# (Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

Department of the Ireasury Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.

A For the 2019 calendar year, or tax year beginning JUL 1, 2019 and ending JUN 30, 2020

Open to Public Inspection

OMB No. 1545-0047

В	Check if	C Name of organization		D Employer identifi	cation number			
_	∵. □Addre							
F	chang Name	PERFORMANCE SPACE 122, INC.		1, ,,,,,	0.0			
F	chang	e Doing business as PERFORMANCE SPACE NEW YORK		13-35222				
F	return		Room/suite					
L	Final return termin		4 FL	212-477-				
_	ated Amen	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	2,534,895.				
F	return	NEW TORK, NI 10005		H(a) Is this a group re				
L	tion pendi	F Name and address of principal officer: O ENNT SCILLENZIVA		for subordinates?Yes X No				
	•	SAME AS C ABOVE		H(b) Are all subordinates in				
		empt status: $X = 501(c)(3) = 501(c)(1)$ (insert no.) $4947(a)(1) = 4947(a)(1)$	or 527		list. (see instructions)			
		te: WWW.PERFORMANCESPACENEWYORK.ORG	1	H(c) Group exemptio				
		organization: X Corporation Trust Association Other	<b>L</b> Year	of formation: 1984 N	M State of legal domicile: NY			
P		Summary	וחמווטי	II E O				
e	1	Briefly describe the organization's mission or most significant activities: ${\color{red} {\rm SEE}}$	SCHEDU	TE O				
Activities & Governance		O						
/eri		Check this box if the organization discontinued its operations or dispos		1	ssets.   15			
é				3	15			
≪		Number of independent voting members of the governing body (Part VI, line 1b)			109			
ties		Total number of individuals employed in calendar year 2019 (Part V, line 2a)			30			
ξį		Total number of volunteers (estimate if necessary)			0.			
Ac		Total unrelated business revenue from Part VIII, column (C), line 12			0.			
	b	Net unrelated business taxable income from Form 990-T, line 39	·····					
		0 17 17 17 17 17 17 17 17 17 17 17 17 17		Prior Year 1,804,313.	Current Year 2,177,576.			
ne		Contributions and grants (Part VIII, line 1h)		140,142.	87,610.			
Revenue		Program service revenue (Part VIII, line 2g)		89,967.	3,289.			
Re		Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,577.	17,381.			
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		2,036,999.	2,285,856.			
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,030,999.	2,203,030.			
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	1	Benefits paid to or for members (Part IX, column (A), line 4)		962,456.	922,198.			
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		902,450.	922,196.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u> </u>	0.	0.			
Ä	_b			1,131,871.	871,890.			
	1/	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		2,094,327.	1,794,088.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		-57,328.	491,768.			
_ <u>c</u>	19	Revenue less expenses. Subtract line 18 from line 12		eginning of Current Year				
ts o		T. I. (D. I.V.); 40)		1,106,243 .	End of Year 1,866,108.			
SSE	20	Total assets (Part X, line 16)		127,623.	396,473.			
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)	·····	978,620.	1,469,635.			
	22 art II	Net assets or fund balances. Subtract line 21 from line 20		370,020.	1,409,000.			
		lities of perjury, I declare that I have examined this return, including accompanying schedules	s and statem	nents, and to the hest of m	v knowledge and helief it is			
		et, and complete. Declaration of preparer (other than officer) is based on all information of wh			y knowledge and belief, it is			
ii do	, 001100	Land complete. Books and in property (careful than officer) to become an an information of win	non propuro	<del></del>				
Sig	n	Signature of officer		05/13/2021 Date				
He		JENNY SCHLENZKA, EXECUTIVE ARTISTIC D	TRECTO	)R				
пе	e	Type or print name and title	шст	, , , , , , , , , , , , , , , , , , ,				
_		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	JENNIFER COATES		if				
	parer	Firm's name LUTZ AND CARR, CPAS LLP		self-employ Firm's EIN ▶	13-1655065			
	Only	Firm's address 551 FIFTH AVENUE, SUITE 400		THITSLIN				
NEW YORK, NY 10176 Phone no. 212-697-2299								
Ma	v the II	RS discuss this return with the preparer shown above? (see instructions)		1 113.10 110.22	X Yes No			

Pai	till Statement of Program Service Accomplishments	1
	Check if Schedule O contains a response or note to any line in this Part III	<u>_</u>
1	Briefly describe the organization's mission:	
	SEE SCHEDULE O.	_
		_
		_
2	Did the organization undertake any significant program services during the year which were not listed on the	-
2	prior Form 990 or 990-EZ?	
	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 X No	
3	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and	
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1, 281, 494 • including grants of \$) (Revenue \$87, 610 •	)
	COMMISSIONING AND DEVELOPMENT:	•
	PERFORMANCE SPACE NEW YORK IS AN ARTIST-CENTRIC INSTITUTION. OUR WORK	_
	STARTS WITH THE ARTIST, NOT THE PROJECT, ENSURING THE FREEDOM AND	
	SECURITY NECESSARY FOR CREATIVE RISK-TAKING. ARTISTS ARE PROVIDED WITH	_
	MONETARY SUPPORT AND THE FULL RESOURCES OF THE ADMINISTRATIVE,	
	MARKETING, FUNDRAISING, PRODUCTION AND PROGRAMMING STAFF.	_
		_
	ARTIST RESIDENCIES:	_
	PERFORMANCE SPACE NEW YORK PROVIDES RESIDENCY FEES AND SPACE FOR	_
	SEVERAL ARTISTS THROUGHOUT THE YEAR. RESIDENCIES INCLUDE BOTH TECHNICAL	
	AND ADMINISTRATIVE SUPPORT FOR ARTISTS' GOALS FOR THE CREATION OF THEIR	_
	WORK. RESIDENCIES OFTEN CONCLUDE WITH A PUBLIC SHOWING.	_
4b	(Code:) (Expenses \$	)
		_
		_
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		-
		-
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		_
4c	(Code:) (Expenses \$	)
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		_
		_
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		_
		_
		_
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$\frac{\text{including grants of \$}}{1,281,494}.	_
4e	Total program service expenses ► 1, 281, 494.	_

