Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

<u>0MB No. 1545-0047</u>

Open to Public

		e 2017 calendar year, or tax year beginning 07/01, 201			011.	06/30,	20 1 8	lion
<u> </u>	-or the	C Name of organization		<u> </u>	Employer iden	. ,		
B	Check if ap	plicable: TRINITY REPERTORY COMPANY			22-2547			
	Addre				22-2947	202		
	chang	Number and street (or $D \cap bey if mail is not delivered to street address)$	Room/suite	F	Telephone nur	nher		
_	-		100m/suite		401) 523			
_	Final r			(401) 52.	1-1100		
_	termin Amen	lated			Cross ressints	¢ 1	1,610	001
_	return Applic				Gross receipts (a) Is this a grou		Yes	X N
	pendir	201 WASHINGTON STREET PROVIDENCE, RI 02903	-3207		subordinates	, F	Yes	
	Tax av				(b) Are all subordi	nates included?		
<u>-</u>		empt status: X 501(c)(3) 501(c)() ◀ (insert no.) 4947(a)(^ te: ► WWW.TRINITYREP.COM	1) or 5	27				
			I Veer		(c) Group exemp 1: 1963 M s		-	RI
_	art I	of organization: X Corporation Trust Association Other ► Summary	Lrear	oriormation		state of legal	domicile:	
		Briefly describe the organization's mission or most significant activities: TO R	F T NIVENT	ਆਮਸ " ਹਾ	TRLIC SOL		ттн	
a	'	DRAMATIC ART THAT STIMULATES, EDUCATES AND ENGA					± 111	
nce		COMMUNITY IN A CONTINUING DIALOGUE.	010 1111		-			
erne	2	Check this box	and of more t	han 25% of	ito not oppote			
Governance		Number of voting members of the governing body (Part VI, line 1a)				3		41.
		Number of independent voting members of the governing body (Part VI, line 1a)				4		38.
ies		Total number of individuals employed in calendar year 2017 (Part V, line 2a)				5		301.
Activities &		Total number of volunteers (estimate if necessary)				6		522.
Act		Total unrelated business revenue from Part VIII, column (C), line 12				7a	75.	,155.
		Net unrelated business taxable income from Form 990-T, line 34				7a 7b		,269.
					Prior Year		urrent Y	
	8	Contributions and grants (Part VIII, line 1h)			3,213,04	6.	4,120	,386.
Revenue	9	Program service revenue (Part VIII, line 2g)		•	6,300,51		6,815	
vel	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		•	-10,28			,548.
Å	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.		0.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			9,503,27		1,114	,910.
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		•		0.	, ,	0.
		Benefits paid to or for members (Part IX, column (A), line 4)				0.		0.
6	45	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10			5,767,25	1.	5,778	,003.
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		•		0.		0.
Del	b	Total fundraising expenses (Part IX, column (D), line 25) ► 613, 09		•				
ŵ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			3,227,83	4.	3,407	,190.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			8,995,08	5.	9,185	,193.
		Revenue less expenses. Subtract line 18 from line 12			508,18	6.	1,929	,717.
r si					ng of Current Y	ear E	End of Yea	ır
Net Assets or Fund Balances	20	Total assets (Part X, line 16)		. 10	0,273,85	4. 1	1,940	,607.
dBa	21	Total liabilities (Part X, line 26)			5,084,99	4.	4,740	,227.
L Set	22	Net assets or fund balances. Subtract line 21 from line 20		. !	5,188,86	0.	7,200	,380.
Pa	rt II	Signature Block						
Un	der per	alties of perjury, I declare that I have examined this return, including accompanying sche	edules and stat	ements, and	to the best of	my knowled	lge and be	əlief, it is
liu	e, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	men preparer i	nas any knov	vieuge.			
0:-					11/13	3/2018		
Sig		Signature of officer			Date			
He	le		TIVE DIR	ECTOR				
		Type or print name and title						
Dai	4	Print/Type preparer's name Preparer's signature	Date		Check	if PTIN		
Paio	a parer	KAREN A KOWGIOS CPA	11/1	3/2018	self-employe		L46137	2
	e Only	Firm's name ►WITHUMSMITH+BROWN PC		Fi	irm's EIN 🕨 2			
		Firm's address ▶1411 BROADWAY 9TH FLOOR NEW YORK, NY 1				12-751-	9100	
Ma	y the	RS discuss this return with the preparer shown above? (see instruction	s)	<u></u> .	<u></u>	X	Yes	No
For	Paper	work Reduction Act Notice, see the separate instructions.				I	orm 990) (2017

	TRINITY REPERTORY COMPANY	22-2547262
Form 990 (2017)		Page
Part III Statement of Pr	rogram Service Accomplishments	
	ule O contains a response or note to any line in this Part III	
1 Briefly describe the organ		<u> </u>
TO REINVENT THE "I	PUBLIC SQUARE" WITH DRAMATIC ART THAT STIM	MULATES,
EDUCATES AND ENGAC	GES THE DIVERSE COMMUNITY IN A CONTINUING	DIALOGUE
THROUGH STAGE PROI	DUCTIONS, A RESIDENT ACTING COMPANY, GRADU	JATE
TRAINING PROGRAMS	, LIFELONG LEARNING AND K-12 EDUCATION PRO	DGRAMS.
2 Did the organization und	ertake any significant program services during the year whic	ch were not listed on the
	<u>?</u> ?	
lf "Yes," describe these ne	ew services on Schedule O.	
3 Did the organization ce	ease conducting, or make significant changes in how it	conducts, any program
services?		Yes X No
If "Yes," describe these ch		
expenses. Section 501(c)	on's program service accomplishments for each of its three (3) and 501(c)(4) organizations are required to report the evenue, if any, for each program service reported.	
4a (Code:) (Exp	penses \$ 5,241,742. including grants of \$) (Revenue \$ 4,153,976)
ATTACHMENT 1		/(10001100 \$\u00ed \$\u0ed \$\u00ed \$\u0ed \$\u00ed \$\u0ed
ATTACIMENT	· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·	
	penses \$ 2,679,019. including grants of \$) (Revenue \$)
	ITY/TRINITY REP MFA PROGRAMS IN ACTING AND	
DIRECTING ENROLLEI		
	NING WITH THE PRACTICAL EXPERIENCE OF BEIN	-
CONNECTED TO A PRO	OFESSIONAL THEATER AND THE ACADEMIC CREDEN	JTIALS
	UNIVERSITY. MFA STUDENT PRODUCTIONS INCLUD	
	," "PROWESS," "AN ACORN," "TWELFTH NIGHT,"	
"LOVE'S LABOURS LO	OST," AND OTHER CLASSIC, CONTEMPORARY, AND	D NEW
WORKS.		
4c (Code:) (Exc	penses \$ including grants of \$) (Revenue \$
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4c (Code:) (Exp) (Revenue \$)

1 3	· · ·		- /			
(Expenses \$		including	grants of \$) (Revenue \$
4e Total program	service exp	enses 🕨	7,92	0,76	1.	
JSA 7E1020 1.000 3438LU J	L44A 11/	13/2018	11:18:29	AM	V 17-7.2	F

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Part	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A.	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section $501(c)(4)$, $501(c)(5)$, or $501(c)(6)$ organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C,			
	Part III.	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted			
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V.	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
_	complete Schedule D, Part VI	11a	X	
b	Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more			37
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more		37	
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	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			37
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	37	X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		37	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			v
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If</i> "Yes," <i>complete Schedule E</i>	13		X X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
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			37
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			37
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			77
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			v
	Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> (see instructions).	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on		.,	
4.5	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			v
	If "Yes," complete Schedule G, Part III	19		Х

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Part	V Checklist of Required Schedules (continued)			
			Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H.	20a		Х
b	5 1 1 1 1	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III.	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the			
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J.	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
	through 24d and complete Schedule K. If "No," go to line 25a.	24a		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any			
	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26	Х	
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? If "Yes," complete Schedule L, Part III	27		Х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	Х	
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV.	28b		Х
С	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? If "Yes," complete Schedule L, Part IV	28c	Х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N,			
	Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			37
	or IV, and Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a			
• •		35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			х
0 -	related organization? If "Yes," complete Schedule R, Part V, line 2	36		A
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,</i>	27		х
20	Part VI	37		<u></u>
38	19? Note. All Form 990 filers are required to complete Schedule O.	38	Х	

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Par	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1 a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 64			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 301			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O.	3b	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			v
	account)?	4a		X
b	If "Yes," enter the name of the foreign country: ►			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts			
-	(FBAR).	5a		Х
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a 5b		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	50 5c		
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?.	30		
ъa	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	6a		Х
h	organization solicit any contributions that were not tax deductible as charitable contributions? If "Yes," did the organization include with every solicitation an express statement that such contributions or	04		
b	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
a	and services provided to the payor?	7a	Х	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
-	required to file Form 8282?	7c		Х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
	Initiation fees and capital contributions included on Part VIII, line 12	-		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)	12-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	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.	120		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
ь.	Note. See the instructions for additional information the organization must report on Schedule O.			
D	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			
~	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14b		
JSA			990	(2017

