Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

and ending JUN 30, 2022

B	Check if applicable	C Name of organization	D Empl	loyer identific	ation number		
	∏Addres	S DEDEODMANCE CDACE 122 INC					
H	lchange □Name		 	3-352228	2.2		
H	change	Doing business as PERFORMANCE SPACE NEW YORK Number and street (or P.O. box if mail is not delivered to street address) Room/	_				
F	return Final	150 FIRST AVENUE 4 F)		hone number L 2 – 477 – !			
	☐return/ termin- ated	City or town, state or province, country, and ZIP or foreign postal code	G Gross		2,101,448.		
Г	Amend		-	his a group re			
F	Applica tion			subordinates'			
	pendin	SAME AS C ABOVE			cluded? Yes No		
$\overline{\Gamma}$	Гах-ехе	mpt status: X 501(c)(3) 501(c) () ((insert no.) 4947(a)(1) or			list. See instructions		
		WWW.PERFORMANCESPACENEWYORK.ORG	 1	oup exemption			
K	orm of	organization: X Corporation Trust Association Other L			State of legal domicile: NY		
Pá		Summary					
•	1 8	Briefly describe the organization's mission or most significant activities: ${\sf SEE}$ ${\sf SCHI}$	EDULE O				
Governance	_						
ern;	2 (Check this box 🕨 📖 if the organization discontinued its operations or disposed of	more than 25%	6 of its net as			
Š		Number of voting members of the governing body (Part VI, line 1a)			13		
		Number of independent voting members of the governing body (Part VI, line 1b)			13		
Activities &		Total number of individuals employed in calendar year 2021 (Part V, line 2a)			59		
Ĭ		Total number of volunteers (estimate if necessary)			0		
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.		
	l br	Net unrelated business taxable income from Form 990-T, Part I, line 11					
Revenue	, ,	Sentulbutions and quarte (Dart VIII. line 4 le)	Prior	93,726.	Current Year 1,858,204.		
		Contributions and grants (Part VIII, line 1h)		3,099.	118,134.		
		Program service revenue (Part VIII, line 2g) nvestment income (Part VIII, column (A), lines 3, 4, and 7d)		552.	4,946.		
æ		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,056.	273.		
		Fotal revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4 5	99,433.	1,981,557.		
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		20,000.	5,000.		
		Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
ý		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		37,808.	1,050,379.		
Expenses		Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
ф		Total fundraising expenses (Part IX, column (D), line 25) 286,733.					
û		Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		34,127.	1,046,432.		
		Fotal expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		91,935.	2,101,811.		
	19 F	Revenue less expenses. Subtract line 18 from line 12		7,498.	-120,254.		
Net Assets or Fund Balances			Beginning of		End of Year		
sets	20	Total assets (Part X, line 16)		13,709.	1,473,192.		
at As	21 7	Total liabilities (Part X, line 26)		66,451.	141,044.		
Ž2	22 1	Net assets or fund balances. Subtract line 21 from line 20	1,47	77,258.	1,332,148.		
		Signature Block		- 4b - b 4 - f	the souled as a soul ball of the		
	•	ties of perjury, I declare that I have examined this return, including accompanying schedules and s	•	•	knowledge and bellet, it is		
uue	, correct	, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer nas any kr	iowieuge.			
ei.	_	Signature of officer	1	Date			
Sig		JENNY SCHLENZKA, EXECUTIVE ARTISTIC DIREC					
Here JENNY SCHLENZKA, EXECUTIVE ARTISTIC DIRECTOR Type or print name and title							
		Print/Type preparer's name Preparer's signature	Date	Check	PTIN		
Pai		JENNIFER COATES		if self-employe	P02247728		
Pre	-	Firm's name LUTZ AND CARR, CPAS LLP			13-1655065		
Use Only Firm's address 551 FIFTH AVENUE, SUITE 400							
NEW YORK, NY 10176 Phone no. 212-697-2							
Ma	y the IR	S discuss this return with the preparer shown above? See instructions			X Yes No		

Pa	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission: SEE SCHEDULE O	(4)
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?	Yes X No
•	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 A No
4	Describe the organization's program service accomplishments for each of its three largest program services, as measure Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the topological services are serviced as a service of the services of the services are serviced as a service of the services are serviced as a service of the servi	otal expenses, and
4a	revenue, if any, for each program service reported. (Code:) (Expenses \$1,563,501 including grants of \$\$ 5,000) (Revenue \$\$	
	PERFORMANCE SPACE NEW YORK IS AN ARTIST-CENTRIC INSTITUTION STARTS WITH THE ARTIST, NOT THE PROJECT, ENSURING THE FREEDO	
	SECURITY NECESSARY FOR CREATIVE RISK-TAKING. ARTISTS ARE PRODUCT.	
	MONETARY SUPPORT AND THE FULL RESOURCES OF THE ADMINISTRATIVE	JE,
	MARKETING, FUNDRAISING, PRODUCTION AND PROGRAMMING STAFF.	
	ARTIST RESIDENCIES:	
	PERFORMANCE SPACE NEW YORK PROVIDES FREE REHEARSAL SPACE TO EACH SUMMER.	ARTISTS
	EACH DOTHER.	
4b	(Code:) (Expenses \$)
4c	(Code:) (Expenses \$)
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)
<u>4e</u>	Total program service expenses ▶ 1,563,501.	Form 990 (2021)
		1 OHH 330 (2021)

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			٦,
_	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			.
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
_	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			x
_	Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			x
40	If "Yes," complete Schedule D, Part IV	9		
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	40		x
44	or in quasi endowments? If "Yes," complete Schedule D, Part V If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,	10		
11	as applicable.			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	0.44	11a	х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
•	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		Х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			\ _{3,7}
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	4-		X
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	46		Х
47	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		
10	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
.5	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
-	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Form 990 (2021) PERFORMANCE SPACE Part IV Checklist of Required Schedules (continued)

	The state of the quality contained to the material			·
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		Yes	No
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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? If "Yes," answer lines 24b through 24d and complete			l
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	04-		
a	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24c 24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	24u		
25a	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			v
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
а	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?//			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			37
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		x
24	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33		
34		34		х
35 a	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	L_	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			l
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		_~	
Pai	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	X	
· a	Check if Schedule O contains a response or note to any line in this Part V			
	Check in Concount Coothains a response of note to any line in this fact v		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 73			1.10
b				
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

132004 12-09-21

Form 990 (2021) PERFORMANCE SPACE 122, INC.