### 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?	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			Х
_	during the tax year? If "Yes," complete Schedule C, Part II	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	5		x
6	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	э		122
U	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		x
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	Ė		
_	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	<u> </u>
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			,
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
a	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		x
_	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
•	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		X
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			1,7
	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
46	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
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		22
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	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	- ''		<del></del>
	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,"	٠.٠		<del></del>
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	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		X

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#### Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	23	x	
24 a	Schedule J  Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
b	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			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		_
<b>2</b> 5a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 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	Lou		
	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		Х
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%			7.7
	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 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 Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b?	00-		X
29	"Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c 29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
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			
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
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		X
34	Part V, line 1	34		x
35a	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		<u> </u>
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			17
<b></b>	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If</i> "Yes," <i>complete Schedule R, Part VI</i>	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		
00		38	х	
Pai	Note: All Form 990 filers are required to complete Schedule O  **T V Statements Regarding Other IRS Filings and Tax Compliance		•	
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 83	4		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	(gambling) winnings to prize winners?	1c	х	
	13	<u></u>		

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# Form 990 (2019) PERFORMANCE SPACE 122, INC. Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a 109 b If a least one is reported on ine 2a, did the organization if leaf is equired federal employment tax returner? b If a least one is reported on line 2a, did the organization life all required federal employment tax returner? Note: If the sum of lines 1 and 2a is greater than 250, you may be required to effe tes einstructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3b If "Yes," has in filled a Form 990-T for this year? If "No" to fire 3b, provide an explanation on Schedule 0 3c If "Yes," and the filled a Form 990-T for this year? If "No" to fire 3b, provide an explanation on Schedule 0 3c If "Yes," and the the name of the foreign country but in the name of the na				Yes	No					
b If a least one is reported on line 2a, did the organization file alrequired federal employment tax returns?  Note: If the sum of lines is and 2 as greater than 250, you may be required to e-file (see instructions)  3	2a									
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)  3a		filed for the calendar year ending with or within the year covered by this return 2a 109								
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year?  3b If "Yes," has if tilled a Form 9807 for this year? If "Not * to im 83,000 or more during the year?  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; a foreign country (such as a bank account, provide an explanation on Schedule O.  4b If "Yes," inter the name of the foreign country.  5c In It "Yes * to line Sar of Sh, did the foreign country.  5c In It yes * to line Sar of Sh, did the foreign country.  5c In It yes * to line Sar of Sh, did the organization in Erom 8807 for It yes * to line Sar of Sh, did the organization in Erom 8807 for It yes * to line Sar of Sh, did the organization the organization the organization in the are formally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?  6c 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?  6c Does the organization related and the every solicitation an express statement that such contributions or gifts were not tax deductible?  6c Does the organization state may receive deductible contributions under section 170(c).  8d If "Yes," indicate the number of forms 8802 fish made partly as a contribution and partly for goods and services provided to the payor?  7d Does the organization sell, exchange, or otherwise disposes of tangible personal property for which it was required to the ferm 8802?  7c X If Did the organization new law of the value of the goods or services provided?  7d Did the organization related a contribution of qualified intellectual property, did the organization file a form 1084 or to the Form 8802 as required?  7d Did the organization related a contribution of qualified intellectual property, did the organization file a form 1084 or to the sponsoring organizations make any taxabolic	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X						
b If Yes, "has it filed a Form 990 T for this year? If "No" to file 3b, provide an explanation on Schedule O  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?  4b If "Yes," enter the name of the foreign country   Securities account, or other financial accounts (FBAR).  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?  5c Was the organization a party to a prohibited tax shelter transaction?  6c Did any taxable party notify the organization file Form 888877.  6c Did was 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?  6c Did the organization that may receive deductible contributions an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  8d Did the organization several payment in excess of \$15 made party as contribution and party for goods and services provided?  7c Did the organization express any expression and payment and party for goods and services provided to the payor?  7a Was to file form 8282?  7b Did the organization receive a payment in excess of \$15 made party as contribution of quanty and party for goods and services provided to the payor?  7a Was to file form 8282?  7b Did the organization received an contribution of underty, to pay premiums on a personal benefit contract?  7c X  7d Did the organization received an contribution of underty, to pay premiums on a personal benefit contract?  7r Was, "Indicate the number of Forms 8282 filed during the year  7d Did the organization received an contrib		Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)								
4a A any time during the calendary year, dot 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)?  b If "Yes," enter the name of the foreign country ▶  5a Was the organization party to a prohibited tax whether transaction?  5b Was the organization that it was or is a party to a prohibited tax whether transaction?  5c If "Yes" to lie So or 5b, did the organization the ferm 88867?  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 schariable contributions?  6b Wes the organization related to tax deductible schariable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization stat any precive deductible contributions under section 170(c).  a Did the organization state any receive deductible contributions under section 170(c).  b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7c Organizations that may receive deductible contributions under section 170(c).  a Did the organization state any receive deductible contributions and any arriy for goods and services provided to the payor?  7c If Yes, "Indicate the number of Forms 8222 filed during the year to the Form 82822 filed during the year.  b Did the organization enough a contribution of a device the year of the year in the yea	За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		X					
the interval of the contributions of the financial account, or other financial account)?  b if 1'Yes, 'reter the name of the foreign country ▶ See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization a party to a prohibited tax shefter transaction at any time during the tax year?  5b Did any taxable party notify the organization that it was or is a party to a prohibited tax shefter transaction at any time during the tax year.  5c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17?  6c I 'Yes' to line 5a or 5b, did the organization file Form 8886-17?  6d Does the organization shall that were not tax deductible as charitable contributions?  6d I 'Yes' to did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  7 Organization shall many receive deductible contributions under section 170(c).  8 Did the organization receive appropent in excess of \$75 made party as a contribution of party for goods and services provided to the payor?  7 b I'Yes', did the organization notify the donor of the value of the goods or services provided?  7 b I'Yes', did the organization notify the donor of the value of the goods or services provided?  7 c Did the organization netwer appropriate in excess of \$75 made party as a contribution of organization for the value of the goods or services provided?  8 b I'Yes', did the organization netwer and party or property for which it was required to life Form 8282?  9 I'Yes, did the organization netwer and party or property for which it was required to life Form 8282?  9 I'Yes', to indicate the number of Forms 8282 fied during the year  9 I' He organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 8282 organization have excess business holdings at any time during the year?  9 Sponsoring organization make any taxable distributions under section 4968?  9 Section 50	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							
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b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b 11 Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders 11a 5 Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12b 15 "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b 15 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? 13a 13a 14b 15 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 15c 15d 15c 15d										
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organization is licensed to issue qualified health plans		Note: See the instructions for additional information the organization must report on Schedule O.								
c Enter the amount of reserves on hand 13c	b	Enter the amount of reserves the organization is required to maintain by the states in which the								
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excess parachute payment(s) during the year?  If "Yes," see 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?  If "Yes," complete Form 4720, Schedule O.	b	<b>b</b> If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O								
If "Yes," see 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.	15									
16 Is the organization an educational institution subject to the section 4968 excise tax on net investment income?  If "Yes," complete Form 4720, Schedule O.			15		X					
If "Yes," complete Form 4720, Schedule O.					77					
	16		16		X					
		If "Yes," complete Form 4720, Schedule O.	F.	000	(00.10)					