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Part	VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b bel	ow, and	for a	"No"
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule	D. See ir	nstruc	tions.
	Check if Schedule O contains a response or note to any line in this Part VI		• • •	X
Sect	ion 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	41		
	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	38		
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	<u> </u>
3	Did the organization delegate control over management duties customarily performed by or under the direct			v
	supervision of officers, directors, or trustees, or key employees to a management company or other person?			X 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 7-	Did the organization have members or stockholders?			
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?			x
h	Are any governance decisions of the organization reserved to (or subject to approval by) members			
b	stockholders, or persons other than the governing body?			х
8	Did the organization contemporaneously document the meetings held or written actions undertaken durin			
5	the year by the following:	5		
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached a			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ie Code		
		[Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapter	1 4 4 4		
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?		X	<u> </u>
11a		11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	12a	x	
	Did the organization have a written conflict of interest policy? If "No," go to line 13			
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could giv	e 12b	x	
~	rise to conflicts?			<u> </u>
С	describe in Schedule O how this was done	, 12c	x	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval b	v		
	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official		Х	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			37
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard th organization's exempt status with respect to such arrangements?			
Socti	ion C. Disclosure	16b		
	List the states with which a copy of this Form 990 is required to be filed $\blacktriangleright^{\text{RI}}$.			
17 18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sect	n 501(c)(3)c	
10	available for public inspection. Indicate how you made these available. Check all that apply.	01 00 1 (5)(5)5	ony)
	X Own website X Another's website X Upon request Other (explain in Schedule O)			
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, address, and telephone number of the person who possesses the organization's books and rec THOMAS PARRISH III 201 WASHINGTON STREET PROVIDENCE, RI 02903 401-521-1100	ords: 🕨		
	THOMAS PARRISH III 201 WASHINGTON STREET PROVIDENCE, RI 02903' ¥01-521-1100			
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Part VII	Compensation of	Officers,	Directors,	Trustees,	Key	Employees,	Highest	Compensated	Employees,	and
	Independent Contr	actors								
	Check if Schedule O	contains a re	esponse or n	ote to any line	e in thi	s 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 (list any hours for related organizations below dotted line)	box,	unles	neck ss pe	ition more erson	e than o is both or/trust employee	an	(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
(1)SUZANNE MAGAZINER	5.00									
CHAIR	0.	x		Х				0.	0.	0.
(2) PAUL CHOQUETTE	2.00									
BOARD MEMBER	0.	x						0.	0.	0.
(3)BARBARA SCHOENFELD	5.00									
VICE CHAIR	0.	x		Х				0.	0.	0.
(4) JOHN S. LOMBARDO	5.00									
TREASURER	0.	X		Х				0.	0.	0.
(5)JOE MADDEN	5.00									
SECRETARY	0.	Х		Х				0.	0.	0.
(6)JONATHAN DUFFY	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(7)HANNAH BELL-LOMBARDO	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(8)RICHARD BERETTA	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9)CURT COLUMBUS	40.00									
ARTISTIC DIRECTOR	0.	Х		Х				188,897.	0.	9,887.
(10)LINDA M. COHEN	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11) ^{BRIAN} DANIELS	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(12) JOSEPH L. DOWLING, JR.	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(13) ^{MARK} K.W. GIM	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(14)PHILIP GOULD	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.

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(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted	box, office	unles er and	Pos heck ss pe	more rson	e than c is both or/trust employe	an	(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
	line)	Individual trustee or director	Institutional trustee		loyee	Highest compensated employee				organizations
15) WILLIAM F. GREENE	2.00									
BOARD MEMBER	0.	Х						0.	0.	
16) LAURA HARRIS	2.00									
BOARD MEMBER	0.	Х						0.	0.	
17) SALLY HERREID	2.00									
BOARD MEMBER	0.	Х						0.	0.	
18) LOUIS GIANCOLA	2.00									
BOARD MEMBER	0.	Х						0.	0.	
19) DEBORAH IMONDI	2.00									
BOARD MEMBER	0.	Х						0.	0.	
20) PETER L. LEWISS	2.00									
BOARD MEMBER	0.	Х						0.	0.	
21) DORIS LICHT	2.00									
BOARD MEMBER	0.	Х						0.	0.	
22) PETER LIPMAN BOARD MEMBER	2.00	Х						0.	0.	
23) CHRISTOPHER MARSELLA	2.00									
BOARD MEMBER	······	х						0.	0.	
24) BRIAN MCGUIRK	2.00									
BOARD MEMBER	0.	x						0.	0.	
25) JOHN PALUMBO	2.00									
BOARD MEMBER (SEE SCHEDULE O)	0.	x						0.	0.	
1b Sub-total								188,897.	0.	9,88
c Total from continuation sheets to Part VII, S	ection A				• •			458,022.	0.	12,81
d Total (add lines 1b and 1c)	=						•	646,919.	0.	22,70
2 Total number of individuals (including but not reportable compensation from the organizatio	limited to t						o re	ceived more than	\$100,000 of	
	,									Yes
										163

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..... 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



Section B. Independent Contractors

Complete this table for your five highest compensated independent contractors that received more than \$100,000 of 1 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
A'	ITACHMENT 2		
2	Total number of independent contractors (including but not limited to thos more than \$100,000 in compensation from the organization \blacktriangleright 4	e listed above) who received	

	(A)	(B)			10	C)			(D)	(E)			(F)	
	(A) Name and title	Average hours per week (list any hours for	hours per (do not che week (list any box, unless hours for officer and					an ee)	Reportable compensation from the	Reportable compensation from related organizations		am com	stimated nount of other pensation	f
		related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	-MISC)	orga and	om the anizatio d related anizatior	d
26) MARC PERLMAN BOARD MEMBER (SEE SCHEDULE O)	2.00	x						0.		0.			(
27) KIBBE REILLY	2.00												
	BOARD MEMBER	0.	x						0.		ο.			
28) KATHRYN SABATINI	2.00	21						0.		0.			
	BOARD MEMBER	0.	x						0.		ο.			
29		2.00									0.			
	BOARD MEMBER	0.	x						0.		ο.			
30		40.00												
	EXECUTIVE DIRECTOR	0.	x		х				183,674.		ο.		10,3	33
31) DAVID NIGRI	2.00												_
	BOARD MEMBER	0.	x						0.		ο.			
32) CLAY PELL	2.00												-
	BOARD MEMBER	0.	x						0.		ο.			
33) DONNA VANDERBECK	2.00												
	BOARD MEMBER	0.	x						0.		ο.			
34) PATRICIA WATSON	2.00										-		
	BOARD MEMBER	0.	x						0.		Ο.			
35) SEAN REDFERN	2.00										-		
	BOARD MEMBER	0.	X						0.		0.			
36) SIMON WOOD	2.00												_
	BOARD MEMBER	0.	X						0.		0.			
	o Sub-total c Total from continuation sheets to Part VII, S	ection A						•						
	d Total (add lines 1b and 1c)	-												
2	Total number of individuals (including but not			liste	d al	oove	e) who	o re	ceived more than	\$100,000	of			
	reportable compensation from the organization	n 🕨	4	1										
													Yes	
3	Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i>											3		
4	For any individual listed on line 1a, is the sorganization and related organizations groups of the sorganization o	eater than	\$15	50,0	00?	If	"Yes	s," (complete Schedu	le J for				
	individual											4	Х	-
5	Did any person listed on line 1a receive or for services rendered to the organization? If "Ye											5		
S	ection B. Independent Contractors											·	I	_
1	Complete this table for your five highest com compensation from the organization. Report c													

	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those more than \$100,000 in compensation from the organization ►	e listed above) who received	

(A)	(B)		-	(0			-	hest Compensat	(E)		(F)
Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe d a d	ition more erson lirect	e than o is both or/trust	an ee)	Reportable compensation from the	Reportable compensation from related organizations	Est am	imated ount of other oensation
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	m the nization related nizations
7) DON WINEBERG	2.00										
BOARD MEMBER	0.	X						0.	0.		
3) ARTHUR SOLOMON VICE-CHAIR	5.00			37				0	0		
) RUSSELL MORIN	0.	X		Х				0.	0.		
BOARD MEMBER (SEE SCHEDULE O)	2.00	x						0.	0.		
)) SERGIO GONZALEZ	2.00	~						0.	0.	•	
BOARD MEMBER	2.00	x						0.	0.		
L) REBECCA GIBEL	5.00							0.	0.		
ACTING COMPANY	0.	x						30,249.	0.		
2) THERESA M. MOORE	2.00	- 22			-			50,219.	0.		
BOARD MEMBER	0.	x						0.	0.		
B) KENNETH SIGEL	2.00									•	
BOARD MEMBER	0.	x						0.	0.		
) ALEC STAIS	2.00									•	
BOARD MEMBER	0.	x						0.	0.		
) STEPHEN BERENSON	40.00										
FND DIR BROWN/TRINITY MFA	0.	1				x		128,660.	0.		4
) BRIAN MCELENEY - HEAD, MFA ACT	40.00										
TRINITY REP ACTING	0.	1				х		115,439.	0.		2,0
	+										
b Sub-total		1					►				
c Total from continuation sheets to Part VII, S	ection A				•••						
d Total (add lines 1b and 1c)											
	limited to t	hose	liste	le h	hov	e) who	o re	ceived more than	\$100,000 of		
Total number of individuals (including but not				u ai	0000	-,					
			1	uai		.,					
Total number of individuals (including but not											Yes
Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic	n ► er, directo	or, or	tru	uste	e,	key e	emp				Yes
Total number of individuals (including but not reportable compensation from the organization	n ► er, directo	or, or	tru	uste	e,	key e	emp			3	Yes
Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Sched</i> For any individual listed on line 1a, is the organization and related organizations gro	n ► er, directo ule J for su sum of rep eater than	or, or ch ind portab \$15	tru <i>livide</i> ble c	uste ual com 00?	e, pen	key e satior <i>"Ye</i> s	emp • •	nd other compensions complete Schedu	sation from the le J for such	3	
Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the so organization and related organizations gra <i>individual</i> .	n ► eer, directo ule J for sud sum of rep eater than	or, or ch ind portab \$15	tru <i>lividi</i> ble c	uste ual com 00?	e, pen <i>If</i>	key e satior <i>"Ye</i> s	emp n ar	nd other compension complete Schedu	sation from the le J for such		Yes X
Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the so organization and related organizations gra <i>individual</i>	n ► er, directo ule J for sud sum of rep eater than accrue co	or, or ch ind portab \$15 mpen	tru <i>lividu</i> ble c 50,0	uste ual com 00?	e, pen <i>If</i>	key e isatior <i>"Ye</i> s n any	emp n ar s," (nd other compens complete Schedu related organizatio	sation from the <i>le J for such</i> on or individual	3	
Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the organization and related organizations gra <i>individual</i> . Did any person listed on line 1a receive or for services rendered to the organization? <i>If "Ye</i>	n ► er, directo ule J for sud sum of rep eater than accrue co	or, or ch ind portab \$15 mpen	tru <i>lividu</i> ble c 50,0	uste ual com 00?	e, pen <i>If</i>	key e isatior <i>"Ye</i> s n any	emp n ar s," (nd other compens complete Schedu related organizatio	sation from the <i>le J for such</i> on or individual	3	
 Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schede</i> For any individual listed on line 1a, is the sorganization and related organizations graindividual. Did any person listed on line 1a receive or 	n ► eer, directo ule J for sue sum of rep eater than accrue co es, "comple	or, or ch ind portab \$15 mpen <u>te Sch</u> ndepe	tru lividi ble c 50,0 satio	uste ual com 00? on f <u>ile J</u>	e, pen <i>If</i> fron <i>I for</i>	key e satior <i>"Yes</i> any <u>such</u> tracto	emp n ar ;," uni <u>pers</u> rs t	nd other compens complete Schedu related organizations son	sation from the le J for such on or individual	3 4 5	
Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the organization and related organizations gra <i>individual</i>	n ► eer, directo ule J for sud sum of rep eater than accrue co es, " comple pensated i compensati	or, or ch ind portab \$15 mpen <u>te Sch</u> ndepe	tru lividi ble c 50,0 satio	uste ual com 00? on f <u>ile J</u>	e, pen <i>If</i> fron <i>I for</i>	key e satior <i>"Yes</i> any <u>such</u> tracto	emp n ar ;," uni <u>pers</u> rs t	nd other compension complete Schedu related organization son hat received more ending with or with (B)	sation from the le J for such on or individual than \$100,000 on hin the organizatio	3 4 5 of on's tax (C)	X
Total number of individuals (including but not reportable compensation from the organization Did the organization list any former offic employee on line 1a? <i>If "Yes," complete Schedu</i> For any individual listed on line 1a, is the so organization and related organizations gre <i>individual</i>	n ► eer, directo ule J for sud sum of rep eater than accrue co es, " comple pensated i compensati	or, or ch ind portab \$15 mpen <u>te Sch</u> ndepe	tru lividi ble c 50,0 satio	uste ual com 00? on f <u>ile J</u>	e, pen <i>If</i> fron <i>I for</i>	key e satior <i>"Yes</i> any <u>such</u> tracto	emp n ar ;," uni <u>pers</u> rs t	nd other compension complete Schedu related organization son hat received more ending with or with	sation from the le J for such on or individual than \$100,000 on hin the organizatio	3 4 5 of on's tax	X