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

			Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,								
	filed for the calendar year ending with or within the year covered by this return 2a 59								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		Х					
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х					
b	If "Yes," enter the name of the foreign country ▶								
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c							
6a	6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
_	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).	_	Х						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Λ						
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?	7c		X					
٨	to file Form 8282? If "Yes," indicate the number of Forms 8282 filed during the year 7d 7d	70							
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		х					
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X					
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
•	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the								
	sponsoring organization have excess business holdings at any time during the year?	8							
9 Sponsoring organizations maintaining donor advised funds.									
а	a Did the sponsoring organization make any taxable distributions under section 4966?								
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b							
10	Section 501(c)(7) organizations. Enter:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities								
11	Section 501(c)(12) organizations. Enter:								
	Gross income from members or shareholders								
b	Gross income from other sources. (Do not net amounts due or paid to other sources against								
40-	amounts due or received from them.)	40-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12a							
13	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
	Is the organization licensed to issue qualified health plans in more than one state?	13a							
u	Note: See the instructions for additional information the organization must report on Schedule O.	iou							
b	Enter the amount of reserves the organization is required to maintain by the states in which the								
	organization is licensed to issue qualified health plans								
С	Enter the amount of reserves on hand 13c								
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b							
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or								
	excess parachute payment(s) during the year?	15		Х					
If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X					
	If "Yes," complete Form 4720, Schedule O.								
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any								
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17							
	If "Yes," complete Form 6069.								

Form **990** (2021) 132005 12-09-21 08500502 759420 6338 2021.05070 PERFORMANCE SPACE 122, INC. 6338___1

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 13			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b		Х
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ►NY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	d fina	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	THE ORGANIZATION - 212-477-5829			
	150 FIRST AVENUE, 4 FL, NEW YORK, NY 10009			

132006 12-09-21

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

See the instructions for the order in which to list the persons above.

(A)	(B)	Γ		((C)	•		(D)	(E)	(F)
Name and title	Average hours per week	box	Position (do not check more that box, unless person is b officer and a director/tr				h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ROXANE GAY	1.00	ļ		l					•	•
PRESIDENT	1 00	Х		Х				0.	0.	0.
(2) SUZANNE GEISS	1.00	۱		l						•
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(3) KENNETH DALE	1.00	ļ		l						•
TREASURER	1 00	Х		Х				0.	0.	0.
(4) DEBBIE MILLMAN	1.00	ļ		l						•
SECRETARY	1 00	Х		Х				0.	0.	0.
(5) KERSTIN BRATSCH	1.00	ļ								
BOARD MEMBER		Х						0.	0.	0.
(6) NICOLE EISENMAN	1.00								_	_
BOARD MEMBER		Х						0.	0.	0.
(7) JONATHAN GONZALEZ	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
(8) MEAGHAN GRAGG	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
(9) SOPHIE MORNER	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(10) TED OBERWAGER	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(11) JACKSON POLYS	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(12) POPPY PULITZER	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
(13) THOMAS ROM	1.00								_	
BOARD MEMBER		Х						0.	0.	0.
(14) FRANK SPELMAN	1.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(15) JENNY SCHLENZKA ZANARDI	40.00	1							_	
EXECUTIVE ARTISTIC DIRECTOR	1			Х				159,945.	0.	16,946.
(16) PATRICIA HERTLING	40.00	1							_	
DEPUTY DIRECTOR		<u> </u>				Х		107,799.	0.	27,024.
		1								

Par	Section A. Officers, Directors, Trus		ploy	/ees	, an	d H	ighe	st (Compensated Employe	es (continued)			
	(A)	(B)			•	C)			(D)	(E)		(F)	
	Name and title	Average	(do	Position (do not check more than one			ີ - than	one	Reportable	E	stimat	:ed	
		hours per	box	box, unless person is both ar officer and a director/trustee)			is bot	th an	compensation	a	mount		
		week	_	cer ar	ia a c	Irect	or/trus	Tee)	- Irom	from related		other	
		(list any hours for	recto						the	organizations		npens	
		related	or di	99			sated		organization	(W-2/1099-MISC/		from th	
		organizations	ustee	trust		e e	nedu		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		ganiza nd rela	
		below	ual tr	tional		ploye	t con		1099-NEO)			janizat	
		line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	orme			0,8	jainzat	.10110
			=	=	0		T 60	۳			+	-	
			1										
											+		
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			1										
											+		
			1										
1h	Subtotal	1		l		<u> </u>			267,744.	0	. 7	3 . c	70.
	Total from continuation sheets to Part V								0.	0			0.
	Total (add lines 1b and 1c)								267,744.	0		3 . c	70.
	Total number of individuals (including but n											- , -	
	compensation from the organization	iot iii iiited to ti	1030	· IISEC	o a	DOV	C) WI	101	received more than proc	,,000 of reportable			2
	compensation from the organization											Yes	
3	Did the organization list any former officer,	director trust	ا مم	kov a	-mn	love	<u> </u>	r hid	ahest compensated emr	nlovee on		+	
	line 1a? If "Yes," complete Schedule J for s	,	,	,		,	,	•		,	3		х
	For any individual listed on line 1a, is the su												+
•	and related organizations greater than \$15	-		-					•	the organization	4	Х	
5	Did any person listed on line 1a receive or									idual for services	_	+	
3	rendered to the organization? If "Yes," com	•					•		ited organization or indiv	iddai ioi seivices	5		Х
Sect	ion B. Independent Contractors	ipiete deriedar	C 0 1	01 30	ucii	рсп	3011						
	Complete this table for your five highest co	mponeated in	don	ando	nt c	cont	racto	ore :	that received more than	\$100,000 of compor		from	
	the organization. Report compensation for	•	•							•	isation	110111	
	· · · · · · · · · · · · · · · · · · ·	trie Caleridar y	eai	enui	ng v	/VILII	OI W	/11111	ı	year.		<u></u>	
	(A) Name and business	address							(B) Description of s	services	Compe	(C) ensatio	on
122									RENT/UTILITI				
	FIRST AVENUE, NEW YO		1 / 1	იი	9				ING	LS/ SIAFF	16	52 /	171.
<u> </u>	1 1101 111 1101, 11111 101			.									· / <u>+ •</u>