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 1a 15									
	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 15									
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		X						
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										
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		X						
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		X						
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		X						
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 in Schedule O the process, if any, used by the organization to review this Form 990.									
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х							
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									
	in 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 in Schedule O (see instructions).									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a									
	taxable entity during the year?	16a		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, NO. 4 FL, NEW YORK, NY 10009									

932006 01-20-20

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and title	(B) Average hours per	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)		(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of				
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer Officer		Highest compensated /zkm/zkm/zkm/zkm/zkm/zkm/zkm/zkm/zkm/zkm	ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ENRICO CIOTTI	1.00								_	
PRESIDENT	1 00	Х		Х				0.	0.	0.
(2) SUZANNE GEISS	1.00	,,		,,						0
VICE PRESIDENT	1 00	Х		Х				0.	0.	0.
(3) DEBBIE MILLMAN	1.00	,,		,,					_	0
SECRETARY	1 00	Х		Х				0.	0.	0.
(4) KENNETH DALE	1.00	<b>.</b> ,		\ \ \					_	0
TREASURER	1 00	Х		Х				0.	0.	0.
(5) KERSTIN BRATSCH	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	^						0.	0.	0.
(6) MEAGHAN GRAGG	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	^						0.	0.	0.
(7) MILES GREENBERG	1.00	x						0.	0.	0.
BOARD MEMBER (8) JESSE HERNREICH	1.00	Δ						0.	0.	0.
BOARD MEMBER	1.00	X						0.	0.	0.
(9) ISHMAEL HOUSTON-JONES	1.00	^						0.	0.	<u> </u>
BOARD MEMBER	1.00	X						0.	0.	0.
(10) CHARLES KERR	1.00							0.	•	•
BOARD MEMBER (THRU OCT. 2019)	1.00	Х						0.	0.	0.
(11) HUMBERTO LEON	1.00							•	0.	•
BOARD MEMBER	1.00	x						0.	0.	0.
(12) IVAN MARTINEZ	1.00									
BOARD MEMBER		х						0.	0.	0.
(13) SOPHIE MORNER	1.00							-		
BOARD MEMBER		Х						0.	0.	0.
(14) ADAM WHITNEY NICHOLS	1.00							-		
BOARD MEMBER		Х						0.	0.	0.
(15) POPPY PULITZER	1.00									
BOARD MEMBER		Х						0.	0.	0.
(16) KANEZA SCHAAL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(17) FRANK SPELMAN	1.00									
BOARD MEMBER		Х	L	L	L	L		0.	0.	0.

Section A. Officers, Directors, Tru		ploy	yees	_		ıghe	st C	T	·			<b></b> >	
(A)	(B)			-	<b>C)</b> sitior	,		(D)	(E)			(F)	
Name and title	Average (do no		not c	heck	more	than		Reportable	Reportable			imate	
	hours per week					is bot or/trus		compensation from	compensation from related	ו ו		ount (	)†
	<b>I</b>	<del> </del>					Ĺ				comp	ther	tion
	hours for	direct						the organization	organizations (W-2/1099-MIS			m the	
	related	e or c	stee			satec		(W-2/1099-MISC)	(***2/*1033-14113)	°,		nizati	
	organizations	ruste	İ		ee ee	mper		(** 27 1000 111100)			•	relate	
	below	dualt	ntion	_	loldu	st co	ь Б				orgar		
	line)	Individual trustee or director	Institutional trustee	Officer	key employee	Highest compensated employee	Former				Ū		
(18) MICHAEL STIPE	1.00				_								
BOARD MEMBER		X						0.		0.			0.
(19) JASON TSOU	1.00												
BOARD MEMBER (THRU OCT. 2019)_		Х						0.		0.			0.
(20) JENNY SCHLENZKA	40.00												
EXECUTIVE ARTISTIC DIRECT				X				151,439.		0.	4	1,3	15.
(21) PATRICIA HERTLING	40.00												
DEPUTY DIRECTOR						X		102,800.		0.	14	1,1	12.
1b Subtotal							<u>►</u>	254,239.		0.	18	3,4	27.
c Total from continuation sheets to Part	VII, Section A						<b>•</b>	0.		0.			0.
d Total (add lines 1b and 1c)								254,239.		0.	18	3,4	27.
2 Total number of individuals (including but								eceived more than \$100	,000 of reportable	<del></del>			
compensation from the organization													2
											,	Yes	No
3 Did the organization list any former office	er, director, trust	ee, l	key (	emp	loye	e, or	hig	hest compensated emp	loyee on				
line 1a? If "Yes," complete Schedule J for	such individual									[	3		X
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1	50,000? If "Yes,	" cc	mpl	ete .	Sch	edule	e J f	for such individual		[	4	Х	
5 Did any person listed on line 1a receive o	r accrue compe	nsat	tion 1	from	any	y unr	elat	ed organization or indivi	dual for services				
rendered to the organization? If "Yes," co	mplete Schedu	le J i	for s	uch	pers	son .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest of	compensated in	dep	ende	ent d	cont	racto	ors t	hat received more than	\$100,000 of comp	pens	ation fr	om	
the organization. Report compensation for	or the calendar y	ear	endi	ing v	with	or w	ithir	n the organization's tax y	year.				
(A)								(B)			(C)	)	
Name and busines	ss address	N	ONI	E				Description of s	ervices	С	ompen	satio	า
2 Total number of independent contractors	(including but r	not li	imite	d to	tho	se lis	sted	d above) who received m	ore than				
\$100,000 of compensation from the orga	nization >				(	0							