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

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Pai	t VII						
		Check if Schedule O contains a resp	onse or note to an	y line in this Part VI (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d f f	Federated campaigns 1a Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e All other contributions, gifts, grants, and similar amounts not included above 1f Noncash contributions included in lines 1a-1f: \$ 1	243,126. 1,656,759. 2,220,501. 210,352.				
	9 h	Total. Add lines 1a-1f		4,120,386.			
Program Service Revenue	2a b c d e f	ADMISSIONS SERVICE CHARGE INCOME MFA PROGRAM INCOME CONCESSION INCOME, NET EDUCATION INCOME All other program service revenue		3,247,274. 406,200. 2,662,000. 111,058. 256,332. 133,112.	3,247,274. 406,200. 2,662,000. 111,058. 256,332. 57,957.	75,155.	
	<u>g</u> 3	Total. Add lines 2a-2f	ends, interest,	6,815,976.			
	4	and other similar amounts)	nd proceeds	38,909. 0. 0.			38,909.
	6a b c d 7a	Gross rents	(ii) Other	0.			
	b	assets other than inventory 303,62 Less: cost or other basis 163,98 and sales expenses 139,63	2.				
Other Revenue	d 8a	Net gain or (loss) Gross income from fundraising events (not including \$243,126. of contributions reported on line 1c). See Part IV, line 18	ATCH 3	139,639.			139,639.
Oth	b c	Less: direct expenses Net income or (loss) from fundraising even	b 331,199.	0.			
	9a b	Gross income from gaming activities. See Part IV, line 19 Less: direct expenses	a				
	с 10а	Net income or (loss) from gaming activitie Gross sales of inventory, less returns and allowances	a	0.			
	b C	Less: cost of goods sold Net income or (loss) from sales of inventory Miscellaneous Revenue	b Business Code	0.			
	11a		-				
	b c						
	d	All other revenue		0.			
	е 12	Total revenue. See instructions.		11,114,910.	6,740,821.	75,155.	178,548.

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Section 501(c)(3) and 501(c)(4) organizations mus				· · ·
Check if Schedule O contains a respo		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 domestic organizations				
and domestic governments. See Part IV, line 21	0.			
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	0.			
3 Grants and other assistance to foreign				
organizations, foreign governments, and foreign	0.			
individuals. See Part IV, lines 15 and 16	0.			
4 Benefits paid to or for members	0.			
5 Compensation of current officers, directors,	392,792.	295,788.	48,502.	48,502
trustees, and key employees	552,752.	200,700.	10,502.	10,502
6 Compensation not included above, to disqualified				
persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0.			
7 Other salaries and wages	4,178,350.	3,635,324.	261,643.	281,383
		.,,		201,000
8 Pension plan accruals and contributions (include section 401(k) and 403(k) employer contributions)	190,340.	190,340.		
section 401(k) and 403(b) employer contributions)	553,165.	478,810.	36,031.	38,324
Other employee benefits	463,356.	401,073.	30,181.	32,102
-				,
1 Fees for services (non-employees):	0.			
a Management	0.			
b Legal	27,121.		27,121.	
c Accounting	0.			
d Lobbying	0.			
e Professional fundraising services. See Part IV, line 17 f Investment management fees	30,113.		30,113.	
9 Other. (If line 11g amount exceeds 10% of line 25, column	142,879.	103,057.	38,092.	1,730
(A) amount, list line 11g expenses on Schedule O.).	331,299.	331,299.		_,
2 Advertising and promotion 13 Office expenses	440,885.	380,440.	28,872.	31,573
4 Information technology	0.		- ,	
5 Royalties	0.			
16 Occupancy	642,824.	554,693.	42,097.	46,034
7 Travel	121,794.	66,641.	5,404.	49,749
8 Payments of travel or entertainment expenses			,	
for any federal, state, or local public officials	0.			
9 Conferences, conventions, and meetings	0.			
20 Interest	183,255.	120,392.	62,863.	
Payments to affiliates	0.		-	
2 Depreciation, depletion, and amortization	515,783.	445,069.	33,777.	36,937
23 Insurance	61,250.	52,853.	4,011.	4,386
4 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.)				
aPRODUCTION COSTS	699,277.	699,277.		
bMISCELLANEOUS	40,104.	34,606.	2,626.	2,872
cDUES AND MEMBERSHIPS	34,645.	19,045.		15,600
dARTISTIC EXPENSES	65,684.	65,684.		
e All other expenses	70,277.	46,370.		23,907
25 Total functional expenses. Add lines 1 through 24e	9,185,193.	7,920,761.	651,333.	613,099
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and				<u> </u>
fundraising solicitation. Check here b if following SOP 98-2 (ASC 958-720)	0			

0.

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Form 990 (2017)

following SOP 98-2 (ASC 958-720)

art	Х	Balance Sheet				
		Check if Schedule O contains a response or note to a	any line in this Pa	art X		
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		498,360.	1	231,554
	2	Savings and temporary cash investments		826,962.	2	1,390,299
	3	Pledges and grants receivable, net		1,305,820.	3	1,377,453
	4	Accounts receivable, net		0.	4	
	5	Loans and other receivables from current and former offi	cers, directors,			
		trustees, key employees, and highest compensate	d employees.			
		Complete Part II of Schedule L Loans and other receivables from other disqualified persons (as defin		0.	5	
	6	Loans and other receivables from other disqualified persons (as defir 4958(f)(1)), persons described in section 4958(c)(3)(B), and contril	ed under section			
		and sponsoring organizations of section 501(c)(9) voluntary emplo				
		organizations (see instructions). Complete Part II of Schedule L		0.	6	
	7	Notes and loans receivable, net		0.	7	
	8	Inventories for sale or use		0.	8	
	9	Prepaid expenses and deferred charges		176,049.	9	196,60
1	0 a	Land, buildings, and equipment: cost or				
			13,063,582.			
	b	Less: accumulated depreciation	7,157,337.	4,985,411.	10c	5,906,24
1	1	Investments - publicly traded securities		0.	11	
1	2	Investments - other securities. See Part IV, line 11		0.	12	
1	3	Investments - program-related. See Part IV, line 11		2,474,302.	13	2,831,00
1	4	Intangible assets		0.	14	
1	5	Other assets. See Part IV, line 11		6,950.	15	7,45
1	6	Total assets. Add lines 1 through 15 (must equal line 34) .		10,273,854.	16	11,940,60
1	7	Accounts payable and accrued expenses		410,812.	17	212,06
1	8	Grants payable	0.	18		
1	9	Deferred revenue		1,356,001.	19	1,318,51
2	0	Tax-exempt bond liabilities		0.	20	
2	1	Escrow or custodial account liability. Complete Part IV of Sch		0.	21	
3 2	2	Loans and other payables to current and former offic				
2		trustees, key employees, highest compensated en				
		disqualified persons. Complete Part II of Schedule L		1,605,223.	22	1,578,61
' 2	3	Secured mortgages and notes payable to unrelated third par		1,706,248.	23	1,618,74
2	4	Unsecured notes and loans payable to unrelated third parties		0.	24	
2	5	Other liabilities (including federal income tax, payables t				
		parties, and other liabilities not included on lines 17-24). C	•			
		of Schedule D		6,710.	25	12,28
2	6	Total liabilities. Add lines 17 through 25		5,084,994.	26	4,740,22
		Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34.	e ► X and			
2		Unrestricted net assets		1,963,992.	27	3,549,87
2	8	Temporarily restricted net assets		987,688.	28	1,100,81
2	9	Permanently restricted net assets	<u></u>	2,237,180.	29	2,549,69
2 2 2 2 3 3 3 3 3 3		Organizations that do not follow SFAS 117 (ASC 958), check here complete lines 30 through 34.				
3	0	Capital stock or trust principal, or current funds			30	
33	1	Paid-in or capital surplus, or land, building, or equipment fund	d		31	
3	2	Retained earnings, endowment, accumulated income, or oth	er funds		32	
2 3	3	Total net assets or fund balances		5,188,860.	33	7,200,38
		Total liabilities and net assets/fund balances		10,273,854.	34	11,940,60