Form **990** (2021)

Total number of independent contractors (including but not limited to those listed above) who received more than

\$100,000 of compensation from the organization

Pa	r	/ 1111						
			Check if Schedule O contains a response	or note to any lir	ne in this Part VIII	(B)	(C)	(D)
					Total revenue	Related or exempt function revenue	Unrelated	Revenue excluded from tax under
Program Service Contributions, Gifts, Grants Revenue and Other Similar Amounts		b c d e f g h a b c d e	Federated campaigns Membership dues Fundraising events Related organizations Government grants (contributions) All other contributions, gifts, grants, and similar amounts not included above Noncash contributions included in lines 1a-1f Total. Add lines 1a-1f BOX OFFICE REVENUE RENTAL INCOME	Business Code 711130 711110	1,858,204. 68,237. 49,897.	68,237. 49,897.		sections 512 - 514
			Total. Add lines 2a-2f		118,134.			
	3 4 5		Investment income (including dividends, inter other similar amounts) Income from investment of tax-exempt bond Royalties	est, and proceeds	2,560.			2,560.
	6	b c	Gross rents 6a Less: rental expenses 6b Rental income or (loss) 6c	(ii) Personal				
	7	а	Net rental income or (loss) Gross amount from sales of assets other than inventory Less: cost or other basis (i) Securities 7a 22,505	(ii) Other				
r Revenue		d	and sales expenses 7b 20,119 Gain or (loss) 7c 2,386 Net gain or (loss)	,	2,386.			2,386.
Other	8		Gross income from fundraising events (not including \$ 215,821 • of contributions reported on line 1c). See Part IV, line 18 Less: direct expenses	-				
					0.			
	9		Net income or (loss) from fundraising events Gross income from gaming activities. See Part IV, line 19 9a	·····	J.			
			Less: direct expenses 9t					
	10		Net income or (loss) from gaming activities Gross sales of inventory, less returns and allowances 10	>				
			Less: cost of goods sold 10 Net income or (loss) from sales of inventory	o				
2				Business Code				
Miscellaneous Revenue	11	а	MISCELLANEOUS	900099	273.			273.
llan		b						
Sce		C	All ables versages					
Ξ			All other revenue		273.			
	12		Total. Add lines 11a-11d Total revenue. See instructions		1,981,557.	118,134.	0.	5,219.
	12		I OTAL LO A CHARLE OF HISH MORIOTIS	🚩	<u> -, </u>	,		J,417•

Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon	se or note to any line in (A)	this Part IX(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	F 000	5 000		
	and domestic governments. See Part IV, line 21	5,000.	5,000.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,	150 554	100 066	05 613	15 055
	trustees, and key employees	170,754.	128,066.	25,613.	17,075
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	540.050	500 000	40.050	4.44 000
7	Other salaries and wages	718,852.	528,298.	49,258.	141,296
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	85,258.	54,628.	9,567.	21,063
10	Payroll taxes	75,515.	49,445.	8,839.	17,231
11	Fees for services (nonemployees):				
а	Management				
b					
С		90,626.		90,626.	
d	Lobbying				
е	D (' 1(1 ' ' ' ' O D ' N ' ' ' 47				
f	Investment management fees				
g	// // I I				
J	column (A), amount, list line 11g expenses on Sch 0.)	257,900.	238,236.	10,861.	8,803
12	Advertising and promotion	114,106.	107,274.	186.	6,646
13	Office expenses	20,112.	13,274.	2,212.	4,626
14	Information technology	•	,		<u> </u>
15	Royalties				
16	Occupancy	204,463.	145,063.	19,217.	40,183
17	Travel	52,352.	46,232.	1,979.	4,141
18	Payments of travel or entertainment expenses	0_,00_0			-,
10	for any federal, state, or local public officials				
10	Conferences, conventions, and meetings				
19 20					
20 21					
	Payments to affiliates Depreciation, depletion, and amortization	63,026.	41,624.	6,762.	14,640
22	· · · · · · · · · · · · · · · · · · ·	7,754.	5,118.	853.	1,783
23	Other expanses, Itamiza expanses not covered	7,754.	5,110.	033.	1,705
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column (A),				
	amount, list line 24e expenses on Schedule 0.) PRODUCTION EXPENSES	174,700.	174,700.		
a	MISCELLANEOUS		14,700.	2,404.	E 010
b		21,837.	14,414.		5,019
С.	FUNDRAISING EXPENSES	21,178.	12 120	21,178.	1 227
d	BANK CHARGES	18,378.	12,129.	2,022.	4,227
	All other expenses	2 101 011	1 562 501	251 577	206 722
25	Total functional expenses. Add lines 1 through 24e	2,101,811.	1,563,501.	251,577.	286,733
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Fai	LA	Balance Sheet					-
		Check if Schedule O contains a response or	note to any l	ine in this Part X			
					(A) Beginning of year		(B) End of year
	4	Cook non interest bearing			398,846.	4	340,606.
	1	Cash - non-interest-bearing			151,290.	1 2	49,342.
	2	Savings and temporary cash investments		760,345.	3	687,954.	
	3	Pledges and grants receivable, net		193,869.		493	
	4	Accounts receivable, net			193,009.	4	493
	5	Loans and other receivables from any curren					
		trustee, key employee, creator or founder, su		· ·		_	
	_	controlled entity or family member of any of the	-			5	
	6	Loans and other receivables from other disq		6			
"	_	under section 4958(f)(1)), and persons descr				7	
Assets	7	Notes and loans receivable, net				8	
As	8	Inventories for sale or use			40,085.	9	23,436.
	9	Prepaid expenses and deferred charges			40,003.	9	23, 430
	lua	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D		662,529.			
	١,	Less: accumulated depreciation		574,590.	138,620.	10c	87,939.
	11	Investments - publicly traded securities		-	160,654.	11	283,422.
	12	Investments - other securities. See Part IV, lii		100,0310	12	203,122,	
	13	Investments - other securities. See Part IV, iii			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			1,843,709.	16	1,473,192.
	17	Accounts payable and accrued expenses			169,528.	17	141,044.
	18	Grants payable				18	
	19	Deferred revenue	21,796.	19	0.		
	20	Tax-exempt bond liabilities			,	20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or f					
Liabilities		trustee, key employee, creator or founder, su					
abil		controlled entity or family member of any of				22	
Ĩ	23	Secured mortgages and notes payable to un				23	
	24	Unsecured notes and loans payable to unrel			175,127.	24	0.
	25	Other liabilities (including federal income tax,					
		parties, and other liabilities not included on li					
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			366,451.	26	141,044.
		Organizations that follow FASB ASC 958,					
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			223,187.	27	219,298.
Ba	28	Net assets with donor restrictions	1,254,071.	28	1,112,850.		
un		Organizations that do not follow FASB AS	C 958, chec	k here 🕨 🗌			
Ē		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	ıds			29	
sse	30	Paid-in or capital surplus, or land, building, o	fund		30		
t As	31	Retained earnings, endowment, accumulate	other funds		31		
Š	32	Total net assets or fund balances			1,477,258.	32	1,332,148.
	33	Total liabilities and net assets/fund balances			1,843,709.	33	1,473,192.

