i>	Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E.</i>		No
14a Did the organization maintain an office, employees, or agents outside of the United States?		No
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the United States? <i>If "Yes," complete Schedule F, Parts I and IV.</i>	Yes	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the U S? <i>If "Yes," complete Schedule F, Parts II and IV.</i>		No
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the U S? <i>If "Yes," complete Schedule F, Parts III and IV.</i>	Yes	
17 Did the organization report a total of more than \$15,000, of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions).</i>	Yes	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II.</i>	Yes	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III.</i>		No
20a Did the organization operate one or more hospitals? <i>If "Yes," complete Schedule H.</i>		No
b If "Yes" to line 20a, did the organization attach its audited financial statement to this return? Note. Some Form 990 filers that operate one or more hospitals must attach audited financial statements (see instructions)		

Part IV Checklist of Required Schedules *(continued)*

21	Did the organization report more than \$5,000 of grants and other assistance to governments and organizations in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> <input checked="" type="checkbox"/>	21	Yes	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> <input checked="" type="checkbox"/>	22	Yes	
23	Did the organization answer "Yes" to Part VII, Section A, questions 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-24d and complete Schedule K. If "No," go to line 25</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) and 501(c)(4) 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>	25a		No
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>	26		No
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor, or a grant selection committee member, or to a person related to such an individual? <i>If "Yes," complete Schedule L, Part III</i>	27		No
28	Was the organization a party to a business transaction with one of the following parties? (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28a		No
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		No
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	28c		No
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> <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> <input checked="" type="checkbox"/>	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, Parts II, III, IV, and V, line 1</i> <input checked="" type="checkbox"/>	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)?	35	Yes	
a	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"/> <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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 11 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 to any question in this Part V

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.		
1a	991		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.		
1b	0		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	Yes	
2a	Enter the number of employees reported on Form W-3, <i>Transmittal of Wage and Tax Statements</i> filed for the calendar year ending with or within the year covered by this return.		
2a	2,069		
2b	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).	Yes	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	Yes	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O.	Yes	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		No
b	If "Yes," enter the name of the foreign country: _____ See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		No
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		No
5c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		
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?		No
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?	Yes	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	Yes	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		No
7d	If "Yes," indicate the number of Forms 8282 filed during the year.		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		No
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		No
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter		
10a	Initiation fees and capital contributions included on Part VIII, line 12.		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities.		
11	Section 501(c)(12) organizations. Enter		
11a	Gross income from members or shareholders.		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them).		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year.		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	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.		
13b	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.		
13c	Enter the amount of reserves on hand.		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		No
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O.		

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 to any question in this Part VI

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year		
1b	Enter the number of voting members included in line 1a, above, who are independent		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	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	Does the organization have members or stockholders?		No
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?		No
7b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?		No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following		
8a	The governing body?	Yes	
8b	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.)

		Yes	No
10a	Does the organization have local chapters, branches, or affiliates?		No
10b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?		
11a	Has the organization provided a 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	Does the organization have a written conflict of interest policy? If "No," go to line 13	Yes	
12b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	Yes	
12c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	Yes	
13	Does the organization have a written whistleblower policy?	Yes	
14	Does 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?		
15a	The organization's CEO, Executive Director, or top management official	Yes	
15b	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," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	Yes	

Section C. Disclosure

17	List the States with which a copy of this Form 990 is required to be filed <input type="checkbox"/> _____
18	Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you make these available. Check all that apply. <input type="checkbox"/> Own website <input type="checkbox"/> Another's website <input checked="" type="checkbox"/> Upon request
19	Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public. See Additional Data Table.
20	State the name, physical address, and telephone number of the person who possesses the books and records of the organization <input type="checkbox"/> LYNNE H PRATT 2700 F STREET NW WASHINGTON, DC 205660001 (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 to any question 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, and **current** key employees Enter -0- in columns (D), (E), and (F) if no compensation was paid
- List all of the organization's **current** key employees, if any See instructions for definition of "key employee "
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
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 (describe hours for related organizations in Schedule O)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
See Additional Data Table										
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)							4,557,978	0	357,940	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 in reportable compensation from the organization **159**

	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

(A) Name and business address	(B) Description of services	(C) Compensation
JAMES G DAVIS CONSTRUCTION CORP 12530 PARKLAWN DR ROCKVILLE, MD 20852	CONSTRUCTION	7,634,689
SECURIGUARD INC 6858 OLD DOMINION DRIVE SUITE 307 MCLEAN, VA 22101	SECURITY SERVICES	3,978,833
HSU DEVELOPMENT INC 1335 ROCKVILLE PIKE SUITE 255 ROCKVILLE, MD 20852	CONSTRUCTION	3,504,256
RESTAURANT ASSOCIATES 330 FIFTH AVENUE 5TH FLOOR NEW YORK, NY 10001	CATERING	2,483,045
IMI INC 7845 AIRPARK ROAD SUITE 1 GAITHERSBURG, MD 20879	CONSTRUCTION	1,815,931

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization **60**

Part VIII Statement of Revenue

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512, 513, or 514	
Contributions, gifts, grants and other similar amounts	1a Federated campaigns 1a	133,188				
	b Membership dues 1b	3,105,423				
	c Fundraising events 1c	10,775,675				
	d Related organizations 1d	901,203				
	e Government grants (contributions) 1e	41,999,732				
	f All other contributions, gifts, grants, and similar amounts not included above 1f	42,584,791				
	g Noncash contributions included in lines 1a-1f \$	1,429,851				
	h Total. Add lines 1a-1f		99,500,012			
Program Service Revenue	2a PROGRAMMING RECEIPTS	711190	71,292,799	71,292,799		
	b TICKET HANDLING FEES	711190	5,262,493	5,262,493		
	c THEATER LICENSE FEES	711190	3,796,534	3,796,534		
	d _____					
	e _____					
	f All other program service revenue					
	g Total. Add lines 2a-2f		80,351,826			
Other Revenue	3 Investment income (including dividends, interest and other similar amounts)		935,544		935,544	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties		74,525		74,525	
	6a Gross Rents	(i) Real	533,780			
		(ii) Personal				
		b Less rental expenses	436,812			
		c Rental income or (loss)	96,968			
	d Net rental income or (loss)		96,968	15,068	81,900	
	7a Gross amount from sales of assets other than inventory	(i) Securities	39,039,812			
		(ii) Other				
		b Less cost or other basis and sales expenses	36,264,480			
		c Gain or (loss)	2,775,332			
d Net gain or (loss)		2,775,332		2,775,332		
8a Gross income from fundraising events (not including \$ 10,775,675 of contributions reported on line 1c) See Part IV, line 18	a		856,026			
	b Less direct expenses b		4,096,052			
	c Net income or (loss) from fundraising events		-3,240,026		3,240,026	
9a Gross income from gaming activities See Part IV, line 19 a	b Less direct expenses b					
	c Net income or (loss) from gaming activities					
	10a Gross sales of inventory, less returns and allowances a	2,693,940				
b Less cost of goods sold b	2,538,850					
c Net income or (loss) from sales of inventory		155,090	35,986	119,104		
Miscellaneous Revenue	11a PARKING RECEIPTS	812930	6,847,095		6,847,095	
	b AFFILIATE SERVICES	900099	3,522,161		3,522,161	
	c RESTAURANT LICENSE FEE	722210	1,758,389		1,758,389	
	d All other revenue		2,187,851	779	2,187,072	
	e Total. Add lines 11a-11d		14,315,496			
	12 Total revenue. See Instructions		194,964,767	80,387,812	134,951	14,941,992

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) but are not required to complete columns (B), (C), and (D).

