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.

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2022 calendar year, or tax year beginning and en	nding	_				
В	Check if applicabl	C Name of organization		D Employer identific	cation number			
Г	Addre	FILM AT LINCOLN CENTER, INC.						
	Name chang	-		23-70425	53			
	Initial return Final return	70 I INCOLN CENTED DIAZA	oom/suite	E Telephone number 212-875-5610				
_	termin ated		G Gross receipts \$	17,936,058.				
	Ameno	NEW YORK, NY 10023		H(a) Is this a group return				
	Application			for subordinates	? Yes X No			
	pendir	SAME AS C ABOVE		H(b) Are all subordinates in	ncluded? Yes No			
1	Tax-exe	empt status: X 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or	527	1	list. See instructions			
	Websit			H(c) Group exemption				
		organization: X Corporation Trust Association Other	L Year o	of formation: 1969 N	State of legal domicile: NY			
Р	art I	Summary	7 M T T	NICOT NI CENTRE	D TNC WAC			
S	1	Briefly describe the organization's mission or most significant activities: $\overline{\mathtt{FILM}}$ $\overline{\mathtt{A}}$ FORMED TO DEVELOP, STIMULATE, AND SUPPORT	TATE TO THE	NCOTH CENTE	AND WAS			
Governance								
Ver	3	Check this box if the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)			34			
ဗွ	4	Number of independent voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b)			34			
<u>ფ</u>		Total number of individuals employed in calendar year 2022 (Part V, line 2a)			116			
iţie		Total number of volunteers (estimate if necessary)			255			
Activities &		Total unrelated business revenue from Part VIII, column (C), line 12			357,705.			
⋖		Net unrelated business taxable income from Form 990-T, Part I, line 11			0.			
		, ,		Prior Year	Current Year			
a)	8	Contributions and grants (Part VIII, line 1h)		9,635,411.	11,422,728.			
Revenue		Program service revenue (Part VIII, line 2g)		2,578,562.	3,994,714.			
ě	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		285,312.	228,349.			
~		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		294,550.	823,820.			
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		12,793,835.	16,469,611.			
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.	0.			
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.			
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) $_{\dots}$		6,467,245.	8,140,045.			
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	<u></u>	0.	0.			
ă	b	Total fundraising expenses (Part IX, column (D), line 25) 565,965		0 4 4 5 0 5 0	2 122 652			
ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		8,145,873.	8,422,653.			
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		14,613,118.				
	19	Revenue less expenses. Subtract line 18 from line 12		-1,819,283.				
ts o				ginning of Current Year 47,336,422.	End of Year 43,060,351.			
SSE	20	Total assets (Part X, line 16)		4,823,574.	2,528,779.			
Net Assets or Find Ralances	21	Total liabilities (Part X, line 26)		42,512,848.	40,531,572.			
	≧∣ 22 art II	Net assets or fund balances. Subtract line 21 from line 20		42,312,040.	40,331,372.			
		Ities of perjury, I declare that I have examined this return, including accompanying schedules a	and stateme	ents, and to the hest of my	v knowledge and helief it is			
		t, and complete. Declaration of preparer (other than officer) is based on all information of which			y Kilowiougo alia bolloi, it lo			
	, 001100	g and complete books and or property (care and concern) to be out an information or miles	on proparor	las any knowledge.				
Sig	ın	Signature of officer		Date				
He		LESLI KLAINBERG, PRESIDENT						
		Type or print name and title						
		Print/Type preparer's name Preparer's signature		Date Check	PTIN			
Pai	d	FREDERICK MARTENS		if self-employe	P00298107			
Pre	parer	Firm's name LUTZ AND CARR, CPAS LLP	I		3-1655065			
Use	Only	Firm's address 551 FIFTH AVENUE, SUITE 400						
		NEW YORK, NY 10176		Phone no.21	2-697-2299			
Ma	y the IF	RS discuss this return with the preparer shown above? See instructions			X Yes No			

Pai	rt III	Statement of Program Service Accomplishments
		Check if Schedule O contains a response or note to any line in this Part III
1	Brief	ly describe the organization's mission:
	FI	LM AT LINCOLN CENTER, INC. WAS FORMED TO DEVELOP, STIMULATE AND
		PPORT THE ART OF FILM AND RELATED MEDIA BY THE PRESENTATION OF A
		LM FESTIVAL OR FESTIVALS AT LINCOLN CENTER OR ELSEWHERE; THE SHOWING
		SELECTED PROGRAMS OF FILM; THE ENCOURAGEMENT OF THE STUDY OF FILM
2		he organization undertake any significant program services during the year which were not listed on the Form 990 or 990-EZ? Yes X No
	•	
		es," describe these new services on Schedule O.
3	Did t	he organization cease conducting, or make significant changes in how it conducts, any program services?
	If "Ye	es," describe these changes on Schedule O.
4	Desc	cribe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Sect	ion 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revei	nue, if any, for each program service reported.
4a	(Code	:) (Expenses \$ 6,798,674 • including grants of \$) (Revenue \$ 1,515,011 •
		EATER GENERAL PROGRAMMING AND FESTIVALS
		C'S STATE-OF-THE-ART WALTER READE THEATER AND THE ELINOR BUNIN MUNROE
		LM CENTER, LOCATED AT LINCOLN CENTER, PROVIDE A HOME FOR YEAR-ROUND
		OGRAMS AND THE NEW YORK CITY FILM COMMUNITY. FOUNDED IN 1969 TO
		LEBRATE AMERICAN AND INTERNATIONAL CINEMA, FILM AT LINCOLN CENTER
		RKS TO RECOGNIZE ESTABLISHED AND EMERGING FILMMAKERS, SUPPORT
		<u> </u>
		PORTANT NEW WORK, AND TO ENHANCE THE AWARENESS, ACCESSIBILITY, AND
		DERSTANDING OF THE MOVING IMAGE. FLC PRODUCES THE RENOWNED NEW YORK
		LM FESTIVAL, A CURATED SELECTION OF THE YEAR'S MOST SIGNIFICANT NEW
		LM WORK, AND PRESENTS OR COLLABORATES ON OTHER ANNUAL NEW YORK CITY
		STIVALS. IN ADDITION TO PUBLISHING THE AWARD-WINNING FILM COMMENT
	MA	GAZINE, FLC RECOGNIZES AN ARTIST'S UNIQUE ACHIEVEMENT IN FILM WITH
4b	(Code	:) (Expenses \$ 4,728,171. including grants of \$) (Revenue \$ 1,955,987.
	NE	W YORK FILM FESTIVAL
	TH	E NEW YORK FILM FESTIVAL (NYFF) HAS BEEN A MAJOR FILM FESTIVAL SINCE
	$\overline{\mathtt{IT}}$	BEGAN IN 1963, HIGHLIGHTING THE BEST IN WORLD CINEMA, AND FEATURING
		P FILMS FROM CELEBRATED FILMMAKERS AS WELL AS FRESH NEW TALENT. THE
		N-COMPETITIVE FESTIVAL WAS ESTABLISHED BY AMOS VOGEL AND RICHARD
		JD. THE CURRENT DIRECTOR OF THE NEW YORK FILM FESTIVAL IS EUGENE
		RNANDEZ, WHILE THE CURRENT CHAIRMAN OF THE SELECTION COMMITTEE IS
		NNIS LIM, FLC DIRECTOR OF PROGRAMMING. THE SELECTION COMMITTEE ALSO
		CLUDES OTHER INDUSTRY PROFESSIONALS. THE FESTIVAL IS ALSO KNOWN FOR
		S SEVERAL SIDEBARS, PROGRAMS RUNNING CONCURRENTLY WITH THE MAIN
		STIVAL, INCLUDING REVIVALS, RETROSPECTIVES, SPOTLIGHT ON DOCUMENTARY,
		NVERGENCE AND PROJECTIONS, PREVIOUSLY BILLED AS VIEWS FROM THE
4c	(Code	:) (Expenses \$1,734,127. including grants of \$) (Revenue \$)
		MBERSHIPS
		E FILM AT LINCOLN CENTER MEMBERSHIP PROGRAM IS FOR INDIVIDUALS WHO
		NTRIBUTED BETWEEN \$85-\$1,249. MEMBERS SUPPORT FILM AT LINCOLN
		NTER'S ONGOING WORK TO ENHANCE AWARENESS, ACCESSIBILITY AND
	UNI	DERSTANDING THE ART OF CINEMA. MEMBERSHIPS ARE VALID FOR ONE YEAR.
	TH	ERE WERE BETWEEN 2,300-2,900 ACTIVE MEMBERS IN 2021. MEMBERS RECEIVE
	RE	GULAR NEWSLETTERS INFORMING THEM OF THE PROGRAMMING AND OPPORTUNITIES
		ENGAGE WITH FILM AT LINCOLN CENTER.
		······································
4d		r program services (Describe on Schedule O.)
	(Expe	nses \$ 730,724 • including grants of \$) (Revenue \$ 741,923 •)
<u>4e</u>	Tota	program service expenses 13,991,696.
		Form 990 (2022