TRINITY F	REPERTORY	COMPANY
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Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI. 1 1 Total revenue (must equal Part VII, column (A), line 12) 1 2 Total expenses (must equal Part VII, column (A), line 25) 3 3 Total expenses (must equal Part IX, column (A), line 25) 3 4 5.188, 1933. 3 1.929, 717. 4 5.188, 860. 5 81, 803. 6 0. 7 0. 8 0. 9 0. 9 0. 9 0. 10 7, 200, 380. 110 7, 200, 380. 110 7, 200, 380. 110 7, 200, 380. 121 10 7, 200, 380. 10 14 check if Schedule O contains a response or note to any line in this Part XII 16 7, 200, 380. 17 Accounting method used to prepare the Form 990: Cash X Accrual Other 16 7, 200, 380. 10 7, 200, 380. 21	Form 99	90 (2017)			Pa	ge 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 1.1, 114, 910. 2 Total expenses (must equal Part IX, column (A), line 25) 9, 185, 193. 3 Revenue less expenses. Subtract line 2 f om line 1. 3 1, 929, 717. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5, 188, 860. 5 811, 803. 6 0. 7 0. 7 Donated services and use of facilities . 7 0. 7 0. 8 0.1 9 0. 8 0. 0. 9 Other changes in net assets or fund balances (explain in Schedule 0). 9 0. 0. 9 Other changes in net assets or fund balances (explain in Schedule 0). 9 0. 0. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 10 7, 200, 380. 2 Were the organization's financial statements compiled or reviewed by an independent accountant? 2 X 2 X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2 X	Part					
1 Total expenses (must equal Part IX, column (A), line 25) 1 9,185,193. 3 Revenue less expenses. Subtract line 2 from line 1. 3 1,929,717. 4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5,188,860. 5 Net unrealized gains (losses) on investments 5 81,403. 6 0. 7 0. 7 Investment expenses 7 0. 8 0.repriot adjustments 8 0 9 Other changes in net assets or fund balances (explain in Schedule 0) 8 0. 9 Other changes in net assets or fund balances (explain in Schedule 0) 8 0. 9 Other changes in net assets or fund balances (explain in Schedule 0) 8 0. 9 Other changes in net assets or fund balances (explain in Schedule 0) 8 0. 10 Tozanzation changed its method of accounting from a prior year or checked "Other," explain in Schedule 0. 9 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X 11 "Yes," check a box below to indicate whether the financial statements for the year were compiled o		Check if Schedule O contains a response or note to any line in this Part XI	<u></u>			
 1 or a ceparate basis 1 or a ceparate basis 1 or a combined (interference) 2 or a combined (interference) 3 or a combined	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
 Notion of the construction of the con	2	Total expenses (must equal Part IX, column (A), line 25)	2			
4 Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 5, 188, 860. 5 Net unrealized gains (losses) on investments 8 0. 6 Donated services and use of facilities 6 0. 7 nivestment expenses 7 0. 8 0. 9 0. 9 0. 9 0. 9 0. 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 10 7, 200, 380. PartXII Financial Statements and Reporting 10 7, 200, 380. Check if Schedule O contains a response or note to any line in this Part XII 10 7, 200, 380. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other," explain in Schedule O. 1 Accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a X 1 Accounting the organization's financial statements compiled or reviewed by an independent accountant? 2a X 2a X 1 Yees," check a box below to indicate whether the financial statements for	3	Revenue less expenses. Subtract line 2 from line 1	3			
a) Inter third guide basis b) a b) Donated services and use of facilities a) a c) Donated services and use of facilities a) a c) Investment expenses a) a c) Other changes in net assets or fund balances (explain in Schedule O) a) a c) Other changes in net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line a) a c) Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line a) a c) T Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. Yes No 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X if "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b) Were the organization's financial statements and teleponetical accountant? 2b X if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis. b) Were the organization's financial statements and selection of an independent accountant? 2b X if "Yes," check a box below to indicate whether the financial statements and selection of an independent a	4		4	5,1	.88,8	360.
6 Donated services and use of facilities 6 0. 7 Investment expenses 7 0. 8 Prior period adjustments 0. 7 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 7, 200, 380. 2 Part XII Financial Statements and Reporting 7, 200, 380. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Mere the organization's financial statements compiled or reviewed by an independent accountant? 2a X 1 Trees, "check a box below to indicate whether the financial statements for the year were audited or a separate basis, consolidated basis, or both: 2b X 1 Separate basis Consolidated basis Both consolidat	5	Net unrealized gains (losses) on investments	5		81,8	303.
7 Investment expenses 7 0. 8 Prior period adjustments 0. 9 Other changes in net assets or fund balances (explain in Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)) 9 0. 10 Prior period adjustments and Reporting Check if Schedule O contains a response or note to any line in this Part XII 10 7, 200, 380. 11 Accounting method used to prepare the Form 990: Cash X Accrual Other	6		6			0.
 8 Prior period adjustments	7		7			0.
9 Other changes in net assets or fund balances (explain in Schedule 0)	8		8			0.
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B)). 10 7, 200, 380. Part XII Financial Statements and Reporting 7, 200, 380. Check if Schedule O contains a response or note to any line in this Part XII 10 7, 200, 380. 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other	9		9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: the space of the space o	10					
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Image: Check if Schedule O contains a response or note to any line in this Part XII 1 Accounting method used to prepare the Form 990: Image: Cash Im		33, column (B))	10	7,2	200,3	380.
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1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O. 2a X 2a Were the organization's financial statements compiled or reviewed by an independent accountant?					Yes	No
Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant?	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
 2a Were the organization's financial statements compiled or reviewed by an independent accountant?		If the organization changed its method of accounting from a prior year or checked "Other," e	xplain in			
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If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? Image: Consolidated basis Image: Consolidated basis if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis Image: C	2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
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 separate basis, consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis c 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. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 	~					
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 c 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. 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? b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the 		X Separate basis Consolidated basis Both consolidated and separate basis				
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If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. Image: Comparization changed either its oversight process or selection process during the tax year, explain in Schedule O. 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? Image: Comparization comparization comparization comparization comparization comparization did not undergo the comparization undergo the required audit or audits? If the organization did not undergo the comparization comparization comparization comparization comparization did not undergo the comparization comparizaticomparizaticomparization comparization comparization com	•		-	2c	Х	
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b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the	54			3a		Х
	h	5				
	, N		0	3b		

Form **990** (2017)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No. 1545-0047

		t of the Treasury enue Service		► Go to www.irs.go	ov/Form990 for instruct	ions and	the latest	information.	Inspection		
		e organization						Employer identifi			
		Y REPERTO			·			22-25472			
	rtl				•	•		art.) See instructions	j		
	<u> </u>		•		t is: (For lines 1 throu		,	,			
1					tion of churches desc						
2					. (Attach Schedule E						
3		-	-	-	rganization described						
4			-		conjunction with a no	spital de	scribed ir	n section 170(b)(1)(A)	(III). Enter the		
-		hospital's nam	-						utalit descuibed in		
5		-	-		a college of universi	ly owned	u or ope	erated by a governme	ental unit described in		
6				Complete Part II.)	romantal unit describe	d in cost	ion 170/	h)/1)//)//			
6 7			e, or local government or governmental unit described in section 170(b)(1)(A)(v). In that normally receives a substantial part of its support from a governmental unit or from the general public								
'		-)(1)(A)(vi). (Compl		ipport in	oni a yo		on the general public		
8					b)(1)(A)(vi). (Complete	Part II)					
9		-				-		l in conjunction with a	land-grant college		
5		-		-			-	name, city, and state o			
		university:		grant conege of ag		аопо). Е		namo, ory, and otato o			
10		An organization receipts from support from	activities rela gross investn	ited to its exempt f nent income and u	functions - subject to	certain e able inco	exception	ntributions, membersh s, and (2) no more tha s section 511 tax) from Part III.)	n 331/3 % of its		
11		•	•		usively to test for publ		•				
12		An organizatio	on organized	and operated exclu	usively for the benefit	of, to pe	erform th	e functions of, or to o	carry out the purposes		
	(of one or mo	re publicly su	pported organizati	ions described in sec	tion 509	(a)(1) or	section 509(a)(2). S	ee section 509(a)(3).		
	(Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.									
а	Type I . A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving										
		the supporte	e supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the								
		_ supporting o	organization.	You must complet	te Part IV, Sections A	and B.					
b		Type II . A s	upporting org	anization supervis	ed or controlled in co	nnectior	n with its	supported organization	on(s), by having		
		control or m	nanagement o	of the supporting o	organization vested in	the sam	e persor	ns that control or man	age the supported		
		_ organization	(s). You mus	t complete Part IV	, Sections A and C.						
С			-					n with, and functional	lly integrated with,		
			-		ns). You must comple						
d			-			-		ection with its suppor			
						-		oution requirement and	d an attentiveness		
			-		omplete Part IV, Sect				. .		
е			-					hat it is a Type I, Type I	II, Type III		
f	Ente				ionally integrated sup		organizat	lion.			
g				-	orted organization(s).				•••••		
9		me of supported of	-	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of		
	(1) 1101		organization		(described on lines 1-10	listed in yo	ur governing	support (see	other support (see		
					above (see instructions))	docu Yes	ment? No	instructions)	instructions)		
()						163					
(A)											
(B)											
(C)											
(D)											
(E)											
Tot	al										

Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

22-2547262

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.)