Pa	rt XI Reconciliation of Net Assets								
	Check if Schedule O contains a response or note to any line in this Part XI					X			
1	Total revenue (must equal Part VIII, column (A), line 12)	1		,98					
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,10	1,8	<u>11.</u>			
3	Revenue less expenses. Subtract line 2 from line 1								
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))								
5	Net unrealized gains (losses) on investments	5		_	2,8	18.			
6	Donated services and use of facilities	6							
7	Investment expenses	7							
8	Prior period adjustments	8							
9	Other changes in net assets or fund balances (explain on Schedule O)	9		-2	2,0	38.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,								
	column (B))	10	1	1,332,148					
Pa	rt XII Financial Statements and Reporting								
	Check if Schedule O contains a response or note to any line in this Part XII								
	•				Yes	No			
1	Accounting method used to prepare the Form 990: Cash X Accrual Other								
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.							
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X			
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a							
	separate basis, consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
b	Were the organization's financial statements audited by an independent accountant?			2b	Х				
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basi	s,						
	consolidated basis, or both:								
	Separate basis Consolidated basis Both consolidated and separate basis								
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audi	t,						
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X				
	If the organization changed either its oversight process or selection process during the tax year, explain on Scl	nedule	Ο.						
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Aı	udit						
	Act and OMB Circular A-133?			За		Х			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	ired au	udit						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b					

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number Name of the organization PERFORMANCE SPACE 122, INC. 13-3522283 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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: 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.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X 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.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other ì your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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.)

Sec	ction A. Public Support	, р.е.	р.с.с. т ц.г	,			
	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Gifts, grants, contributions, and	(u) 2011	(5) 2010	(0) 2010	(4) 2020	(0) 2021	(i) Total
•	membership fees received. (Do not						
	include any "unusual grants.")	1037490.	1804313.	2177576.	1593726.	1858204.	8471309.
2	Tax revenues levied for the organ-						
	ization'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	1037490.	1804313.	2177576.	1593726.	1858204.	8471309.
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)						1712772.
	Public support. Subtract line 5 from line 4.						6758537.
	ction B. Total Support	1			1		
	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4	1037490.	1804313.	2177576.	1593726.	1858204.	8471309.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,	10 155	10 525	2 060		0.560	0.0.00
	and income from similar sources	10,155.	10,737.	3,268.	552.	2,560.	27,272.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital	8,704.	2,577.	17,381.	2,056.	273.	30,991.
	assets (Explain in Part VI.)	0,704.	4,511.	17,301.	2,030.	2/3.	8529572.
11		-t- / in-twti				40	476,739.
12	Gross receipts from related activities, First 5 years. If the Form 990 is for the		,	fourth or fifth tox		12	470,7331
13	organization, check this box and stor	-			•		
Sec	etion C. Computation of Publ		rcentage				·····
	Public support percentage for 2021 (column (f))		14	79.24 %
	Public support percentage from 2020					15	77.25 %
	16a 33 1/3% support test - 2021. 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	b 33 1/3% support test - 2020. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box						
	and stop here. The organization qualifies as a publicly supported organization						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the fact	_					
	meets the facts-and-circumstances to						
b	10% -facts-and-circumstances tes	-	•	*	-		
	more, and if the organization meets the	_					
	organization meets the facts-and-circ				-		>
18	8 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions						

Schedule A (Form 990) 2021

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

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

Se	ction A. Public Support	clow, picase com	piete i art ii.)				
	endar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	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						
J	are not an unrelated trade or bus- iness under section 513						
4							
7	ization's benefit and either paid to or expended on its behalf						
_							
5	furnished by a governmental unit to the organization without charge						

	Total. Add lines 1 through 5			+	+		
	a Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	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						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support						
Cale	endar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 6 a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
ŀ	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
(Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)			L		1	<u> </u>
14	First 5 years. If the Form 990 is for th	e organization's f	irst, second, third,	tourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
<u></u>	check this box and stop here						_
	ction C. Computation of Publ						
	Public support percentage for 2021 (I			column (f))			%
	Public support percentage from 2020 ction D. Computation of Inves			<u></u>		16	%
17						17	%
18							
	a 33 1/3% support tests - 2021. If the						
198							17 IS HOL
ŀ	more than 33 1/3%, check this box at 33 1/3% support tests - 2020. If the	organization did	not check a box or	n line 14 or line 19	a, and line 16 is m	nore than 33 1/3%,	
	line 18 is not more than 33 1/3%, che	ck this box and st	top here. The orga	anization qualifies a	as a publicly supp	orted organization	▶∐
20	Private foundation. If the organization	n did not check a	box on line 14 19	a or 19h check t	his hox and see in	nstructions	