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	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			3,7
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			,
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	_		 ₩
•	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			x
-	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		x
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II. Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	7		
8		8		x
0	Schedule D, Part III Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	0		22
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
		9		x
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	9		
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
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,	10	21	
••	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	Part VI	11a	Х	
h	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	1 Ia		<u> </u>
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
c	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	110		
Ŭ	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
-	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		Х
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		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		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		7.7	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			_ v
•	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			X
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		$\Gamma \nabla$

Page 4

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		163	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	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	23		
	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		Х
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		
25 a	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
D	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
		25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current	200		
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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 the 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			3,7
	"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 A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If	28b		 ^
C	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		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			٠,,
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		X
35.5	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	JJa		
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		,,	
Da	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	Х	
Pal				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	NI a
10	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 96		res	No
b				
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	

232004 12-13-22

Form **990** (2022)

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

				Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a 116			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns	ns?	2b	Х	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?		За	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other				
	financial account in a foreign country (such as a bank account, securities account, or other financial	account)?	4a		Х
b	If "Yes," enter the name of the foreign country				
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		Х
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa		5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5с		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the				
	any contributions that were not tax deductible as charitable contributions?		6a		Х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			
	were not tax deductible?		6b		
7	Organizations that may receive deductible contributions under section 170(c).				
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	•			
	to file Form 8282?		7с		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit control		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained				
_	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.		0-		
a			9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		90		
10	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII, line 12	10a			
a 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:	100			
	Gross income from members or shareholders	11a			
h	Gross income from other sources. (Do not net amounts due or paid to other sources against	110			
~	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		12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	-			
а	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note: See the instructions for additional information the organization must report on Schedule O.				
b	Enter the amount of reserves the organization is required to maintain by the states in which the				
	organization is licensed to issue qualified health plans	13b			
С	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune				
	excess parachute payment(s) during the year?		15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t income?	16		X
_	If "Yes," complete Form 4720, Schedule O.				
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac				
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17		
	If "Yes," complete Form 6069.				

232005 12-13-22

Form **990** (2022)

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.

1a Enter the number of voting members of the governing body at the end of the tax year If the ear ematerial 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 0. b Enter the number of voting members included on line 1a, above, who are independent. 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a 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 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Did the organization have members of stockholders? 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? 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 5 Did the organization on some provided a complete copy of this Form 900 to all members of its governing body before filing the form? b Esch Committee with authority to act on behalf of the governing body? 10a Did the organization have local chapters, branches, or affiliates? 10b Did the organization have a written conflict of interest policy? If "Yes," governing body before filing the form? b Describe on Schedule		Check if Schedule O contains a response or note to any line in this Part VI					X			
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b Describe on Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization have a written conflict of interest policy? If "No," go to line 13 Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done	11a					Х				
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b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 12c X 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Dif "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? Section 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) available for public inspection. Indicate how you made these available. Check all that apply. X 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 financial statements available to the public during the tax year. 20 State the name, address, and telephone number of the person who possesses the organization's books and records LISA					12a	Х				
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 X Own website			,	. /. /-	,					
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20 State the name, address, and telephone number of the person who possesses the organization's books and records LISA SCHROEDER - 212-875-5403			.	• • • •						
LISA SCHROEDER - 212-875-5403	20		ooks and records							
			NY 10023							

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See the instructions for the order in which to list the persons above.

Check this box if neither the organization in	nor any related	orga	aniza	ation	cor	mpe	nsat	ed any current officer, o	director, or trustee.	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	Lei ai	lu a u	lecic)/ ii us	lee)	from	from related	other
	(list any	or director						the	organizations	compensation
	hours for related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISC/ 1099-NEC)	from the organization
	organizations	truste	al trus		yee	mpen		1099-NEC)	1000 (120)	and related
	below	Individual trustee	Institutional trustee	-	Key employee	est co oyee	-e	,		organizations
	line)	Indiv	Instit	Officer	Keye	Highest compensated employee	Former			
(1) DANIEL H. STERN	1.00									
CHAIRMAN		Х		Х				0.	0.	0.
(2) IRA RESNICK	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(3) PETER SOBILOFF	1.00									
VICE CHAIRMAN		Х		Х				0.	0.	0.
(4) HILLARY KOOTA KREVLIN	1.00							_	_	_
PRESIDENT		Х		Х				0.	0.	0.
(5) LISA EHRENKRANZ	1.00							_	_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(6) ABIGAIL HIRSCHHORN	1.00							_	_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(7) RONNIE PLANALP	1.00							_	_	_
VICE PRESIDENT		Х		Х				0.	0.	0.
(8) WENDY KEYS	1.00								_	
SECRETARY		Х		Х				0.	0.	0.
(9) KRIS F. HEINZELMAN	1.00								_	
TREASURER		Х		Х				0.	0.	0.
(10) ANNE-VICTOIRE AURIAULT	1.00	ļ								
DIRECTOR		Х						0.	0.	0.
(11) FRANCESCA BEALE	1.00	ļ								
DIRECTOR	1 00	Х						0.	0.	0.
(12) JOSHUA COHEN	1.00	١						_		•
DIRECTOR	1 00	Х						0.	0.	0.
(13) LISA CORTES	1.00	ļ ,,						_	0	0
DIRECTOR	1 00	Х						0.	0.	0.
(14) ELISSA F. CULLMAN	1.00	Į.,						_	0	0
DIRECTOR	1.00	Х						0.	0.	0.
(15) ABIGAIL DISNEY	1.00	₩						0.	0.	0
DIRECTOR (16) PARTICK HAPPIGON	1.00	Х						0.	0.	0.
(16) PATRICK HARRISON	1.00	x						0.	0.	0.
DIRECTOR (17) SUSAN HESS	1.00	^	\vdash	_				<u> </u>	0.	0.
DIRECTOR	1.00	X						0.	0.	0.
DIVECTOR		Γ						<u> </u>	0.	0.

