

Form **990**

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

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the **2011** calendar year, or tax year beginning **JUN 1, 2011** and ending **MAY 31, 2012**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization THE WANG CENTER FOR THE PERFORMING ARTS, INC. Doing Business As CITI PERFORMING ARTS CENTER Number and street (or P.O. box if mail is not delivered to street address) Room/suite 270 TREMONT STREET City or town, state or country, and ZIP + 4 BOSTON, MA 02116 F Name and address of principal officer: JOSIAH A. SPAULDING, JR. SAME AS C ABOVE	D Employer identification number 51-0197209 E Telephone number 617-482-9393 G Gross receipts \$ 7,866,958. H(a) Is this a group return for affiliates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all affiliates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: ▶ WWW.CITICENTER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶		L Year of formation: 1976 M State of legal domicile: MA

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE WANG CENTER FOR THE PERFORMING ARTS, INC. DBA CITI PERFORMING ARTS CENTER IS A NONPROFIT	
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3 Number of voting members of the governing body (Part VI, line 1a)	3 18
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4 17
	5 Total number of individuals employed in calendar year 2011 (Part V, line 2a)	5 91
	6 Total number of volunteers (estimate if necessary)	6 51
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a 929,500.
	b Net unrelated business taxable income from Form 990-T, line 34	7b 0.

		Prior Year	Current Year
Revenue	8 Contributions and grants (Part VIII, line 1h)	4,100,336.	2,703,204.
	9 Program service revenue (Part VIII, line 2g)	2,196,423.	1,869,601.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	-713,475.	322,601.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,403,805.	1,451,905.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	6,987,089.	6,347,311.
Expenses	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.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,415,073.	2,393,932.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	27,412.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,064,793.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	1,246,767.	1,615,026.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,689,252.	4,008,958.
	19 Revenue less expenses. Subtract line 18 from line 12	3,297,837.	2,338,353.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	38,349,214.	41,174,368.
	21 Total liabilities (Part X, line 26)	2,763,107.	4,082,801.
	22 Net assets or fund balances. Subtract line 21 from line 20	35,586,107.	37,091,567.

Part II Signature Block

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

Sign Here	Signature of officer JOSIAH A. SPAULDING, JR., PRESIDENT & CEO Type or print name and title	Date
Paid Preparer Use Only	Print/Type preparer's name JOYCE RIPIANZI	Preparer's signature Date Check <input type="checkbox"/> if self-employed PTIN P00548581
	Firm's name ▶ MOODY, FAMIGLIETTI & ANDRONICO, LLP Firm's address ▶ 1 HIGHWOOD DRIVE TEWKSBURY, MA 01876	Firm's EIN ▶ 04-3077056 Phone no. (978) 557-5300

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

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: THE CITI PERFORMING ARTS CENTER IS KNOWN NATIONALLY AS A TRUE COMMUNITY ARTS CENTER WHOSE DOORS ARE OPEN TO ALL. WITH THE BELIEF THAT ARTS MAKE AND KEEP US A CIVILIZED NATION, THE CITI PERFORMING ARTS CENTER LOOKS FORWARD TO A BRIGHT FUTURE WITH THE MISSION OF

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

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations and section 4947(a)(1) trusts are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 312,677. including grants of \$) (Revenue \$) THE CENTER'S EDUCATION/COMMUNITY OUTREACH PROGRAMS REACH OVER 10,000 ANNUALLY OF ALL BACKGROUNDS BY PROVIDING FREE AND LOW-COST EVENTS THAT ARE BROAD-BASED AND CULTURALLY DIVERSE, AND ARE COMMITTED TO AN ARTS EDUCATION MODEL THAT DELIVERS DEPTH, BREADTH, AND IMPACT THROUGH CITY-WIDE COLLABORATION, IN-SCHOOL PROGRAMS, AND OUT-OF-SCHOOL PROGRAMS. THE CENTER TAKES A HOLISTIC APPROACH TO ARTS EDUCATION AND COMMUNITY OUTREACH BASED ON THE FOLLOWING THEMES: YOUTH DEVELOPMENT, COMMUNITY LEARNING AND ACCESS. SIGNATURE PROGRAMS INCLUDE CITY SPOTLIGHTS AND SPECTRUM BOSTON. THESE PROGRAMS HAVE SERVED OVER 180,000 YOUTH, FAMILIES, AND TEACHERS OVER THE PAST 20 PLUS YEARS.

4b (Code:) (Expenses \$ 71,208. including grants of \$) (Revenue \$ 484,086.) THE CENTER ORGANIZES AND DEVELOPS MANY PROGRAMS INCLUDING THEATRE, MUSIC, DANCE, AND OTHER ARTS.

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

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

4e Total program service expenses 383,885.

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

	Yes	No
21 Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>	X	
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11 and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
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		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	X	
3b	If "Yes," has it filed a Form 990-T for this year? If "No," provide an explanation in Schedule O	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts.		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	X	
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	X	
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the organization make any taxable distributions under section 4966?		
9b	Did the organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 18 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 1b 17		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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	X	
b	Other officers or key employees of the organization	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	X	
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	X	

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **MA**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 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.
 Own website Another's website Upon request
- 19** Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20** State the name, physical address, and telephone number of the person who possesses the books and records of the organization: **▶** _____
JOHN F. PERKINS - 617-482-9393
270 TREMONT STREET, BOSTON, MA 02116

