## **Return of Organization Exempt From Income Tax**

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

OMB No. 1545-0047 Inspection

Department of the Treasury Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

A I	For th	e 2020	calendar year, or tax year beginning $07/01$ , 2020, ar	nd ending		06	5/30, <b>20</b> 21
			C Name of organization		D Employer ide	ntifica	ation number
В	Check if a	pplicable:	TRINITY REPERTORY COMPANY		22-254	7262	2
	Addre		Doing business as				
	Name	change	Number and street (or P.O. box if mail is not delivered to street address)	oom/suite	E Telephone nu	ımber	
	Initia	return	201 WASHINGTON STREET		(401) 52	1-1	.100
	Final termi	return/ nated	City or town, state or province, country, and ZIP or foreign postal code				
	Amer	ided	PROVIDENCE, RI 02903-3297		<b>G</b> Gross receipt	s \$	8,940,505.
		cation	F Name and address of principal officer: JENNIFER CANOLE		H(a) Is this a gro	up retu	rn for Yes X No
		9	201 WASHINGTON STREET, PROVIDENCE, RI 02903-3	3297	subordinates <b>H(b)</b> Are all subord		ncluded? Yes No
1	Tax-ex	empt st	atus: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or	527	If "No," a	attach a	list. See instructions
J	Webs	te: 🕨	WWW.TRINITYREP.COM		H(c) Group exem	nption n	umber
K	Form	of organ	ization: X Corporation Trust Association Other	L Year of fo	ormation: 1963 <b>M</b>	State	of legal domicile: RI
	art I		mmary		<u> </u>		
	1	Briefly	describe the organization's mission or most significant activities: TO REIN	VENT THE	E "PUBLIC SQ	UAR	E" WITH
ė			MATIC ART THAT STIMULATES, EDUCATES AND ENGAGES				
Governance		COM	MUNITY IN A CONTINUING DIALOGUE.				
ern	2	Check	this box if the organization discontinued its operations or disposed	of more than	25% of its net asset		
36	3		er of voting members of the governing body (Part VI, line 1a)			3	36.
∞ಶ	1		er of independent voting members of the governing body (Part VI, line 1b)			4	36.
ies	5		number of individuals employed in calendar year 2020 (Part V, line 2a)			5	65.
Activities	6		number of volunteers (estimate if necessary)			6	36.
Act	72		unrelated business revenue from Part VIII, column (C), line 12			7a	16,554.
	1		nrelated business taxable income from Form 990-T, Part I, line 12			7b	0.
		ivet ui	inerated business taxable income from 1 offit 990-1, 1 art i, line 11	· · · · · · ·	Prior Year	17.6	Current Year
	8	Contri	ibutions and grants (Part VIII, line 1h)	-	2,853,63	30	5,576,506.
Revenue	0			7,022,44		2,746,764.	
Ver	9		am service revenue (Part VIII, line 2g)		153,68		221,692.
Re	10		ment income (Part VIII, column (A), lines 3, 4, and 7d)		3,45		0.
	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		10,033,20		8,544,962.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		10,033,20	0.	0,511,502.
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)	_		0.	0.
	14		its paid to or for members (Part IX, column (A), line 4)		5,629,71		2,897,176.
ses	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)		41,66		0.
Expenses	16a	Profes	ssional fundraising fees (Part IX, column (A), line 11e)		41,00	, ,	0.
EX	_ D		fundraising expenses (Part IX, column (D), line 25)  473,604.		3,443,88	2.4	2,145,860.
			expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		9,115,25		5,043,036.
			expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		917,95		3,501,926.
_ v	19	Rever	nue less expenses. Subtract line 18 from line 12				
Net Assets or Fund Balances	20	T-/ 1	Cont. (Dark V. line 40)	_	Beginning of Current 15,022,14		End of Year 19,294,087.
SSe	20		assets (Part X, line 16)		6,200,84		5,991,134.
₽₽	21		liabilities (Part X, line 26)	_	8,821,30		13,302,953.
			ssets or fund balances. Subtract line 21 from line 20.		0,021,30	,0.	13,302,933.
	art II		gnature Block of perjury, I declare that I have examined this return, including accompanying schedules			<u> </u>	Imposite days and halist it is
tru	e, corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which	preparer has a	any knowledge.	i iliy r	knowledge and belief, it is
					11/3	0 / 2	0.21
Sig	ın İ	5	Signature of officer		Date	0 / 2	021
He		•	JENNIFER CANOLE INTERIM	יסדת עם			
		_	Type or print name and title	EA. DIK	ECIOR		
			Type preparer's name Preparer's signature	Date		1. 17	PTIN
Paid	d				Check	J "'	
Pre	parer		LEKINE BENDALE CFA	11/30/2			P00521196
Use	· Only		S name WITHUMSMITH+BROWN PC	1 0	Firm's EIN ▶ 2		
			address ▶1411 BROADWAY 9TH FLOOR NEW YORK, NY 1001		1 110110 1101		-751-9100
			iscuss this return with the preparer shown above? (see instructions).			<del></del>	
For	Pape	rwork	Reduction Act Notice, see the separate instructions.				Form <b>990</b> (2020)