tion A. Public Support						
ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,482,588.	3,659,404.	2,282,605.	3,213,046.	4,120,386.	15,758,029.
Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
The value of services or facilities furnished by a governmental unit to the organization without charge						0.
Total. Add lines 1 through 3	2,482,588.	3,659,404.	2,282,605.	3,213,046.	4,120,386.	15,758,029.
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						
						855,384.
						14,902,645.
	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
	. ,					15,758,029.
Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	13,540.	19,336.	16,784.	20,374.	38,909.	108,943.
Net income from unrelated business activities, whether or not the business is regularly carried on						0.
Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
Total support. Add lines 7 through 10						15,866,972.
Gross receipts from related activities, etc. (s	ee instructions) .				12	30,387,203.
organization, check this box and stop here	<u> </u>					
		•				02 02 0
	• • •	•				93.92% 93.70%
	-		-			
	-					
-					-	
•			•	•		
	-					
instructions	<u></u> .	<u></u>		<u></u>	<u> </u>	▶□
	ndar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") Tax revenues levied for the organization's benefit and either paid to or expended on its behalf The value of services or facilities furnished by a governmental unit to the organization without charge Total. Add lines 1 through 3. 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).ATCH 1. Public support. Subtract line 5 from line 4 tion B. Total Support ndar year (or fiscal year beginning in) Amounts from line 4. Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources Net income from unrelated business is regularly carried on Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) Gross receipts from related activities, etc. (s First five years. If the Form 990 is for organization, check this box and stop here. 10% or more, and if the organization quist 31/3% support test - 2017. If the organization and stop here. The organization part VI. 10% or more, and if the organization Part VI how the organization meets to organization. 10% or more, and if the organization part VI how the organization meets to organization. </th <th>ndar year (or fiscal year beginning in) (a) 2013 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2,482,588. Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 2,482,588. The value of services or facilities furnished by a governmental unit to the organization without charge 2,482,588. Total. Add lines 1 through 3. 2,482,588. 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Schedule A (Form 990 or 990-EZ) 2017

Schedule A (Form 990 or 990-EZ) 2017

Part III

Support Schedule for Organizations Described in Section 509(a)(2) (Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
	tion B. Total Support	(-) 2012	(1-) 2014	(-) 2015	(4) 2016	(-) 2017	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 10 a	Amounts from line 6 Gross income from interest, dividends,						
IUa	payments received on securities loans, rents, royalties, and income from similar						
h	sources	<u> </u>					
b	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b	 					
11 11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)						
14	First five years. If the Form 990 is f	-					
	organization, check this box and stop here						▶
	tion C. Computation of Public Sup					1 1	
15	Public support percentage for 2017 (line 8					15	%
$\frac{16}{2}$	Public support percentage from 2016 Sche			<u></u>		16	%
	tion D. Computation of Investmen			12 oolume (f))		17	%
17	Investment income percentage for 2017 (li						
18 10 a	Investment income percentage from 2016 331/3% support tests - 2017. If the or					18	md line
199	17 is not more than 331/3%, check th						
h	331/3% support tests - 2016. If the orga		-				
IJ	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization		•	•	. ,		
JSA				. ,		Schedule A (Form S	
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Page 3

Yes No

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4b

4c

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9a

9b

9c

10a

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

10b Schedule A (Form 990 or 990-EZ) 2017

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Eart M Supporting Organizations (continued) Yes No 11 Has the organization accepted a gft or contribution from any of the following persons? 111 11 Has the organization accepted a gft or contribution from any of the following persons? 111 11 A person who directly or indirectly controls, there also or together with persons described in (b) and (c) below? 111 11 A family member of a person described in (a) or (b) above? 111 11 Did the director, trustees, or membership of one or more supported organizations have the power to requirably appoint or clear tables the power to requirably appoint or clear tables the power to requirably appoint or clear tables the appoint door remove directors or trustees were allocated among the supported organization, describe how the powers to prove directors or trustees were allocated among the supported organization of the there appoint door remove directors or trustees were allocated among the supported organization of the there appoint door remove directors or trustees were allocated among the supported organization appoint and organization of the supported organization organization or the table of the supported organization organization appoint and organization appoint appointappoint appoint appointappoint appoint appoint appoin	1	e A (Form 990 or 990-EZ) 2017		F	Page 5
11 Has the organization accepted a gift or contribution from any of the following person? A person who directly or information from any of the following person? A horizon who directly or information? Image: State St	Part I	V Supporting Organizations (continued)			
 a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? b A family member of a person described in (a) above? If "Yes" to a. b. or c. provide detail in Part VI. Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? INO: "describe In Part VI how the supported organization's directors or trustees at all times during the tax year? INO: "describe In Part VI how the supported organization describe how the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year." INO: "describe In Part VI how the supported organization describe how the power to resolution." INO: "describe In Part VI how the supported organization describe how the power to resolution of or supported organization organization, describe how the power to resolution of organization organization, describe how the power to resolution the organization organization, describe how the power to resolution of organization organization, describe how the power to resolution of organization organization, describe how the power to resolution of organization organization, describe how the power to resolution of organization organization, describe how the power to resolution or organization, describe organization organization, describe how the power to any supported organization organization, describe how the power to any supported organization organization, describe how the power to any supported organization organization, describe how the power to any supported organization organization, describe how the property of the organization organization organization, describe how the power to any apported organization organizat				Yes	No
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b A family member of a person described in (a) of (b) above? If "Yes" to a, b, or c, provide detail in Part V. 11b Section B. Type I Supporting Organizations Yes No 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? I Yes." No Yes No 2 Did the directors, trustees, or membership of one or more supported organization, second organization, second organization's activities. If the organization's directors or trustees at all times during the tax year? I Yes." A spatial for the present of the supported organization or restrictions, if any, applied to such powers during the tax year. 1 2 Did the organization's activities or resove directors or trustees were during the tax year. 2 2 Did the organization or restrictions, if any, applied or supported organization or the supported organization or restrictions, if any, applied to supported organization's Harty Part W how control or a management of the organization's directors or trustees during the tax year. 2 3 Section D. All Type III Supporting Organizations Yes No 4 Did the organization's directors or trustees during the tax year. 1 5 Otio the organization's directors or trustees during the tax year? Wow provided during the prove of the supporting organization were were of the organization w					
a A 55% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or o, provide detail in Part VL Section B. Type I Supporting Organizations I Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax, yean? If "No," describe in Part VI how the supported organization's electively operated, supervised, or controlled the organization sachities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization(s) that operated, supervised, or controlled the supporting organization? I Two- rooting or substances activities. If the organization table that way ear. 2 Did the organization operate for the benefit of any supported organization? I Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization I Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the supporting organization was vasied in the same persons that controlled or managed the organization provide to each of its supported organizations of support provided organizations as uncertainty lifed as of the date of notification, and (ii) possed organization supported organization? I Were any of the organization's differes, directors, or trustees either (i) appointed organization's law or the supported organization? I Organization supporting Organizations is supported organization's supported organization? I Were any of the organization's officers, directors, or trustees either (i) appointed or ganization's law a significant was main refer to the date of notification, and (ii) possed of the organization's supporting Organizations is supported organization's supported organization's l					
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Schedule & (Form 990 or 990-F7) 2017			3b		
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TRINITY REPERTORY COMPANY		22-	2547262
Schedule A (Form 990 or 990-EZ) 2017			Page
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ			
1 Check here if the organization satisfied the Integral Part Test as a qualifying			,
instructions. All other Type III non-functionally integrated supporting organiz	ations r	nust complete Sectio	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Yea (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3.	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4).	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990 or 990-EZ) 2017

	V Type III Non-Functionally Integrated 509(a)(3) ion D - Distributions		- (Current Year
1	Amounts paid to supported organizations to accomplish ex	xempt purposes		ourrent rear
2	Amounts paid to perform activity that directly furthers exer			
-	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	zations	
4	Amounts paid to acquire exempt-use assets	iere en euppeneu ergann		
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
-	(provide details in Part VI). See instructions.			
9	Distributable amount for 2017 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1	Distributable amount for 2017 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2017			
	(reasonable cause required-explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2017			
а				
b	From 2013			
С	From 2014			
d	From 2015			
е	From 2016			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2017 distributable amount			
i	Carryover from 2012 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2017 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2017 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2017, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI . See instructions.			
6	Remaining underdistributions for 2017. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2018. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2013			
b	Excess from 2014			
С	Excess from 2015			
d	Excess from 2016			
е	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2017

SCHEE	DULE D)
(Form	990)	

Department of the Treasury

Internal Revenue Service

Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990,

Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. **Open to Public** Inspection