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) SCOTT SPERLING CHAIR/DIRECTOR	1.00	X		X				0.	0.	0.
(2) SCOTT R. MCEWAN DIRECTOR	1.00	X						0.	0.	0.
(3) PATRICK CANNING DIRECTOR	1.00	X						0.	0.	0.
(4) NATHAN E. PUSEY DIRECTOR	1.00	X						0.	0.	0.
(5) MICHAEL B. ELEFANTE DIRECTOR	1.00	X						0.	0.	0.
(6) MICHAEL A. BELL DIRECTOR	1.00	X						0.	0.	0.
(7) MARY-KATHLEEN O'CONNELL DIRECTOR	1.00	X						0.	0.	0.
(8) JEFFREY S. MCCORMICK VICE CHAIR/DIRECTOR	1.00	X		X				0.	0.	0.
(9) FRED A. SEIGEL DIRECTOR	1.00	X						0.	0.	0.
(10) ESTA GORDON EPSTEIN DIRECTOR	1.00	X						0.	0.	0.
(11) ERIK L. BROOKS DIRECTOR	1.00	X						0.	0.	0.
(12) ELLIOT M. SURKIN CLERK/DIRECTOR	1.00	X		X				0.	0.	0.
(13) ELIZABETH M. NICHOLS DIRECTOR	1.00	X						0.	0.	0.
(14) DAVID E. GOEL VICE CHAIR/DIRECTOR	1.00	X		X				0.	0.	0.
(15) COURTNEY WANG DIRECTOR	1.00	X						0.	0.	0.
(16) MICHAEL S. WYZGA TREASURER/DIRECTOR	1.00	X		X				0.	0.	0.
(17) JOHN W. PODUSKA DIRECTOR	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (describe hours for related organizations in Schedule O)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) HARRY NUDELMAN DIRECTOR	1.00	X					0.	0.	0.	
(19) JOSIAH A. SPAULDING, JR. PRESIDENT & CEO	40.00			X			431,124.	0.	51,788.	
(20) LORRAINE C. WANG HONORARY CHAIRMAN	1.00			X			0.	0.	0.	
(21) JOHN F. PERKINS CFO	40.00			X			114,596.	0.	19,888.	
(22) SUSAN DAHLING SULLIVAN CHIEF STRATEGIC OFFICER	40.00				X		181,839.	0.	8,405.	
(23) MICHAEL SZCZEPKOWSKI VICE PRESIDENT & GEN MGR	40.00				X		151,165.	0.	31,844.	
(24) ANDREA ROUNDS CDO	40.00				X		160,900.	0.	12,419.	
(25) NANCY SKINNER FORMER CDO	40.00					X	133,642.	0.	1,014.	
1b Sub-total							1,173,266.	0.	125,358.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							1,173,266.	0.	125,358.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **6**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
TRP SPORTS & ENTERTAINMENT MARKETING 9B HAMILTON PLACE, BOSTON, MA 02109	SPONSOR COMMISSIONS	182,813.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **1**

Part VIII Statement of Revenue

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b 185,700.					
	c Fundraising events	1c 246,871.					
	d Related organizations	1d					
	e Government grants (contributions)	1e 319,609.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 1,951,024.					
	g Noncash contributions included in lines 1a-1f: \$	81,123.					
	h Total. Add lines 1a-1f		2,703,204.				
	Program Service Revenue	2 a <u>QUALIFIED SPONSORSHIP</u>	Business Code 900099	1,385,515.	1,385,515.		
b <u>THEATRE OPERATING INCO</u>		711110	484,086.	484,086.			
c							
d							
e							
f All other program service revenue							
g Total. Add lines 2a-2f			1,869,601.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		461,270.			461,270.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses					
		c Rental income or (loss)					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1312590.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	1451259.				
		c Gain or (loss)	-138669.				
	d Net gain or (loss)		-138,669.			-138,669.	
	8 a Gross income from fundraising events (not including \$ 246,871. of contributions reported on line 1c). See Part IV, line 18	a	64,704.				
		b Less: direct expenses	68,388.				
c Net income or (loss) from fundraising events			-3,684.			-3,684.	
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a <u>MANAGEMENT FEES</u>	541610	1,455,589.	526,089.	929,500.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d		1,455,589.				
12 Total revenue. See instructions.		6,347,311.	2,395,690.	929,500.	318,917.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A) but are not required to complete columns (B), (C), and (D).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,060,018.		862,529.	197,489.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	1,044,442.	159,643.	610,244.	274,555.
8 Pension plan accruals and contributions (include section 401(k) and section 403(b) employer contributions)	9,226.	3,322.		5,904.
9 Other employee benefits	112,388.	17,254.	58,202.	36,932.
10 Payroll taxes	167,858.	19,011.	102,371.	46,476.
11 Fees for services (non-employees):				
a Management				
b Legal	164,161.	52,502.	110,951.	708.
c Accounting	31,861.		31,861.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	58,163.		58,163.	
g Other	63,605.	3,645.	44,818.	15,142.
12 Advertising and promotion	55,698.	15,815.	1,558.	38,325.
13 Office expenses	75,137.	7,734.	51,870.	15,533.
14 Information technology	98,114.	9,283.	67,934.	20,897.
15 Royalties				
16 Occupancy	17,412.		17,412.	
17 Travel	18,734.	8,205.	10,421.	108.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	17,503.	848.	11,017.	5,638.
20 Interest	30,977.		30,977.	
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	123,405.		123,405.	
23 Insurance	30,044.		30,044.	
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PROVISION FOR UNCOLLECT	265,000.			265,000.
b MAINTENANCE CONTRACTS	264,278.		264,204.	74.
c ANNUAL GALA AND CULTIVA	113,219.			113,219.
d ARTIST FEES	49,014.	49,014.		
e All other expenses	138,701.	37,609.	72,299.	28,793.
25 Total functional expenses. Add lines 1 through 24e	4,008,958.	383,885.	2,560,280.	1,064,793.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)				

THE WANG CENTER FOR THE PERFORMING ARTS,
INC.

Form 990 (2011)

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Part X Balance Sheet

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,860,442.	1	2,120,532.	
	2 Savings and temporary cash investments		2	800,496.	
	3 Pledges and grants receivable, net	3,326,469.	3	2,825,897.	
	4 Accounts receivable, net	11,807.	4	25,782.	
	5 Receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions)		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	92,836.	9	116,193.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 1,250,150.			
	b Less: accumulated depreciation	10b 873,944.	499,612.	10c 376,206.	
	11 Investments - publicly traded securities	10,548,043.	11	8,895,720.	
	12 Investments - other securities. See Part IV, line 11	3,338,626.	12	3,104,990.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	18,671,379.	15	22,908,552.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	38,349,214.	16	41,174,368.		
Liabilities	17 Accounts payable and accrued expenses	293,739.	17	223,188.	
	18 Grants payable		18		
	19 Deferred revenue	1,400,000.	19	1,420,000.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties		23		
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,069,368.	25	2,439,613.	
	26 Total liabilities. Add lines 17 through 25	2,763,107.	26	4,082,801.	
Net Assets or Fund Balances	Organizations that follow SFAS 117, check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	19,502,080.	27	22,602,072.	
	28 Temporarily restricted net assets	10,072,849.	28	8,478,317.	
	29 Permanently restricted net assets	6,011,178.	29	6,011,178.	
	Organizations that do not follow SFAS 117, check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
	33 Total net assets or fund balances	35,586,107.	33	37,091,567.	
34 Total liabilities and net assets/fund balances	38,349,214.	34	41,174,368.		