232007 12-13-22

Form 990 (2022)

Part VII Section A. Officers, Directors,	Trustees, Key Em	ploy	ees	, and	d Hi	ghe	st C	compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(18) SCOTT HOFFMAN	1.00							_	_	_
DIRECTOR		Х						0.	0.	0.
(19) PAMELA JONES DIRECTOR	1.00	X						0.	0.	0.
(20) TARA KELLEHER	1.00									
DIRECTOR		Х						0.	0.	0.
(21) PABLO LEGORRETA	1.00									
DIRECTOR	1 00	Х						0.	0.	0.
(22) JOHN F. LYONS DIRECTOR	1.00	х						0.	0.	0.
(23) CRYSTAL MCCRARY MCGUIRE DIRECTOR	1.00	х						0.	0.	0.
(24) EDWARD H. MEYER DIRECTOR	1.00	х						0.	0.	0.
(25) VICTORIA NEWHOUSE DIRECTOR	1.00	х						0.	0.	0.
(26) CARLOS PEREZ	1.00									
DIRECTOR		Х						0.	0.	0.
1b Subtotal								0.	0.	0.
c Total from continuation sheets to Pa	rt VII, Section A							1,928,696.	0.	280,582.
d Total (add lines 1b and 1c)	<u></u>							1,928,696.	0.	280,582.
2 Total number of individuals (including b	out not limited to th	ose	liste	ed al	OOVE	a) wł	no re	eceived more than \$100	000 of reportable	

compensation from the organization

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

Section B. Independent Contractors

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

	. 3	
(A)	(B)	(C)
Name and business address	Description of services	Compensation
LINCOLN CENTER FOR THE PERFORMING ARTS	CORP SUPPORT	
70 LINCOLN CENTER PLAZA, NEW YORK, NY 10023	SERVICES	3,231,894.
TAVERN ON THE GREEN		
1 TAVERN ON THE GREEN, NEW YORK, NY 10023	EVENTS SERVICES	197,500.
RESTAURANT ASSOCIATES INC.	CATERING/EVENTS	
132 WEST 65TH ST., NEW YORK, NY 10023	SERVICES	126,039.
TESSITURA NETWORK, INC., 11700 PRESTON RD	TECHNOLOGY	
STE 600, PMB 214, DALLAS, TX 75230	SOFTWARE/SUPPORT	100,071.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 (2022)

11

Form 990		LINCOLN	CI	ΞN'.	ref	₹,	II	NC.	•	23-704	2553
Part VII	Section A. Officers, Directors, T	rustees, Key Eı	mple	oyee	s, a	nd ŀ	High	est	Compensated Employ	ees (continued)	
	(A)	(B)			((C)			(D)	(E)	(F)
	Name and title	Average			Pos	ition	1		Reportable	Reportable	Estimated
		hours	(c	heck	all t	that	арр	ly)	compensation	compensation	amount of
		per							from	from related	other
		week	_				oyee		the	organizations	compensation
		(list any	director				emp		organization	(W-2/1099-MISC)	from the
		hours for related	e or d	tee			sated		(W-2/1099-MISC)		organization and related
		organizations	truste	al frus		yee	mpen				organizations
		below	ndividual trustee or	nstitutional trustee	<u></u>	mplo	Highest compensated employee	ъ			5. ga <u>_</u> a
		line)	Indiv	Instit	Officer	Key employee	Highe	Former			
(27) MAR	ION RICH	1.00									
DIRECTOR	L		Х						0.	0.	0
(28) ROB	ERT SHAFIR	1.00									
DIRECTOR	L		Х						0.	0.	0 .
(29) HAZ	EL SHANKEN	1.00									
DIRECTOR	L		Х						0.	0.	0 .
(30) JOH	IN SLOSS	1.00									
DIRECTOR	L		Х						0.	0.	0 .
(31) MAR	Y SOLOMON	1.00									
DIRECTOR	L		Х						0.	0.	0 .
(32) ANN	TENENBAUM	1.00									
DIRECTOR	L		Х						0.	0.	0
(33) ELA	INE THOMAS	1.00									
DIRECTOR	L		Х						0.	0.	0.
(34) DEB	BI WISCH	1.00									
DIRECTOR			Х						0.	0.	0 .
(35) LES	LI KLAINBERG	45.00								_	
PRESIDEN					Х				354,909.	0.	37,642
(36) LIS	A W. SCHROEDER	45.00									
	MINISTRATIVE OFFICER				Х				271,222.	0.	63,282
(37) DEN		45.00				'			050 016	•	44 004
	DIRECTOR - NYFF	45.00				Х			270,016.	0.	44,291
	NKLIN B. HARTLEY	45.00					l		0.44 0.00	•	E40
	OF DEVELOPMENT	45.00				<u> </u>	Х		241,200.	0.	510
	ENE HERNANDEZ	45.00					l		016 005	•	44 084
DEUPTY D		45.00				_	X		216,005.	0.	11,971
	ZABETH GARDNER	45.00							005 006	•	27 640
	OF PARTNERSHIPS	45.00				<u> </u>	Х		205,026.	0.	37,642
	THEW E. BOLISH	45.00	-				٠,,		100 000	0	01 060
	OF OPERATIONS	45.00					Х		189,980.	0.	21,962
	IA RUIZ-BOTSACOS	45.00	-				3,7		100 220	0	(2, 202
DIRECTOR	OF SPECIAL EVENTS					<u> </u>	Х		180,338.	0.	63,282
			-								
						<u> </u>					
			1								
					\vdash	\vdash					
		-	1								
		+	\vdash			\vdash		\vdash			
		-	ł								
		1									
Total to Da	art VII Section A line 10								1,928,696.		280,582
TOTAL TO PE	art VII, Section A, line 1c					<u></u>					200,002