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.		(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the U S See Part IV, line 21	214,800	214,800		
2	Grants and other assistance to individuals in the U S See Part IV, line 22	854,721	854,721		
3	Grants and other assistance to governments, organizations, and individuals outside the U S See Part IV, lines 15 and 16	158,186	158,186		
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	3,768,759	1,794,877	1,417,731	556,151
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	61,660,869	56,279,837	2,862,012	2,519,020
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)	5,729,037	5,453,054	163,713	112,270
9	Other employee benefits	6,505,808	5,864,955	334,420	306,433
10	Payroll taxes	4,186,711	3,713,329	265,914	207,468
a	Fees for services (non-employees)				
	Management				
b	Legal	187,733	371	187,362	
c	Accounting	235,910	65,520	170,390	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17	432,750			432,750
f	Investment management fees	341,397		341,397	
g	Other	31,056,890	30,689,030	15,891	351,969
12	Advertising and promotion	3,924,905	3,911,617	11,393	1,895
13	Office expenses	10,315,337	8,595,695	326,814	1,392,828
14	Information technology	426,631	380,841	26,700	19,090
15	Royalties	2,170,202	2,170,202		
16	Occupancy	5,164,565	4,907,264	251,194	6,107
17	Travel	9,483,889	8,717,248	143,271	623,370
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	1,784,974	999,314	53,909	731,751
20	Interest	805,297		805,297	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	18,592,898	18,566,530	15,375	10,993
23	Insurance	438,627	115,357	298,270	25,000
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24f If line 24f amount exceeds 10% of line 25, column (A) amount, list line 24f expenses on Schedule O)				
a	ATTRACTION SHARE SURPLU	17,681,488	17,681,488		
b	BAD DEBT EXPENSE	4,187,660		4,187,660	
c	CONTRIBUTIONS	1,850,000	1,850,000		
d	UBI TAXES	14,597		14,597	
e					
f	All other expenses	372,936	262,596	36,022	74,318
25	Total functional expenses. Add lines 1 through 24f	192,547,577	173,246,832	11,929,332	7,371,413
26	Joint costs. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720) Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation				

Part X Balance Sheet

		(A)		(B)
		Beginning of year		End of year
Assets	1 Cash—non-interest-bearing	4,701,066	1	10,211,617
	2 Savings and temporary cash investments	17,854,516	2	26,269,163
	3 Pledges and grants receivable, net	51,950,205	3	54,197,767
	4 Accounts receivable, net	2,288,311	4	2,541,672
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 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) Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use	502,985	8	461,023
	9 Prepaid expenses and deferred charges	1,086,160	9	1,034,984
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	445,181,750		
	b Less accumulated depreciation	242,747,291	202,297,182	10c 202,434,459
	11 Investments—publicly traded securities	84,023	11	6,695,304
	12 Investments—other securities See Part IV, line 11	92,290,918	12	83,229,342
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	26,543,993	15	24,331,522
16 Total assets. Add lines 1 through 15 (must equal line 34)	399,599,359	16	411,406,853	
Liabilities	17 Accounts payable and accrued expenses	11,669,841	17	13,864,482
	18 Grants payable		18	
	19 Deferred revenue	18,398,201	19	27,804,443
	20 Tax-exempt bond liabilities	28,280,000	20	28,280,000
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	1,200,000	23	1,000,000
	24 Unsecured notes and loans payable to unrelated third parties	13,316,254	24	12,935,229
	25 Other liabilities Complete Part X of Schedule D	21,065,474	25	25,008,320
	26 Total liabilities. Add lines 17 through 25	93,929,770	26	108,892,474
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	122,979,327	27	107,902,177
	28 Temporarily restricted net assets	88,748,249	28	100,580,114
	29 Permanently restricted net assets	93,942,013	29	94,032,088
	Organizations that do not follow SFAS 117, 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	305,669,589	33	302,514,379	
34 Total liabilities and net assets/fund balances	399,599,359	34	411,406,853	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	194,964,767
2	Total expenses (must equal Part IX, column (A), line 25)	2	192,547,577
3	Revenue less expenses Subtract line 2 from line 1	3	2,417,190
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	305,669,589
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-5,572,400
6	Net assets or fund balances at end of year Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	302,514,379

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

		Yes	No
1	Accounting method used to prepare the Form 990 <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		No
b	Were the organization's financial statements audited by an independent accountant?	Yes	
c	If "Yes," to 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O	Yes	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separated basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	Yes	
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	

SCHEDULE A
(Form 990 or 990EZ)

Public Charity Status and Public Support

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

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 11, 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)
- 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 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)
- 10 An organization organized and operated exclusively to test for public safety See **section 509(a)(4).**
- 11 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 that describes the type of supporting organization and complete lines 11e through 11h
 a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)
- f If the organization received a written determination from the IRS that it is a Type I, Type II or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?
 (i) a person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the the supported organization?
 (ii) a family member of a person described in (i) above?
 (iii) a 35% controlled entity of a person described in (i) or (ii) above?
- h Provide the following information about the supported organization(s)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
1 Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")	88,765,987	103,270,727	95,568,484	112,462,590	99,493,932	499,561,720
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	88,765,987	103,270,727	95,568,484	112,462,590	99,493,932	499,561,720
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)						10,228,243
6 Public Support. Subtract line 5 from line 4						489,333,477

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
7 Amounts from line 4	88,765,987	103,270,727	95,568,484	112,462,590	99,493,932	499,561,720
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	3,523,134	3,146,460	2,171,484	1,725,095	1,460,900	12,027,073
9 Net income from unrelated business activities, whether or not the business is regularly carried on	27,772		63,816	60,424	134,951	286,963
10 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	9,788,840	13,055,875	12,678,250	13,756,175	15,170,743	64,449,883
11 Total support (Add lines 7 through 10)						576,325,639
12 Gross receipts from related activities, etc (See instructions)					12	317,331,658

13 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a 501(c)(3) organization, check this box and **stop here** **Section C. Computation of Public Support Percentage**


14 Public Support Percentage for 2010 (line 6 column (f) divided by line 11 column (f))	14	84.910 %
15 Public Support Percentage for 2009 Schedule A, Part II, line 14	15	87.030 %

16a 33 1/3% support test—2010. 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—2009.** If the organization did not check the 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—2010.** 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 IV how the organization meets the "facts and circumstances" test. The organization qualifies as a publicly supported organization **b 10%-facts-and-circumstances test—2009.** 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 IV 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 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) 	(a) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(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) 2006	(b) 2007	(c) 2008	(d) 2009	(e) 2010	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11 and 12)						
14 First Five Years If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here 						

Section C. Computation of Public Support Percentage

15 Public Support Percentage for 2010 (line 8 column (f) divided by line 13 column (f))	15	
16 Public support percentage from 2009 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2010 (line 10c column (f) divided by line 13 column (f))	17	
18 Investment income percentage from 2009 Schedule A, Part III, line 17	18	
19a 33 1/3% support tests—2010. 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—2009. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and stop here . The organization qualifies as a publicly supported organization 		
20 Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions 		

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

Explanation

SCHEDULE A, PART IV, SUPPLEMENTAL INFORMATION PART II, SECTIONS A - C THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS REVISED THE PRESENTATION OF THE AMOUNTS REPORTED IN 2006 THROUGH 2009 TO CONFORM TO THE PRESENTATION IN 2010 ACCORDINGLY, THE PUBLIC SUPPORT PERCENTAGE FROM 2009 HAS BEEN REVISED PART II, SECTION B, LINE 10 IN ALL YEARS PRESENTED, "OTHER INCOME" INCLUDES (A) INCOME FROM FUNDRAISING EVENTS AND ACTIVITIES NOT INCLUDED IN EITHER LINE 1 OR LINE 8(A) OF FORM 990, PART VIII, (B) INCOME GENERATED FROM DONOR TRIPS, (C) GENERAL INCOME FROM THE OPERATION OF THE PARKING GARAGE, (D) INCOME FROM PATRON LOUNGES, AND, (E) GENERAL MISCELLANEOUS INCOME (E G , REFUNDS) THE AMOUNTS REPORTED IN 2010, 2009 AND 2008 ALSO INCLUDE EXPENSE REIMBURSEMENTS FOR STAFF AND OTHER SERVICES PROVIDED TO AN AFFILIATE

Additional Data

Software ID:

Software Version:

EIN: 53-0245017

Name: JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR DAVID M RUBENSTEIN CHAIRMAN	50	X		X				0	0	0
AMBASSADOR JEAN KENNEDY SMITH SECRETARY	50	X		X				0	0	0
MS WILMA E BERNSTEIN TRUSTEE	50	X						0	0	0
THE HONORABLE DR JAMES BILLINGTON TRUSTEE	50	X						0	0	0
SENATOR ROY BLUNT TRUSTEE	50	X						0	0	0
REPRESENTATIVE JOHN BOEHNER TRUSTEE	50	X						0	0	0
SENATOR BARBARA BOXER TRUSTEE	50	X						0	0	0
AMBASSADOR NANCY GOODMAN BRINKER TRUSTEE	50	X						0	0	0
THE HONORABLE HILLARY RODHAM CLINTO TRUSTEE	50	X						0	0	0
THE HONORABLE DR G WAYNE CLOUGH TRUSTEE	50	X						0	0	0
SENATOR THAD COCHRAN TRUSTEE	50	X						0	0	0
SENATOR KENT CONRAD TRUSTEE	50	X						0	0	0
MR GORDON J DAVIS TRUSTEE	50	X						0	0	0
REPRESENTATIVE ROSA DELAURO TRUSTEE	50	X						0	0	0
THE HONORABLE ARNE DUNCAN TRUSTEE	50	X						0	0	0
MR EDWARD WEASTON TRUSTEE	50	X						0	0	0
MS JUDITH ANN EISENBERG TRUSTEE	50	X						0	0	0
MR EMILIO ESTEFAN JR TRUSTEE	50	X						0	0	0
MR FRED EYCHANER TRUSTEE	50	X						0	0	0
SENATOR DIANNE FEINSTEIN TRUSTEE	50	X						0	0	0
THE HONORABLE ADRIAN FENTY TRUSTEE	50	X						0	0	0
MS GISELLE FERNANDEZ TRUSTEE	50	X						0	0	0
MS NORMA LEE FUNGER TRUSTEE	50	X						0	0	0
THE HONORABLE VINCENT C GRAY TRUSTEE	50	X						0	0	0
MR DONALD J HALL JR TRUSTEE	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR JAMES A HASLAM II TRUSTEE	50	X						0	0	0
MS KAYA HENDERSON TRUSTEE	50	X						0	0	0
MS JOAN E HOTCHKIS TRUSTEE	50	X						0	0	0
SENATOR JAMES M INHOFE TRUSTEE	50	X						0	0	0
THE HONORABLE JONATHAN JARVIS TRUSTEE	50	X						0	0	0
MR SHELDON B KAMINS TRUSTEE	50	X						0	0	0
REPRESENTATIVE PATRICK J KENNEDY TRUSTEE	50	X						0	0	0
MS VICTORIA REGGIE KENNEDY TRUSTEE	50	X						0	0	0
MR JAMES V KIMSEY TRUSTEE	50	X						0	0	0
MR HERBERT V KOHLER JR TRUSTEE	50	X						0	0	0
MR C MICHAEL KOJAIAN TRUSTEE	50	X						0	0	0
MR CARL H LINDNER III TRUSTEE	50	X						0	0	0
MS DONNA G MARRIOTT TRUSTEE	50	X						0	0	0
SENATOR MITCH MCCONNELL TRUSTEE	50	X						0	0	0
MR CAPPY R MCGARR TRUSTEE	50	X						0	0	0
REPRESENTATIVE JOHN MICA TRUSTEE	50	X						0	0	0
THE HONORABLE NORMAN Y MINETA TRUSTEE	50	X						0	0	0
MS MARILYN CARLSON NELSON TRUSTEE	50	X						0	0	0
REPRESENTATIVE JAMES L OBERSTAR TRUSTEE	50	X						0	0	0
MR JACK L OLIVER III TRUSTEE	50	X						0	0	0
MR CHARLES B BORTNER TRUSTEE	50	X						0	0	0
REPRESENTATIVE NANCY PELOSI TRUSTEE	50	X						0	0	0
MR ROBERT FRANK PENCE TRUSTEE	50	X						0	0	0
MR EARL A POWELL III TRUSTEE	50	X						0	0	0
MR WILLIAM C POWERS TRUSTEE	50	X						0	0	0

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

(A) Name and Title	(B) Average hours per week	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MS PENNY PRITZKER TRUSTEE	50	X						0	0	0
REPRESENTATIVE NICK J RAHALL II TRUSTEE	50	X						0	0	0
SENATOR HARRY REID TRUSTEE	50	X						0	0	0
MS MICHELLE RHEE TRUSTEE	50	X						0	0	0
THE HON DR CONDOLEEZZA RICE TRUSTEE	50	X						0	0	0
MR JOSEPH E ROBERT JR TRUSTEE	50	X						0	0	0
MR DUANE R ROBERTS TRUSTEE	50	X						0	0	0
MS SHIRLEY RYAN TRUSTEE	50	X						0	0	0
MR LEONARD SANDS TRUSTEE	50	X						0	0	0
THE HONORABLE KATHLEEN SEBELIUS TRUSTEE	50	X						0	0	0
MR MARC STERN TRUSTEE	50	X						0	0	0
MS ELAINE WYNN TRUSTEE	50	X						0	0	0
MS ADRIENNE ARSHT TREASURER	50			X				0	0	0
MR MICHAEL M KAISER PRESIDENT	39 70			X				1,347,914	0	28,986
MS MARIA C KERSTEN GENERAL COUNSEL	39 80			X				232,480	0	30,908
MS KATHLEEN KRUSE ASST SECRET , VP-INSTITUT AFFAIRS	40 00			X				144,365	0	857
MS LYNNE H PRATT CHIEF FINANCIAL OFFICER	38 30			X				283,725	0	25,698
MR DARRELL M AYERS VICE PRESIDENT, EDUCATION	37 90				X			176,806	0	18,607
MS CLAUDETTE DONLON EXECUTIVE VICE PRESIDENT	40 00				X			418,344	0	24,182
MR DAVID KITTO VICE PRESIDENT, MARKETING & SALES	39 90				X			271,695	0	28,919
MS MARIE MATTSON VICE PRESIDENT, DEVELOPMENT	40 00				X			342,616	0	28,986
MS RITA N SHAPIRO EXECUTIVE DIRECTOR, NSO	39 00				X			242,990	0	19,304
MS NURIT BAR-JOSEF NSO CONCERTMASTER	40 00					X		303,618	0	20,874
MR GEORGE M BERRA VICE PRESIDENT, PRODUCTION	40 00					X		231,409	0	28,231
MR MARK M COHEE HEAD ELECTRICIAN	40 00					X		176,712	0	51,431

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	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
MR ALAN C LEVINE CHIEF INFORMATION OFFICER	40 00					X		206,168	0	25,904
MR ROGER C MOSIER VICE PRESIDENT, FACILITIES	40 00					X		179,136	0	25,053

SCHEDULE D (Form 990)

OMB No 1545-0047

Supplemental Financial Statements

2010

Open to Public Inspection

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12. Attach to Form 990. See separate instructions.

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

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows 1-4: Total number at end of year, Aggregate contributions to (during year), Aggregate grants from (during year), Aggregate value at end of year.

- 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply): Preservation of land for public use, Protection of natural habitat, Preservation of open space, Preservation of an historically important land area, Preservation of a certified historic structure.

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

- a Total number of conservation easements
b Total acreage restricted by conservation easements
c Number of conservation easements on a certified historic structure included in (a)
d Number of conservation easements included in (c) acquired after 8/17/06

Table with 2 columns: Held at the End of the Year. Rows 2a, 2b, 2c, 2d.

- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the taxable year
4 Number of states where property subject to conservation easement is located
5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
6 Staff and volunteer hours devoted to monitoring, inspecting and enforcing conservation easements during the year
7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year
8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and 170(h)(4)(B)(ii)?
9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

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

- 1a If the organization elected, as permitted under SFAS 116, 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 XIV, the text of the footnote to its financial statements that describes these items
b If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1; (ii) Assets included in Form 990, Part X
2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items: a Revenues included in Form 990, Part VIII, line 1; b Assets included in Form 990, Part X

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

3 Using the organization's 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 XIV

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

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

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

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

	Amount
1c Beginning balance	
1d Additions during the year	
1e Distributions during the year	
1f Ending balance	

2a Did the organization include an amount on Form 990, Part X, line 21? Yes No

b If "Yes," explain the arrangement in Part XIV

Part V Endowment Funds. Complete if the organization answered "Yes" to 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	98,844,355	92,771,816			
b Contributions	126,579	3,302,004			
c Investment earnings or losses	1,780,850	8,540,523			
d Grants or scholarships					
e Other expenditures for facilities and programs	4,380,191	5,445,787			
f Administrative expenses	341,396	324,201			
g End of year balance	96,030,197	98,844,355			

2 Provide the estimated percentage of the year end balance held as

- a** Board designated or quasi-endowment
- b** Permanent endowment 97.720 %
- c** Term endowment 2.280 %

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	3a(i) Yes	
(ii) related organizations	3a(ii)	No
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?	3b	

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

Part VI Investments—Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Description of investment	(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		427,877,071	227,507,338	200,369,733
c Leasehold improvements				
d Equipment		16,790,269	15,075,543	1,714,726
e Other		164,410	164,410	0
Total. Add lines 1a-1e (Column (d) should equal Form 990, Part X, column (B), line 10(c).)				202,434,459

Part VII Investments—Other Securities. 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) GLOBAL EQUITIES FUNDS	32,068,733	F
(B) HEDGE FUND	23,096,599	F
(C) REAL ASSET FUNDS	10,036,570	F
(D) CREDIT FUNDS	9,578,506	F
(E) HIGH QUALITY BOND FUNDS	8,448,934	F
Total. (Column (b) should equal Form 990, Part X, col (B) line 12)	83,229,342	

Part VIII Investments—Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation Cost or end-of-year market value
Total. (Column (b) should equal Form 990, Part X, col (B) line 13)		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1) FEDERAL CAPITAL APPROPRIATION HELD BY U S TREASURY	19,510,821
(2) FED OPERATIONS/MAINTENANCE APPROPRIATION HELD BY U S TREASURY	4,180,364
(3) BOND ISSUANCE COSTS	298,977
(4) CSV LIFE INSURANCE POLICY	236,334
(5) MISCELLANEOUS	105,026
Total. (Column (b) should equal Form 990, Part X, col.(B) line 15.)	24,331,522

Part X Other Liabilities. See Form 990, Part X, line 25.