Form 990 (2011)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	6,347,311.
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,008,958.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,338,353.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	35,586,107.
5	Other changes in net assets or fund balances (explain in Schedule O)	5	-832,893.
6	Net assets or fund balances at end of year. Combine lines 3, 4, and 5 (must equal Part X, line 33, column (B))	6	37,091,567.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		X
2b	Were the organization's financial statements audited by an independent accountant?	X	
2c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
d	If "Yes" to line 2a or 2b, check a box below to indicate whether the financial statements for the year were issued on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
3b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Form 990 (2011)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

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

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **THE WANG CENTER FOR THE PERFORMING ARTS, INC.**

Employer identification number
51-0197209

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III - Functionally integrated d Type III - Other
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	
- h Provide the following information about the supported organization(s).

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2061065.	3305492.	1045556.	4100336.	2703204.	13215653.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	2061065.	3305492.	1045556.	4100336.	2703204.	13215653.
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)						
6 Public support. Subtract line 5 from line 4.						13215653.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
7 Amounts from line 4	2061065.	3305492.	1045556.	4100336.	2703204.	13215653.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	337,315.	852,187.	840,861.	538,396.	461,270.	3030029.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		992,309.	793,601.	893,584.	929,503.	3608997.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	23,298.	226,210.	185,650.	510,221.	522,406.	1467785.
11 Total support. Add lines 7 through 10						21322464.
12 Gross receipts from related activities, etc. (see instructions)					12	9,934,319.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here	<input type="checkbox"/>					

Section C. Computation of Public Support Percentage

14 Public support percentage for 2011 (line 6, column (f) divided by line 11, column (f))	14	61.98	%
15 Public support percentage from 2010 Schedule A, Part II, line 14	15	56.71	%
16a 33 1/3% support test - 2011. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>		
b 33 1/3% support test - 2010. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
17a 10% -facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
b 10% -facts-and-circumstances test - 2010. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>		
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>		

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2007	(b) 2008	(c) 2009	(d) 2010	(e) 2011	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 Total support (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2011 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2010 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2011 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2010 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2011. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2010. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **THE WANG CENTER FOR THE PERFORMING ARTS, INC.**

Employer identification number
51-0197209

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

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

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

Yes No

9 In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIV and complete the following table:
- | | Amount |
|---------------------------------|-----------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21? Yes No
- b If "Yes," explain the arrangement in Part XIV.

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	10,032,923.	9,153,083.	7,900,319.	10,712,196.	
b Contributions					
c Net investment earnings, gains, and losses	-385,459.	1,216,441.	1,616,104.	-2,375,682.	
d Grants or scholarships					
e Other expenditures for facilities and programs	564,059.	336,601.	363,340.	389,000.	
f Administrative expenses				47,195.	
g End of year balance	9,083,405.	10,032,923.	9,153,083.	7,900,319.	

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment _____ %
- b Permanent endowment 66.18 %
- c Temporarily restricted endowment 33.82 %

The percentages in lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)	X	
3a(ii)		X
3b		

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

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

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		358,380.	149,049.	209,331.
d Equipment		891,770.	724,895.	166,875.
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				376,206.

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) MULTI-ASSET FUND	3,104,990.	END-OF-YEAR MARKET VALUE
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
(I)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 12.) ▶	3,104,990.	

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

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Col (b) must equal Form 990, Part X, col (B) line 13.) ▶		

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

(a) Description	(b) Book value
(1) DUE FROM WANG THEATRE, INC.	3,958,863.
(2) DUE FROM TREMONT THEATRE, INC.	7,639,714.
(3) DUE FROM WANG CENTER PRODUCTIONS, INC.	3,047,122.
(4) DUE FROM WANG THEATRE PRESENTS, INC.	8,262,853.
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 15.) ▶	22,908,552.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) LINE OF CREDIT	1,000,000.
(3) TERM LOAN PAYABLE	1,439,613.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
(11)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) ▶	2,439,613.

FIN 48 (ASC 740) Footnote. In Part XIV, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740).

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

1	Total revenue (Form 990, Part VIII, column (A), line 12)	1	6,347,311.
2	Total expenses (Form 990, Part IX, column (A), line 25)	2	4,008,958.
3	Excess or (deficit) for the year. Subtract line 2 from line 1	3	2,338,353.
4	Net unrealized gains (losses) on investments	4	-832,893.
5	Donated services and use of facilities	5	
6	Investment expenses	6	
7	Prior period adjustments	7	
8	Other (Describe in Part XIV.)	8	
9	Total adjustments (net). Add lines 4 through 8	9	-832,893.
10	Excess or (deficit) for the year per audited financial statements. Combine lines 3 and 9	10	1,505,460.

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

1	Total revenue, gains, and other support per audited financial statements	1	5,259,643.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains on investments	2a	-832,893.
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIV.)	2d	-265,000.
e	Add lines 2a through 2d	2e	-1,097,893.
3	Subtract line 2e from line 1	3	6,357,536.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	58,163.
b	Other (Describe in Part XIV.)	4b	-68,388.
c	Add lines 4a and 4b	4c	-10,225.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	6,347,311.

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

1	Total expenses and losses per audited financial statements	1	3,754,183.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIV.)	2d	68,388.
e	Add lines 2a through 2d	2e	68,388.
3	Subtract line 2e from line 1	3	3,685,795.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	58,163.
b	Other (Describe in Part XIV.)	4b	265,000.
c	Add lines 4a and 4b	4c	323,163.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	4,008,958.

Part XIV Supplemental Information

Complete this part to provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, line 8; Part XII, lines 2d and 4b; and Part XIII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4: THE TERMS OF THE ENDOWMENT AND THE BYLAWS OF THE

ORGANIZATION AUTHORIZE THE FINANCE COMMITTEE OF THE BOARD OF DIRECTORS TO USE ENDOWMENT INCOME FOR THE GENERAL PURPOSES OF THE CENTER IN ACCORDANCE WITH THE SPENDING RATE POLICY ESTABLISHED.