2

OMB No. 1545-0047

TRINITY REPERTORY COMPANY 22-537262 Part 1 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered 'Yes' on Form 990, Part IV, line 6. (b) Funds and other accounts 1 Total number at end of year	Name	of the organization		Employer identification number
Complete if the organization answered "Yes" on Form 990, Part IV, line 6. 1 Total number at end of year	TRI	NITY REPERTORY COMPANY		22-2547262
I Total number at end of year (a) Donor advised funds (b) Funds and other accounts 2 Aggregate value of contributions to (during year) Aggregate value of contributions to (during year) 3 Aggregate value of contributions to (during year) Aggregate value at end year,	Pa	rt I Organizations Maintaining Donor Adv	vised Funds or Other Similar Funds o	or Accounts.
1 Total number at end of year		Complete if the organization answered	l "Yes" on Form 990, Part IV, line 6.	
2 Aggregate value of contributions to (during year)			(a) Donor advised funds	(b) Funds and other accounts
2 Aggregate value of contributions to (during year)	1	Total number at end of year		
 Aggregate value of grants from (during year)				
Aggregate value at end of year				
 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization 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 of donor advisor, or for any other purpose conferring impermissible private benefit? Partill Conservation Easements. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or ducation) Preservation of a historically important land area preservation of a certified historic structure Preservation of open space Complete in the organization needed and the qualified conservation contribution in the form of a conservation easements. Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements. Conservation easements in a certified historic structure included in (a). Qual acreage restricted by conservation easements. Total ancheor of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year to conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year to states where property subject to conservation easements is located >				
funds are the organization's property, subject to the organization's exclusive legal control?			r advisors in writing that the assets belo	t in donor advised
 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? PartIII Conservation Easements. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of natural habitat Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of natural habitat Preservation of and for public use (e.g., recreation or education) Preservation of a conservation easements held by the organization (check all that apply). Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation a Total number of conservation easements . 2a Total acreage restricted by conservation easements. 2b 2c Number of conservation easements included in (c) acquired after 7/25/06, and not on a last day of the tax year. Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year is conservation easements included in (c) acquired after 7/25/06, and not on a lad Number of states where property subject to conservation easements is located is a conservation easements during the period. Staff and volunteer hours devide to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year is and exercise how the organization reports conservation easements induced in the Aster is induced	Ŭ		•	
only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose	6			
conferring impermissible private benefit? Yes No PartIII Conservation Easements. Yes" on Form 990, Part IV, line 7. 1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area 2 Complete lines 2a through 2d ft the organization held a qualified conservation contribution in the form of a conservation easements. Preservation of open space 2 Complete lines 2a through 2d ft the organization held a qualified conservation contribution in the form of a conservation easements. Preservation for the axy sear. a Total number of conservation easements. Preservation of asements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. Preservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register. 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 easements is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements enditied. 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conser	U		.	
Part III Conservation Easements. Complete if the organization answered "Yes" on 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 a historically important land area Preservation of open space Preservation of a conservation 2 Complete lifthe organization held a qualified conservation contribution in the form of a conservation easements . a Total number of conservation easements . 2a 2 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed by conservation Register . 3 Number of states where property subject to conservation easements included S? 4 Number of states where property subject to conservation easements is located > 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcing conservation easements during the year 6 Staff and volunter hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements and states the for optice, if the forth of the forth of the organization they are a written ports conservation easements in the revenue and expense statement, and balance sheet, and include, if applicable, the text of the fortholic and revenue statements that describes the organization freqorestruction easements in the revenue statement and bal				
Complete if the organization answered "Yes" on 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 a certified historic structure Protection of natural habitat Preservation of a certified historic structure Preservation of accentration of a conservation easements on the last day of the tax year. Image: Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on a certified historic structure included in (a). Image: Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register . 2 Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure instead the policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements is located ▶ 3 Number of states where property subject to conservation easements in hords? 4 Number of states where property subject to conservation easements is located ▶ 5 Does the organization monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ 6 Staff and volunteer hours devided to monitoring, inspecting, handling of violations, and enforcing conservation easements for the found	Pa			
1 Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of and for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of open space Preservation of conservation easements and a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. a Total number of conservation easements	10		"Yes" on Form 990 Part IV line 7	
Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space 2 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easements on the last day of the tax year. 4 a Total number of conservation easements	1			
Protection of natural habitat Preservation of a certified historic structure Preservation of open space 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. Total acreage restricted by conservation easements. Call and the tax of the tax year. Total acreage restricted by conservation easements. Complete do yoonservation easements on a certified historic structure included in (a) 2b 2c 2c 2d	•			of a historically important land area
□ 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. a Total acreage restricted by conservation easements			, <u> </u>	
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. Iteld at the End of the Tax Year a Total number of conservation easements				
 easement on the last day of the tax year. a Total number of conservation easements	2		eld a qualified conservation contribution i	in the form of a conservation
a Total number of conservation easements. 2a b Total acreage restricted by conservation easements. 2b c Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register	2			
 b Total acreage restricted by conservation easements	~			
c Number of conservation easements on a certified historic structure included in (a)	-			
d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register				
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 4 Number of states where property subject to conservation easement is located ▶				
 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶	a			
 tax year ▶	•			
 Number of states where property subject to conservation easement is located ▶	3		nsterred, released, extinguished, or term	inated by the organization during the
 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?				
 violations, and enforcement of the conservation easements it holds?				diana kanadilina af
 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	5			
 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year \$	~			
 \$	6	Staff and volunteer hours devoted to monitoring, inspe	cting, handling of violations, and enforcing co	onservation easements during the year
 \$	_			
 and section 170(h)(4)(B)(ii)?	7	Amount of expenses incurred in monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
 and section 170(h)(4)(B)(ii)?	-			
 9 In Part XIII, 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" on 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 XIII, 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, in Part XIII, 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) Revenue included on Form 990, Part VIII, line 1. (ii) Assets included in Form 990, Part X. 2 If the organization received or held works of art, historical 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 Revenue included on Form 990, Part VIII, line 1. 	8			
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following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included on Form 990, Part VIII, line 1.				
a Revenue included on Form 990, Part VIII, line 1	2	-		
p Assets included in Form 990, Part A				
For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2017	_	Assets included in Form 990, Part X	nr Form 990	

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2	2	-	2	5	4	7	2	6	2	

Scher	dule D (Form 990) 2017			I COMPAI	N T					22-23-	1/202	Pa	ge 2
	t III Organizations Maintainin	na Collea	ctions of	Art. Hist	orical T	reasur	es.	or Oth	ner Simila	r Asse	ts (con		<u> </u>
3	Using the organization's acquisition										•		<u>,</u>
Ū	collection items (check all that app		olon, and t			t any c		Tenen	ing that a	e a eigi	inioant a	00 0.	110
а	Public exhibition	.,,,		d	Loan	or exch	ande	progra	ms				
b	Scholarly research			e	Other		ange	p. e g. a.					
c	Preservation for future gene	rations											
4	Provide a description of the organ		collections	and expla	ain how t	thev fu	rther	the or	nanization's	exemp	t purpos	e in l	Part
7	XIII.	Ization o	oonootione	and oxpit		iney ru			gamzationo	oxomp	r puipoo	5 111 1	art
5	During the year, did the organization	n solicit o	r receive c	Ionations o	fart hist	orical tr	easu	res or i	other simila	r			
Ũ	assets to be sold to raise funds rath									_	Yes		No
Par	t IV Escrow and Custodial Ar					organiz	ation	0 001100			100		
i ai	Complete if the organizat			s" on Forn	n 990 P	art IV	line 9) or re	ported an	amoun	t on For	m	
	990, Part X, line 21.				1000,1	arcrv,		, 01 10	pontou un	amoan			
1a	Is the organization an agent, truste		ian or othe	er intermed	liary for c	ontribu	tions	or othe	r assets not				
iu	included on Form 990, Part X?				-					Г	Yes	X	No
h	If "Yes," explain the arrangement i	n Part XIII	l and comr	lete the fo	llowing tak	 hle:	• • •			••• -			NO
Ň	in res, explain the analycinent i				nowing tax	JIC.			Δr	nount			
с	Beginning balance						1c		7.0	Tount			
d	Additions during the year						1d						
e	Distributions during the year						1e						
f	Ending balance						1f						
2a	Did the organization include an am	ount on F	orm 990	Part X line	21 for e	scrow		leibota	account liat	vilitv?	Yes		No
b	If "Yes," explain the arrangement i												
-	t V Endowment Funds.				Aplanation		on pr	ovided				•	
T ai	Complete if the organizat	ion answ	vered "Yes	s" on Form	n 990. Pa	art IV. I	line 1	0.					
	••••••••••••••••••••••••••••••••••••••		rent year	(b) Pric		(c) Tw			(d) Three ye	ars back	(e) Four	vears b	ack
4	Designing of year belongs		37,180.		7,960.			481.	1,816			, 96,	
1a ⊾	5 5 ,		12,514.		9,220.	,		,479.		,973.		20,	
b	Contributions		,		- ,					,			
С	Net investment earnings, gains,												
	Grants or scholarships												
е	Other expenditures for facilities												
,	and programs												
T	Administrative expenses	2.54	49,694.	2.23	7,180.	1.	997	960.	1,901	.481.	1.8	16,	508
g	End of year balance									, 1011	- / 0		
2 a	Provide the estimated percentage Board designated or quasi-endown		rent year o	end balanc	e (line 1g,	columr	n (a))	neid as					
a h	Permanent endowment \blacktriangleright 100.0												
c	Temporarily restricted endowment		%										
Ŭ	The percentages on lines 2a, 2b, a			100%									
39	Are there endowment funds not in		•		ation that	are hel	d and	l admir	nistered for t	he			
ou	organization by:			io organize				aanni		no		′es	No
	(i) unrelated organizations											X	
	(ii) related organizations										3a(ii)		X
h	If "Yes" on line 3a(ii), are the relate										3b		
4	Describe in Part XIII the intended u	•		•								I	
_	t VI Land, Buildings, and Equ	ipment.											
T ai	Complete if the organiza	tion ansv	vered "Ye	s" on Fori	<u>n 990, P</u>	Part IV,	line			90, Par	t X, line	10.	
	Description of property	T	(a) Cost or (inves)		(b) Cost o	or other ba ther)	asis		cumulated eciation	(0	i) Book valu	le	
1a	Land		(inves			L00,00	00.	uepi	Solution		10	0,0	00.
b	Buildings	Г				250,20		4.3	68,451.		3,88		
c	Leasehold improvements					101,01			58,599.		1,54		
d	Equipment	E E				063,28			62,895.			0,3	
	Other					248,95			67,392.			1,5	
	I. Add lines 1a through 1e. (Column		equal Form	n 990 Part							5,90		
			99901 I UII	, i un	.,	· (2), III	10	~·/		0 - 1 - 1			

Schedule D (Form 990) 2017

Page 3

Part VII Investments - Other Securities. Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

- 1 5	,	,, ,
(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)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.)		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) CASH EQUIVALENTS (FUND)	108,642.	FMV
(2) MUTUAL FUNDS (FUND)	887,298.	FMV
(3) EQUITIES (FUND)	919,620.	FMV
(4) ALTERNATIVE INVESTMENTS (FUND)	915,445.	FMV
(5)		
(6)		
_(7)		
_(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	2,831,005.	

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.).	· · · · · · · · · · · · · · · · · · ·

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1.	(a) Description of liability	(b) Book value
(1) Federal income	e taxes	
(2) DEFERRED RI	ENT CREDIT	12,289.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) mus	t equal Form 990, Part X, col. (B) line 25.) 🕨	12,289.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

TRINITY	REPERTORY	COMPANY
	TIME MILL OTTE	0011211112

			-					
Schedu	le D (Form 990) 2017				Page 4			
Part				n.				
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line	e 12a.					
1	Total revenue, gains, and other support per audited financial statements			1	11,855,217.			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:							
а	Net unrealized gains (losses) on investments	2a	81,803.					
b	Donated services and use of facilities	2b	688,617.					
С	Recoveries of prior year grants	2c						
d	Other (Describe in Part XIII.)	2d						
e	Add lines 2a through 2d			2e	770,420.			
3	Subtract line 2e from line 1			3	11,084,797.			
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	30,113.					
b	Other (Describe in Part XIII.)	4b						
	Add lines 4a and 4b			4c	30,113.			
5	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>)			5	11,114,910.			
Part	XII Reconciliation of Expenses per Audited Financial Statements W	/ith E	xpenses per Retu	irn.				
	Complete if the organization answered "Yes" on Form 990, Part IV	/, line	e 12a.					
1	Total expenses and losses per audited financial statements			1	9,843,697.			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:							
_ a	Donated services and use of facilities	2a	688,617.					
b	Prior year adjustments	2b						
c	Other losses.	2c						
d	Other (Describe in Part XIII.)	2d						
e	Add lines 2a through 2d			2e	688,617.			
3	Subtract line 2e from line 1			3	9,155,080.			
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	30,113.					
b	Other (Describe in Part XIII.)	4b						
	Add lines 4a and 4b			4c	30,113.			
5	Total expenses. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 18.</i>)			5	9,185,193.			
-	XIII Supplemental Information.							
	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, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

SEE PAGE 5

JSA

Schedule D (Form 990) 2017

Part XIII Supplemental Information (continued)

PART V, LINE 4:

THE EARNINGS ON THE ENDOWMENT FUNDS ARE TO BE USED FOR THE VARIOUS PROGRAM INITIATIVES AS STIPULATED BY THE DONORS AND THE ORGANIZATION'S SPENDING POLICY.