1 (a) Description of Liability	(b) Amount
Federal Income Taxes	
ACCRUED PENSION COSTS	11,110,641
INTEREST RATE SWAP LIABILITY	9,471,976
SPLIT-INTEREST ANNUITIES LIABILITY	2,938,261
DEFERRED RENT AND OTHER	808,084
POST-EMPLOYEMENT AGREEMENT LIABILITY	679,358
Total. (Column (b) should equal Form 990, Part X, col (B) line 25)	25,008,320

2. Fin 48 (ASC 740) Footnote In Part XIV, 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 (ASC740)

Part XI Reconciliation of Change in Net Assets from Form 990 to Financial Statements

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	
3	Excess or (deficit) for the year Subtract line 2 from line 1	3	
4	Net unrealized gains (losses) on investments	4	
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV)	8	
9	Total adjustments (net) Add lines 4 - 8	9	
10	Excess or (deficit) for the year per financial statements Combine lines 3 and 9	10	

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

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

Part XIII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return

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 XIV)	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 XIV)	4b	
c	Add lines 4a and 4b	4c	
5	Total expenses Add lines 3 and 4c . (This should equal Form 990, Part I, line 18)	5	

Part XIV Supplemental Information

Complete this part to 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, Part XI, line 8, Part XII, lines 2d and 4b, and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

Identifier	Return Reference	Explanation
DESCRIPTION OF INTENDED USE OF ENDOWMENT FUNDS	PART V, LINE 4	OVER 180 DONORS HAVE CONTRIBUTED TO THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS' (KENNEDY CENTER) ENDOWMENT THE KENNEDY CENTER'S ENDOWMENT SUPPORTS A VARIETY OF DONOR-RESTRICTED PURPOSES, INCLUDING, BUT NOT LIMITED TO (A) THE KENNEDY CENTER'S GENERAL MISSION AND OPERATIONS, (B) THE KENNEDY CENTER'S EDUCATION PROGRAMS, (C) THE PRESENTATION OF CHAMBER MUSIC, (D) THE PRESENTATION OF JAPANESE ARTS AND ARTISTS, (E) THE PRESENTATION OF PROGRAMMING ON THE KENNEDY CENTER'S MILLENNIUM STAGES, AND (F) THE ARTISTIC DIRECTION AND PERSONNEL OF THE NATIONAL SYMPHONY ORCHESTRA THE ENDOWMENT BALANCE ALSO INCLUDES CHARITABLE GIFT ANNUITY FUNDS THAT WILL ULTIMATELY BE USED FOR EITHER THE KENNEDY CENTER'S GENERAL MISSION OR TO ESTABLISH PERMANENT ENDOWMENTS
DESCRIPTION OF UNCERTAIN TAX POSITIONS UNDER FIN 48	PART X	THE EFFECTS OF A TAX POSITION CANNOT BE RECOGNIZED IN THE FINANCIAL STATEMENTS UNLESS IT IS "MORE-LIKELY THAN-NOT" TO BE SUSTAINED BASED SOLELY ON ITS TECHNICAL MERITS AS OF THE REPORTING DATE THE MORE-LIKELY-THAN-NOT THRESHOLD REPRESENTS A POSITIVE ASSERTION BY MANAGEMENT THAT THE KENNEDY CENTER IS ENTITLED TO THE ECONOMIC BENEFITS OF A TAX POSITION IF A TAX POSITION IS NOT CONSIDERED MORE-LIKELY-THAN-NOT TO BE SUSTAINED BASED SOLELY ON ITS TECHNICAL MERITS, NO BENEFITS OF THE POSITION ARE TO BE RECOGNIZED MOREOVER, THE MORE-LIKELY-THAN-NOT THRESHOLD MUST CONTINUE TO BE MET IN EACH REPORTING PERIOD TO SUPPORT CONTINUED RECOGNITION OF A BENEFIT AS OF THE END OF THE TAX REPORTING PERIOD, THERE WERE NO UNCERTAIN TAX POSITIONS FOR WHICH A LIABILITY SHOULD BE RECORDED

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

OMB No 1545-0047

2010

Open to Public Inspection

Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16. Attach to Form 990. See separate instructions.

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 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 the grants or assistance...
2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of grant funds outside the United States
3 Activities per Region (Use Part V if additional space is needed)

Table with 6 columns: (a) Region, (b) Number of offices in the region, (c) Number of employees or agents in region or independent contractors, (d) Activities conducted in region (by type), (e) If activity listed in (d) is a program service, describe specific type of service(s) in region, (f) Total expenditures for region/investments in region. Includes sub-totals and totals at the bottom.

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 (see instructions for Form 926)* Yes No
- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520 and/or Form 3520-A. (see instructions for Forms 3520 and 3520-A)* Yes No
- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons with respect to Certain Foreign Corporations. (see instructions for Form 5471)* Yes No
- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see instructions for Form 8621)* Yes No
- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons with respect to Certain Foreign Partnerships. (see instructions for Form 8865)* Yes No
- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see instructions for Form 5713).* Yes No

Part V Supplemental Information

Complete this part to provide the information (see instructions) required in Part I, line 2, and any additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS OUTSIDE THE U S		SCHEDULE F, PART I, LINE 2 THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS (KENNEDY CENTER) MONITORS FOREIGN GRANT PROGRAMS PRIMARILY THROUGH DIRECT SUPERVISION OF PROGRAM PARTICIPANTS (E G , FELLOWSHIPS, INTERNSHIPS, CULTURAL FELLOWS) CERTAIN KENNEDY CENTER FOREIGN GRANTS REPRESENT AWARDS TO WINNERS OF ARTISTIC COMPETITIONS IN THESE INSTANCES, THE KENNEDY CENTER AWARDS GRANTS TO THE RECIPIENT BASED UPON A COMPLETED ARTISTIC DELIVERABLE THAT HAS BEEN EVALUATED BY A PANEL

Schedule F (Form 990) 2010

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	INVESTMENTS		0
EAST ASIA AND THE PACIFIC	0	0	GRANTS/AWARDS		14,881
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	GRANTS/AWARDS		50,153
MIDDLE EAST AND NORTH AFRICA	0	0	GRANTS/AWARDS		7,928
NORTH AMERICA	0	0	GRANTS/AWARDS		6,733
RUSSIA & THE NEWLY INDEPENDENT STATES	0	0	GRANTS/AWARDS		8,086
SOUTH AMERICA	0	0	GRANTS/AWARDS		36,001
SOUTH ASIA	0	0	GRANTS/AWARDS		12,572
SUB-SAHARAN AFRICA	0	0	GRANTS/AWARDS		21,832
CENTRAL AMERICA AND THE CARIBBEAN	0	0	FUNDRAISING		1,603
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	FUNDRAISING		46,296
NORTH AMERICA	0	0	FUNDRAISING		157,075
CENTRAL AMERICA AND THE CARIBBEAN	0	0	SEMINAR/CONFERENCE		2,409
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	SEMINAR/CONFERENCE		42,283
SUB-SAHARAN AFRICA	0	0	SEMINAR/CONFERENCE		21,148
CENTRAL AMERICA AND THE CARIBBEAN	0	0	PROGRAM SERVICES	NSO SOUTH AMERICA TOUR PLANNING	2,438
EAST ASIA AND THE PACIFIC	0	0	PROGRAM SERVICES	INTERNATIONAL PROGRAM PLANNING	93
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	BALLET PROGRAM PLANNING	692
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	INTERNATIONAL PROGRAM PLANNING	93,627
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	NSO PROGRAM PLANNING	2,805
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	PAFE PROGRAM PLANNING	759
EUROPE (INCLUDING ICELAND & GREENLAND)	0	0	PROGRAM SERVICES	SUZANNE FARRELL BALLET PERFORMANCES	38,225
NORTH AMERICA	0	0	PROGRAM SERVICES	ARTS MANAGEMENT TRAINING/CONSULTING	168
NORTH AMERICA	0	0	PROGRAM SERVICES	INTERNATIONAL PROGRAM PLANNING	1,652
NORTH AMERICA	0	0	PROGRAM SERVICES	NSO PROGRAM PLANNING	2,531
NORTH AMERICA	0	0	PROGRAM SERVICES	PAFE PROGRAM PLANNING	236
SOUTH AMERICA	0	0	PROGRAM SERVICES	NSO SOUTH AMERICA TOUR PLANNING	9,023
SOUTH AMERICA	0	0	PROGRAM SERVICES	VISA RENEWAL	2,106
SOUTH ASIA	0	0	PROGRAM SERVICES	INTERNATIONAL PROGRAM PLANNING	40,292