PART X, LINE 2: THE WANG CENTER FOR THE PERFORMING ARTS, INC. D/B/A

CITI PERFORMING ARTS CENTER ("CENTER") AND ITS SUBSIDIARIES, WITH THE

EXCEPTION OF WANG THEATRE PRESENTS, INC., ARE NOT-FOR-PROFIT ORGANIZATIONS

Part XIV Supplemental Information (continued)

AS DESCRIBED UNDER INTERNAL REVENUE CODE (THE "CODE") SECTION 501(C)(3), ARE GENERALLY EXEMPT FROM FEDERAL AND STATE INCOME TAXES UNDER THE CODE SECTION 501(A) AND ARE ALSO EXEMPT FROM PRIVATE FOUNDATION STATUS UNDER IRC SECTIONS 509(A)(1) AND 509(A)(3), RESPECTIVELY. WANG THEATRE PRESENTS, INC. IS ORGANIZED UNDER THE PROVISIONS OF SUBCHAPTER C OF THE CODE, THEREFORE, ITS EARNINGS ARE SUBJECT TO FEDERAL AND STATE INCOME TAXES AT APPLICABLE RATES.

THE CENTER HAS IMPLEMENTED THE GUIDANCE FOR INCOME TAXES IN ACCORDANCE WITH ASC TOPIC 740, AS IT RELATES TO ACCOUNTING FOR UNCERTAINTY IN INCOME TAXES, WHICH CLARIFIES THE TREATMENT OF THE CENTER'S POSITION OF ACCOUNTING FOR INCOME TAXES RECOGNIZED IN THE FINANCIAL STATEMENTS. THE GUIDANCE ALSO PRESCRIBES A RECOGNITION THRESHOLD AND MEASUREMENT STANDARD FOR THE FINANCIAL STATEMENT RECOGNITION AND MEASUREMENT OF AN INCOME TAX POSITION TAKEN OR EXPECTED TO BE TAKEN IN THE TAX RETURN. IN ADDITION, IT PROVIDES GUIDANCE ON DERECOGNITION, CLASSIFICATION, INTEREST AND PENALTIES, ACCOUNTING IN INTERIM PERIODS, DISCLOSURE AND TRANSITION. THE CENTER HAS NO UNCERTAIN TAX POSITIONS AT MAY 31, 2012 AND 2011.

WITH FEW EXCEPTIONS, THE CENTER IS NO LONGER SUBJECT TO INCOME TAX EXAMINATIONS BY THE U.S., FEDERAL, STATE OR LOCAL TAX AUTHORITIES FOR YEARS BEFORE 2009. INTEREST AND PENALTIES, IF ANY, ARE INCLUDED IN INCOME TAX EXPENSE.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

PROVISION FOR UNCOLLECTIBLE PLEDGES	-265,000.
-------------------------------------	-----------

PART XII, LINE 4B - OTHER ADJUSTMENTS:

Part XIV Supplemental Information (continued)

DIRECT FUNDRAISING EVENT EXPENSES -68,388.

PART XIII, LINE 2D - OTHER ADJUSTMENTS:

DIRECT FUNDRAISING EVENT EXPENSES 68,388.

PART XIII, LINE 4B - OTHER ADJUSTMENTS:

PROVISION FOR UNCOLLECTIBLE PLEDGES 265,000.

Part II Fundraising Events. Complete if the organization answered "Yes" to 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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL GALA (event type)	(event type)	NONE (total number)		
Revenue	1	Gross receipts	311,575.			311,575.
	2	Less: Charitable contributions	246,871.			246,871.
	3	Gross income (line 1 minus line 2)	64,704.			64,704.
Direct Expenses	4	Cash prizes				
	5	Noncash prizes				
	6	Rent/facility costs				
	7	Food and beverages	47,194.			47,194.
	8	Entertainment	600.			600.
	9	Other direct expenses	20,594.			20,594.
	10	Direct expense summary. Add lines 4 through 9 in column (d)				(68,388)
	11	Net income summary. Combine line 3, column (d), and line 10				-3,684.

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

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

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

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

b If "No," explain: _____

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

b If "Yes," explain: _____

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2011

Open to Public Inspection

Name of the organization **THE WANG CENTER FOR THE PERFORMING ARTS, INC.**

Employer identification number
51-0197209

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes 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 officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director. Explain in Part III. <input checked="" type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment?	4a	X
b 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) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to 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) 2011

THE WANG CENTER FOR THE PERFORMING ARTS,
INC.

51-0197209

Schedule J (Form 990) 2011

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

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

Note. The sum of columns (B)(i)-(iii) 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		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 JOSIAH A. SPAULDING, JR.	(i)	412,000.	10,021.	9,103.	8,480.	43,308.	482,912.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
2 SUSAN DAHLING SULLIVAN	(i)	181,563.	0.	276.	4,685.	3,720.	190,244.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
3 MICHAEL SZCZEPKOWSKI	(i)	150,649.	0.	516.	4,553.	27,291.	183,009.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
4 ANDREA ROUNDS	(i)	160,214.	0.	686.	2,077.	10,342.	173,319.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
5 NANCY SKINNER	(i)	107,349.	0.	26,293.	520.	494.	134,656.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
6	(i)							
	(ii)							
7	(i)							
	(ii)							
8	(i)							
	(ii)							
9	(i)							
	(ii)							
10	(i)							
	(ii)							
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 4A: THE WANG CENTER FOR THE PERFORMING ARTS, INC.

("CENTER") HAD ENTERED INTO A SEVERANCE AGREEMENT WITH NANCY SKINNER,

FORMER CHIEF DEVELOPMENT OFFICER. AS PROVIDED IN THE TERMS OF THE

AGREEMENT, THE CENTER WILL PAY THE CURRENT WEEKLY SALARY AS SEVERANCE PAY

FOR SIX MONTHS, OR TWENTY-SIX WEEKS, LESS APPLICABLE WITHHOLDINGS AND

DEDUCTIONS. THE CENTER WILL ALSO PAY AN AMOUNT REPRESENTING CERTAIN

ADDITIONAL BENEFITS AS PER THE EMPLOYMENT LETTER. THE TOTAL SEVERANCE

PAYMENTS MADE BY THE CENTER DURING THE FISCAL YEAR 2012 TO NANCY SKINNER

WERE \$41,596.

Part IV Business Transactions Involving Interested Persons.

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	(e) Sharing of organization's revenues?	
				Yes	No
CITIBANK, N.A	NATHAN PUSEY, DIREC	21,597.	BUSINESSS F		X
CITIBANK, N.A	NATHAN PUSEY, DIREC	1,377,083.	SPONSORSHIP		X
CITIBANK, N.A	NATHAN PUSEY, DIREC	1,439,613.	NOTE PAYABL		X
CITIBANK, N.A	NATHAN PUSEY, DIREC	1,000,000.	LINE OF CRE		X

Part V Supplemental Information

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

SCH L, PART IV, BUSINESS TRANSACTIONS INVOLVING INTERESTED PERSONS:

(A) NAME OF PERSON: CITIBANK, N.A

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NATHAN PUSEY, DIRECTOR OF THE BOARD, IS AN OFFICER OF CITIBANK

(C) AMOUNT OF TRANSACTION \$ 21,597.