132023 01-04-22

Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
•		
2		
3a		
- Gu		
3b		
3с		
4a		
4b		
4c		
40		
5a		
- Gu		
5b		
5c		
_		
6		
7		
c		
8		
9a		
9b		
30		
9с		
10a		
10b		

Par	t IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	ion B. Type I Supporting Organizations			
			Yes	No
	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported			
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	ion C. Type II Supporting Organizations			
			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Seci	ion D. All Type III Supporting Organizations			
			Yes	No
	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	•		
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	ion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee instruction	s).		
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see	instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
	Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,			
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in	_		
	these activities but for the organization's involvement.	2b		
	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI .	3a		
a	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

3b | 132025 01-04-22 | Schedule A (Form 990) 2021

Pai	t V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Orgar	nizations			
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.					
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E.			
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)		
1	Net short-term capital gain	1				
2	Recoveries of prior-year distributions	2				
3	Other gross income (see instructions)	3				
4	Add lines 1 through 3.	4				
5	Depreciation and depletion	5				
6	Portion of operating expenses paid or incurred for production or					
	collection of gross income or for management, conservation, or					
	maintenance of property held for production of income (see instructions)	6				
7	Other expenses (see instructions)	7				
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8				
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)		
1	Aggregate fair market value of all non-exempt-use assets (see					
	instructions for short tax year or assets held for part of year):					
а	Average monthly value of securities	1a				
b	Average monthly cash balances	1b				
С	Fair market value of other non-exempt-use assets	1c				
d	Total (add lines 1a, 1b, and 1c)	1d				
е	Discount claimed for blockage or other factors					
	(explain in detail in Part VI):					
2	Acquisition indebtedness applicable to non-exempt-use assets	2				
3	Subtract line 2 from line 1d.	3				
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,					
	see instructions).	4				
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5				
6	Multiply line 5 by 0.035.	6				
7	Recoveries of prior-year distributions	7				
8	Minimum Asset Amount (add line 7 to line 6)	8				
Sect	ion C - Distributable Amount			Current Year		
1	Adjusted net income for prior year (from Section A, line 8, column A)	1				
2	Enter 0.85 of line 1.	2				
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3				
4	Enter greater of line 2 or line 3.	4				
5	Income tax imposed in prior year	5				
6	Distributable Amount. Subtract line 5 from line 4, unless subject to					
	emergency temporary reduction (see instructions).	6				
7	Check here if the current year is the organization's first as a non-functional	ally integrate	ed Type III supporting org	anization (see		
	instructions).					

Schedule A (Form 990) 2021

10 Line 8 amount divided by line 9 amount

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2021 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2021			
а	From 2016			
b	From 2017			
С	From 2018			
d	From 2019			
е	From 2020			
f	Total of lines 3a through 3e			
g	Applied to underdistributions of prior years			
h	Applied to 2021 distributable amount			
i	Carryover from 2016 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2021 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2021 distributable amount			
С	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2021, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2021. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2022. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2017			
b	Excess from 2018			
С	Excess from 2019			
d	Excess from 2020			
е	Excess from 2021			

Schedule A (Form 990) 2021

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

2021

13-3522283

2021

OMB No. 1545-0047

Name of the organization Employer identification number

INC.

PERFORMANCE SPACE 122,

Organization type (check one): Filers of: Section: X = 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation Form 990-PF 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule ☐ For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year ______ 🕨 \$ _ Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must

answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify

 $\ \, \text{LHA} \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

that it doesn't meet the filing requirements of Schedule B (Form 990).

Schedule B (Form 990) (2021)

Name of organization Employer identification number

PERFORMANCE SPACE 122, INC.

13-3522283

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	DORIS DUKE FOUNDATION 650 FIFTH AVENUE, 19TH FLOOR NEW YORK, NY 10019	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	FORD FOUNDATION 320 E 43RD STREET NEW YORK, NY 10017	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	GIORNO POETRY 222 BOWERY NEW YORK, NY 10012	\$60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No	Name, address, and ZIP + 4 HOWARD GILMAN FOUNDATION 1 ROCKEFELLER PLAZA, SUITE 1701 NEW YORK, NY 10020	\$ 75,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No5	Name, address, and ZIP + 4 NEW YORK CITY DEPARTMENT OF CULTURAL AFFAIRS 31 CHAMBERS ST., 2ND FLOOR NEW YORK, NY 10007-1210	\$ 179,696.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	NEW YORK STATE COUNCIL ON THE ARTS 300 PARK AVE. SOUTH, 10TH FLOOR NEW YORK, NY 10010	\$ 40,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

PERFORMANCE SPACE 122, INC.

13-3522283

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	SWISS INSTITUTE 117 2ND AVE, APT 2 NEW YORK, NY 10003	\$90,157.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	TIDES FOUNDATION 55 EXCHANGE PLACE, STE 402 NEW YORK, NY 10005	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	U.S. SMALL BUSINESS ADMINISTRATION - PAYCHECK PROTECTION PROGRAM 409 3RD ST SW. WASHINGTON, DC 20416	\$ 175,127.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

PERFORMANCE SPACE 122, INC.

13-3522283

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if	fadditional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - - -	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		- - - - - - - - -	

Name of organization **Employer identification number** 13-3522283 PERFORMANCE SPACE 122, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. `fŕom Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

PERFORMANCE SPACE 122, INC.