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Pa	Statement of Program Service Accomplishments  Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	TO REINVENT THE "PUBLIC SQUARE" WITH DRAMATIC ART THAT STIMULATES,
	EDUCATES AND ENGAGES THE DIVERSE COMMUNITY IN A CONTINUING DIALOGUE
	THROUGH STAGE PRODUCTIONS, A RESIDENT ACTING COMPANY, GRADUATE
	TRAINING PROGRAMS, LIFELONG LEARNING AND K-12 EDUCATION PROGRAMS.
_	Did the organization undertake any significant program services during the year which were not listed on the
_	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program
_	services?
	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others,
	the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1,345,389. including grants of \$) (Revenue \$242,793)
	ATTACHMENT 1
4b	(Code: ) (Expenses \$ 2,575,007. including grants of \$ ) (Revenue \$ 2,575,007. )
	THE BROWN UNIVERSITY/TRINITY REP MFA PROGRAMS IN ACTING AND
	DIRECTING ENROLLED 40 STUDENTS. THIS THREE-YEAR PROGRAM COMBINES
	CONSERVATORY TRAINING WITH THE PRACTICAL EXPERIENCE OF BEING
	CONNECTED TO A PROFESSIONAL THEATER AND THE ACADEMIC CREDENTIALS
	OF AN IVY LEAGUE UNIVERSITY. UNDER STRICT SAFETY PROTOCOLS, THE
	PROGRAM WAS ABLE TO PROVIDE STUDENTS WITH AN IN-PERSON EXPERIENCE.
<u>4</u> c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
70	(Code:) (Expenses $\psi$ ) (Nevertide $\psi$ )
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$ )
	2 000 000

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Part	Checklist of Required Schedules		Vaa	N.
	In the consciention described in certify FOA(s)(0) on AOA7(s)(4) (athor there are into foundation) 0. If II)(s, II)		Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"	,	Х	
•	complete Schedule A	2	X	
2		-	Λ.	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			Х
4	candidates for public office? If "Yes," complete Schedule C, Part I	3		21
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)	4		Х
_	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		21
5	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	3		21
0	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	·		
•	complete Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			
	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	Х	
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		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		3.5	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		37	
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If	40.		v
40	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E.	13		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		- 21
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other			
. •	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	1		
	domestic government on Part IX, column (A), line 12 If "Vas " complete Schedule I, Parts I and II	21		X