(D) DESCRIPTION OF TRANSACTION: BUSINESSS FEES TO CITIGROUP

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CITIBANK, N.A

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NATHAN PUSEY, DIRECTOR OF THE BOARD, IS AN OFFICER OF CITIBANK

(C) AMOUNT OF TRANSACTION \$ 1,377,083.

(D) DESCRIPTION OF TRANSACTION: SPONSORSHIP PAYMENT FROM CITIGROUP

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CITIBANK, N.A

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NATHAN PUSEY, DIRECTOR OF THE BOARD, IS AN OFFICER OF CITIBANK

(C) AMOUNT OF TRANSACTION \$ 1,439,613.

(D) DESCRIPTION OF TRANSACTION: NOTE PAYABLE WITH CITIGROUP

Part V Supplemental Information

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

(E) SHARING OF ORGANIZATION REVENUES? = NO

(A) NAME OF PERSON: CITIBANK, N.A

(B) RELATIONSHIP BETWEEN INTERESTED PERSON AND ORGANIZATION:

NATHAN PUSEY, DIRECTOR OF THE BOARD, IS AN OFFICER OF CITIBANK

(C) AMOUNT OF TRANSACTION \$ 1,000,000.

(D) DESCRIPTION OF TRANSACTION: LINE OF CREDIT WITH CITIGROUP

(E) SHARING OF ORGANIZATION REVENUES? = NO

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2011

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization **THE WANG CENTER FOR THE PERFORMING ARTS, INC.**

Employer identification number
51-0197209

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	5	64,813.	FAIR MARKET VALUE
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 ▶ (HOTEL)	X	3	8,685.	FAIR MARKET VALUE
26 Other ▶ (MBTA PASSES)	X	1	3,540.	FAIR MARKET VALUE
27 Other ▶ (BALDWIN PIANO)	X	1	2,500.	FAIR MARKET VALUE
28 Other ▶ (BOSTON CELTIC)	X	1	1,000.	FAIR MARKET VALUE

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

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

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

Schedule M (Form 990) (2011)

Part II

Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

TICKETS TO EVENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 300.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

RESTAURANT GIFT CARDS

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTORS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 285.

(D) METHOD OF DETERMINING REVENUE: FAIR MARKET VALUE

SCHEDULE M, LINE 32B: SCHEDULE M, LINE 32B: ALL STOCK CONTRIBUTIONS

ARE DEPOSITED INTO THE ORGANIZATION'S BANK WHERE THEY ARE PROCESSED AND SOLD.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

2011

Open to Public
Inspection

Name of the organization	THE WANG CENTER FOR THE PERFORMING ARTS, INC.	Employer identification number	51-0197209
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FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

INNOVATOR AND STEWARD OF ICONIC VENUES, PROVIDING ARTS, ENTERTAINMENT,
CULTURAL, AND EDUCATIONAL EXPERIENCES TO THE GREATER COMMUNITY. CITI
PERFORMING ARTS CENTER IS ONE OF THE NATION'S FOREMOST NONPROFIT
PERFORMING ARTS INSTITUTIONS. AS GUARDIAN OF HISTORIC VENUES-THE WANG
AND SHUBERT THEATRES-CITI PERFORMING ARTS CENTER HONORS ALL ASPECTS OF
THE ARTS. THROUGH NUMEROUS COMMUNITY OUTREACH EDUCATIONAL EFFORTS,
COLLABORATIONS, AND PARTNERSHIPS, CITI PERFORMING ARTS CENTER STRIVES
TO EDUCATE AND INSPIRE GREATER APPRECIATION FOR CREATIVITY AS AN
ESSENTIAL COMPONENT TO THE FABRIC OF OUR SOCIETY (SEE CONTINUATION OF
MISSION STATEMENT ON LAST PAGE OF SCHEDULE O).

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

PRESENTING THE FINEST PERFORMING ARTISTS AND CULTURAL ATTRACTIONS FROM
AROUND THE WORLD. THE WANG CENTER FOR THE PERFORMING ARTS, INC. IS ONE
OF THE NATION'S FOREMOST NON-PROFIT PERFORMING ARTS INSTITUTIONS. AS
GUARDIAN OF THE WANG THEATRE AND THE SHUBERT THEATRE, THE WANG CENTER
FOR THE PERFORMING ARTS HONORS ALL ASPECTS OF PERFORMING ARTS. THROUGH
ITS NUMEROUS COMMUNITY OUTREACH EDUCATIONAL EFFORTS, COLLABORATIONS AND
PARTNERSHIPS ARTS STRIVES TO EDUCATE AND INSPIRE GREAT APPRECIATION FOR
THE PERFORMING ARTS AS AN ESSENTIAL COMPONENT OF THE FABRIC OF OUR
SOCIETY.

FORM 990, PART VI, SECTION A, LINE 2: LORRAINE WANG - HONORARY CHAIRMAN
AND COURTNEY WANG - DIRECTOR HAVE A FAMILY RELATIONSHIP.

Name of the organization	THE WANG CENTER FOR THE PERFORMING ARTS, INC.	Employer identification number	51-0197209
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FORM 990, PART VI, SECTION B, LINE 11: THE GOVERNANCE COMMITTEE CHAIR
 REVIEWS THE FORM 990 DISCLOSURES FOR ACCURACY AND FOR COMPLIANCE WITH IRS
 AND ORGANIZATIONAL POLICIES, PRIOR TO THE FORM 990 BEING FILED. IN
 ADDITION, THE FINANCE COMMITTEE REVIEWS THE FORM 990 PRIOR TO FILING. A
 FINAL COPY OF THE FORM 990 IS DISTRIBUTED TO THE FULL BOARD BEFORE IT IS
 FILED WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C: EACH DIRECTOR, OVERSEER OR
 PRINCIPAL OFFICER OF THE CENTER ANNUALLY SIGNS A STATEMENT REGARDING
 CONFLICTS OF INTEREST IN FORM SATISFACTORY TO THE BOARD. SUCH STATEMENTS
 WITHOUT LIMITATION:

1. AFFIRM THAT THE PERSON HAS RECEIVED A COPY OF THIS CONFLICT OF INTEREST
 POLICY, HAS READ AND UNDERSTAND THE POLICY AND AGREES TO COMPLY WITH IT;
 AND