Part VIII Statement of Revenue

			Check if Schedule O contains a	response	or note to any lin	ne in this Part VIII			
					,	(A)	(B)	(C)	(D)
						Total revenue	Related or exempt	Unrelated	Revenue excluded from tax under
							function revenue	business revenue	sections 512 - 514
ts ts	1	a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts			Membership dues	1b					
اع تي				1c	975,848.				
rts			Fundraising events		373,040.				
<u>a</u> <u>ē</u>			Related organizations	1d	2 649 254				
Sin			Government grants (contributions)	1e	2,648,254.				
iğ e		t	All other contributions, gifts, grants, and						
章된			similar amounts not included above	1f	7,798,626.				
on p		-	Noncash contributions included in lines 1a-1f	1g \$	1,627,245.				
<u>a</u> 0		h	Total. Add lines 1a-1f			11,422,728.			
				,	Business Code				
Se	2	а	ADMISSIONS/TICKET SALES		713990	3,396,621.	3,396,621.		
e Z		b	ADVERTISING		541800	357,705.		357,705.	
Su		c CAFE COMMISSIONS			722210	229,188.			229,188.
Program Service Revenue		d	SUBSCRIPTION REVENUE		513120	11,200.	11,200.		
Б		е							
ᇫ		f	All other program service revenue						
			Total. Add lines 2a-2f			3,994,714.			
	3		Investment income (including divide						
		other similar amounts)				233,459.			233,459.
	4	7			•			<u> </u>	
	5		Royalties	-					
	Ŭ			i) Real	(ii) Personal				
	6	2		376,425.	(.,,				
				0.					
			' ··· -	376,425.					
			` '	370,423.		276 425			376,425.
			Net rental income or (loss)	ecurities	(ii) Other	376,425.			370,423.
	7	а			(II) Other				
			· · · · · · · · · · · · · · · · · · ·	119,049.					
o l		b	Less: cost or other basis						
Other Revenue				124,159.					
eve			Gain or (loss) 7c	-5,110.					
Ę.			Net gain or (loss)			-5,110.			-5,110.
the	8	а	Gross income from fundraising events (r	not					
Ò			including \$ 975,848.	of					
			contributions reported on line 1c). S	ee					
			Part IV, line 18	8a	237,772.				
		b	Less: direct expenses	8b	237,772.				
		С	Net income or (loss) from fundraising	g even <u>ts</u>		0.			
	9	а	Gross income from gaming activities	s. See					
			Part IV, line 19	9a					
		b	Less: direct expenses						
		С	Net income or (loss) from gaming ac	tivities					
			Gross sales of inventory, less return						
			and allowances	I	178,893.				
		b	Less: cost of goods sold						
			Net income or (loss) from sales of in			74,377.	74,377.		
<u></u>					Business Code	,			
Miscellaneous Revenue	11	а	MISCELLANEOUS		900099	373,018.	373,018.		
ne		b				,			
ella Ve		C							
isc Re			All other revenue						_
Σ			Total. Add lines 11a-11d			373,018.			
	12	-	Total revenue. See instructions			16,469,611.	3,855,216.	357,705.	833,962.
	14		I OLAI I EVEILUE. OEE III SU UUUU II S			10, 400,011.	3,000,210.	1 337,703.	033,302.

232009 12-13-22

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

Do	Check if Schedule O contains a respon	(A)	this Part IX	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	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,				
3	trustees, and key employees	1,041,362.	600,660.	349,016.	91,686
6	Compensation not included above to disqualified		000,000	010,0100	2=,000
Ū	persons (as defined under section 4958(f)(1)) and				
	paragna described in section 40EQ(a)(Q)(D)				
7	Other salaries and wages	5,319,352.	4,688,141.	628,672.	2,539
8	Pension plan accruals and contributions (include	-,,,	_, _ , _ ,	220,0121	_,
J	section 401(k) and 403(b) employer contributions)	419,217.	351,477.	62,106.	5,634
9	Other employee benefits	821,570.	732,914.	86,355.	2,301
10	Payroll taxes	538,544.	451,522.	79,784.	7,238
11	Fees for services (nonemployees):	333,311	101,011	7577020	.,255
a		99,009.	83,240.	9,353.	6,416
b	•	77,026.	03,240.	77,026.	0,410
c C	•	11,020.		77,020	
	Lobbying Professional fundraising convices. See Part IV. line 17.				
e	,	50,932.		50,932.	
f	Investment management fees	30,732.		30,332.	
g	,	890,130.	813,120.	14,339.	62,671
40	column (A), amount, list line 11g expenses on Sch O.)	1,387,918.	1,282,322.	64,239.	41,357
12	Advertising and promotion	220,375.	189,078.	18,766.	12,531
13	Office expenses	220,373.	105,070.	10,700.	12,331
14	Information technology				
15	Royalties	1,735,140.	1,312,586.	257,057.	165,497
16	Occupancy	294,071.	252,930.	20,665.	20,476
17	Travel	294,071.	232,930.	20,003.	20,470
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates	1,224,861.	1,140,726.	51,184.	32,951
22	Depreciation, depletion, and amortization	89,848.	67,967.	13,311.	8,570
23	Insurance Other expanses, Itemize expanses not equared	03,040.	01,301.	13,311.	0,370
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	HALL RENTAL	846,040.	823,412.	13,766.	8,862
b	EVENTS AND RECEPTIONS	698,039.	624,994.	21,798.	51,247
C	CREDIT CARD & OTHER EXP	331,126.	255,549.	43,201.	32,376
d	PRODUCTION COSTS	135,359.	115,339.	12,179.	7,841
	All other expenses	342,779.	205,719.	131,288.	5,772
25	Total functional expenses. Add lines 1 through 24e	16,562,698.	13,991,696.	2,005,037.	565,965
<u>25</u> 26	Joint costs. Complete this line only if the organization		= = , = = , = = , = = ,	_,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	220,200
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. 10. 12. 00	l l			Form 990 (2022

Pa	rt X	Balance Sheet				
		Check if Schedule O contains a response or note to any line	n this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		3,771,689.	1	1,705,852.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		2,420,943.	3	1,788,612.
	4	Accounts receivable, net		293,283.	4	340,533.
	5	Loans and other receivables from any current or former office				
		trustee, key employee, creator or founder, substantial contrib	utor, or 35%			
		controlled entity or family member of any of these persons			5	
	6	Loans and other receivables from other disqualified persons				
		under section 4958(f)(1)), and persons described in section 4	958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use			8	
⋖	9	Prepaid expenses and deferred charges		95,448.	9	66,086.
	10a	Land, buildings, and equipment: cost or other				
			4,777,032.			
	b		7,821,338.	28,124,072.	10c	26,955,694.
	11	Investments - publicly traded securities		12,630,987.	11	12,203,574.
	12	Investments - other securities. See Part IV, line 11			12	
	13	Investments - program-related. See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11		45 226 400	15	42 060 251
	16	Total assets. Add lines 1 through 15 (must equal line 33)		47,336,422.	16	43,060,351.
	17	Accounts payable and accrued expenses		1,934,045.	17	2,146,217.
	18	Grants payable		200 170	18	363 563
	19	Deferred revenue		322,172.	19	362,562.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Sch			21	
Liabilities	22	Loans and other payables to any current or former officer, dir				
Ε		trustee, key employee, creator or founder, substantial contrib				
Lia		controlled entity or family member of any of these persons			22	
	23	Secured mortgages and notes payable to unrelated third par			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to relaparties, and other liabilities not included on lines 17-24). Com				
				2,567,357.	25	20,000.
	26	Total liabilities. Add lines 17 through 25		4,823,574.	26	2,528,779.
	20	Organizations that follow FASB ASC 958, check here	X	1,023,371	20	2/320/1130
es		and complete lines 27, 28, 32, and 33.				
anc	27	Net assets without donor restrictions		30,298,697.	27	29,296,353.
Bal	28	Net assets with donor restrictions		12,214,151.	28	11,235,219.
pu		Organizations that do not follow FASB ASC 958, check he		, ,		, , , , , , , , , , , , , , , , , , , ,
Ē		and complete lines 29 through 33.				
ŏ	29	Capital stock or trust principal, or current funds			29	
set	30	Paid-in or capital surplus, or land, building, or equipment fund			30	
As	31	Retained earnings, endowment, accumulated income, or other	_		31	
Net Assets or Fund Balances	32	Total net assets or fund balances		42,512,848.	32	40,531,572.
_	33	Total liabilities and net assets/fund balances		47,336,422.	33	43,060,351.
				, , , = -		

Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1				<u>11.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2		, 56		
3	Revenue less expenses. Subtract line 2 from line 1	3				87.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	42	<u>, 51</u>	2,8	48.
5	Net unrealized gains (losses) on investments	5	<u>-1</u>	<u>, 88</u>	<u>8,1</u>	89.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	40	, 53	1,5	72.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					Ш
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		_			
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul	e O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,				
	consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit,				
	review, or compilation of its financial statements and selection of an independent accountant?			2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sci	nedule O.				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the					
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?			3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ		ſ			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>	<u></u>	3b	Х	
				Form	990	(2022)

232012 12-13-22

SCHEDULE A

(Form 990)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

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.