Employer identification number 13-3522283

Pai	Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the					
	organization answered "Yes" on Form 990, Part IV, lin	(a) Donor advised funds	(b) Funds and other accounts			
1	Total number at end of year	(4) 20101 401000 141100	(2) carrae arra earrar accessive			
2	Aggregate value of contributions to (during year)					
3	Aggregate value of grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in		funde			
3	are the organization's property, subject to the organization's	-				
6	Did the organization inform all grantees, donors, and donor					
Ū	for charitable purposes and not for the benefit of the donor					
	• •					
Pai		ganization answered "Yes" on Form 990. Part				
1	Purpose(s) of conservation easements held by the organization	-				
	Preservation of land for public use (for example, recreations)		istorically important land area			
	Protection of natural habitat		ertified historic structure			
	Preservation of open space	, , , , , , , , , , , , , , , , ,				
2	Complete lines 2a through 2d if the organization held a qual	ified conservation contribution in the form of a	conservation easement on the last			
	day of the tax year.		Held at the End of the Tax Year			
а	Total number of conservation easements		2a			
	Total acreage restricted by conservation easements					
	Number of conservation easements on a certified historic st					
	Number of conservation easements included in (c) acquired					
	listed in the National Register		2d			
3	Number of conservation easements modified, transferred, re					
	year ►					
4	Number of states where property subject to conservation ea	asement is located >				
5	Does the organization have a written policy regarding the pe	eriodic monitoring, inspection, handling of				
	violations, and enforcement of the conservation easements	it holds?	Yes No			
6	Staff and volunteer hours devoted to monitoring, inspecting	, handling of violations, and enforcing conserv	ration easements during the year			
	>					
7	Amount of expenses incurred in monitoring, inspecting, han	dling of violations, and enforcing conservation	easements during the year			
	> \$					
8	Does each conservation easement reported on line 2(d) abo	ve satisfy the requirements of section 170(h)(4	4)(B)(i)			
	and section 170(h)(4)(B)(ii)?		Yes No			
9	In Part XIII, describe how the organization reports conservation	tion easements in its revenue and expense sta	tement and			
	balance sheet, and include, if applicable, the text of the foot	note to the organization's financial statements	s that describes the			
	organization's accounting for conservation easements.					
Pai	t III Organizations Maintaining Collections of		er Similar Assets.			
	Complete if the organization answered "Yes" on Forn					
1a	If the organization elected, as permitted under FASB ASC 9	58, not to report in its revenue statement and	balance sheet works			
	of art, historical treasures, or other similar assets held for pu		erance of public			
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	If the organization elected, as permitted under FASB ASC 9					
	art, historical treasures, or other similar assets held for publi	c exhibition, education, or research in furthera	ince of public service,			
	provide the following amounts relating to these items:					
	(i) Revenue included on Form 990, Part VIII, line 1					
	(ii) Assets included in Form 990, Part X					
2	If the organization received or held works of art, historical tre		in, provide			
	the following amounts required to be reported under FASB /					
	Revenue included on Form 990, Part VIII, line 1					
	Assets included in Form 990, Part X					
LHA	For Paperwork Reduction Act Notice, see the Instruction	ns for Form 990.	Schedule D (Form 990) 2021			

132051 10-28-21

	t III Organizations Maintaining C	collections of A		-	easures, c	or Other	Similar	Asse	ts (continu	ued)
3	Using the organization's acquisition, accessi								(
•	collection items (check all that apply):	ori, aria otrioi rocore	.0, 011001	tury or the	Tollowing tha	t marke eng	, mount ac	30 01 110		
а	Public exhibition	d		l oan or exc	hange progra	ım				
b	Scholarly research	e		Other	mange progre					
c	Preservation for future generations	J								
4	Provide a description of the organization's co	ollections and explai	n how th	nev further t	he organizatio	nn's exem	nt nurnose	e in Par	· XIII	
5	During the year, did the organization solicit of							o ii i i di	. 7011.	
Ŭ	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran									110
	reported an amount on Form 990, Pal		310 11 1110	organizatio	or anowered	100 0111	01111 000, 1	artiv,		
	Is the organization an agent, trustee, custod		liary for	contribution	ns or other as	sets not ir	ncluded			
	on Form 990, Part X?								Yes	☐ No
h	If "Yes," explain the arrangement in Part XIII								_ 100	
	Tres, explain the arrangement in rare Air	and complete the ro	mownig i	abic.					Amount	
•	Reginning halance						1c			
	Beginning balance									
	Additions during the year									
	Distributions during the year									
	Ending balance								Yes	□ No
	If "Yes," explain the arrangement in Part XIII.									
	t V Endowment Funds. Complete i						 1			
	2 I a a a a a a a a a a a a a a a a a a	(a) Current year		rior year	(c) Two year). I) Three yea	rs back	(e) Four	years back
10	Beginning of year balance	(a) carrette year	(-7:		(2)	(4	•,		(-,	,
	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
	Administrative expenses									
_	End of year balance									
2	Provide the estimated percentage of the curr	rent year end baland	•	g, column (a	a)) held as:					
	Board designated or quasi-endowment		_%							
	Permanent endowment	%								
С		%								
	The percentages on lines 2a, 2b, and 2c sho	•								
3a	Are there endowment funds not in the posse	ession of the organization	ation tha	at are held a	and administe	red for the	e organizat	tion	г	- L
	by:									Yes No
	(i) Unrelated organizations								3a(i)	
	(ii) Related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the related organization				•				3b	
4	Describe in Part XIII the intended uses of the		wment	funds.						
Pai	t VI Land, Buildings, and Equipm									
	Complete if the organization answere	1			1	, Part X, li	ne 10.			
	Description of property	(a) Cost or o			t or other		umulated		(d) Book	value
		basis (investr	nent)	basis	(other)	depr	eciation			
	Land									
b	Buildings									
	Leasehold improvements				9,765.		29,31			,449.
d	Equipment			51	.2,764.	4	45,27	4.	67	,490.
<u>e</u>	Other									
Total	. Add lines 1a through 1e. (Column (d) must e	gual Form 990, Part	X, colun	nn (B), line	10c.)			▶	87	,939 .