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Ра	rt V	Ш							
			Check if Schedule O co	ntains a response	or note to any lir			(0)	
						(A) Total revenue	(B) Related or exempt	(C) Unrelated	<b>(D)</b> Revenue excluded
						Total revenue		business revenue	from tax under
10.10									sections 512 - 514
ants			Federated campaigns						
G Jou			Membership dues						
fts,			Fundraising events						
Contributions, Gifts, Grants and Other Similar Amounts			-	1d	212 FF1				
Sir			Government grants (contrib	· -	313,551.				
utic		f	All other contributions, gifts, gr		864,025.				
			similar amounts not included at		004,023.				
o pu		_	Noncash contributions included in lin			2 177 576			
<u>0 a</u>		<u>n</u>	Total. Add lines 1a-1f		1	2,177,576.			
•	_	_	BOX OFFICE REV	/ENITE	Business Code 711130	72,152.	72,152.		
<u>Š</u>	2		RENTAL INCOME	ENOE	711110	15,458.	15,458.		
Program Service Revenue			RENTAL INCOME		711110	15,450.	13,430.		
E S		c d							
gra Re		u e							
Pro			All other program service re	venue					
			Total. Add lines 2a-2f		•	87,610.			
	3	<u> </u>	Investment income (includir			,			
			other similar amounts)	,	· •	3,268.			3,268.
	4		Income from investment of						
	5		Royalties						
				(i) Real	(ii) Personal				
	6	а	Gross rents	6a					
		b	Less: rental expenses	6b					
			` ' _	6c					
			Net rental income or (loss)						
	7	а	Gross amount from sales of	(i) Securities	(ii) Other				
			· -	<sub>7a</sub> 249,060.					
ō		D	Less: cost or other basis	<sub>7b</sub> 249,039.					
enc		_		$\frac{76}{7c}$ 21.					
Revenue			Net gain or (loss)	. •		21.			21.
ē			Gross income from fundraising						
оŧр	Ū	_	including \$	of					
			contributions reported on lir						
			Part IV, line 18	8a					
		b	Less: direct expenses						
		С	Net income or (loss) from fu	ındraising even <u>ts</u>					
	9	а	Gross income from gaming	activities. See					
			Part IV, line 19						
			Less: direct expenses						
			Net income or (loss) from ga	• —	<b></b>				
	10	а	Gross sales of inventory, les	l l					
			and allowances						
			Less: cost of goods sold						
		С	Net income or (loss) from sa	ales of inventory	Business Code				
Snc	11	2	MISCELLANEOUS		900099	17,381.			17,381.
nec		a b			700077	17,501.			17,501
ella		C							
Miscellaneous Revenue			All other revenue						
2			Total. Add lines 11a-11d		<b></b>	17,381.			
	12		Total revenue. See instructions			2,285,856.	87,610.	0.	20,670.

#### 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).

	ion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon				X
Do	not include amounts reported on lines 6b,	(A)	(B)	(C)	<b>(D)</b> Fundraising
7b,	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21				
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,	155 461	116 506	02 210	15 546
	trustees, and key employees	155,461.	116,596.	23,319.	15,546
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	620 150	412 426	102 017	110 000
7	Other salaries and wages	630,152.	413,436.	103,817.	112,899
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)	EC 751	27 105	10 020	0 701
9	Other employee benefits	56,754. 79,831.	37,195. 52,445.	10,838. 15,190.	8,721, 12,196,
10	Payroll taxes	79,831.	5∠,445.	15,190.	12,196
11	Fees for services (nonemployees):				
а	Management				
b	Legal	21 120		21 120	
С	Accounting	21,129.		21,129.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,	411 600	220 504	75 652	6 522
	column (A) amount, list line 11g expenses on Sch O.)	411,690. 40,585.	329,504. 40,561.	75,653.	6,533.
12	Advertising and promotion	20,620.	13,664.	3,786.	3,170.
13	Office expenses	20,620.	13,004.	3,700.	3,1/0
14	Information technology				
15	Royalties	155,828.	102,370.	29,651.	23,807.
16	Occupancy	49,585.	43,876.	2,422.	3,287
17	Travel	49,303.	45,070.	2,422.	3,207
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest Payments to offiliates				
21	Payments to affiliates  Depreciation, depletion, and amortization	56,830.	37,335.	10,813.	8,682
22		9,436.	6,199.	1,795.	1,442
23	Insurance Other expenses. Itemize expenses not covered	J, <del>1</del> 30 •	0,109.	1,155.	1,772
24	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	89,154.	82,546.	2,732.	3,876.
a	FUNDRAISING EXPENSES	7,977.	02,540.	2,752.	7,977
b	MISCELLANEOUS	7,377.	5,021.	1,331.	1,069
c d	BANK CHARGES	1,135.	746.	216.	173
	All other expenses	500.	7 = 0 •	210 •	500
	Total functional expenses. Add lines 1 through 24e	1,794,088.	1,281,494.	302,692.	209,902
<u>25</u> 26	Joint costs. Complete this line only if the organization	±,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-,20-, <del>2</del> ,2-,-	502,052.	200,002
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				
	0.01-20-20				Form <b>990</b> (2019