Open to Public

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

FILM AT LINCOLN CENTER, INC.

Employer identification number 23-7042553

D	Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions.							
Pa	ırt ı	Reason for Public	Charity Status.	(All organizations must o	omplete th	his part.) S	See instructions.	
The	orgar	nization is not a private found	dation because it is: ((For lines 1 through 12, o	check only	one box.)		
1		A church, convention of ch	urches, or association	on of churches describe	d in sectio	n 170(b)(1)(A)(i).	
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)			
3		A hospital or a cooperative)(b)(1)(A)(i	ii).	
4		A medical research organiz					•	the hospital's name
•		city, and state:		nganosaon man a noopha				and market
5		<u> </u>	or the benefit of a co	llogo or university owner	d or opera	tod by a a	overnmental unit describ	and in
5		An organization operated for		niege of university owner	u or opera	ted by a g	overninental unit descri	Jeu III
		section 170(b)(1)(A)(iv). (C						
6		A federal, state, or local go						
7	X	An organization that norma	ally receives a substa	antial part of its support t	rom a gov	ernmental	unit or from the general	l public described in
		section 170(b)(1)(A)(vi). (C	omplete Part II.)					
8		A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)			
9		An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	unction with a land-grant	college
		or university or a non-land-	grant college of agric	culture (see instructions).	Enter the	name, city	v. and state of the collec	ne or
		university:	3 3	,		, .	,,	,
10		An organization that norma	ally receives (1) more	than 33 1/30% of its sun	nort from	contributio	one momborehin fooe a	nd gross receipts from
10		-	•	•	-			- ·
		activities related to its exen						
		income and unrelated busin		e (less section 511 tax) fr	om busine	esses acqu	lired by the organization	after June 30, 1975.
		See section 509(a)(2). (Co						
11	Щ	An organization organized	and operated exclus	sively to test for public sa	ifety. See	section 50	09(a)(4).	
12		An organization organized	and operated exclus	sively for the benefit of, to	perform :	the function	ons of, or to carry out the	e purposes of one or
		more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 509(a)(3).	Check the box on
		lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete line	s 12e, 12f, and 12g.	
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), typically by	y giving
		the supported organization	· · · · · · · · · · · · · · · · · · ·		•	-		-
		organization. You must o		* * * * * * * * * * * * * * * * * * * *	, ,			11 3
b		Type II. A supporting org	-		tion with it	te eunnort	ed organization(s), by ha	avina
			· ·					-
		control or management of			ame perso	ons mai co	ontrol or manage the sup	oported
		organization(s). You mus						
C	;		-					ed with,
	_	_ its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.	
C	ıL	☐ Type III non-functionally	y integrated. A supp	oorting organization oper	ated in co	nnection \	vith its supported organ	ization(s)
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and an attent	tiveness
		requirement (see instruct	tions). You must cor	mplete Part IV, Sections	A and D,	and Part	V.	
e		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type II, Type III	
		functionally integrated, or						
f	Ente	er the number of supported o		, 3 11				
		vide the following information						·
		(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	inization listed	(v) Amount of monetary	(vi) Amount of other
		organization	``	(described on lines 1-10	Yes	No	support (see instructions)	support (see instructions)
		-		above (see instructions))	103	140		
		<u> </u>						
Tota	al							
							i	1

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

(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	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	11196949.	9583661.	9872034.	9635411.	11422728.	51710783.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11196949.	9583661.	9872034.	9635411.	11422728.	51710783.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2840435.
6	Public support. Subtract line 5 from line 4.						48870348.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4	11196949.	9583661.	9872034.	9635411.	11422728.	(f) Total 51710783.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	585,635.	659,335.	214,259.	344,043.	609,884.	2413156.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	184,375.	159,853.	87,190.	156,092.	373,018.	960,528.
11	Total support. Add lines 7 through 10						55084467.
12	Gross receipts from related activities	, etc. (see instruction	ons)			12 16	,275,943.
13	First 5 years. If the Form 990 is for the	ne organization's fir	rst, second, third, t	fourth, or fifth tax y	year as a section 5	501(c)(3)	
	organization, check this box and stop						
Sec	tion C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2022 (line 6, column (f), d	ivided by line 11, o	column (f))		14	88.72 %
15	Public support percentage from 2021	I Schedule A, Part	II, line 14			15	89.47 %
16a	33 1/3% support test - 2022. If the	•		•		•	
	stop here. The organization qualifies as a publicly supported organization						
b	33 1/3% support test - 2021. If the						
	and stop here. The organization qual	lifies as a publicly s	supported organiza	ation			
17a	10% -facts-and-circumstances tes	t - 2022. If the orga	anization did not c	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the fact	ts-and-circumstanc	es test, check this	box and stop her	re. Explain in Part	VI how the organiz	zation
	meets the facts-and-circumstances to	est. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances tes	t - 2021. If the orga	anization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the				-		
	organization meets the facts-and-circ						
18	Private foundation. If the organization	on did not check a l	box on line 13, 16a	a, 16b, 17a, or 17b	o, check this box a	ınd see instructior	ıs

Schedule A (Form 990) 2022

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	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(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						
·	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
, ,	3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received						
•	from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	• • • • • • • • • • • • • • • • • • • •	(=) 0010	(h) 0010	(=) 0000	(4) 0001	(-) 0000	(f) Total
	endar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6 Gross income from interest,						
10	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
t	Unrelated business taxable income (less section 511 taxes) from businesses						
	and the line of 1075						
	acquired after June 30, 1975						
	Add lines 10a and 10b						
"	Net income from unrelated business activities not included on line 10b,						
	whether or not the business is						
40	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						<u> </u>
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organizat	tion,
_	check this box and stop here		-				<u></u>
	ction C. Computation of Publ						
15	Public support percentage for 2022 (line 8, column (f), c	divided by line 13,	column (f))		15	%
	Public support percentage from 2021					16	%
Se	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20)22 (line 10c, colur	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from	2021 Schedule A,	Part III, line 17			18	%
19	a 33 1/3% support tests - 2022. If the	organization did r	not check the box	on line 14, and line	e 15 is more than	33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd stop here. The	organization quali	fies as a publicly s	supported organiza	ation	
ŀ	33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions						

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
За		
3b		
3с		
4a		
4b		
4c		
10		
5a		
5b		
5c		
6		
7		
,		
8		
9a		
9b		
9с		
40		
10a		
10b		
lule A (Forn	n 990	2022

Par	rt IV Supporting Organizations _(continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's o	fficers,		
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one sup	ported		
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
<u> </u>	the supported organization(s).	1		
Seci	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
•	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
2	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yeafsee inst	ructions)		
' a	The organization satisfied the Activities Test. Complete line 2 below.	detions).		
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below</i> .			
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity.	itv (see instructio	ns).	
2	Activities Test. Answer lines 2a and 2b below.	., (Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			-110
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b				
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in			
	Part VI the reasons for the organization's position that its supported organization(s) would have engaged in			
	these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
h	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

Sche	edule A (Form 990) 2022 FILM AT LINCOLN CENTER	INC.		23-7042553 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Orgai	nizations	5
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on	Nov. 20, 1970 (explain	n in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must	st complete	Sections A through E	<u> </u>
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		

emergency temporary reduction (see instructions).