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Part	Checklist of Required Schedules (continued)		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
	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	X	
24 a	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			v
L	through 24d and complete Schedule K. If "No," go to line 25a			Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year	24b		
·	to defease any tax-exempt bonds?	240		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	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		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
27	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.	26	Х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			
	persons? If "Yes," complete Schedule L, Part III	27		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, key employee, creator or founder, or substantial contributor? $\it lf$			
	"Yes," complete Schedule L, Part IV	28a	X	
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If	00.	v	
20	"Yes," complete Schedule L, Part IV	28c	X	
29 30	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29	21	
30	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
	or IV, and Part V, line 1	34		X
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
D	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	330		
30	related organization? If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? <b>Note:</b> All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
	Estantha numbar recorded in David of Farra 1000 Fatra 0 Wasters III		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 0E1030			990	(2020
UL 1030	3438LU L44A 12/1/2021 6:55:39 AM V 20-7.6F 9052848			AGE

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Par	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return. 2a 65			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		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	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			
	and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			37
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year	_		3.5
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?.	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	00		
	Did the sponsoring organization make any taxable distributions under section 4966?	9a 9b		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	90		
	Section 501(c)(7) organizations. Enter: Initiation fees and capital contributions included on Part VIII. line 12			
	mination root and deprice contract mination in an art min, mile 12 1111111111111111111111111111111111			
	Cross recorpts, included on Form 550, Fart Vin, into 12, 161 public dec of olds facilities			
	Section 501(c)(12) organizations. Enter:  Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
С	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 on Schedule</i> O · · · · · ·	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

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Part				
				X
Soct		• • •		
3601	Ton A. Governing Body and Management		Yes	No
	<b>-</b>			
1a	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			
h				
р 2	Enter the number of voting members included of line 14, above, who are independent 1111			
2		2	Х	
3				
3		3		X
4		4		Х
5		5		Х
6		6		Х
7a				
ı a		7a		Х
h	<b>5 7</b>			
b		7b		X
8				
Ü				
а		8a	Х	
b		8b	Х	
9	, and the second se			
J	the year by the following:  The governing body?  Each committee with authority to act on behalf of the governing body?  Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O			X
Secti	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Section A. Governing Body and Management  1 Enter the number of voting members of the governing body at the end of the tax year  1 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. De Inter the number of voting members included on line 1a, above, who are independent  1 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees to a management company or other person?  1 Did the organization make any significant changes to its governing documents inside the professor as sets?  2 Did the organization become aware during the year of a significant diversion of the organization's assets?  3 Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  3 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?  3 Did the organization have members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  3 Did the organization subjects of the organization reserved to provide to approval by) members, stockholders, or persons other than the governing body?  3 Did the organization have adversely document the meetings held or written actions undertaken during the year by the following:  4 The governing body?  5 Each committee with authority to act on behalf of the governing body?  5 If Yes, "did the organization have written policies and procedures governing the activities of such chapters, and by the organization have a written organization have a written official and the organization to review this Form 990.  5 Did		.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
		10b		
11a	· · · · · · · · · · · · · · · · · · ·	11a	Х	
b				
12a		12a	X	
		12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes."			
		12c	X	
13		13	X	
14		14	X	
15				
а		15a	X	
b	Other officers or key employees of the organization	15b	X	
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
		16b		<u> </u>
Sect				
17				
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T	(Sec	tion 5	01(c)
19		f inte	est p	oolicy,
	and financial statements available to the public during the tax year.			

State the name, address, and telephone number of the person who possesses the organization's books and records ▶ JENNIFER CANOLE 201 WASHINGTON STREET PROVIDENCE, RI 02903 401-521-1100

Form **990** (2020)