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)
DOMINGO-CAFRITZ YOUNG ARTIST PROGRAM	EAST ASIA AND THE PACIFIC	1	2,718	CHECK/WIRE			
WOMEN IN JAZZ	EAST ASIA AND THE PACIFIC	2	304	CHECK/WIRE			
JAZZ AHEAD	EAST ASIA AND THE PACIFIC	1	478	CHECK/WIRE			
DEPARTMENT OF STATE CULTURAL VISITORS PROGRAM 09-11	EAST ASIA AND THE PACIFIC	3	1,855	CHECK/WIRE			
DEVOS SUMMER INTERNATIONAL FELLOWSHIP PROGRAM	EAST ASIA AND THE PACIFIC	4	9,526	CHECK/WIRE			
DEVOS INSTITUTE OF ARTS MANAGEMENT FELLOWSHIP PROGRAM	EUROPE (INCLUDING ICELAND & GREENLAND)	2	34,000	CHECK/WIRE			
JAZZ AHEAD	EUROPE (INCLUDING ICELAND & GREENLAND)	1	478	CHECK/WIRE			
DEPARTMENT OF STATE CULTURAL VISITORS PROGRAM 09-11	EUROPE (INCLUDING ICELAND & GREENLAND)	1	1,146	CHECK/WIRE			
DEVOS SUMMER INTERNATIONAL FELLOWSHIP PROGRAM	EUROPE (INCLUDING ICELAND & GREENLAND)	9	14,529	CHECK/WIRE			
JAZZ AHEAD	MIDDLE EAST AND NORTH AFRICA	1	478	CHECK/WIRE			
DEPARTMENT OF STATE CULTURAL VISITORS PROGRAM 09-11	MIDDLE EAST AND NORTH AFRICA	2	546	CHECK/WIRE			
DEVOS SUMMER INTERNATIONAL FELLOWSHIP PROGRAM	MIDDLE EAST AND NORTH AFRICA	4	6,904	CHECK/WIRE			
DEVOS INSTITUTE OF ARTS MANAGEMENT FELLOWSHIP PROGRAM	NORTH AMERICA	2	5,734	CHECK/WIRE			
JAZZ AHEAD	NORTH AMERICA	2	999	CHECK/WIRE			
DEVOS SUMMER INTERNATIONAL FELLOWSHIP PROGRAM	RUSSIA & THE NEWLY INDEPENDENT STATES	5	8,086	CHECK/WIRE			
DEVOS INSTITUTE OF ARTS MANAGEMENT FELLOWSHIP PROGRAM	SOUTH AMERICA	1	24,286	CHECK/WIRE			
DOMINGO-CAFRITZ YOUNG ARTIST PROGRAM	SOUTH AMERICA	2	4,329	CHECK/WIRE			
WOMEN IN JAZZ	SOUTH AMERICA	1	152	CHECK/WIRE			
DEPARTMENT OF STATE CULTURAL VISITORS PROGRAM 09-11	SOUTH AMERICA	3	3,465	CHECK/WIRE			
DEVOS SUMMER INTERNATIONAL FELLOWSHIP PROGRAM	SOUTH AMERICA	2	3,769	CHECK/WIRE			
DEPARTMENT OF STATE CULTURAL VISITORS PROGRAM 09-11	SOUTH ASIA	2	2,292	CHECK/WIRE			
DEVOS SUMMER INTERNATIONAL FELLOWSHIP PROGRAM	SOUTH ASIA	4	10,280	CHECK/WIRE			
DEPARTMENT OF STATE CULTURAL VISITORS PROGRAM 09-11	SUB-SAHARAN AFRICA	3	3,547	CHECK/WIRE			
DEVOS SUMMER INTERNATIONAL FELLOWSHIP PROGRAM	SUB-SAHARAN AFRICA	8	18,285	CHECK/WIRE			

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No 1545-0047

2010

Open to Public Inspection

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

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 Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.

- 1 Indicate whether the organization raised funds through any of the following activities... a Mail solicitations, b Internet and e-mail 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... 2b If "Yes," list the ten highest paid individuals or entities...

Table with 6 columns: (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. Rows include SHARE GROUP INC, DCM, AVALON CONSULTING GROUP INC, DIRECT ADVANTAGE MARKETING, and a Total row.

- 3 List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing. AL, AK, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN, IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, AZ, NJ, NM, NY, NC, ND, OH, OK, OR, PA, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other Events	(d) Total Events
		KC HONORS (event type)	SPRING GALA (event type)	6 (total number)	(Add col (a) through col (c))
Revenue	1 Gross receipts	6,051,173	2,440,641	3,139,887	11,631,701
	2 Less Charitable contributions	5,591,558	2,367,417	2,816,700	10,775,675
	3 Gross income (line 1 minus line 2)	459,615	73,224	323,187	856,026
Direct Expenses	4 Cash prizes				
	5 Non-cash prizes				
	6 Rent/facility costs	269,594	89,198	678,442	1,037,234
	7 Food and beverages	453,268	253,549	863,786	1,570,603
	8 Entertainment	23,825	7,000	12,454	43,279
	9 Other direct expenses	586,030	245,119	613,787	1,444,936
	10 Direct expense summary Add lines 4 through 9 in column (d) ▶				4,096,052
11 Net income summary Combine lines 3 and 10 in column (d) ▶				-3,240,026	

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

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

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

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

b If "No," Explain _____

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

b If "Yes," Explain _____

- 11** Does the organization operate gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity operated in

a	The organization's facility	13a	
b	An outside facility	13b	
- 14** Provide 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

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 Complete this part to provide additional information for responses to question on Schedule G (see instructions.)

Identifier	ReturnReference	Explanation
EXPLANATION OF FUNDRAISING PAYMENTS	SCHEDULE G, PART I, LINE 2B, COLUMN (V)	AVALON CONSULTING GROUP, INC ADVICE ON MEMBERSHIP PROGRAM SOLICITATIONS THE AGREEMENT PROVIDES FOR THE PAYMENT OF FEES AND OUT-OF-POCKET EXPENSES SUCH AS TRAVEL, COURIER, ETC THOSE EXPENSES ARE IDENTIFIED SEPARATELY FROM THE FEES WHEN BILLED FOR THE TAX YEAR REPORTED, THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS (KENNEDY CENTER) PAID \$1,171 SHARE GROUP, INC TELEFUNDRAISING SERVICES THE AGREEMENT PROVIDES FOR PAYMENT OF FEES AND OUT-OF-POCKET EXPENSES SUCH AS PAPER, MAILING, ETC THOSE EXPENSES ARE IDENTIFIED SEPARATELY FROM THE FEES WHEN BILLED FOR THE TAX YEAR REPORTED, THE KENNEDY CENTER PAID \$170 DIRECT ADVANTAGE MARKETING TELEFUNDRAISING SERVICES THE AGREEMENT PROVIDES FOR PAYMENT OF FEES AND OUT-OF-POCKET EXPENSES SUCH AS PAPER, MAILING, ETC THOSE EXPENSES ARE IDENTIFIED SEPARATELY FROM THE FEES WHEN BILLED FOR THE TAX YEAR REPORTED, THE KENNEDY CENTER PAID \$0 DCM TELEFUNDRAISING SERVICES THE AGREEMENT PROVIDES FOR PAYMENT OF FEES AND OUT-OF-POCKET EXPENSES SUCH AS PAPER, MAILING, ETC THOSE EXPENSES ARE IDENTIFIED SEPARATELY FROM THE FEES WHEN BILLED FOR THE TAX YEAR REPORTED, THE KENNEDY CENTER PAID \$0 SCHEDULE G, PART 1, QUESTION 3 EXPLANATION AS A TRUST INSTRUMENTALITY OF THE U S GOVERNMENT, AND PURSUANT TO THE SUPREMACY CLAUSE OF THE U S CONSTITUTION, THE KENNEDY CENTER IS NOT SUBJECT TO EITHER STATE OR DISTRICT OF COLUMBIA REGULATION OF THE ORGANIZATION'S FUNDRAISING ACTIVITIES ACCORDINGLY, THE KENNEDY CENTER MAY PERFORM FUNDRAISING ACTIVITIES IN ANY STATE AND THE DISTRICT OF COLUMBIA