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

4

5

Enter greater of line 2 or line 3.

Income tax imposed in prior year

Distributable Amount. Subtract line 5 from line 4, unless subject to

Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2022	(iii) Distributable Amount for 2022
1	Distributable amount for 2022 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2022			
а	From 2017			
b	From 2018			
c	From 2019			
d	From 2020			
e	From 2021			
f	Total of lines 3a through 3e			
<u>g</u>	Applied to underdistributions of prior years			
h	Applied to 2022 distributable amount			
i_	Carryover from 2017 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
4	Distributions for 2022 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2022 distributable amount			
c	Remainder. Subtract lines 4a and 4b from line 4.			
5	Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2023. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2018			
b	Excess from 2019			
С	Excess from 2020			
d	Excess from 2021			
е	Excess from 2022			

Schedule A (Form 990) 2022

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

FILM AT LINCOLN CENTER, INC.

Employer identification number 23-7042553

Pai	organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		Similar Funds	or Accounts. Complete if the
	organization answered Tes Officialities, in	(a) Donor advis	ed funds	(b) Funds and other accounts
1	Total number at end of year			. ,
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all donors and donor advisors in		eld in donor advise	d funds
	are the organization's property, subject to the organization's	~		
6	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of	or donor advisor, or for a	ny other purpose c	onferring
	impermissible private benefit?			Yes No
Pai	t II Conservation Easements. Complete if the org	ganization answered "Ye	es" on Form 990, Pa	art IV, line 7.
1	Purpose(s) of conservation easements held by the organizat	ion (check all that apply) <u>.</u>	
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a	historically important land area
	Protection of natural habitat		□ Preservation of a	certified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contri	oution in the form o	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	•		
	historic structure listed in the National Register			
3	Number of conservation easements modified, transferred, re	eleased, extinguished, or	terminated by the	organization during the tax
	year			
4	Number of states where property subject to conservation ea			
5	Does the organization have a written policy regarding the pe		ction, handling of	
_	violations, and enforcement of the conservation easements i			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and enforcing conse	ervation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and o	nforcina consonyati	on agraments during the year
•	Amount of expenses incurred in monitoring, inspecting, hard	aling of violations, and e	morching conservati	on easements during the year
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requireme	nts of section 170(h	n)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi	note to the organization	s financial stateme	nts that describes the
	organization's accounting for conservation easements.			
Pai	t III Organizations Maintaining Collections o	· ·	easures, or Otl	her Similar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul	·	•	•
	service, provide in Part XIII the text of the footnote to its final			
b	If the organization elected, as permitted under FASB ASC 95	· ·		
	art, historical treasures, or other similar assets held for public	exhibition, education,	or research in furthe	erance of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			\$
2	If the organization received or held works of art, historical tre			gain, provide
	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			\$

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Schedule D (Form 990) 2022

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

	t III Organizations Maintaining C	ollections of Ar			or Othe			ets/contin		ige ∠
3			-					`	ucu)	
	3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of its collection items (check all that apply):									
а										
b	Scholarly research	e	Other	nange progre	4111					
c	Preservation for future generations	C								
4	Provide a description of the organization's co	allections and explain	how they further t	he organizatio	on's ever	nnt nurna	se in Pa	art XIII		
5	During the year, did the organization solicit o						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	211 / (111)		
J	to be sold to raise funds rather than to be ma		•	•			Г	Yes		No
Pai	t IV Escrow and Custodial Arran									110
	reported an amount on Form 990, Par						,	.,		
	Is the organization an agent, trustee, custodi		ary for contribution	s or other as	sets not	included				
	on Form 990, Part X?							Yes		No
b	If "Yes," explain the arrangement in Part XIII									
_			- ·····g					Amount		
С	Beginning balance					1c				
	Additions during the year									
	Distributions during the year									
f	Ending balance									
2a	Did the organization include an amount on Fo							Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been	provided on	Part XIII					
Pai	t V Endowment Funds. Complete it	the organization ans	swered "Yes" on Fo	rm 990, Part	IV, line 1	0.				
		(a) Current year	(b) Prior year	(c) Two year	s back (years l	oack
1a	Beginning of year balance	11,917,656.	10,335,746.	8,547	7,677.	5,8	50,853	3,	128,	788.
b	Contributions	890,130.	297,684.	729	9,173.	1,6	75,841	3,	053,	619.
С	Net investment earnings, gains, and losses	-1,653,631.	1,284,226.	1,058	8,896.	1,0	20,983	-	331,	554.
d	Grants or scholarships									
е	Other expenditures for facilities									
	and programs									
f	Administrative expenses									
g	End of year balance	11,154,155.	11,917,656.	10,335	746.	8,5	47,677	'. 5,	850,	853.
2	Provide the estimated percentage of the curr		e (line 1g, column (a	a)) held as:						
	Board designated or quasi-endowment	10.6757	_%							
b	Permanent endowment 14.3478	%								
С	Term endowment 74.9765									
	The percentages on lines 2a, 2b, and 2c sho									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held a	nd administe	red for th	ne		г	, 	
	organization by:								Yes	No
	(i) Unrelated organizations							3a(i)		X
	(ii) Related organizations							3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza							3b		
4	Describe in Part XIII the intended uses of the		wment funds.							
Pai	t VI Land, Buildings, and Equipm Complete if the organization answered		Dort IV line 11e 9	coo Form 000	Dort V	lino 10				
	-		1				<u>. </u>	(-I) D1-	1	
	Description of property	(a) Cost or other	', '	or other	. ,	cumulate	a	(d) Book	value	1
	Land	basis (investm	ent) Dasis	(other)	aep	reciation				
	Land	· ·	11 23	7,588.	17 5	78,93	30	26,658	2 6	<u>. 8</u>
	Buildings		44,43	7,300.	± / , 5	,,0,9.	-	20,000	,, 0:	,
	Leasehold improvements		F 3	9,444.	2	242,40	18	295	7,03	3.6
	Equipment			<i>,</i> , , , , , , ,		. .	-	ا ر ک	, 0.	<i>,</i>
	Other		(column (R) line 1	(OC.)				26,955	5.69)4
เบเส	i Aud iiiles Ta liiiluulii Te. (Uululiii) (u) Illust e	auuri Onn 330.1 dll/		00.1				_ ~ , , ,	. ,	

Schedule D (Form 990) 2022

Schedule D (Form 990) 2022 FILM AT LINC	COLN CENTER,	INC.	23-7042553 Page
Part VII Investments - Other Securities.	20211 021112117		23 / 012333 Tage 0
Complete if the organization answered "Yes" of			
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valu	ation: Cost or end-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E) (F)			
(i) (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	on Form 990, Part IV, line	e 11c. See Form 990, Pa	urt X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valu	ation: Cost or end-of-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.	5 000 B 1 W 1	44.1.0 5 000.5	1 V P 4 E
Complete if the organization answered "Yes" o		e 11d. See Form 990, Pa	
	Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5) (6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	15.)		
Part X Other Liabilities.	,		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	e 11e or 11f. See Form 9	90, Part X, line 25.
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2) SECURITY DEPOSIT PAYABLE			20,000
(3)			
(4)			
(5)			
(6)			
(7)			

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

Schedule D (Form 990) 2022

20,000.