PART X, LINE 2:

THE ORGANIZATION BELIEVES THAT IT HAS APPROPRIATE SUPPORT FOR ANY TAX POSITIONS TAKEN, AND AS SUCH, DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS.

JSA 7E1226 1.000

SCHEDULE G	Supplement	tal Information R	egarding	Fundrai	sing or Gaming	Activities	OMB No. 1545-0047			
(Form 990 or 990-EZ)										
		Attach								
Department of the Treasury Internal Revenue Service		Go to www.irs.g					Open to Public Inspection			
Name of the organization						Employer identificati				
TRINITY REPERTOR	RY COMPANY					22-2547262				
Part I Fundrais	ing Activities. Com	plete if the orga	nization a	answered	I "Yes" on Form	990, Part IV, line	17.			
	0-EZ filers are not i									
1 Indicate whether	the organization rais	sed funds through a		•						
a Mail solicita	tions	е			non-government g	•				
	email solicitations	f			government grant	S				
c Phone solici		g		cial fundra	ising events					
d In-person so										
b If "Yes," list the	ion have a written of s listed in Form 990, 10 highest paid indiv least \$5,000 by the o	, Part VII) or entity viduals or entities	in connec	tion with p	professional fundra	ising services?	Yes No fundraiser is to be			
					I		1			
(i) Name and addr or entity (fu		(ii) Activity	custody o	draiser have r control of outions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization			
			Yes	No						
1										
2										
3										
4										
5										
6										
7										
8										
9										
10										
Total				└						
	which the organizat ensing.	tion is registered o	r licensec	to solicit	contributions or	has been notified	it is exempt from			

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Schedule G (Form 990 or 990-EZ) 2017

Page 2

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

			(a) Event #1 PELL AWARDS	(b) Event #2 LONDON TOUR	(c) Other events 1.	(d) Total events (add col. (a) through		
			(event type)	(event type)	(total number)	col. (c))		
Revenue	1	Gross receipts	177,350.	246,650.	150,325.	574,325.		
	2	Less: Contributions	86,277.	83,618.	73,231.	243,126.		
		Gross income (line 1 minus line 2)	91,073.	163,032.	77,094.	331,199.		
	4	Cash prizes						
	5	Noncash prizes						
sasu	6	Rent/facility costs		80,367.	71,910.	152,277.		
Direct Expenses	7	Food and beverages	54,551.	48,396.		102,947.		
Direc	8	Entertainment		26,080.		26,080.		
	9	Other direct expenses	36,522.	8,189.	5,184.	49,895.		
	10	331,199.						
11 Net income summary. Subtract line 10 from line 3, column (d) Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.								
enue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (c))		

Revenue	_	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) I otal gaming (add col. (a) through col. (c))					
Reve	1 Gross revenue									
ses	2 Cash prizes									
Direct Expenses	3 Noncash prizes									
Direct I	4 Rent/facility costs									
	5 Other direct expenses									
	6 Volunteer labor	Yes%	Yes%	Yes%						
	7 Direct expense summary. Add lines 2 through 5 in column (d)									
	8 Net gaming income summary. Subtra	ct line 7 from line 1, colu	umn (d)	<u></u>						
9	9 Enter the state(s) in which the organization conducts gaming activities:									
a b	Is the organization licensed to conduct g If "No," explain:	aming activities in each	of these states?		Yes No					

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

 b
 If "Yes," explain:
 Yes
 Yes

Schedule G (Form 990 or 990-EZ) 2017

Sched	ule G (Form 990 or 990-EZ) 2017		Page 3
11	Does the organization conduct gaming activities with nonmembers?	Yes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity		
	formed to administer charitable gaming?	Yes	No
13	Indicate the percentage of gaming activity conducted in:		
a	The organization's facility 13a		%
a b			%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and		/0
14	records:		
	Nama N		
	Name ►		
	Address ►		
15 a	Does the organization have a contract with a third party from whom the organization receives gaming		
15 a	revenue?	Yes	No
h	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the		
D	amount of gaming revenue retained by the third party \triangleright \$		
с	If "Yes," enter name and address of the third party:		
L	in res, enter name and address of the tillid party.		
	Name ▶		
	Address ►		
16	Gaming manager information:		
	Name ▶		
	Gaming manager compensation ▶ \$		
	Description of services provided ►		
	· · · · · · · · · · · · · · · · · · ·		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations		
~	or spent in the organization's own exempt activities during the tax year > \$		
Par		v), and	
	Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional inform		
	(see instructions).		

Schedule G (Form 990 or 990-EZ) 2017

SCHEDULE J		Compen	sation Information	0	MB No.	1545-0	047
(Form 990)			ctors, Trustees, Key Employees, and Highest		୬ଲ	17	
			mpensated Employees on answered "Yes" on Form 990, Part IV, line :	23.	<u>C</u>		- 12 -
	nent of the Treasury Revenue Service		Attach to Form 990. 990 for instructions and the latest information.		Open to	ectio	
	of the organization			Employer identificatio			
TRI	NITY REPER	IORY COMPANY		22-2547262	2		
Part	Question	s Regarding Compensation					
						Yes	No
1a			ovided any of the following to or for a pers				
			provide any relevant information regarding	•			
		ss or charter travel	Housing allowance or residence for Payments for business use of perso	•			
		or companions emnification and gross-up payments	Health or social club dues or initiation				
		onary spending account	Personal services (such as, maid, ch				
b	If any of the	boxes on line 1a are checked, did th	e organization follow a written policy re	egarding payment			
			penses described above? If "No," com		1b		
2	Did the orga	anization require substantiation prior	to reimbursing or allowing expenses	incurred by all			
	-		D/Executive Director, regarding the items	-			
	1a?				2		
3	Indicate which	n, if any, of the following the filing orgar	nization used to establish the compensation	on of the			
	organization's	CEO/Executive Director. Check all that	at apply. Do not check any boxes for metho	ods used by a			
		•	e CEO/Executive Director, but explain in P	art III.			
		isation committee	Written employment contract				
	· · ·	dent compensation consultant	X Compensation survey or study				
	X Form 99	00 of other organizations	X Approval by the board or compensa	tion committee			
4		ar, did any person listed on Form 990, or a related organization:	Part VII, Section A, line 1a, with respect t	o the filing			
а	Receive a sev	verance payment or change-of-control pa	ayment?		4a		Х
b	-		ntal nonqualified retirement plan?		4b		Х
С	•		used compensation arrangement?		4c		X
	If "Yes" to an	y of lines 4a-c, list the persons and pr	rovide the applicable amounts for each it	em in Part III.			
_	-		rganizations must complete lines 5-9.				
5	•		, line 1a, did the organization pay or accrue	any			
2		n contingent on the revenues of:			5a		X
a b					5a 5b		X
5		e 5a or 5b, describe in Part III.			50		
6			line 1a, did the organization pay or accrue	anv			
-	-	n contingent on the net earnings of:	,	,			
а	•				6a		X
b	-				6b		Х
	If "Yes" on lin	e 6a or 6b, describe in Part III.					
7	For persons	listed on Form 990, Part VII, Sectio	n A, line 1a, did the organization prov	ide any nonfixed			
			escribe in Part III.		7		X
8	•		paid or accrued pursuant to a contract the	•			
			Regulations section 53.4958-4(a)(3)? I				
					8		X
9			low the rebuttable presumption proced				
	Regulations s	ecแon วง.49วช-b(C)?			9		

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

Schedule J (Form 990) 2017

Schedule J (Form 990) 2017

Page **2**

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

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

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (B) reported as deferred on prior Form 990
CURT COLUMBUS	(i)	188,897.	0.	0.		9,887.	198,784.	
1ARTISTIC DIRECTOR	(ii)	0.	0.	0.				
THOMAS PARRISH III	(i)	183,674.	0.	0.		10,334.	194,008.	
2EXECUTIVE DIRECTOR	(ii)	0.	0.	0.				
	(i)							
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)							
9	(ii)							
	(i)							
10	(ii)							
	(i)							
11	(ii)							
	(i)							
12	(ii)							
	(i)							
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
	(i)							
16	(ii)							

Schedule J (Form 990) 2017

Page 3

Schedule J (Form 990) 2017

Part III Supplemental Information

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

SCHEDULE J, PART III

SEE SCHEDULE O FOR PROCESS USED IN DETERMINING COMPENSATION.