2. DISCLOSE TO THE BOARD:

A. THE NAME OF EACH ENTITY, FOR-PROFIT AND NON-PROFIT, (OTHER THAN THE
 CENTER OR ANY CHARITABLE ORGANIZATION OWNED OR CONTROLLED, DIRECTLY OR
 INDIRECTLY, BY THE CENTER) WHICH THE PERSON SERVES AS AN OFFICER, DIRECTOR,
 TRUSTEE, MANAGER, GENERAL PARTNER OR EMPLOYEE AND THE PERSON'S POSITION AT
 EACH SUCH ENTITY;

B. WHETHER THE PERSON (OR ANY FAMILY MEMBER, OTHER INDIVIDUAL OR ENTITY
 DEEMED AN "INSIDER" BY VIRTUE OF A RELATIONSHIP WITH THE PERSON) HAS, AT
 SUCH TIME, A CONFLICT OF INTEREST; AND

C. ALL MATERIAL FACTS RELATING TO ANY SUCH CONFLICT OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15: THE OFFICERS OF THE BOARD SERVE AS
 THE MEMBERS OF THE COMPENSATION COMMITTEE. THE COMMITTEE IS RESPONSIBLE
 FOR DEVELOPING AN OVERALL PHILOSOPHY FOR THE ORGANIZATION'S COMPENSATION

Name of the organization	THE WANG CENTER FOR THE PERFORMING ARTS, INC.	Employer identification number	51-0197209
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PROGRAMS APPLICABLE TO OFFICERS AND EMPLOYEES. THE COMMITTEE MAY SEEK ADVISEMENT AND COUNSEL FROM PROFESSIONALS WITH EXPERTISE IN COMPENSATION ARRANGEMENTS FOR U.S. BASED NON-PROFIT TAX EXEMPT CORPORATIONS.

ACTING AS MEMBER OF THE COMPENSATION COMMITTEE, THE OFFICERS ARE REQUIRED TO PARTICIPATE AS FOLLOWS:

*TO ANNUALLY REVIEW WITH THE BOARD AND CEO THE POSITION DESCRIPTION FOR THE CEO AND RECOMMEND ANY CHANGES TO THE BOARD FOR CONSIDERATION.

*TO RECOMMEND APPROPRIATE ELEMENTS OF COMPENSATION OF THE CEO.

*TO ESTABLISH THE GOALS AND OBJECTIVES OF THE CEO, TO ANNUALLY REVIEW THE PERFORMANCE OF THE CEO RELATIVE TO THE INSTITUTION'S GOALS AND OBJECTIVES FOR THE PURPOSE OF DETERMINING THE COMPENSATION OF THE CEO, AND TO EVALUATE THE CEO'S PERFORMANCE IN LIGHT OF THOSE STRATEGIC GOALS AND OBJECTIVES.

*TO MAKE RECOMMENDATIONS TO THE BOARD BASED ON THIS EVALUATION.

*TO ANNUALLY REVIEW THE RECOMMENDATIONS OF THE CEO CONCERNING OVERALL COMPENSATION AND OTHER CONDITIONS OF EMPLOYMENT OF THE CENTER'S SENIOR OFFICERS AND SATISFY ITSELF THAT THE OVERALL COMPENSATION IS IN ACCORDANCE WITH THE BUSINESS PLAN OF THE INSTITUTION AND WITH GENERALLY ACCEPTED COMPENSATION LEVELS FOR COMPARABLE BUSINESSES.

*TO CONDUCT PERIODIC REVIEWS OF THE INCENTIVE PLANS OF THE CENTER WHICH MAY BE IN PLACE FROM TIME TO TIME, AND SUBMIT RECOMMENDATIONS WITH RESPECT TO ANY AMENDMENTS TO, OR ANY PROPOSED AWARDS UNDER, SUCH PLANS TO THE BOARD ON ALL OTHER INCENTIVE COMPENSATION PLANS.

*TO ASSIST THE BOARD IN CONNECTION WITH ISSUES RELATING TO SUCCESSION PLANNING, INCLUDING APPOINTING, TRAINING AND MONITORING THE DEVELOPMENT AND PERFORMANCE OF THE SENIOR OFFICERS OF THE CENTER.

*THE COMMITTEE WILL OVERSEE REGULATORY COMPLIANCE AND INCLUDE AN ANNUAL REVIEW OF ALL ELEMENTS OF OFFICER COMPENSATION AND RECOMMEND DOCUMENTATION AND APPROVAL BY THE FULL BOARD IN A MANNER THAT IS DESIGNED TO QUALIFY FOR

Name of the organization	THE WANG CENTER FOR THE PERFORMING ARTS, INC.	Employer identification number	51-0197209
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THE REBUTTABLE PRESUMPTION OF REASONABLENESS UNDER LAWS AND REGULATIONS APPLICABLE TO NON-PROFIT ORGANIZATIONS.

*TO ASSEMBLE AND EVALUATE COMPARATIVE DATA BY OBTAINING, REVIEWING AND ASSIMILATING COMPARABLE COMPENSATION DATA WITH RESPECT TO CEO AND OFFICER LEVEL COMPENSATION POLICES FOR SIMILARLY QUALIFIED PERSONS IN FUNCTIONALLY COMPARABLE POSITIONS FOR ORGANIZATIONS OF COMPARABLE SIZE, GEOGRAPHIC LOCATION, COMMUNITY PRESENCE, INDUSTRY AND OTHER RELEVANT FACTORS. SUCH COMPARATIVE DATA SHALL BE SHARED WITH AND DISCUSSED BY THE FULL BOARD.

*TO REVIEW AND ADVISE THE FULL BOARD ON ANY PROPOSED EMPLOYMENT AGREEMENT WITH, AND ANY PROPOSED SEVERANCE OR RETENTION PLANS OR AGREEMENTS APPLICABLE TO, ANY OFFICER OF THE INSTITUTION. IN ADDITION, THE COMMITTEE SHALL REVIEW AND ADVISE WITH RESPECT TO ANY SEVERANCE OR OTHER TERMINATION PAYMENTS PROPOSED TO BE MADE TO ANY SENIOR LEVEL OFFICER OF THE ORGANIZATION.

*THE COMMITTEE WILL REPORT ITS ACTIVITIES TO THE BOARD IN SUCH MANNER AND SUCH TIMES AS THE COMMITTEE OR THE BOARD DEEM APPROPRIATE.