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 PERFORMANCE	SPACE 122,	INC.	13-3522283 Page
Part VII Investments - Other Securities.	<u>,</u>		, ago
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or	r end-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.	Faure 000 David IV III	and the Conformation Death Ville 10	
Complete if the organization answered "Yes" of (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or	and of year market value
	(b) Book value	(c) Method of Valuation. Cost of	end-or-year market value
(1)			
(2)		+	
(3)		+	
(4)		+	
(5)			
(6)			
(7) (8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, lir	ne 11d. See Form 990, Part X, line 15.	
(a) D	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		▶
Part X Other Liabilities.			
Complete if the organization answered "Yes" or	n Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X, lin	
(a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			1

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

Schedule D (Form 990) 2021

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Pai	rt XI Re	econciliation of Revenue per Audited Financial Staten	nents With	Revenue per R	eturn	·
	Co	mplete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total rever	nue, gains, and other support per audited financial statements			1	1,978,739.
2	Amounts i	included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unreal	lized gains (losses) on investments	2a	-2,818.		
b	Donated s	services and use of facilities	2b			
С	Recoverie	s of prior year grants	2c			
d	Other (Des	scribe in Part XIII.)	2d			
е	Add lines	2a through 2d			2e	-2,818.
3		ine 2e from line 1			3	1,981,557.
4	Amounts i	included on Form 990, Part VIII, line 12, but not on line 1:				
		nt expenses not included on Form 990, Part VIII, line 7b	···			
b	Other (Des	scribe in Part XIII.)	4b			•
С	Add lines				4c	1 001 557
5		nue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	1,981,557
Pa		econciliation of Expenses per Audited Financial State		Expenses per	кети	rn.
		mplete if the organization answered "Yes" on Form 990, Part IV, line 12				2 122 040
1		enses and losses per audited financial statements			1	2,123,849.
2		included on line 1 but not on Form 990, Part IX, line 25:	1 - 1			
		services and use of facilities				
		adjustments				
		Ses		22 020		
		scribe in Part XIII.)		22,038.		22 020
		2a through 2d			2e	22,038. 2,101,811.
3		ine 2e from line 1			3	2,101,011
4		included on Form 990, Part IX, line 25, but not on line 1:	الما			
		nt expenses not included on Form 990, Part VIII, line 7b				
	Add lines	scribe in Part XIII.)	-		40	0.
		4a and 4b enses. Add lines 3 and 4c. <i>(This must equal Form</i> 990, <i>Part I, line 18.)</i>			4c 5	2,101,811.
		ipplemental Information.			3	2/101/011
		criptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part and Part XII, lines 2d and 4b. Also complete this part to provide any a			4; Part	X, line 2; Part XI,
		, LINE 2D - OTHER ADJUSTMENTS:				
LOS	SS ON	UNCOLLECTABLE PLEDGES				22,038.

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization PERFORMANCE SPACE 122, INC. 13-3522283 Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations ☐ Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants ☐ Phone solicitations In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or Yes No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did (v) Amount paid (vi) Amount paid (i) Name and address of individual (iv) Gross receipts to (or retained by) have custody or control of contributions? (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

132081 10-21-21

Schedule G (Form 990) 2021

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

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

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List	events with gross recei	pts greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
			GALA			col. (c))			
<u>o</u>			(event type)	(event type)	(total number)	001. (0))			
Revenue	1	Gross receipts	315,593.			315,593.			
	2	Less: Contributions	215,821.			215,821.			
	3	Gross income (line 1 minus line 2)	99,772.			99,772.			
	4	Cash prizes							
Ø	5	Noncash prizes							
Direct Expenses	6	Rent/facility costs							
Direct E	7	Food and beverages							
	8	Entertainment							
	9	Other direct expenses	99,772.			99,772.			
	10	Direct expense summary. Add lines 4 through			>	99,772.			
	11					0.			
Pa	irt i		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than				
_		\$15,000 on Form 990-EZ, line 6a.	1	(b) Pull tabs/instant		(a) Tatal manais of add			
ne			(a) Bingo	bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Revenue				Singo/progressive singe		coi. (a) through coi. (c)			
Re		Cross revenue							
	1	Gross revenue							
	2	Cash prizes							
ses	_	Cacin ph/200							
Direct Expenses	3	Noncash prizes							
Direc	4	Rent/facility costs							
	5	Other direct expenses							
		Valuatary labor	Yes %	Yes %	Yes %				
	6	Volunteer labor	∟ No	│└──│ No	∟∟ No				
	7	Direct expense summary. Add lines 2 through	h 5 in column (d)		>				
	8	Net gaming income summary. Subtract line 7	7 from line 1, column (d)		>				
		,			·	•			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:						
а	ls t	the organization licensed to conduct gaming a	ctivities in each of these	states?		Yes No			
b	If "	No," explain:							
	_								
		ere any of the organization's gaming licenses re			year?	L Yes No			
b	If "	Yes," explain:							

Schedule G (Form 990) 2021

132082 10-21-21

Sch	edule G (Form 990) 2021	PERFORMANCE SP	ACE 122,	INC.	13-3	5222	283	Page 3			
11	Does the organization conduct g						′ es	☐ No			
12	Is the organization a grantor, ber to administer charitable gaming?						′ es	☐ No			
13	Indicate the percentage of gamir				,						
	The organization's facility					13a		%			
	An outside facility					13b		%			
	Enter the name and address of the										
	Name										
	Address ►										
15a	Does the organization have a cor	itract with a third party from wh	hom the organiza	tion receives gami	ng revenue?		/ es	☐ No			
ŀ	If "Yes," enter the amount of gan	ning revenue received by the o	rganization > \$		and the amount						
	of gaming revenue retained by th				_						
•	If "Yes," enter name and address										
	Name										
	Address										
16	Gaming manager information:										
	Name										
	Gaming manager compensation ▶ \$										
	daming manager compensation 🛩 🗸										
	Description of services provided	>									
	Director/officer	Employee	Independent	contractor							
17	Mandatory distributions:										
	Is the organization required unde	r state law to make charitable	distributions from	the gaming proce	eds to						
	retain the state gaming license?					LLI Y	Yes	└── No			
t	 Enter the amount of distributions organization's own exempt activi 	•	e distributed to ot	her exempt organi	zations or spent in the						
Pa		mation. Provide the explana	ations required by	Part I, line 2b, col	umns (iii) and (v); and Pa	rt III, lin	es 9,	9b, 10b,			
	15b, 15c, 16, and 17b, a	s applicable. Also provide any a	additional informa	ation. See instructi	ons.						