(8)

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

0.1	edule D (Form 990) 2022 FILM AT LINCOLN CENTER, I	NC		23_	7042553 Page 4
_	rt XI Reconciliation of Revenue per Audited Financial Staten		ith Revenue per F		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12		- -		
1				1	14,649,240.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-1,888,189.		
b	Donated services and use of facilities		118,750.		
С	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d			2e	-1,769,439.
3	Subtract line 2e from line 1			3	16,418,679.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	50,932.		
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	50,932.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	16,469,611.
Pa	rt XII Reconciliation of Expenses per Audited Financial State		/ith Expenses per	Retu	ırn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12				16 620 516
1	Total expenses and losses per audited financial statements			1	16,630,516.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 1	110 750		
а	Donated services and use of facilities		118,750.		
b	Prior year adjustments			_	
С	Other losses			_	
d	Other (Describe in Part XIII.)			-	110 750
e	Add lines 2a through 2d			2e	118,750. 16,511,766.
3	Subtract line 2e from line 1			3	10,311,700.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	الما	50,932.		
a	Investment expenses not included on Form 990, Part VIII, line 7b		30,332.	-	
D	Other (Describe in Part XIII.) Add lines 4a and 4b			4c	50,932.
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c . (<i>This must equal Form 990, Part I, line 18.</i>)			5	16,562,698
_	rt XIII Supplemental Information.				
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Pa	nt IV lines	1h and 2h: Part V line	4· Par	t X line 2: Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ac			.,,	2,1 (117),
PA	RT V, LINE 4:				
UN	LESS OTHERWISE DESIGNATED, EARNINGS FROM	THE O	RGANIZATION'	S E	NDOWMENT
FUI	NDS ARE USED TO SUPPORT THE ORGANIZATION'	S PRO	GRAMS AND GE	NER	AL
OP	ERATIONS.				

Schedule D (Form 990) 2022

SCHEDULE G (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2022

Open to Public Inspection

Schedule G (Form 990) 2022

Name of the organization FILM AT	Employer identification number 23 – 7042553						
	Complete if the organization answe		'es" oı	n Form 990, Part IV, I	ine 1		
 1 Indicate whether the organization rais a Mail solicitations b Internet and email solicitations c Phone solicitations d In-person solicitations 2 a Did the organization have a written of key employees listed in Form 990, P b If "Yes," list the 10 highest paid indirecompensated at least \$5,000 by the 	sed funds through any of the following solicitates of Solicitates or oral agreement with any individual cart VII) or entity in connection with providuals or entities (fundraisers) pursu	tion of tion of fundra (includerofess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, trus fundraising services?	stees,	Yes Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have c or cor contrib	ustodv	(iv) Gross receipts from activity	to (o	Amount paid r retained by) iundraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No				
Total							
3 List all states in which the organization or licensing.				s or has been notified	d it is	exempt from re	egistration
							-

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

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

		of fundraising event contributions and gr	oss income on Form 990)-EZ, lines 1 and 6b. List		ots greater than \$5,000.			
			(a) Event #1 ANNUAL GALA BENEFIT	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through			
4)			(event type)	(event type)	(total number)	col. (c))			
Revenue	1	Gross receipts	1,213,620.			1,213,620.			
	2	Less: Contributions	975,848.			975,848.			
	3	Gross income (line 1 minus line 2)	237,772.			237,772.			
		Onah milan							
	4	Cash prizes							
	5	Noncash prizes							
penses	6	Rent/facility costs	104,382.			104,382.			
Direct Expenses	7	Food and beverages	133,390.			133,390.			
Ω	8	Entertainment							
	9	Other direct expenses							
	10	Direct expense summary. Add lines 4 through				237,772.			
_		Net income summary. Subtract line 10 from li				0.			
Pa	ırt I		answered "Yes" on Form	n 990, Part IV, line 19, or	reported more than				
		\$15,000 on Form 990-EZ, line 6a.	<u> </u>	# > Dull tabe/instant	<u> </u>	1 (N = 1) () ()			
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Re	1	Gross revenue							
	Ė	GIOSS Teveride							
S	2	Cash prizes							
xpense	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	_	Other direct expenses							
	3	Other direct expenses	Yes %	Yes %	Yes %				
	6	Volunteer labor	No No	No No	No No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1 column (d)						
_	0	Net garning income summary. Subtract line 7	nomine i, column (u)			1			
9	En	ter the state(s) in which the organization condu	ucts gaming activities:						
а	a Is the organization licensed to conduct gaming activities in each of these states? Yes No								
	b If "No," explain:								
	_								
		ere any of the organization's gaming licenses re			year?	Yes No			
O	b If "Yes," explain:								

Schedule G (Form 990) 2022

232082 10-27-22

Sch	edule G (Form 990) 2022	FILM A	T LINCOLN	N CENTER,	, INC.	23-7	042	553	Page 3
11	Does the organization conduct ga	aming activitie	s with nonmembe	ers?				Yes	☐ No
12	Is the organization a grantor, bene						_		_
	to administer charitable gaming?							Yes	└─ No
	Indicate the percentage of gamin							ı	
	The organization's facility						13a		<u>%</u>
	An outside facility						13b		%
14	Enter the name and address of the	e person wno	prepares the org	janization's gami	ing/special events b	ooks and records:			
	Name								
	Address								
15a	Does the organization have a con	tract with a th	ird party from wh	om the organiza	tion receives gamin	g revenue?		Yes	☐ No
ŀ	If "Yes," enter the amount of gam	ina revenue re	eceived by the org	ganization \$		and the amount			
	of gaming revenue retained by the			yaa					
c	If "Yes," enter name and address								
	Nama								
	Name								
	Address								
16	Gaming manager information:								
	Name								
	Gaming manager compensation	\$							
	Description of services provided								
	Director/officer	Employe	ее	Independent	contractor				
17	Mandatory distributions:								
	Is the organization required under	r state law to r	make charitable d	listributions from	the gaming procee	eds to			
								Yes	☐ No
k	Enter the amount of distributions	required unde	er state law to be	distributed to ot	her exempt organiza	ations or spent in the			
<u> </u>	organization's own exempt activit								
Pa	Supplemental Infor 15b, 15c, 16, and 17b, as		•			. , . , .	rt III, lii	nes 9,	9b, 10b,
	, ,		p			<u> </u>			
-									

Schedule G	(Form 990)	FILM AT	LINCOLN	CENTER,	INC.	23-7042553	Page 4
Part IV	(Form 990) Supplemental Information	rmation (contin	ued)				

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

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

FILM AT LINCOLN CENTER, INC.