*THE COMMITTEE WILL MAINTAIN CONTEMPORANEOUS DOCUMENTATION OF ITS DELIBERATIONS AND DECISIONS REGARDING COMPENSATION ARRANGEMENTS FOR THE CEO AND OTHER SENIOR OFFICERS OF THE CENTER.

FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, FORM 990, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XI, LINE 5, CHANGES IN NET ASSETS:

NET UNREALIZED LOSSES ON INVESTMENTS: -832,893.

FORM 990; PART XII; LINE 2C

Name of the organization THE WANG CENTER FOR THE PERFORMING ARTS, INC.

Employer identification number 51-0197209

AUDIT OVERSIGHT

THE ORGANIZATION HAS A COMMITTEE THAT ASSUMES RESPONSIBILITY FOR OVERSIGHT OVER THE AUDIT OF ITS FINANCIAL STATEMENTS AND SELECTION OF AN INDEPENDENT CERTIFIED PUBLIC ACCOUNTING FIRM. THIS PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.

FORM 990; PART I; LINE 1

CONTINUATION OF MISSION STATEMENT

AS A 501(C)(3) NONPROFIT ORGANIZATION LOCATED IN BOSTON'S HISTORIC THEATER DISTRICT, CITI PERFORMING ARTS CENTER OFFERS A DIVERSE MIX OF EDUCATIONAL WORKSHOPS AND COMMUNITY ACTIVITIES THROUGH ITS EDUCATION DEPARTMENT; COLLABORATES WITH ARTISTS AND LOCAL PERFORMING ORGANIZATIONS, AND ACTS AS A CHAMPION FOR THE ARTS IN THE GREATER BOSTON COMMUNITY. FOR FURTHER INFORMATION, PLEASE GO TO WWW.CITICENTER.ORG.

FORM 990; PART III; LINE 1

CONTINUATION OF MISSION STATEMENT

IT IS OUR PROMISE TO PRESENT THE FINEST CULTURAL ATTRACTIONS AND EVOKE A GREATER AWARENESS OF HOW INTEGRAL A ROLE THE PERFORMING ARTS PLAY IN THE EDUCATION OF OUR YOUTH AND MAINTAINING THE BELIEF THAT ARTS MAKE AND KEEP US A CIVILIZED NATION.

Related Organizations and Unrelated Partnerships

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

Name of the organization **THE WANG CENTER FOR THE PERFORMING ARTS, INC.** Employer identification number **51-0197209**

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

(a) Name, address, and EIN of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
WANG THEATRE, INC. - 04-3317597 270 TREMONT STREET BOSTON, MA 02116	ARTS PROGRAMMING	MASSACHUSETTS	501(C)3	LINE 11A, I	WANG CENTER FOR THE PERFORMING ARTS, INC.	X	
TREMONT THEATRE, INC. - 04-3317590 270 TREMONT STREET BOSTON, MA 02116	ARTS PROGRAMMING	MASSACHUSETTS	501(C)3	LINE 11A, I	WANG CENTER FOR THE PERFORMING ARTS, INC.	X	
WANG CENTER PRODUCTIONS, INC. - 04-3317595 270 TREMONT STREET BOSTON, MA 02116	ARTS PROGRAMMING	MASSACHUSETTS	501(C)3	LINE 11A, I	WANG CENTER FOR THE PERFORMING ARTS, INC.	X	

THE WANG CENTER FOR THE PERFORMING ARTS,
INC.

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

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

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Sale of assets to related organization(s)		X
g Purchase of assets from related organization(s)		X
h Exchange of assets with related organization(s)		X
i Lease of facilities, equipment, or other assets to related organization(s)		X
j Lease of facilities, equipment, or other assets from related organization(s)		X
k Performance of services or membership or fundraising solicitations for related organization(s)	X	
l Performance of services or membership or fundraising solicitations by related organization(s)		X
m Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
n Sharing of paid employees with related organization(s)	X	
o Reimbursement paid to related organization(s) for expenses	X	
p Reimbursement paid by related organization(s) for expenses	X	
q Other transfer of cash or property to related organization(s)	X	
r Other transfer of cash or property from related organization(s)	X	

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-r)	(c) Amount involved	(d) Method of determining amount involved
(1) TREMONT THEATRE, INC.	K	239,709.	FAIR MARKET VALUE
(2) WANG THEATRE, INC.	K	239,709.	FAIR MARKET VALUE
(3) WANG THEATRE PRESENTS, INC.	K	929,502.	FAIR MARKET VALUE
(4)			
(5)			
(6)			

Part VII Supplemental Information

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

PART IV, IDENTIFICATION OF RELATED ORGANIZATIONS TAXABLE AS CORP OR TRUST:

NAME OF RELATED ORGANIZATION:

WANG THEATRE PRESENTS, INC.

DIRECT CONTROLLING ENTITY: WANG CENTER FOR THE PERFORMING ARTS, INC.

Form **990-T**

Exempt Organization Business Income Tax Return
(and proxy tax under section 6033(e))

OMB No. 1545-0687

2011

Department of the Treasury
Internal Revenue Service

For calendar year 2011 or other tax year beginning **JUN 1, 2011**, and ending **MAY 31, 2012**

Open to Public Inspection for
501(c)(3) Organizations Only

A <input type="checkbox"/> Check box if address changed	B Exempt under section <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e) <input type="checkbox"/> 408A <input type="checkbox"/> 530(a) <input type="checkbox"/> 529(a)	Print or Type Name of organization (<input type="checkbox"/> Check box if name changed and see instructions.) THE WANG CENTER FOR THE PERFORMING ARTS, INC. Number, street, and room or suite no. If a P.O. box, see instructions. 270 TREMONT STREET City or town, state, and ZIP code BOSTON, MA 02116	D Employer identification number (Employees' trust, see instructions.) 51-0197209 E Unrelated business activity codes (See instructions.) 561000
C Book value of all assets at end of year 41,174,368.		F Group exemption number (See instructions.) G Check organization type <input checked="" type="checkbox"/> 501(c) corporation <input type="checkbox"/> 501(c) trust <input type="checkbox"/> 401(a) trust <input type="checkbox"/> Other trust	

H Describe the organization's primary unrelated business activity. **SEE STATEMENT 1**

I During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes No
 If "Yes," enter the name and identifying number of the parent corporation.