#### Part X Balance Sheet

Га	IL A	balance Sheet					<del>, , , , , , , , , , , , , , , , , , , </del>
		Check if Schedule O contains a response or	note to any I	ine in this Part X		······	
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			134,695.	1	498,542.
	2	Savings and temporary cash investments			354,190.	2	151,001.
	3	Pledges and grants receivable, net	256,183.	3	863,415.		
	4	Accounts receivable, net	2,670.	4	8,012.		
	5	Loans and other receivables from any currer					
		trustee, key employee, creator or founder, so					
		controlled entity or family member of any of		5			
	6	Loans and other receivables from other disq					
		under section 4958(f)(1)), and persons descr				6	
ß	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges			30,852.	9	25,633.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		626,692.			
	b	Less: accumulated depreciation		453,651.	229,535.	10c	173,041.
	11	Investments - publicly traded securities			98,118.	11	146,464.
	12	Investments - other securities. See Part IV, li			·	12	-
	13	Investments - program-related. See Part IV, I			13		
	14	Intangible assets		14			
	15	Other assets. See Part IV, line 11		15			
	16	Total assets. Add lines 1 through 15 (must e			1,106,243.	16	1,866,108.
	17	Accounts payable and accrued expenses		The state of the s	127,623.	17	90,396.
	18	Grants payable		18			
	19	Deferred revenue		19			
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Comple				21	
S	22	Loans and other payables to any current or					
Liabilities		trustee, key employee, creator or founder, so					
abi		controlled entity or family member of any of				22	
<b>=</b>	23	Secured mortgages and notes payable to ur				23	
	24	Unsecured notes and loans payable to unrel				24	306,077.
	25	Other liabilities (including federal income tax		_			
		parties, and other liabilities not included on I	ines 17-24). (	Complete Part X			
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			127,623.	26	396,473.
		Organizations that follow FASB ASC 958,					
Ses		and complete lines 27, 28, 32, and 33.					
<u>la</u>	27	Net assets without donor restrictions			-23,938.	27	-48,336.
Ba	28	Net assets with donor restrictions			1,002,558.	28	1,517,971.
ဋ		Organizations that do not follow FASB AS					
Ę		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current fur	nds			29	
set	30	Paid-in or capital surplus, or land, building, o				30	
: As	31	Retained earnings, endowment, accumulate	other funds		31		
Ret	32	Total net assets or fund balances		978,620.	32	1,469,635.	
-	33	Total liabilities and net assets/fund balances			1,106,243.	33	1,866,108.

Pai	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1 2 3 4 5 6 7 8	Total revenue (must equal Part VIII, column (A), line 12)  Total expenses (must equal Part IX, column (A), line 25)  Revenue less expenses. Subtract line 2 from line 1  Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))  Net unrealized gains (losses) on investments  Donated services and use of facilities  Investment expenses  Prior period adjustments  Other changes in net assets or fund balances (explain on Schedule O)	1 2	, 28 , 79 49	5,8 4,0 1,7 8,6			
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	,46	9,6	35.		
Pa	rt XIII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII						
1 2a	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.						
b	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis  Were the organization's financial statements audited by an independent accountant?  If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:						
	<ul> <li>X Separate basis</li> <li>Consolidated basis</li> <li>Both consolidated and separate basis</li> <li>If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?</li> <li>If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.</li> <li>3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit</li> </ul>						
b	Act and OMB Circular A-133? <b>b</b> If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why on Schedule O and describe any steps taken to undergo such audits						

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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** 

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 or 990-EZ).) 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 in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. 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. 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 in your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions))

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 932021 09-25-19 Schedule A (Form 990 or 990-EZ) 2019

Total

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

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

Sec	ction A. Public Support		·						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total		
1	Gifts, grants, contributions, and	` ,	` ,	` ,		, ,	.,		
	membership fees received. (Do not								
	include any "unusual grants.")	1600315.	902,123.	1037490.	1804313.	2177576.	7521817.		
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	1600015	000 100	1008400	1004010	048888	BE0404B		
4	Total. Add lines 1 through 3	1600315.	902,123.	1037490.	1804313.	2177576.	7521817.		
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,						1747022		
_	column (f)						1747932. 5773885.		
	Public support. Subtract line 5 from line 4.						3//3003.		
	ndar year (or fiscal year beginning in)	(a) 201 <i>E</i>	(h) 2016	(a) 2017	(4) 2019	(a) 2010	(f) Total		
		(a) 2015 1600315.	(b) 2016 902,123.	(c) 2017 1037490.	(d) 2018 1804313.	(e) 2019 2177576.	(f) Total 7521817.		
	Amounts from line 4 Gross income from interest,	1000313.	JUZ, 125.	103/4200	1004313.	2177370.	7521017.		
0									
	dividends, payments received on securities loans, rents, royalties,								
	and income from similar sources	7,502.	6,263.	10,155.	10,737.	3,268.	37,925.		
9	Net income from unrelated business	7,5020	0,2001	20,200	207.070	3,2001	3,7,5231		
·	activities, whether or not the								
	business is regularly carried on								
10	Other income. Do not include gain								
	or loss from the sale of capital								
	assets (Explain in Part VI.)	2,441.	22.	8,704.	2,577.	17,381.	31,125.		
11	<b>Total support.</b> Add lines 7 through 10						7590867.		
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	769,202.		
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)			
	organization, check this box and stop						<b>&gt;</b>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage						
	Public support percentage for 2019 (I					14	76.06 %		
	Public support percentage from 2018					15	78.66 %		
16a	33 1/3% support test - 2019. If the o	•		,		,			
	<b>stop here.</b> The organization qualifies								
b	33 1/3% support test - 2018. If the c	-							
	and <b>stop here.</b> The organization qual								
17a	10% -facts-and-circumstances tes	J					,		
	and if the organization meets the "fac								
,	meets the "facts-and-circumstances"								
b	10% -facts-and-circumstances test	_							
	more, and if the organization meets the						·		
10	organization meets the "facts-and-circ								
18	18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions								

Schedule A (Form 990 or 990-EZ) 2019

### 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						
Cale	ndar year (or fiscal year beginning in) 🖊	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
·	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
J	furnished by a governmental unit to						
	the organization without charge						
6	Takal Asial Basa d Massacale 5						
	Total. Add lines 1 through 5				1		<u> </u>
/ 6	' '						
ŀ	3 received from disqualified persons Amounts included on lines 2 and 3 received				1		
•	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.)						
	•••	(-) 001E	(h) 0010	(=) 0017	(4) 0040	(=) 0010	(f) Total
	endar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6 Gross income from interest,						
104	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	n 501(c)(3) orga	nization,
_	check this box and stop here						<b>&gt;</b>
	ction C. Computation of Publi						
	Public support percentage for 2019 (li					15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	tment Incom	e Percentage				
17	Investment income percentage for 20	<b>19</b> (line 10c, colur	nn (f), divided by li	ne 13, column (f))		17	%
	Investment income percentage from 2					18	%
	33 1/3% support tests - 2019. If the					33 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar						<b>▶</b> □
k	33 1/3% support tests - 2018. If the						6, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