20

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

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

\_\_ 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	box,	not ch unles	s pe	ition more	e than or trust Highest compensated 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
	dotted line)	tee	ustee			ensated				
(1) CURT COLUMBUS	40.00									
ARTISTIC DIRECTOR	0.	Х		Х				177,544.	0.	7,960.
(2) THOMAS PARRISH III	40.00									
EXECUTIVE DIRECTOR	0.	Х		Х				178,011.	0.	7,493.
(3) STEPHEN BERENSON	40.00									
FND DIR BROWN/TRINITY MFA	0.					Х		119,964.	0.	1,046.
(4) REBECCA GIBEL	5.00									
ACTING COMPANY	0.	Х						17,729.	0.	0.
(5) HANNAH BELL-LOMBARDO	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(6) RICHARD BERETTA	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(7) PAUL CHOQUETTE	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(8)LINDA COHEN	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(9) JUDHAJIT DE	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(10) JOSEPH DOWLING, JR.	2.00									
BOARD MEMBER	0.	Х						0.	0.	0.
(11) JONATHAN DUFFY	5.00									
SECRETARY	0.	X		Χ				0.	0.	0.
(12)LOUIS GIANCOLA	5.00									
CHAIR	0.	X		Χ				0.	0.	0.
(13) SERGIO GONZALEZ	2.00									
BOARD MEMBER	0.	X						0.	0.	0.
(14) PHILIP GOULD	2.00									
BOARD MEMBER	0.	X						0.	0.	0.

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Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	yee	es,	and F	ligl	hest Compensat	ed Employees (d	ontinue	ed)	
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unles	Pos heck ss pe	rson	e that or/trustree that or/trustree employee	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	an com fr org an	(F) stimated nount o other pensati om the anization d related anization	f ion on d
15) WILLIAM GREENE	2.00											
BOARD MEMBER	0.	X						0	0.			0
16) NANCY SMITH GREER	2.00											
BOARD MEMBER	0.	Х						0	0.			0
17) LAURA HARRIS	2.00											
BOARD MEMBER	0.	Х						0	0.			0
18) SEAN HOLLEY	2.00											
BOARD MEMBER	0.	Х						0	0.			0
19) JAMES HURLEY	2.00											
BOARD MEMBER	0.	X						0	0.			0
20) JEFFREY KASLE	2.00											
BOARD MEMBER	0.	Х						0	0.			0
21) EVE KEENAN	2.00											
BOARD MEMBER	0.	Х						0	0.			0
22) LAWRENCE LA SALA	2.00											
BOARD MEMBER	0.	Х						0	0.			0
23) DORIS LICHT	2.00											
TREASURER	0.	Х						0	0.			0
24) PETER LIPMAN	2.00											
BOARD MEMBER	0.	Х						0	0.			0
25) JOHN S. LOMBARDO	5.00											
TREASURER	0.	Х		Х				0	0.			0
1b Sub-total							▶	493,248.	0.		16,	499.
c Total from continuation sheets to Part VII, S	Section A		• •				•	0.	0.			0.
d Total (add lines 1b and 1c)	<del>-</del>						<b>•</b>	493,248.	0.		16,	499.
2 Total number of individuals (including but not						e) who	re	ceived more than	\$100,000 of			
reportable compensation from the organization	n 🕨		3									
3 Did the organization list any former office employee on line 1a? If "Yes," complete Sched										3	Yes	No X
<b>4</b> For any individual listed on line 1a, is the organization and related organizations grindividual	eater than	\$15	50,0	00?	' If	"Yes	;"	complete Schedu	ıle J for such	4	Х	
5 Did any person listed on line 1a receive or												
for services rendered to the organization? <i>If "</i> Y										5		Х

### Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 2		

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 ▶ 3

Form 990 (2020) Page **8** 

Part VII Section A. Officers, Directors,	Trustees, Ke	y En	nplo	yee	es,	and I	Hig	hest Compensat	ed Employees (c	ontinu	ed)	
(A) Name and title	(B) Average hours per week (list any hours for	box,	unles	Pos neck ss pe	erson	e than one is both an or/trustee)		(D)  Reportable compensation from the	(E) Reportable compensation from related organizations	ar	(F) stimated mount of other apensati	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)	fı org an	rom the ganization of related anization	n d
26) JOE MADDEN	2.00											
BOARD MEMBER	0.	X						0	0.			0
27) SARA MCCONNELL	2.00											
BOARD MEMBER	0.	X						0	0.			0
28) BRIAN J. MCGUIRK	2.00											
BOARD MEMBER	0.	X						0	0.			0
29) CLAY PELL	2.00											
BOARD MEMBER	0.	Х						0	0.			0
30) YAHAIRA JAY PLACENCIA	2.00											
BOARD MEMBER	0.	Х						0	0.			0
31) MARISA QUINN	2.00											
BOARD MEMBER	0.	Х						0	0.			0
32) SEAN REDFERN	2.00											
BOARD MEMBER	0.	X						0	0.			0
33) KIBBE REILLY	5.00											
VICE CHAIR	0.	Х		Х				0	0.			0
34) KATE SABATINI	2.00											
BOARD MEMBER	0.	Х						0	0.			0
35) KEN SIGEL	5.00											
VICE CHAIR	0.	Х		Х				0	0.			0
36) JULIA ANNE SLOM	2.00											
BOARD MEMBER	0.	Х						0	0.			0
1b Sub-total	'						<b></b>	0.	0.			0.
c Total from continuation sheets to Part VII	. Section A		• • •	• •	• •		•					
d Total (add lines 1b and 1c)							•					
2 Total number of individuals (including but n	ot limited to t						o re	ceived more than	\$100,000 of			
reportable compensation from the organiza	tion ►		3									
											Yes	No
3 Did the organization list any former o employee on line 1a? If "Yes," complete Sch										3		X
4 For any individual listed on line 1a, is th organization and related organizations	greater than	\$15	50,00	00?	. If	"Yes	3,"	complete Schedu	le J for such			
individual										4	X	
5 Did any person listed on line 1a receive												
for services rendered to the organization? If	"Yes," comple	te Scl	hedu	ıle J	I for	such	per	son		5		X
Section B. Independent Contractors												
1 Complete this table for your five highest of	ompensated in	ndepe	ende	ent o	con	tracto	rs t	hat received more	than \$100,000 o	f		

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

(A) Name and business address	(B) Description of services	(C) Compensation

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 ▶

Form 990 (2020)	otooo Va	F				الممم	امال	haat Campanast	ad Employee	<b>.</b> (			age <b>8</b>
Part VII Section A. Officers, Directors, Tru		y En	ъ			and F	ııgı		1	S (COI			
(A) Name and title	Average hours per week (list any hours for	box,	unles	Pos heck ss pe	rson lirect	e than o	an ee)	(D) Reportable compensation from the	Reportable compensation f related organizations		Estin amou otl compe		n
	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-MIS	SC)	organ	the ization elated zation:	
37) ART SOLOMON BOARD MEMBER	2.00	Х						0.		0.			(
38) DONNA VANDERBECK	2.00									_			
BOARD MEMBER 39) MARIBETH WILLIAMSON	2.00	Х						0.	•	0.			(
BOARD MEMBER	0.	Х						0 .		0.			(
1b Sub-total c Total from continuation sheets to Part VII, Se	ection A						<b>&gt;</b>	0.		0.			0
<ul> <li>d Total (add lines 1b and 1c)</li> <li>Total number of individuals (including but not I reportable compensation from the organization</li> </ul>	imited to t	hose					o re	ceived more than	\$100,000 of				
			_								Y	'es	No
3 Did the organization list any former office employee on line 1a? If "Yes," complete Schedu											3		Х
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual.	eater than	\$15	50,0	00?	. If	"Yes	5, "	complete Schedu			4	X	
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes											5		Х
Section B. Independent Contractors													
<ol> <li>Complete this table for your five highest components of compensation from the organization. Report of year.</li> </ol>											s tax		
(A) Name and business add	ress							(B) Description of se	ervices	Cor	(C)	tion	

(A) Name and business address	(B) Description of services	<b>(C)</b> Compensation