Schedule G	i (Form 990)	PERFORMANCE	SPACE	122,	INC.	13-3522283 Page 4
Part IV	(Form 990) Supplemental Info	mation (continued)				<u>. </u>
-						
•						

SCHEDULE J (Form 990)

Compensation Information

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

Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

PERFORMANCE SPACE 122, INC. **Employer identification number** 13-3522283

Pa	art I Questions Regarding Compensation						
			Yes	No			
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,						
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.						
	First-class or charter travel Housing allowance or residence for personal use						
	Travel for companions Payments for business use of personal residence						
	Tax indemnification and gross-up payments Health or social club dues or initiation fees						
	Discretionary spending account Personal services (such as maid, chauffeur, chef)						
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or						
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b					
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,						
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2					
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's						
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to						
	establish compensation of the CEO/Executive Director, but explain in Part III.						
	Compensation committee						
	Independent compensation consultant Compensation survey or study						
	Form 990 of other organizations Approval by the board or compensation committee						
4	During the year did any pareen listed on Form 000 Part VIII. Section A line to with respect to the filing						
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:						
9		4a		х			
	Receive a severance payment or change-of-control payment? Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X			
	Participate in or receive payment from an equity-based compensation arrangement?	4c		X			
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.						
	The totally of lines to specific and provide the applicable affective for each term in the time.						
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.						
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the revenues of:						
а	The organization?	5a		Х			
	Any related organization?	5b		Х			
	If "Yes" on line 5a or 5b, describe in Part III.						
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation						
	contingent on the net earnings of:						
а	The organization?	6a		X			
	Any related organization?	6b		Х			
	If "Yes" on line 6a or 6b, describe in Part III.						
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			77			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		X			
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			37			
_	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X			
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in						
	Regulations section 53.4958-6(c)?	9					

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

Schedule J (Form 990) 2021

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

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

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

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred (D) Nontaxable benefits		(E) Total of columns (B)(i)-(D)	in column (B)
		(i) Base (ii) Bonus & (iii) Other reportable compensation compensation		compensation			reported as deferred on prior Form 990	
(1) JENNY SCHLENZKA ZANARDI	(i)	159,945.	0.	0.	0.	16,946.	176,891.	0.
EXECUTIVE ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						1	

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

SCHEDULE O (Form 990)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or Form 990-EZ.

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

2021
Open to Public Inspection

Internal Revenue Service

Name of the organization

PERFORMANCE SPACE 122, INC.

Employer identification number 13-3522283

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

FOR OVER FOUR DECADES, PERFORMANCE SPACE NEW YORK HAS BEEN A HUB FOR

CONTEMPORARY PERFORMANCE AND AN ACTIVE MEMBER OF THE CULTURAL COMMUNITY

IN NEW YORK CITY AND THROUGHOUT THE WORLD. NURTURING AND ENCOURAGING

CREATIVE RISK-TAKING IN THE PRESENTATION OF LIVE PERFORMANCE IS A

HALLMARK OF PERFORMANCE SPACE NEW YORK'S ARTISTIC VISION.

PERFORMANCE SPACE NEW YORK PROVIDES INCOMPARABLE EXPERIENCES FOR

AUDIENCES BY PRESENTING AND COMMISSIONING ARTISTS WHOSE WORK CHALLENGES

THE BOUNDARIES OF LIVE PERFORMANCE. PERFORMANCE SPACE NEW YORK IS

DEDICATED TO SUPPORTING THE CREATIVE RISKS TAKEN BY ARTISTS FROM

DIVERSE GENRES, CULTURES AND PERSPECTIVES. WE ARE AN INNOVATIVE LOCAL,

NATIONAL AND INTERNATIONAL LEADER IN CONTEMPORARY PERFORMANCE.

FORM 990, PART VI, SECTION A, LINE 8B:

CONTEMPORANEOUS MINUTES ARE MAINTAINED FOR MEETINGS OF THE AUDIT COMMITTEE.

MEETINGS HELD AND ACTIONS TAKEN BY OTHER COMMITTEES ARE REPORTED TO THE

BOARD OF DIRECTORS AT ITS REGULAR MEETINGS.

FORM 990, PART VI, SECTION B, LINE 11B:

THE FINANCE AND AUDIT COMMITTEES ARE PRESENTED WITH THE 990 BEFORE IT IS FILED WITH THE IRS.

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

BOARD AND EMPLOYEES ARE COVERED BY THE POLICY. POLICY REQUIRES DISCLOSURE

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990) 2021

132211 11-11-21

Schedule O (Form 990) 2021 Page 2

Name of the organization **Employer identification number** PERFORMANCE SPACE 122, INC. 13-3522283 OF CONFLICTS. POLICY IS RENEWED ON AN ANNUAL BASIS. AUDIT COMMITTEE REVIEWS CONFLICTS, INVITES TESTIMONY FROM THE PARTY, DETERMINES DISCIPLINARY OR OTHER ACTION AS APPROPRIATE, WHICH MAY INCLUDE TERMINATION OF THE RELATIONSHIP IF THERE IS NOT ANOTHER ALTERNATIVE, SUBJECT TO THE SEVERITY OF THE INCIDENT OR CONFLICT. FORM 990, PART VI, SECTION B, LINE 15: WHEN HIRING, ALL SALARIES AND COMPENSATION LEVELS ARE DETERMINED BY INDUSTRY STANDARDS AND ORGANIZATIONAL CAPACITY. SALARIES FOR ALL FULL TIME STAFF ARE INCLUDED IN THE ANNUAL BUDGET AND APPROVED BY THE BOARD. EMPLOYEES RECEIVE ANNUAL EMPLOYMENT LETTERS LISTING SALARY AND BENEFITS. THE EXECUTIVE ARTISTIC DIRECTOR IS ISSUED A CONTRACT BY THE BOARD. FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST. FORM 990, PART IX, LINE 11G, OTHER FEES: ARTISTIC FEES: PROGRAM SERVICE EXPENSES 197,380. MANAGEMENT AND GENERAL EXPENSES FUNDRAISING EXPENSES 0. TOTAL EXPENSES 197,380. PROFESSIONAL AND OTHER FEES: PROGRAM SERVICE EXPENSES 40,856. MANAGEMENT AND GENERAL EXPENSES 10,861. FUNDRAISING EXPENSES 8,803. TOTAL EXPENSES 60,520. 132212 11-11-21 Schedule O (Form 990) 2021