### Part IV | Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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 (b) and (c) 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 12a or 12b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **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 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 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 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		
3b		
3с		
_		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9c		
90		
10a		
10b		

Par	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	e organization accepted a gift or contribution from any of the following persons?			
а	A pers	on who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below,	the governing body of a supported organization?	11a		
b	A famil	y member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Sec	tion B	. Type I Supporting Organizations			
		,		Yes	No
1		e directors, trustees, or membership of one or more supported organizations have the power to			
	-	ly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
		lled the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
_		rations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2		e organization operate for the benefit of any supported organization other than the supported			
	U	zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
		how providing such benefit carried out the purposes of the supported organization(s) that operated,	_		
800		ised, or controlled the supporting organization.	2		
Sec	lion C	. Type II Supporting Organizations		V	Na
4	Mara	majority of the expanization's divertors by twistons during the toy year along majority of the divertors		Yes	No
1		majority of the organization's directors or trustees during the tax year also a majority of the directors			
		tees of each of the organization's supported organization(s)? If "No," describe in Part VI how control agement of the supporting organization was vested in the same persons that controlled or managed			
		oported organization(s).	1		
Sec		. All Type III Supporting Organizations			
		· / · · · · · · · · · · · · · · · · · ·		Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			110
		zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i	) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organiz	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	iny of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organiz	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	anization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described in (2), did the organization's supported organizations have a			
	signific	ant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		ted organizations played in this regard.	3		
-		. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	•		
a		The organization satisfied the Activities Test. Complete line 2 below.			
b		The organization is the parent of each of its supported organizations. Complete line 3 below.		-1	
с 2		Γhe organization supported a governmental entity. <i>Describe in <b>Part VI</b> how you supported a government entity (see inst</i> es Test. <b>Answer (a) and (b) below.</b>	ructions	Yes	No
a		ostantially all of the organization's activities during the tax year directly further the exempt purposes of		163	NO
а		opported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI</b> identify			
		supported organizations and explain how these activities directly furthered their exempt purposes,			
		e organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more			
		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		s for the organization's position that its supported organization(s) would have engaged in these			
		es but for the organization's involvement.	2b		
3		of Supported Organizations. Answer (a) and (b) below.			
а	Did the	e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustee	s of each of the supported organizations? Provide details in Part VI.	За		
b	Did the	organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its s	upported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	n Nov. 20, 1970 (explain in	Part VI). See instructions. A	
	other Type III non-functionally integrated supporting organizations must co	mplete \$	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 <b>Part VI</b> ):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting org	ganization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	↑ V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continued)</sub>	
Secti	ion D - Distributions		<u> </u>	Current Year
1	Amounts paid to supported organizations to accomplish exe			
2	Amounts paid to perform activity that directly furthers exemple			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpos	es of supported organization	ns	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which t	he organization is responsive	Э	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reason-			
	able cause required- explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from Section D,			
	line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, 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 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015			
b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
е	Excess from 2019			

Schedule A (Form 990 or 990-EZ) 2019

#### Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

#### **Schedule of Contributors**

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OMB No. 1545-0047

13-3522283

2019

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 Form 990-PF 501(c)(3) exempt private foundation 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 or 990-EZ), 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, 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, 990-EZ, or 990-PF), 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

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

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Name of organization Employer identification number

#### PERFORMANCE SPACE 122, INC.

13-3522283

(a)	(1-)		
No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	THE KEITH HARING FOUNDATION, INC.  676 BROADWAY 5TH FLOOR  NEW YORK, NY 10012	\$1,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	NEW YORK CITY DEPARTMENT OF CULTURAL AFFAIRS  31 CHAMBERS ST., 2ND FLOOR  NEW YORK, NY 10007-1210	\$177,651.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	TIDES FOUNDATION  55 EXCHANGE PLACE STE 402  NEW YORK, NY 10005	\$\$	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
4	SWISS INSTITUTE  117 2ND AVE APT 2  NEW YORK, NY 10003	\$127,415.	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
5	NEW YORK COMMUNITY TRUST  909 THIRD AVE 22ND FLOOR  NEW YORK, NY 10022	\$\$	Person X Payroll
(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	\$\$	Person X Payroll

Name of organization Employer identification number

#### 13-3522283 PERFORMANCE SPACE 122, INC. Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 7 HOWARD GILMAN FOUNDATION | X | Person Payroll 75,000. 1 ROCKEFELLER PLAZA, SUITE 1701 Noncash (Complete Part II for NEW YORK, NY 10020 noncash contributions.) (a) (b) (c) (d) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 8 MERTZ GILMORE FOUNDATION Person Payroll 218 EAST 18TH ST. 63,500. Noncash (Complete Part II for NEW YORK, NY 10003-3694 noncash contributions.) (d) (a) (c) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 X MARK HART III Person Payroll 1401 FOCH STREET, SUITE 100 50,000. Noncash (Complete Part II for FORTH WORTH, TX 76107 noncash contributions.) (c) (d) (a) (b) **Total contributions** No. Name, address, and ZIP + 4 Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Type of contribution No. Name, address, and ZIP + 4 **Total contributions** Person Payroll Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person Pavroll Noncash (Complete Part II for

noncash contributions.)

Name of organization

Employer identification number

# PERFORMANCE SPACE 122, INC.

13-3522283

Part II	II Noncash Property (see instructions). Use duplicate copies of Part II if additional 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			
		. \$				

Employer identification number

Name of organization

	RMANCE SPACE 122, INC.		13-3522283
art III	Exclusively religious, charitable, etc., contribution from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional	) through (e) and the following line encharitable, etc., contributions of \$1,000 or	section 501(c)(7), (8), or (10) that total more than \$1,000 for the try. For organizations  less for the year. (Enter this info. once.)  \$\Bigsir \frac{\\$}{\} = \Bigsir \frac{\}{\} = \Bigsir \
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee
) No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer of gif	t  Relationship of transferor to transferee
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
_	Transferee's name, address, a	(e) Transfer of gif	t  Relationship of transferor to transferee
No. rom art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-		(e) Transfer of gif	

#### **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 Open to Public Inspection

Name of the organization

PERFORMANCE SPACE 122, INC.