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 ▶

#### Part VIII Statement of Revenue

ı a		Check if Schedule O contains a respon	nse or note to an	v line in this Part V	TII		
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
ts ts	1a	Federated campaigns 1a					
ra Z	b	Membership dues 1b					
Contributions, Gifts, Grants and Other Similar Amounts	С	Fundraising events 1c	171,379.				
	d	Related organizations 1d					
n Gie	е	Government grants (contributions) 1e	2,632,078.				
Sir	f	All other contributions, gifts, grants,					
ēĔ		and similar amounts not included above . 1f	2,773,049.				
들본	g	Noncash contributions included in					
g		lines 1a-1f 1g	\$ 397,737.				
ಶ ರ	h	Total. Add lines 1a-1f		5,576,506.			
			Business Code				
<u>8</u>	2a	MFA PROGRAM INCOME	611710	2,575,007.	2,575,007.		
Program Service Revenue	b	EDUCATION INCOME	711110	100,836.	100,836.		
S c	С	RENT INCOME	532000	44,732.	44,732.		
ev	d	ADVERTISING INCOME	541800	16,554.		16,554.	
90 R	е	MISCELLANEOUS INCOME	711110	4,603.	4,603.		
7	f	All other program service revenue		5,032.	5,032.		
	g	Total. Add lines 2a-2f	▶	2,746,764.			
	3	Investment income (including dividends,	interest, and				
		other similar amounts)	▶	71,036.			71,036.
	4	Income from investment of tax-exempt bond	proceeds . 🕨	0.			
	5	Royalties		0.			
		(i) Real	(ii) Personal				
	6a	Gross rents 6a					
	b	Less: rental expenses 6b					
	С	Rental income or (loss) 6c					
	d	Net rental income or (loss)		0.			
	7a	Gross amount from (i) Securities	(ii) Other				
		sales of assets					
		other than inventory <b>7a</b> 544,994.					
ine	b	Less: cost or other basis					
evenue		and sales expenses <b>7b</b> 394,338.					
$\alpha$	l .	Gain or (loss)		150.656			150.555
ē	d	Net gain or (loss)		150,656.			150,656.
Other	8a	Gross income from fundraising					
		events (not including \$171,379.					
		of contributions reported on line	1 005				
		1c). See Part IV, line 18	1,205.				
	b	Less: direct expenses 8b	-	0.			
	C	Net income or (loss) from fundraising events		0.			
	9a	Gross income from gaming activities. See Part IV, line 19 9a	0.				
		·	0.				
	b	Less: direct expenses		0.			
		` ' , , ,					
	10a	Gross sales of inventory, less returns and allowances	0.				
	h		0.				
	b	Less: cost of goods sold  Net income or (loss) from sales of inventory		0.			
<u>σ</u>		, , , , , , , , , , , , , , , , , , , ,	Business Code				
e jo	11a						
ane	b						
	C						
Miscellaneous Revenue	d	All other revenue					
≥	е	Total. Add lines 11a-11d	<b>.</b>	0.			
_	12	Total revenue. See instructions		8,544,962.	2,730,210.	16,554.	221,692.

### Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response				
Do	not include amounts reported on lines 6b, 7b,	(A) Total expenses	(B) Program service	(C)	(D) Fundraising
8b,	9b, and 10b of Part VIII.	Total expenses	expenses	Management and general expenses	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 individuals. See Part IV, lines 15 and 16	0.			
4	Benefits paid to or for members	0.			
5	Compensation of current officers, directors,				
	trustees, and key employees	346,549.	259,911.	43,319.	43,319.
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	2,137,596.	1,672,850.	258,458.	206,288.
	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	2,504.	2,504.		
9	Other employee benefits	184,117.	143,291.	22,344.	18,482.
10	Payroll taxes	226,410.	176,206.	27,477.	22,727.
11	Fees for services (nonemployees):	T	T		
а	Management	0.			
	Legal	0.			
	Accounting	37,500.		37,500.	
	Lobbying	0.			
	Professional fundraising services. See Part IV, line 17.	0.			
f	Investment management fees	31,287.		31,287.	
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	139,449.	130,249.		9,200.
12	Advertising and promotion	38,135.	38,135.		
13	Office expenses	262,138.	204,012.	31,813.	26,313.
14	Information technology	0.			
15	Royalties	4,780.	4,780.		
16	Occupancy	593,643.	462,010.	72,044.	59,589.
17	Travel	9,916.	8,331.	720.	865.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	142,004.	113,724.	28,280.	
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	530,048.	412,516.	64,326.	53,206.
23	Insurance	64,607.	50,281.	7,841.	6,485.
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	PRODUCTION COSTS	92,698.	92,698.		
b	ARTISTIC EXPENSES	90,562.	90,562.		
c	CANCELLED PERFORMANCE COSTS	24,879.	24,879.		
d	MISCELLANEOUS	37,155.	28,918.	4,507.	3,730.
е	All other expenses	47,059.	4,539.	19,120.	23,400.
	Total functional expenses. Add lines 1 through 24e	5,043,036.	3,920,396.	649,036.	473,604.
26	Joint costs. Complete this line only if the				
	organization reported in column (B) joint costs from a combined educational campaign and				
	fundraising solicitation. Check here if				
	following SOP 98-2 (ASC 958-720)	0.			
					Form <b>990</b> (2020)