Schedule I (Form 990)

OMB No 1545-0047

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

2010

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

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 General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21 for any recipient that received more than \$5,000. Check this box if no one recipient 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 Code section if applicable, (d) Amount of cash grant, (e) Amount of non-cash assistance, (f) Method of valuation (book, FMV, appraisal, other), (g) Description of non-cash assistance, (h) Purpose of grant or assistance. Row 1 contains 'See Additional Data Table'.

2 Enter total number of section 501(c)(3) and government organizations 18
3 Enter total number of other organizations 0

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

Use Schedule I-1 (Form 990) if additional space is needed.

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

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, and any other additional information.

Identifier	Return Reference	Explanation
PROCEDURE FOR MONITORING GRANTS IN THE U S	PART I, LINE 2	SCHEDULE I, PART I, LINE 2 THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS (KENNEDY CENTER) MONITORS GRANT PROGRAMS PRIMARILY THROUGH (A) GRANT AGREEMENTS, (B) DIRECT SUPERVISION OF PROGRAM PARTICIPANTS (E G , FELLOWSHIPS, INTERNSHIPS), (C) PERIODIC TELEPHONIC AND EMAIL CONTACT WITH THE GRANTEE REGARDING THE PROGRESS OF THE PROGRAM, AND (D) REVIEW OF DELIVERABLES PROVIDED BY THE GRANTEES (E G , FINANCIAL STATEMENTS, PROGRAM REPORTS, EVALUATIONS) CERTAIN KENNEDY CENTER GRANTS REPRESENT AWARDS TO WINNERS OF ARTISTIC COMPETITIONS IN THESE INSTANCES, THE KENNEDY CENTER AWARDS GRANTS TO THE RECIPIENT BASED UPON A COMPLETED ARTISTIC DELIVERABLE THAT HAS BEEN EVALUATED BY A PANEL

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 Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ALABAMA ALLIANCE FOR ARTS EDUCATION INC410 N HULL ST MONTGOMERY, AL 36104	63-0959608	501(C)(3)	12,500				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS
ARTS EDUCATION IN MARYLAND SCHOOLS ALLIANCE INC175 W OSTEND ST STE A-3 BALTIMORE, MD 21230	52-2056349	501(C)(3)	25,000				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CALIFORNIA ALLIANCE FOR ARTS EDUCATION 495 E COLORADO BLVD PASADENA, CA 91101	94-2733935	501(C)(3)	12,500				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS
FLORIDA ALLIANCE FOR ARTS EDUCATION INC PO BOX 782050 ORLANDO, FL 328782050	59-2563990	501(C)(3)	25,000				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI ALLIANCE FOR ARTS EDUCATION 2140 N 7TH AVE LAUREL, MS 39440	64-0812905	501(C)(3)	12,500				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS
NEW YORK STATE ALLIANCE FOR ARTS EDUCATION INC PO BOX 2217 ALBANY, NY 122200217	14-1638949	501(C)(3)	12,500				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE RHODE ISLAND ALLIANCE FOR ARTS IN EDUCATION P.O. BOX 41478 PROVIDENCE, RI 02940	05-0369930	501(C)(3)	8,200				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS
ALBERTA BAIR THEATER CORPORATION P.O. BOX 1556 BILLINGS, MT 59103	81-0406157	501(C)(3)	15,000				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ENID PUBLIC SCHOOLS 500 S INDEPENDENCE ENID, OK 73701	73-6021075	ENID SCHOOL DISTRICT	7,500				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS
FLYNN CENTER FOR THE PERFORMING ARTS LTD 153 MAIN ST BURLINGTON, VT 05401	03-0277052	501(C)(3)	12,000				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF NORTHERN IOWA 8201 DAKOTA ST CEDAR FALLS, IA 50614	42-6004333	STATE OF IOWA	6,800				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS
MIMBRES REGION ARTS COUNCIL INC PO BOX 1830 SILVER CITY, NM 88062	85-0292556	501(C)(3)	8,800				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSISSIPPI STATE UNIVERSITY PO BOX 6156 MISSISSIPPI STATE, MS 39762	64-6000819	STATE OF MS	7,500				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS
OPERA HOUSE ARTSPO BOX 56 STONINGTON, ME 04681	01-0526734	501(C)(3)	12,000				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SMITH CENTER FOR THE PERFORMING ARTS 241 W CHARLESTON BLVD STE 111 LAS VEGAS, NV 89102	88-0361875	501(C)(3)	7,500				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS
UC REGENTS - BERKELEY UNIVERSITY OF CALIFORNIA 101 ZELLERBACH HALL 4800 BERKELEY, CA 94720	94-6002123	STATE OF CA	7,500				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States

(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WALTON ARTS CENTER COUNCIL INCPO BOX 3547 FAYETTEVILLE, AR 72702	71-0647212	501(C)(3)	12,000				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS
SAN DIEGO UNIFIED SCHOOL DISTRICT4100 NORMAL ST SAN DIEGO, CA 92103	95-6002781	S D UNIF SC DIST	10,000				ARTS EDUCATION PROG FOR YOUTH AND ADULTS, AND PROF DEVELOP FOR TEACHERS

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
ACCESSIBILITY INTERNSHIPS	9	20,155			
DEVOS INSTITUTE OF ARTS MANAGEMENT INTERNSHIP PROGRAM	81	190,026			
DEVOS INSTITUTE OF ARTS MANAGEMENT FELLOWSHIP PROGRAM	14	147,290			
HSC INTERNSHIP PROGRAM	6	10,178			
DOMINGO - CAFRITZ YOUNG ARTIST PROGRAM	3	7,105			
SUMMER MUSIC INSTITUTE	55	67,837			
EXPLORING BALLET	12	9,740			
WOMEN IN JAZZ	5	6,932			
STEPHEN SONDHEIM INSPIRATIONAL TEACHER AWARDS	11	110,000			
DANCE THEATER HARLEM RESIDENCY	4	13,850			
PLAYWRIGHT DISCOVERY	1	2,800			
JAZZ AHEAD	16	48,986			
KENNEDY CENTER AMERICAN COLLEGE THEATER FESTIVAL AWARDS AND SCHOLARSHIPS	64	126,820			
KENAN INTERNSHIP PROGRAM	11	93,002			

Schedule J
(Form 990)

Compensation Information

OMB No 1545-0047

2010

Open to Public Inspection

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

▶ Complete if the organization answered "Yes" to Form 990, Part IV, question 23.

▶ Attach to Form 990. ▶ See separate instructions.

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		
1b	Yes	
2	Yes	
3		
4a		No
4b		No
4c		No
5a		No
5b		No
6a		No
6b		No
7		No
8		No
9		

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items

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

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

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

3 Indicate which, if any, of the following the organization uses to establish the compensation of the organization's CEO/Executive Director Check all that apply

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input checked="" type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a with respect to the filing organization or a related organization

a Receive a severance payment or change-of-control payment from the organization or a related organization?

b Participate in, or receive payment from, a supplemental nonqualified retirement plan?

c Participate in, or receive payment from, an equity-based compensation arrangement?

If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III

Only 501(c)(3) and 501(c)(4) organizations only must complete lines 5-9.

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

a The organization?

b Any related organization?

If "Yes," to line 5a or 5b, describe in Part III

6 For persons listed in form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of

a The organization?

b Any related organization?

If "Yes," to line 6a or 6b, describe in Part III

7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regs section 53 4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?