**Employer identification number** 13-3522283

Par	t I Organizations Maintaining Donor Advise	ed Funds or Other Simila	ar Funds or A	ccounts.Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		·
		(a) Donor advised fund	s (	b) Funds and other accounts
1	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in	writing that the assets held in d	lonor advised fun	ds
	are the organization's property, subject to the organization's	exclusive legal control?		Yes No
6	Did the organization inform all grantees, donors, and donor a	advisors in writing that grant fur	nds can be used o	only
	for charitable purposes and not for the benefit of the donor	or donor advisor, or for any othe	er purpose confer	ring
Par	t II Conservation Easements. Complete if the or	ganization answered "Yes" on F	orm 990, Part IV	, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply).		
	Preservation of land for public use (for example, recreated	ation or education)	ervation of a histo	orically important land area
	Protection of natural habitat	Prese	ervation of a certi	fied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution i	n the form of a co	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			
b				2b
С	Number of conservation easements on a certified historic st			2c
d	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or termina	ated by the orgar	nization during the tax
	year ▶			
4	Number of states where property subject to conservation ea		<del></del> _	
5	Does the organization have a written policy regarding the pe			
•	violations, and enforcement of the conservation easements			
6	Staff and volunteer hours devoted to monitoring, inspecting.	, nandling of violations, and enfo	orcing conservati	on easements during the year
7	Amount of avanages incurred in monitoring inspecting ben	dling of violations, and enforcing	a concentation of	accompanie during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	uling of violations, and enforcing	g conservation ea	sements during the year
	▶ \$ Does each conservation easement reported on line 2(d) abo	vo actiofy the requirements of a	ootion 170/b)/4)/E	D)(i)
8				
9	and section 170(h)(4)(B)(ii)?  In Part XIII, describe how the organization reports conservat			
3	balance sheet, and include, if applicable, the text of the foot		=	
	organization's accounting for conservation easements.	note to the organization's infant	ciai statements ti	iat describes the
Par	t III Organizations Maintaining Collections of	f Art. Historical Treasur	es. or Other	Similar Assets.
	Complete if the organization answered "Yes" on Forn		,	
	If the organization elected, as permitted under FASB ASC 99	58. not to report in its revenue s	statement and ba	lance sheet works
	of art, historical treasures, or other similar assets held for pu	•		
	service, provide in Part XIII the text of the footnote to its fina			·
b	If the organization elected, as permitted under FASB ASC 99			e sheet works of
	art, historical treasures, or other similar assets held for public	•		
	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			
	the following amounts required to be reported under FASB A			
а	Revenue included on Form 990, Part VIII, line 1			. • \$
b	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction			Schedule D (Form 990) 2019

932051 10-02-19

	t III Organizations Maintaining C	ollections of A	rt, Hist	torical Tr	easures, d	or Othe	er Simila	ar Asse	ts(continu	ıed)
3	Using the organization's acquisition, accession	on, and other record	ls, checl	k any of the	following tha	t make s	ignificant	use of its		
	collection items (check all that apply):									
а	Public exhibition	d		Loan or exc	hange progra	am				
b	Scholarly research	е		Other						
С	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further t	he organizati	on's exe	mpt purpo	se in Par	t XIII.	
5	During the year, did the organization solicit or									
	to be sold to raise funds rather than to be ma								Yes	☐ No
Pai	t IV Escrow and Custodial Arran								line 9, or	
	reported an amount on Form 990, Par			Ü					,	
1a	Is the organization an agent, trustee, custodi	an or other intermed	diary for	contribution	ns or other as	sets not	included			
	on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII									
	, 1		3						Amount	
С	Beginning balance						1c			
	Additions during the year									
	Distributions during the year									
f	Ending balance									
	Did the organization include an amount on Fo								Yes	No
	If "Yes," explain the arrangement in Part XIII.						•			
	t V Endowment Funds. Complete if									
	- Complete	(a) Current year		rior year	(c) Two year		(d) Three y	ears hack	(e) Four v	ears back
<b>1</b> a	Beginning of year balance	(a) carrerit year	(2)1	nor your	(b) The year	o baon	( <b>a)</b> 111100 y	ouro buon	(C) rour j	ouro buon
b	Contributions									
	Net investment earnings, gains, and losses									
	Grants or scholarships									
	Other expenditures for facilities					+				
-	·									
	and programs Administrative expenses									
	T									
_	End of year balance	ont year and balance	o (lino 1	a column (	a)) hold as:					
2		ent year end baland		g, coluitiii (	a)) Helu as.					
a	Board designated or quasi-endowment  Permanent endowment	%	_%							
b		<sup>%</sup>								
С		=								
0-	The percentages on lines 2a, 2b, and 2c short	•	-41 41					-41		
3a	Are there endowment funds not in the posse	ssion of the organiza	ation tha	at are neid a	and administe	erea for ti	ne organiz	ation	Г	/ N-
	by:									res No
	(i) Unrelated organizations									
	(ii) Related organizations	Manager Markard and the control							3a(ii)	
	If "Yes" on line 3a(ii), are the related organiza				<b>'</b>				3b	
4 Do	Describe in Part XIII the intended uses of the		wment	tunas.						
Pai	t VI Land, Buildings, and Equipm		D4 IV	/ 15 alak - /	D F 000	. D+.V	li 40			
	Complete if the organization answered									
	Description of property	(a) Cost or o			t or other		ccumulate	d	(d) Book	value
		basis (investr	nent)	basis	(other)	aep	reciation			
	Land									
	Buildings			1 2	0 704				1 4	205
С	Leasehold improvements				8,794.		124,40			,385.
d	Equipment			48	37,898.		329,24	± 4 •	T28	,656.
	Other								1 77 7	,041.
Tota	Add lines 1a through 1e (Column (d) must e	aual Form 990 Part	X colun	nn (R) line '	7()c )				1/3	