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## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this P	art X		X
			(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,942,579.	1	2,172,304.
	2	Savings and temporary cash investments	3,481,398.	2	4,820,854.
	3	Pledges and grants receivable, net	544,603.	3	583,286.
	4	Accounts receivable, net	0.	4	294,098.
	5	Loans and other receivables from any current or former officer, director,			
		trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined			
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)	0.	6	0.
ts	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
ğ	9	Prepaid expenses and deferred charges	59,516.	9	104,249.
	10 a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D   10a   14,383,512.			
	b	Less: accumulated depreciation	5,592,496.	10c	5,581,965.
	11	Investments - publicly traded securities	171,933.	11	1,176,931.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11.	3,221,920.	13	4,556,350.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	7,700.	15	4,050.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	15,022,145.	16	19,294,087.
	17	Accounts payable and accrued expenses	151,076.	17	183,058.
	18	Grants payable	0.	18	0.
	19	Deferred revenue.	1,974,577.	19	2,029,138.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%			
abi		controlled entity or family member of any of these persons	1,516,322.	22	1,477,108.
=	23	Secured mortgages and notes payable to unrelated third parties	1,310,223.	23	1,056,232.
	24	Unsecured notes and loans payable to unrelated third parties	1,230,200.	24	1,226,572.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	18,447.	25	19,026.
	26	Total liabilities. Add lines 17 through 25	6,200,845.	26	5,991,134.
ces		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
alar	27	Net assets without donor restrictions	4,850,793.	27	7,690,276.
Ä	28	Net assets with donor restrictions	3,970,507.	28	5,612,677.
Fund Balances		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund.		30	
Assets or	31	Retained earnings, endowment, accumulated income, or other funds		31	
Net A	32	Total net assets or fund balances	8,821,300.	32	13,302,953.
ž	33	Total liabilities and net assets/fund balances	15,022,145.	33	19,294,087.
-			·		Form <b>990</b> (2020)

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OIIII 30	0 (2020)					<u> </u>
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					
1	Total revenue (must equal Part VIII, column (A), line 12)	1			44,9	
2	Total expenses (must equal Part IX, column (A), line 25)	2			43,0	
3	Revenue less expenses. Subtract line 2 from line 1	3		3,5	01,9	26.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4			21,3	
5	Net unrealized gains (losses) on investments	5		9	79,7	727.
6	Donated services and use of facilities	6				0.
7	Investment expenses	7				0.
8	Prior period adjustments	8				0.
9	Other changes in net assets or fund balances (explain on Schedule O)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	32, column (B))	10	1	3,3	02,9	53.
Part	•					
	Check if Schedule O contains a response or note to any line in this Part XII					X
			_		Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplain	in			
	Schedule O.					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?.		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were cor	npiled	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?		∟	2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were aud	ited or	n a			
	separate basis, consolidated basis, or both:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	ersight	of			
	the audit, review, or compilation of its financial statements and selection of an independent accounts	ant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, e	xplain	on			
	Schedule O.					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in	the			
	Single Audit Act and OMB Circular A-133?		–	3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	dergo	the			
	required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a	udits .		3b		