J The books are in care of **JOHN F. PERKINS** Telephone number **617-482-9393**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
1 a Gross receipts or sales			
b Less returns and allowances c Balance	1c		
2 Cost of goods sold (Schedule A, line 7)	2		
3 Gross profit. Subtract line 2 from line 1c	3		
4 a Capital gain net income (attach Schedule D)	4a		
b Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	4b		
c Capital loss deduction for trusts	4c		
5 Income (loss) from partnerships and S corporations (attach statement)	5		
6 Rent income (Schedule C)	6		
7 Unrelated debt-financed income (Schedule E)	7		
8 Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	8		
9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	9		
10 Exploited exempt activity income (Schedule I)	10		
11 Advertising income (Schedule J)	11		
12 Other income (See instructions; attach schedule.) STATEMENT 2	12 929,500.		929,500.
13 Total. Combine lines 3 through 12	13 929,500.		929,500.

Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.)
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

14 Compensation of officers, directors, and trustees (Schedule K)	14		
15 Salaries and wages	15	537,511.	
16 Repairs and maintenance	16		
17 Bad debts	17		
18 Interest (attach schedule) SEE STATEMENT 3	18	1,085.	
19 Taxes and licenses	19	39,498.	
20 Charitable contributions (See instructions for limitation rules.)	20		
21 Depreciation (attach Form 4562)	21	49,362.	
22 Less depreciation claimed on Schedule A and elsewhere on return	22a		22b 49,362.
23 Depletion	23		
24 Contributions to deferred compensation plans	24	13,647.	
25 Employee benefit programs	25	48,350.	
26 Excess exempt expenses (Schedule I)	26		
27 Excess readership costs (Schedule J)	27		
28 Other deductions (attach schedule) SEE STATEMENT 4	28	240,047.	
29 Total deductions. Add lines 14 through 28	29	929,500.	
30 Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	30	0.	
31 Net operating loss deduction (limited to the amount on line 30)	31		
32 Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	32	0.	
33 Specific deduction (Generally \$1,000, but see instructions for exceptions.)	33	1,000.	
34 Unrelated business taxable income. Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	34	0.	

Part III Tax Computation

Table with 3 columns: Description, Line Number, Amount. Includes rows for Organizations Taxable as Corporations, Trusts Taxable at Trust Rates, Proxy tax, Alternative minimum tax, and Total.

Part IV Tax and Payments

Table with 3 columns: Description, Line Number, Amount. Includes rows for Foreign tax credit, Other credits, General business credit, Total credits, Other taxes, Total tax, Payments (A 2010 overpayment credited to 2011, 2011 estimated tax payments, Tax deposited with Form 8868, Foreign organizations, Backup withholding, Credit for small employer health insurance premiums, Other credits and payments), Total payments, Estimated tax penalty, Tax due, Overpayment, and Enter the amount of line 48 you want.

Part V Statements Regarding Certain Activities and Other Information (see instructions)

Table with 3 columns: Question, Yes, No. Includes questions about interest in foreign accounts, distribution from foreign trusts, and tax-exempt interest received.

Schedule A - Cost of Goods Sold. Enter method of inventory valuation N/A

Table with 3 columns: Description, Line Number, Amount. Includes rows for Inventory at beginning/end of year, Purchases, Cost of labor, Additional section 263A costs, Other costs, Total, and Do the rules of section 263A apply to the organization?

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

Sign Here: Signature of officer, Date, Title (PRESIDENT & CEO), and May the IRS discuss this return with the preparer shown below (see instructions)?

Paid Preparer Use Only: Print/Type preparer's name (JOYCE RIPIANZI), Preparer's signature, Date, Check self-employed, PTIN (P00548581), Firm's name (MOODY, FAMIGLIETTI & ANDRONICO, LLP), Firm's EIN (04-3077056), Firm's address (1 HIGHWOOD DRIVE, TEWKSBURY, MA 01876), Phone no. ((978) 557-5300)

Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property) (see instructions)

1. Description of property		
(1)		
(2)		
(3)		
(4)		
2. Rent received or accrued		
(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total
(c) Total income. Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A)		(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B) ...
		0.

Schedule E - Unrelated Debt-Financed Income (see instructions)

1. Description of debt-financed property		2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property	
			(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
Totals			0.	0.
Total dividends-received deductions included in column 8			0.	0.

Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					
Nonexempt Controlled Organizations					
7. Taxable Income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10	
(1)					
(2)					
(3)					
(4)					
Totals			0.	0.	

Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization
(see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
Totals	0.			0.

Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income
(see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals	0.	0.				0.

Schedule J - Advertising Income (see instructions)

Part I Income From Periodicals Reported on a Consolidated Basis

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals (carry to Part II, line (5))	0.	0.				0.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
(5) Totals from Part I	0.	0.				0.
Totals, Part II (lines 1-5)	0.	0.				0.

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	4. Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total. Enter here and on page 1, Part II, line 14			0.

FORM 990-T	DESCRIPTION OF ORGANIZATION'S PRIMARY UNRELATED BUSINESS ACTIVITY	STATEMENT	1
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MANAGEMENT SERVICES PROVIDED TO TAXABLE SUBSIDIARY

TO FORM 990-T, PAGE 1

FORM 990-T	OTHER INCOME	STATEMENT	2
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DESCRIPTION	AMOUNT
MANAGEMENT FEES	929,500.
TOTAL TO FORM 990-T, PAGE 1, LINE 12	929,500.

FORM 990-T	INTEREST PAID	STATEMENT	3
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DESCRIPTION	AMOUNT
INTEREST EXPENSE	1,085.
TOTAL TO FORM 990-T, PAGE 1, LINE 18	1,085.

FORM 990-T	OTHER DEDUCTIONS	STATEMENT	4
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DESCRIPTION	AMOUNT
ACCOUNTING/AUDIT FEE	11,948.
AUTO INSURANCE	1,300.
AUTOMOBILE LOAN PAYMENTS	1,740.
BENEFIT ADMIN FEES	5,035.
BUSINESS FEES	349.
BUSINESS MEALS	327.
OFFICE EXPENSE	46,486.
CONSULTANT FEES	14,637.
DUES, SUBSCRIPTIONS & PUBLICATIONS	2,637.
EMPLOYEE PARKING	2,136.
FINANCING COST	10,531.
GENERAL CONTRACTED SERVICES	15,392.
HARDWARE EXPENSE	3,891.
LEASE - OFFICE EQUIPMENT	959.
LEGAL FEES	33,127.
RENT	6,965.

RESEARCH FEES

1,400.

TRAVEL

4,665.

SERVICE CONTRACTS

76,522.

TOTAL TO FORM 990-T, PAGE 1, LINE 28

240,047.