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

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

Note. The sum of columns (B)(i)-(iii) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported in prior Form 990 or Form 990-EZ
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) MR MICHAEL M KAISER	(i) (ii)	1,192,560 0	150,000 0	5,354 0	17,150 0	11,836 0	1,376,900 0	0 0
(2) MS MARIA C KERSTEN	(i) (ii)	231,967 0	0 0	513 0	16,488 0	14,420 0	263,388 0	0 0
(3) MS LYNNE H PRATT	(i) (ii)	283,061 0	0 0	664 0	17,150 0	8,548 0	309,423 0	0 0
(4) MR DARRELL M AYERS	(i) (ii)	176,454 0	0 0	352 0	12,397 0	6,210 0	195,413 0	0 0
(5) MS CLAUDETTE DONLON	(i) (ii)	417,654 0	0 0	690 0	17,150 0	7,032 0	442,526 0	0 0
(6) MR DAVID KITTO	(i) (ii)	267,031 0	0 0	4,664 0	17,150 0	11,769 0	300,614 0	0 0
(7) MS MARIE MATTSON	(i) (ii)	341,326 0	0 0	1,290 0	17,150 0	11,836 0	371,602 0	0 0
(8) MS RITA N SHAPIRO	(i) (ii)	241,984 0	0 0	1,006 0	17,150 0	2,154 0	262,294 0	0 0
(9) MS NURIT BAR-JOSEF	(i) (ii)	299,501 0	0 0	4,117 0	10,052 0	10,822 0	324,492 0	0 0
(10) MR GEORGE M BERRA	(i) (ii)	228,570 0	0 0	2,839 0	16,526 0	11,705 0	259,640 0	0 0
(11) MR MARK M COHEE	(i) (ii)	176,712 0	0 0	0 0	30,149 0	21,282 0	228,143 0	0 0
(12) MR ALAN C LEVINE	(i) (ii)	201,826 0	0 0	4,342 0	14,264 0	11,640 0	232,072 0	0 0
(13) MR ROGER C MOSIER	(i) (ii)	178,978 0	0 0	158 0	12,723 0	12,330 0	204,189 0	0 0
(14)								
(15)								
(16)								

Part III Supplemental Information

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

Identifier	Return Reference	Explanation
	PART I, LINE 1A	THE PRESIDENT WAS PERMITTED TO TRAVEL FIRST CLASS UNDER THE ORGANIZATION'S TRAVEL POLICY. NO PORTION OF THE BENEFIT WAS TREATED AS TAXABLE COMPENSATION.

**Schedule K
(Form 990)**

OMB No 1545-0047

Supplemental Information on Tax Exempt Bonds

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 24a. Provide descriptions, explanations, and any additional information in Schedule O (Form 990).

▶ Attach to Form 990. ▶ See separate instructions.

2010

**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

(a) Issuer Name	(b) Issuer EIN	(c) CUSIP #	(d) Date Issued	(e) Issue Price	(f) Description of Purpose	(g) Defeased		(h) On Behalf of Issuer		(i) Pool financing	
						Yes	No	Yes	No	Yes	No
A DISTRICT OF COLUMBIA	53-6001131	2548394G5	07-31-2008	30,700,000	PARKING GARAGE EXPANSION BONDS ISSUED BY DC		X		X		X

Part II Proceeds

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

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						

Part III Private Business Use (Continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
3a Are there any management or service contracts that may result in private business use?		X						
b Are there any research agreements that may result in private business use of bond-financed property?		X						
c Does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts or research agreements relating to the financed property?								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government								
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government								
6 Total of lines 4 and 5								
7 Has the organization adopted management practices and procedures to ensure the post-issuance compliance of its tax-exempt bond liabilities?	X							

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has a Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate, been filed with respect to the bond issue?		X						
2 Is the bond issue a variable rate issue?	X							
3a Has the organization or the governmental issuer entered into a hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was a hedge terminated?								
4a Were gross proceeds invested in a GIC?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
5 Were any gross proceeds invested beyond an available temporary period?		X						
6 Did the bond issue qualify for an exception to rebate?		X						

Part V Supplemental Information

Complete this part to provide additional information for responses to questions on Schedule K (see instructions)

Identifier	Return Reference	Explanation

SCHEDULE M (Form 990)

NonCash Contributions

OMB No 1545-0047

2010

Open to Public Inspection

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

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

Table with 4 columns: (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 oncash contribution amounts. Rows include Art-Works of art, Books and publications, Clothing and household goods, Securities-Publicly traded, Food inventory, and Other (EQUIPMENT, MATERIALS, FRAGRANCE).

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 1

Table with 3 columns: Question (30a, 31, 32a, 33), Yes, No. 30a: During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years... 31: Does the organization have a gift acceptance policy... 32a: Does the organization hire or use third parties... 33: If the organization did not report revenues in column (c) for a type of property for which column (a) is checked...

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information.

Identifier	Return Reference	Explanation
THIRD PARTY USE	PART I, LINE 32B	THE JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS UTILIZES AN INVESTMENT BROKERAGE TO LIQUIDATE DONATED SECURITIES SCHEDULE M, PART I, COLUMN (B) THE NUMBER OF CONTRIBUTIONS REPORTED IN THE SCHEDULE IN PART I, COLUMN (B) REFLECTS THE NUMBER OF CONTRIBUTIONS RECEIVED 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 ONE CONTRIBUTION IN PART I, COLUMN (B))

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

2010

**Open to Public
Inspection**

Name of the organization

JOHN F KENNEDY CENTER FOR THE PERFORMING ARTS

Employer identification number

53-0245017

Identifier	Return Reference	Explanation
FORM 990, PART VI, SECTION A, LINE 2		THE FOLLOWING INDIVIDUALS HAVE A BUSINESS RELATIONSHIP: MR DAVID RUBENSTEIN AND MR RAYMOND WHITEMAN, A MEMBER OF THE BOARD OF DIRECTORS OF THE NATIONAL SYMPHONY ORCHESTRA ASSOCIATION

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

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 12C	<p>THE CONFLICT OF INTEREST POLICY (POLICY) APPLIES TO ALL BOARD MEMBERS, 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 THE POLICY COVERS TRANSACTIONS BETWEEN THE KENNEDY CENTER AND (A) BOARD MEMBERS, (B) KEY AND OTHER COVERED EMPLOYEES AS PREVIOUSLY DESCRIBED, (C) FAMILY MEMBERS OF COVERED INDIVIDUALS, AND/OR (D) AN AFFILIATED ENTITY TO ASSIST THE KENNEDY CENTER IN IDENTIFYING POTENTIAL TRANSACTIONS, EACH COVERED INDIVIDUAL SHALL COMPLETE AND SIGN AN ANNUAL DECLARATION AND SHALL, AS NECESSARY, UPDATE THE DECLARATION TO REFLECT ANY CHANGES DURING THE COURSE OF THE YEAR DECLARATIONS COMPLETED BY BOARD MEMBERS ARE REVIEWED BY THE BOARD'S AUDIT COMMITTEE, DECLARATIONS COMPLETED BY KEY AND OTHER COVERED EMPLOYEES ARE REVIEWED BY THE KENNEDY CENTER'S GENERAL COUNSEL THE AUDIT COMMITTEE AND/OR GENERAL COUNSEL (AS APPLICABLE) ARE ALSO RESPONSIBLE FOR (A) REVIEWING ANY PROPOSED TRANSACTIONS TO DETERMINE IF THE TRANSACTION IS FAIR AND REASONABLE TO THE KENNEDY CENTER, (B) MAINTAINING SUCH DOCUMENTATION AS MAY BE NECESSARY AND APPROPRIATE TO DOCUMENT THE REVIEW OF THE TRANSACTION, AND (C) REPORTING TO THE BOARD ON TRANSACTIONS (WHETHER APPROVED OR NOT) THE AUDIT COMMITTEE MAY SEEK ADVICE FROM EITHER THE KENNEDY CENTER'S 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 PROPOSED TRANSACTION OR WITH THE ADMINISTRATION OF THE POLICY WHEN A BOARD MEMBER, KEY OR OTHER COVERED EMPLOYEE BECOMES AWARE OF A PROPOSED TRANSACTION, HE OR SHE HAS THE DUTY TO IMMEDIATELY DISCLOSE THE EXISTENCE AND CIRCUMSTANCES OF THE TRANSACTION TO EITHER THE BOARD CHAIR (IF A BOARD MEMBER) OR GENERAL COUNSEL (IF A KEY OR OTHER COVERED EMPLOYEE) IF A PROPOSED TRANSACTION WERE TO INVOLVE THE BOARD CHAIR, THE EXISTENCE AND CIRCUMSTANCE OF THE TRANSACTION WOULD BE DISCLOSED TO EITHER THE AUDIT COMMITTEE OR TO THE GENERAL COUNSEL IF A PROPOSED TRANSACTION WERE TO INVOLVE THE GENERAL COUNSEL, THE EXISTENCE AND CIRCUMSTANCE OF THE TRANSACTION WOULD BE DISCLOSED TO THE AUDIT COMMITTEE THE AFFECTED 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</p>

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION B, LINE 15	THE COMPENSATION OF THE ORGANIZATION'S PRESIDENT IS EVALUATED BY THE BOARD'S INDEPENDENT COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE'S CONSIDERATION OF THE PRESIDENT'S COMPENSATION INCLUDED THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION. THE COMPENSATION OF THE ORGANIZATION'S OFFICERS AND KEY EMPLOYEES IS EVALUATED BY THE BOARD'S INDEPENDENT COMPENSATION COMMITTEE. THE COMPENSATION COMMITTEE'S CONSIDERATION OF THE OFFICERS' AND KEY EMPLOYEES' COMPENSATION INCLUDED THE REVIEW OF COMPARABILITY DATA AND THE CONTEMPORANEOUS SUBSTANTIATION OF THE DELIBERATION AND DECISION.