SCHEDULE L (Form 990 or 99 Department of the Tr	easury	mplete if the o	rganization a 28b, or 28 ▶At	nswered " c, or Form tach to Fo	990-EZ, Part V rm 990 or Fori	990, Pa V, line 3 n 990-E2	rt IV, line 2 8a or 40b. Z.	25a, 25b, 2	26, 27, 2	28a,		<u>8 No. 18</u> 20 ' Den To	17 Public	
Internal Revenue Ser		► Go to	www.irs.gov/l	Form990 fo	or instructions	and the	latest info					spection		
Name of the organiza								En	nployer			numbe	r	
TRINITY REP										2547				
		Transactions organization a										line 4	0b.	
1 (a) Name	e of disqualified	person	(b) Relatio		en disqualified per nization	rson and		(c) Desc	ription	of trans	action		Ľ –	l) Correcte
(1)														_
(2)														_
(3)														_
(4)														_
(5)														_
(6) 2 Enter the		ax incurred b												
3 Enter the a Part II Loan Com	amount of tans to and/or plete if the o	ax, if any, on li From Interest organization a orted an amo	ne 2, above, sted Persons	reimburs es" on Fo	ed by the orga rm 990-EZ, P	anizatio Part V, li	n		•••		\$\$		ne	
(a) Name of inter		(b) Relationship with organization	(c) Purpose of Ioan	(d) Loan to o from the organization	pr (e) Origi principal a	nal	(f) Bala	ance due	(g) In (default?	(h) Ap by bc comm	ard or		/ritten ement?
				To From					Yes	No	Yes	No	Yes	No
(1) RM2 FOUNDAT	ION	SCH O	SCH O	X	1,800	,000.	1,5	78,615.		X	X		X	
(2)														
(3)														
(4)														
(5)														
(6)														
(7) (8)														
(9)														
(10)														
Total							\$ 1,5	78,615		1				
Part III Gran		tance Benefit organization a	answered "Ye	es" on Fo	rm 990, Part l'	V, line 2	•	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,						
(a) Name of inter	ested person		p between intere the organization		ount of assistanc	e	(d) Type of a	assistance		(e)) Purpos	se of as	sistanc	e
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
<u>(9)</u> (10)						_								
1.2.111														

Schedule L (Form 990 or 990-EZ) 2017

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	organi	naring of ization's nues?
				Yes	No
(1) JOHN PALUMBO	ADVERTISING	160,000.	ADVERTISING		Х
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
10)					

Provide additional information for responses to questions on Schedule L (see instructions).

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

►	Attach to Form 990.
►	Go to www.irs.gov/Form990 for the latest information.

2017 **Open to Public** Inspection

Name of the organization

TRINITY REPERTORY COMPANY

Employer identification number 22-2547262

Par	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			29,970.	FAIR MARKET VALUE
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded		16.	163,982.	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				
45	contribution - Other Real estate - Residential				
15 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 ▶(AIRLINE TICKETS)	Х	1.	16,400.	FAIR MARKET VALUE
26	Other ▶()				
27	Other ▶()				
28	Other ►()				
29	Number of Forms 8283 received	by the orga	anization during the tax ye	ear for contributions for	
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29
					Yes No
30a	During the year, did the organizat				-
	28, that it must hold for at least the	•			
	to be used for exempt purposes for		olding period?		30a X
b	If "Yes," describe the arrangement i				
31	Does the organization have a				
	contributions?				
32a	Does the organization hire or use		-	-	
	contributions?				32a X
	If "Yes," describe in Part II.		aluman (a) fan a tama af	n ander Kan redate bereiten (* 1	in sheely at
33	If the organization didn't report an describe in Part II	amount in c	olumn (c) for a type of pro	perty for which column (a)	is checked,
For P	describe in Part II. aperwork Reduction Act Notice, see the Inst	ructions for Fo	rm 990.		Schedule M (Form 990) (2017)

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Page 2

22-2547262

Part II Supplemental Information. 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.

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Schedule M (Form 990) (2017)

SCHEDULE O (Form 990 or 990-EZ)

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.



Department of the Treasury Internal Revenue Service Name of the organization

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number

22-2547262

FORM 990, PART VI, SECTION A, LINE 2: JOHN LOMBARDO AND HANNAH BELL-LOMBARDO - FAMILY RELATIONSHIP.

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

DRAFT OF FORM 990 IS SENT TO THE FULL BOARD OF TRUSTEES, EXECUTIVE COMMITTEE, FINANCE COMMITTEE AND KEY EMPLOYEES FOR APPROVAL.

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

THE ORGANIZATION REQUESTS ALL BOARD MEMBERS AND KEY EMPLOYEES TO SIGN AN ANNUAL CONFLICT OF INTEREST POLICY CERTIFICATION. IN ADDITION, BOARD MEMBERS AND KEY EMPLOYEES ARE REQUESTED TO COMPLETE AN ANNUAL FORM 990 DISCLOSURE, WHICH REQUESTS DISCLOSURE OF ANY INTEREST THAT COULD GIVE RISE TO CONFLICTS.

FORM 990, PART VI, SECTION B, LINE 15: COMPENSATION OF KEY EMPLOYEES IS APPROVED BY THE BOARD AND/OR COMMITTEES. COMPENSATION IS BASED ON INDUSTRY STANDARDS DERIVED FROM COMPENSATION SURVEYS, FORM 990 OF OTHER ORGANIZATIONS, AND IN SOME CASES WRITTEN CONTRACT.

FORM 990, PART VI, SECTION C, LINE 19: FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON ORGANIZATION'S WEBSITE: WWW.TRINITYREP.COM. FORM 990 IS AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG. ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST. NAME OF THE OFGANIZATION TRINITY REPERTORY COMPANY Employer identification number 22-2547262

FORM 990, PART VII, COLUMN (A) BOARD MEMBER(25) JOHN PALUMBO IS THE PRESIDENT AND PUBLISHER OF RI MONTHLY. RI MONTHLY PROVIDED PROGRAM PUBLISHING SERVICES.

FORM 990, PART XII, LINE 2C THE BOARD HAS APPROVED THE AUDIT COMMITTEE FOR OVERSIGHT OF THE ANNUAL AUDIT.

FORM 990, PART VII, COLUMN (A) BOARD MEMBER(26) AND SCH L PART II IN JUNE 2014, THE ORGANIZATION ENTERED INTO AN AGREEMENT WITH A PRIVATE FOUNDATION (RM2 FOUNDATION) CONTROLLED BY THE BOARD MEMBER FOR THE SALE OF 87 EMPIRE STREET PROPERTY. THE SALE PRICE (\$1,800,000) WAS DETERMINED BY AN INDEPENDENT APPRAISAL THAT WAS COMPLETED IN APRIL 2014. THE ORGANIZATION SIGNED A LEASE WITH THE FOUNDATION TO LEASE BACK THE PREMISES SOLD TO THE FOUNDATION. THE ORGANIZATION HAS REFLECTED THE CAPITAL LEASE AT THE APPRAISED FAIR MARKET VALUE OF \$1,800,000. \$1,578,615 IS NET PRINCIPAL DUE AS OF JUNE 30, 2018.

FORM 990, PART VII, COLUMN (A) BOARD MEMBER (39) RUSSELL MORIN IS THE PRESIDENT OF RUSSELL MORIN CATERING AND EVENTS, WHICH PROVIDED CATERING FOR FUNDRAISING EVENTS.

ATTACHMENT 1

FORM 990, PART III - PROGRAM SERVICE, LINE 4A

DURING THE 2017-18 SEASON, TRINITY REPERTORY COMPANY PRODUCED SEVEN PLAYS: "DEATH OF A SALESMAN", "SKELETON CREW", "A CHRISTMAS CAROL", "INTO THE BREECHES! (WORLD PREMIERE)", "OTHELLO", "NATIVE GARDENS", AND "RAGTIME". PAY-WHAT-YOU-CAN, OPEN-CAPTIONING, AND

JSA 7E1228 1.000

Schedule O (Form 990 or 990-EZ) 2017	Page 2		
Name of the organization	Employer identification number		
TRINITY REPERTORY COMPANY	22-2547262		
	ATTACHMENT 1 (CONT'D)		
SENSORY-FRIENDLY PERFORMANCES WERE PROVIDED FOR EACH PRODUCTION.			
DURING SUMMER 2017, TRINITY REP'S SHAKESPEARE EN EL VERANO PROGRAM			

TOURED A BILINGUAL ADAPTATION OF "ROMEO & JULIET" IN FREE OUTDOOR PERFORMANCES FOR AN ESTIMATED AUDIENCE OF MORE THAN 2,500. TRINITY REP'S WIDE RANGE OF EDUCATION PROGRAMS SERVED MORE THAN 21,000 STUDENTS THROUGH PROJECT DISCOVERY STUDENT MATINEES, IN-SCHOOL ARTIST RESIDENCIES/WORKSHOPS, PROFESSIONAL TEACHER DEVELOPMENT, AFTER-SCHOOL AND SUMMER PROGRAMS, THE BROWN UNIVERSITY/TRINITY REP MFA PROGRAMS IN ACTING AND DIRECTING, AND THE TRINITY REP ACTIVE IMAGINATION NETWORK FOR CHILDREN AND ADULTS ON THE AUTISM SPECTRUM. LIFELONG LEARNING OPPORTUNITIES INCLUDED PRE- AND POST-SHOW DISCUSSIONS, PUBLIC PANEL DISCUSSIONS, ENRICHMENT MATERIALS, AND CLASSES FOR ADULTS.

	ATTACHMEN	JT 2
990, PART VII- COMPENSATION OF THE FIV	/E HIGHEST PAID IND. CONTRACTORS	
NAME AND ADDRESS	DESCRIPTION OF SERVICES	COMPENSATION
ARTIST GROUP, LLC 46 ABORN STREET, 4TH FLOOR PROVIDENCE, RI 02903	OFFICE & MFA RENT	108,000.
RM2 375 COMMERCE PARK ROAD NORTH KINGSTOWN, RI 02852	MFA RENT	182,525.
ARDEN ENGINEERING CONSTRUCTORS, LLC 505 NARRAGANSETT PARK DR PAWTUCKET, RI 02861	CONTRACTOR	1,409,276.
EQUITY LEAGUE 165 W 46TH ST NEW YORK, NY 10036	PENSION AND HEALTH	178,904.

JSA 7E1228 1.000

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Schedule O (Form 990 or 990-EZ) 2017		Page 2
Name of the organization		Employer identification number
TRINITY REPERTORY COMPANY		22-2547262
		ATTACHMENT 3
FORM 990, PART VIII - EXCLUDED CONTRIBUTIONS		
DESCRIPTION	AMOUNT	
FUNDRAISING EVENTS-GROSS INC.	243,126.	
TOTAL	243,126.	
FORM 990, PART VIII - FUNDRAISING EV	ENTS	ATTACHMENT 4
DESCRIPTION	GROSS INCOME	DIRECT EXPENSES
PART VIII - LINE 8A		

FUNDRAISING EVENTS-GROSS INC.	331,199.	331,199.
TOTALS	331,199.	331,199.