Employer identification number 23-7042553

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

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

Schedule J (Form 990) 2022

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

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

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

(A) Name and Title		(B) Breakdown of W	J-2 and/or 1099-MIS compensation	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits	· · · · · · · · · · · · · · · · · · ·	
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) LESLI KLAINBERG	(i)	353,619.	0.	1,290.	0.	37,642.	392,551.	0.
PRESIDENT - FLC	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) LISA W. SCHROEDER	(i)	269,242.	0.	1,980.	0.	63,282.	334,504.	0.
CHIEF ADMINISTRATIVE OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) DENNIS LIM	(i)	269,566.	0.	450.	0.	44,291.	314,307.	0.
ARTISTIC DIRECTOR - NYFF	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) FRANKLIN B. HARTLEY	(i)	240,640.	0.	560.	0.	510.	241,710.	0.
DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) EUGENE HERNANDEZ	(i)	215,430.	0.	575.	0.	11,971.	227,976.	0.
DEUPTY DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) ELIZABETH GARDNER	(i)	204,466.	0.	560.	0.	37,642.	242,668.	0.
DIRECTOR OF PARTNERSHIPS	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MATTHEW E. BOLISH	(i)	189,696.	0.	284.	0.	21,962.	211,942.	0.
DIRECTOR OF OPERATIONS	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) MARIA RUIZ-BOTSACOS	(i)	179,648.	0.	690.	0.	63,282.	243,620.	0.
DIRECTOR OF SPECIAL EVENTS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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 M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Open to Public Inspection

Employer identification number

Schedule M (Form 990) 2022

	FILM AT LINC	OLN CE	NTER, INC	. •	23-7	042	553	
Pai	rt I Types of Property							
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermir	•	:s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	13	357,197.	FAIR MARKET	' VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other (ADS)	X	9		CONTRACTUAL		LUE	
26	Other ($\overline{{\sf BAGS}}$)	X	1	55,000.	RETAIL VALU	JE		
27	Other ()							
28	Other ()							
29	Number of Forms 8283 received by the organi						_	
	for which the organization completed Form 82	83, Part V, D	Donee Acknowledg	gement 29			0	1
							Yes	No
30a	During the year, did the organization receive b	y contribution	on any property re	ported in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of							
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance					31	Х	<u> </u>
32a	Does the organization hire or use third parties	or related or	rganizations to sol	icit, process, or sell noncash				
	contributions?					32a		X
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

232141 09-09-22

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

Schedule M (Form 990) 2022

232142 09-09-22

SCHEDULE 0 (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service Name of the organization

FILM AT LINCOLN CENTER

Employer identification number 23-7042553

FILM AT DINCOUN CENTER, INC.	3-7042333						
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION	N:						
RELATED MEDIA BY THE PRESENTATION OF A FILM FESTIVAL OR FESTIVALS AT							
LINCOLN CENTER OR ELSEWHERE.							
FORM 990, PART I, LINE 6							
WE HAVE 35 UNCOMPENSATED BOARD MEMBERS AND APPROXIMATELY 200	VOLUNTEERS						
DURING THE NEW YORK FILM FESTIVAL. 20 VOLUNTEERS DURING THE	CHAPLIN						
GALA.							
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISS	ION:						
THROUGH SEMINARS, TEACHING PROGRAMS AND OTHERWISE AT SCHOOLS	, COLLEGES						
AND OTHER INSTITUTIONS; THE DEVELOPMENT OF EDUCATIONAL PROGR.	AMS						
INVOLVING THE USE OF FILM AND THE USE OF FILM FOR TRAINING P	ROGRAMS,						
EMPLOYEE SERVICES AND THE IMPROVEMENT OF SOCIAL CONDITIONS;	AND						
PARTICIPATING IN ANY AND ALL MATTERS IN CONJUNCTION WITH OR	INDEPENDENT						
OF OTHERS IN SPONSORING, PROMOTING AND IMPROVING THE FILM ME	DIA.						
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS	:						
THE PRESTIGIOUS CHAPLIN AWARD.							
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS	:						
AVANT-GARDE, A SHOWCASE OF NON-NARRATIVE EXPERIMENTAL FILMS.							
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:							

FILM COMMENT

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

Schedule O (Form 990) 2022

Schedule O (Form 990) 2022 Page **2**

Name of the organization ${\bf FILM\ AT\ LINCOLN\ CENTER\ ,\ INC.}$

Employer identification number 23-7042553

EXPENSES \$ 730,724. INCLUDING GRANTS OF \$ 0. REVENUE \$ 741,923.

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

FORM 990 IS PREPARED BY THE ORGANIZATION'S CHIEF ADMINISTRATIVE OFFICER AND SENIOR ACCOUNTANT IN CONJUNCTION WITH THE ORGANIZATION'S AUDIT FIRM. ONCE PREPARED, THE FORM 990 IS FIRST REVIEWED BY SPECIFIC OFFICERS OF FILM AT LINCOLN CENTER, INCLUDING THE PRESIDENT, CHIEF ADMINISTRATIVE OFFICER AND SENIOR ACCOUNTANT. ONCE APPROVED, THE 990 IS REVIEWED BY THE HEAD OF THE ORGANIZATION'S FINANCE COMMITTEE AS WELL AS THE ORGANIZATION'S AUDIT COMMITTEE. WITH THEIR APPROVAL, THE FORM 990 IS THEN REVIEWED AND APPROVED BY THE PRESIDENT AND CHAIRMAN OF THE ORGANIZATION'S BOARD OF DIRECTORS.

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

ANNUALLY, EACH BOARD MEMBER WILL BE PROVIDED WITH AND ASKED TO REVIEW A

COPY OF THE CONFLICT OF INTEREST POLICY, AND TO ACKNOWLEDGE BY

QUESTIONNAIRE THAT S/HE HAS DONE SO. EACH BOARD MEMBER IS REQUIRED TO

COMPLETE AND SIGN THE QUESTIONNAIRE, IDENTIFYING ANY RELATIONSHIPS,

POSITION OR CIRCUMSTANCES IN WHICH S/HE IS INVOLVED THAT S/HE BELIEVES

COULD CONTRIBUTE TO A CONFLICT OF INTEREST.

THE PRESIDENT AND/OR THE CHAIRMAN SHALL DISCLOSE TO THE FINANCE/AUDIT

COMMITTEE OF THE BOARD OF DIRECTORS ALL POTENTIAL CONFLICTS OF INTEREST

REPORTED TO HIM OR HER UNDER THIS POLICY. THE FINANCE/AUDIT COMMITTEE WILL

EVALUATE THE DISCLOSURES TO DETERMINE WHETHER THEY INVOLVE ACTUAL CONFLICTS

OF INTEREST AND MAY ATTEMPT TO DEVELOP ALTERNATIVES TO REMOVE THE CONFLICT

FROM THE SITUATION. THE INTERESTED BOARD MEMBER SHALL NOT BE PRESENT OR

SHALL LEAVE ANY MEETING WHERE THE CONFLICT IS BEING VOTED UPON, BUT MAY, AT

THE OPTION OF THE BOARD OR COMMITTEE, BE PRESENT PRIOR TO THE VOTE OR

Schedule O (Form 990) 2022 Page 2

Name of the organization FILM AT LINCOLN CENTER, INC.	Employer identification number 23-7042553
DISCUSSION OF THE VOTE TO MAKE A PRESENTATION TO THE BOAR	D, DISCLOSE
ADDITIONAL FACTS OR RESPOND TO QUESTIONS.	
FORM 990, PART VI, SECTION B, LINE 15:	
THE BOARD OF DIRECTORS REVIEW AND APPROVE COMPENSATION FO	R THE PRESIDENT
WITH AN APPROVED CONTRACT. THE PRESIDENT, CHIEF ADMINIST	RATIVE OFFICER AND
DEPUTY DIRECTOR APPROVE ALL OTHER OFFICER AND KEY EMPLOYE	E COMPENSATION.
SALARY INCREASES OF 4% WERE GIVEN ACROSS THE BOARD, AND T	HE ONLY INCREASES
ABOVE THAT WERE FOR TITLE PROMOTIONS OR SIGNIFICANT INCRE	ASES IN
RESPONSIBILITIES. A BENCHMARKING TOOL IS USED TO ENSURE C	OMPENSATION IS ON
PAR WITH SIMILAR TITLES IN SMALL NON-PROFIT ORGANIZATIONS	•
FORM 990, PART VI, SECTION C, LINE 19: UPON REQUEST.	