Identifier	Return Reference	Explanation
	FORM 990, PART VI, SECTION C, LINE 19	THE KENNEDY CENTER MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL INFORMATION AVAILABLE TO THE PUBLIC UPON REQUEST, IN A PORTABLE DOCUMENT FORMAT (I E., PDF), GENERALLY VIA EMAIL

Identifier	Return Reference	Explanation
CHANGES IN NET ASSETS OR FUND BALANCES	FORM 990, PART XI, LINE 5	NET UNREALIZED LOSSES ON INVESTMENTS -1,942,708 CHANGE IN VALUE OF CHARITABLE GIFT ANNUITY SPLIT INTEREST AGREEMENTS -430,672 LOSS ON INTEREST RATE SWAP -1,938,460 OTHER NONOPERATING ACTIVITY -838,850 PENSION-RELATED CHANGES EXCLUDING NPPC -1,877,811 ADJUSTMENT FROM AFFILIATION WITH WASHINGTON NATIONAL OPERA 2,570,326 NET ASSET TRANSFER TO VSA ARTS, INC -319,463 REVERSAL OF NET CONSOLIDATING ENTRIES -794,762 TOTAL TO FORM 990, PART XI, LINE 5 -5,572,400

Identifier	Return Reference	Explanation
OVERSIGHT OF AUDIT	FORM 990, PART XII, LINE 2C	THERE HAVE BEEN NO CHANGES DURING THE YEAR IN THE PROCESS FOR OVERSIGHT OF THE AUDIT OF THE FINANCIAL STATEMENTS

Identifier	Return Reference	Explanation
FISCAL YEAR	FORM 990, PAGE 1, LINE A	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 SUNDAY AND ALWAYS ON THE SUNDAY NEAREST TO THE LAST CALENDAR DAY IN SEPTEMBER. THE TAX YEAR REPORTED HEREIN REPRESENTS THE PERIOD FROM OCTOBER 4, 2010, THROUGH OCTOBER 2, 2011, A 52-WEEK 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 FORM 990 COVERING THE TAXABLE PERIOD BEGINNING OCTOBER 2, 2006, AND ENDING ON SEPTEMBER 30, 2007. WHEN THE INTERNAL REVENUE SERVICE RESPONDED TO THE KENNEDY CENTER'S REQUEST, IT NOTIFIED THE KENNEDY CENTER THAT IT CANNOT ACCEPT A 52-53 WEEK ELECTION FOR AN EXEMPT ORGANIZATION. ACCORDINGLY, AND TO ENSURE THAT THE INTERNAL REVENUE SERVICE WOULD ACCEPT THE KENNEDY CENTER'S CURRENT RETURN, THE KENNEDY CENTER CHANGED THE DATES OF ITS REPORTING PERIOD FROM THE AFOREMENTIONED DATES TO THE PERIOD OCTOBER 1, 2010, THROUGH SEPTEMBER 30, 2011.

Identifier	Return Reference	Explanation
ORGANIZATIONAL STATUS		KENNEDY CENTER WAS ESTABLISHED BY AN ACT OF CONGRESS IN 1958 (SEE 20 U S C , SEC 76H, ET SEQ) ACCORDINGLY , THE KENNEDY CENTER IS BOTH A TRUST INSTRUMENTALITY OF THE U S GOVERNMENT AND A NONPROFIT ORGANIZATION

Identifier	Return Reference	Explanation
ESTIMATED HOURS FOR RELATED ORGANIZATIONS	FORM 990, PART VII, SECTION A, COLUMN B	NAME POSITION RELATED ORGANIZATION HOURS NORMA LEE FUNGER TRUSTEE NSOA 0 5 JAMES V KIMSEY TRUSTEE NSOA 0 5 MICHAEL M KAISER PRESIDENT VSA ARTS, INC 0 3 MARIA C KERSTEN GEN COUNSEL KCP, INC 0 1 MARIA C KERSTEN GEN COUNSEL KCEMT, INC 0 1 LYNNE H PRATT CFO NSOA 0 5 LYNNE H PRATT CFO WASH NAT OPERA 0 6 LYNNE H PRATT CFO VSA ARTS, INC 0 5 LYNNE H PRATT CFO KCP, INC 0 1 DARRELL M AYERS VP EDUCATION VSA ARTS, INC 2 1 DAVID KITTO VP MKT/SALES KCEMT, INC 0 1 RITA N SHAPIRO EX DIR, NSOA NSOA 1 0 ALL COMPENSATION IS PAID BY THE KENNEDY CENTER

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No 1545-0047

2010

**Open to Public
Inspection**

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**
▶ **Attach to Form 990.** ▶ **See separate instructions.**

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 of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) JFK CENTER FOR THE PERFORMING ARTS 1 LINCOLN STREET SSFC 24 BOSTON, MA 021112900 94-6739330	ANNUITIES TRUST	MA	239,238	3,887,067	

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 organization	
						Yes	No
(1) KENNEDY CENTER ELECTRONIC MEDIA TECHNOLOGIES INC 2700 F STREET NW WASHINGTON, DC 205660001 52-1136673	SUPPORT THE KENNEDY CENTER	DC	501(C)(3)	11A TYPE I			No
(2) KENNEDY CENTER PRODUCTIONS INC 2700 F STREET NW WASHINGTON, DC 205660001 22-1962191	SUPPORT THE KENNEDY CENTER	DC	501(C)(3)	11A TYPE I			No
(3) NATIONAL SYMPHONY ORCHESTRA ASSOCIATION 2700 F STREET NW WASHINGTON, DC 205660001 53-0208364	SUPPORT NAT'L SYMPHONY ORCHESTRA	DC	501(C)(3)	7			No
(4) VSA ARTS INC 2700 F STREET NW WASHINGTON, DC 205660001 52-1065313	PRG FOR ART AND DISABILITY	DC	501(C)(3)	7			No
(5) WASHINGTON NATIONAL OPERA 2600 VIRGINIA AVENUE SUITE B-101 WASHINGTON, DC 20037 53-0237707	SUPPORT OPERA AT THE KENNEDY CENTER	DC	501(C)(3)	7			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

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

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

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 **(iv)** rent from a controlled entity
- b** Gift, grant, or capital contribution to other organization(s)
- c** Gift, grant, or capital contribution from other organization(s)
- d** Loans or loan guarantees to or for other organization(s)
- e** Loans or loan guarantees by other organization(s)

- f** Sale of assets to other organization(s)
- g** Purchase of assets from other organization(s)
- h** Exchange of assets
- i** Lease of facilities, equipment, or other assets to other organization(s)

- j** Lease of facilities, equipment, or other assets from other organization(s)
- k** Performance of services or membership or fundraising solicitations for other organization(s)
- l** Performance of services or membership or fundraising solicitations by other organization(s)
- m** Sharing of facilities, equipment, mailing lists, or other assets
- n** Sharing of paid employees

- o** Reimbursement paid to other organization for expenses
- p** Reimbursement paid by other organization for expenses

- q** Other transfer of cash or property to other organization(s)
- r** Other transfer of cash or property from other organization(s)

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

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 other organization	(b) Transaction type(a-r)	(c) Amount involved	(d) Method of determining amount involved
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions)

Identifier**Return Reference****Explanation****Schedule R (Form 990) 2010**