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019

Part VIII Investments - Other Securities.  Complete if the organization answered "Yes" of the organization and the		a 11h See Form 990 Part Y line 12	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-vear market value
(A) E: 111111	(a) Book value	(c) method of valuations door of one	a or your market value
(1) Financial derivatives (2) Closely held equity interests			
(3) Other			
(A)		<u> </u>	
(B)		<u> </u>	
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	n Form 990, Part IV, line		d of year market value
(a) Description of investment	(b) book value	(c) Method of valuation: Cost or end	a-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 (a) D	on Form 990, Part IV, line lescription	e 11d. See Form 990, Part X, line 15.	(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	15.)	<b>&gt;</b>	
Complete if the organization answered "Yes" of	n Form 990, Part IV, line	e 11e or 11f. See Form 990, Part X, line 25	i.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	25.)	<b></b>	
2. Liability for uncertain tax positions. In Part XIII, provide			that reports the
organization's liability for uncertain tax positions under l			

932053 10-02-19

Pa	rt XI Reconciliation of Revenue per Audited Financial S	tatements With	Revenue per R	eturn	
	Complete if the organization answered "Yes" on Form 990, Part IV,	line 12a.			
1	Total revenue, gains, and other support per audited financial statements			1	2,304,784.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-753.		
b	Donated services and use of facilities	2b	19,681.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d			
е	9			2e	18,928.
3	Subtract line 2e from line 1			3	2,285,856.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1			
а	, , , ,				
b	Other (Describe in Part XIII.)	4b			•
С	Add lines <b>4a</b> and <b>4b</b>			4c	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			5	2,285,856
Ра	rt XII Reconciliation of Expenses per Audited Financial S		Expenses per	кети	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV,				1 012 760
1	Total expenses and losses per audited financial statements			1	1,813,769.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	11	10 601		
a			19,681.		
b	· · · · · · · · · · · · · · · · · · ·				
С.					
d	,				19,681.
e	9			2e	1,794,088
3	Subtract line 2e from line 1			3	1,794,000
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	اعدا			
a	, , , ,				
b	A stat Connect Assembly			40	0.
5	Total expenses. Add lines <b>3</b> and <b>4c.</b> (This must equal Form 990, Part I, line			4c 5	1,794,088
_	rt XIII Supplemental Information.	10.)		<u> </u>	177517000
lines	s 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide	any additional inform	ation.		

#### **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

Part I Questions Regarding Compensation

Department of the Treasury

Internal Revenue Service

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

			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	<b>1</b> b		
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 Written employment contract			
	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 person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
С	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.			
_	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:	_		v
a	The organization?	5a		X
b	Any related organization?	5b		
_	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:	0-		Х
a	The organization?	6a		X
a	Any related organization?	6b		
7	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	7		Х
0	not described on lines 5 and 6? If "Yes," describe in Part III	7		21
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	0		-22
3	Regulations section 53.4958-6(c)?	9		
	1 regulation 3 3 5 5 tion 3 3 . 4 3 3 0 "0 (c) !	J		

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

Schedule J (Form 990) 2019

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.

	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(U)	reported as deferred on prior Form 990
(1) JENNY SCHLENZKA	151,439	. 0.	0.	0.	4,315.	155,754.	0.
EXECUTIVE ARTISTIC DIRECT		. 0.	0.	0.	0.	0.	0.
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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 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

► Attach to Form 990 or 990-EZ ▶ Go to www.irs.gov/Form990 for the latest information. Open to Public

OMB No. 1545-0047

Inspection

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 PRESENTATON OF LIVE PERFORMANCE IS A HALLMARK OF PERFORMANCE SPACE NEW YORK'S ARTISTIC VISION.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: 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 or 990-EZ) (2019)

932211 09-06-19

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization PERFORMANCE SPACE 122, INC.	Employer identification number 13-3522283
OF CONFLICTS. POLICY IS RENEWED ON AN ANNUAL BASIS. AUDIT	COMMITTEE REVIEWS
CONFLICTS, INVITES TESTIMONY FROM THE PARTY, DETERMINES D	DISCIPLINARY OR
OTHER ACTION AS APPROPRIATE, WHICH MAY INCLUDE TERMINATION	ON 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 DET	ERMINED BY
INDUSTRY STANDARDS AND ORGANIZATIONAL CAPACITY. SALARIES	FOR ALL FULL TIME
STAFF ARE INCLUDED IN THE ANNUAL BUDGET AND APPROVED BY T	HE BOARD.
EMPLOYEES RECEIVE ANNUAL EMPLOYMENT LETTERS LISTING SALAR	RY AND BENEFITS.
THE EXECUTIVE ARTISTIC DIRECTOR IS ISSUED A CONTRACT BY T	HE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:	
UPON REQUEST.	
FORM 990, PART IX, LINE 11G, OTHER FEES:	
ARTISTIC FEES:	
PROGRAM SERVICE EXPENSES	275,840.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	2,600.
TOTAL EXPENSES	278,440.
PRESS REPRESENTATIVE:	
PROGRAM SERVICE EXPENSES	26,250.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	26,250.

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932212 09-06-19

Name of the organization  PERFORMANCE SPACE 122, INC.	Employer identification number 13-3522283
TECHNICAL:	
PROGRAM SERVICE EXPENSES	12,614.
MANAGEMENT AND GENERAL EXPENSES	3,653.
FUNDRAISING EXPENSES	2,933.
TOTAL EXPENSES	19,200.
GRAPHIC DESIGNER:	
PROGRAM SERVICE EXPENSES	13,250.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	1,000.
TOTAL EXPENSES	14,250.
ADMINISTRATIVE SUPPORT:	
PROGRAM SERVICE EXPENSES	300.
MANAGEMENT AND GENERAL EXPENSES	0.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	300.
FINANCE FEES:	
PROGRAM SERVICE EXPENSES	0.
MANAGEMENT AND GENERAL EXPENSES	72,000.
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	72,000.
WEB DEVELOPMENT/MAINTENANCE:	
PROGRAM SERVICE EXPENSES	1,250.
MANAGEMENT AND GENERAL EXPENSES 932212 09-06-19	0 <b>.</b> Schedule O (Form 990 or 990-EZ) (2019)

Name of the organization PERFORMANCE SPACE 122, INC.	Employer identification number 13-3522283
FUNDRAISING EXPENSES	0.
TOTAL EXPENSES	1,250.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	411,690.