#### **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.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

TRINITY REPERTORY COMPANY

Employer identification number 22-2547262

Рa	rt I	Reason for Public Cha	rity Status. (All o	organizations must	comple	te this pa	art.) See instructions	S.
The	orga	anization is not a private fou	ndation because it	is: (For lines 1 through	gh 12, ch	eck only	one box.)	
1		A church, convention of chu	urches, or associa	tion of churches descr	ribed in <b>s</b>	ection 1	70(b)(1)(A)(i).	
2		A school described in secti	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	)-EZ).)	
3		A hospital or a cooperative	hospital service o	rganization described	n <b>sectio</b>	n 170(b)	(1)(A)(iii).	
4		A medical research organiz	zation operated in	conjunction with a hos	spital de	scribed ir	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and st	tate:					
5		An organization operated t	for the benefit of	a college or universit	y owne	d or ope	rated by a governme	ntal unit described in
		section 170(b)(1)(A)(iv). (C	Complete Part II.)					
6		A federal, state, or local go	•			•		
7	Х	An organization that norma	ally receives a sub	stantial part of its su	pport fr	om a go	vernmental unit or fro	om the general public
		described in section 170(b)		·				
8		A community trust describe	-		-			
9		An agricultural research org	=			-		
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). E	nter the i	name, city, and state of	f the college or
		university:						
10		An organization that norma receipts from activities rela support from gross investmacquired by the organizatio	ted to its exempt finent income and union after June 30, 19	unctions, subject to c nrelated business tax 975. See <b>section 509</b> (	ertain ex able inco ( <b>a)(2).</b> (0	ceptions ome (less Complete	s; and (2) no more than s section 511 tax) from Part III.)	331/3 % of its
11		An organization organized	•	•	•		, ,, ,	
12		An organization organized	•	•				
		of one or more publicly su						
		Check the box in lines 12a t	•	* *			•	
а		Type I. A supporting orga	•	•	•		• ,,	,, , , , ,
		the supported organization				ajority of	the directors or truste	es of the
		supporting organization.	-					( )
b	L	Type II. A supporting org	•					· · · · · -
		control or management of		-	tne sam	e person	is that control or man	age the supported
_		organization(s). You must	•		ممالممد	ti-	n with and functional	lu into aroto d with
С		Type III functionally integ						iy integrated with,
		its supported organization		•				tad arganization(a)
d		Type III non-functionally that is not functionally interest.			-			
		requirement (see instruct	•	•	-		•	an allenliveness
е		Check this box if the orga		-				I Type III
C		functionally integrated, or						i, Type iii
f	En	ter the number of supported			_	Ji gariizat		
q		ovide the following information	_					
		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))	,	ur governing ment?	support (see instructions)	other support (see instructions)
				above (see instructions))	Yes	No	instructions)	mstructions)
/۸۱								
(A)								
(B)								
(C)								
(D)								
(E)								
Tota	al							

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

Schedule A (Form 990 or 990-EZ) 2020

Page 2 Schedule A (Form 990 or 990-EZ) 2020

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	<b>(a)</b> 2016	<b>(b)</b> 2017	<b>(c)</b> 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,213,046.	4,120,386.	2,772,511.	2,853,630.	5,576,506.	18,536,079.
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						0.
3	The value of services or facilities furnished by a governmental unit to the organization without charge						0.
4	Total. Add lines 1 through 3	3,213,046.	4,120,386.	2,772,511.	2,853,630.	5,576,506.	18,536,079.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) ATCH 1						1,064,211.
6	Public support. Subtract line 5 from line 4						17,471,868.
	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	<b>(a)</b> 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4	3,213,046.	4,120,386.	2,772,511.	2,853,630.	5,576,506.	18,536,079.
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	20,374.	38,909.	62,777.	83,725.	115,768.	321,553.
9	Net income from unrelated business activities, whether or not the business is regularly carried on						0.
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						18,857,632.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	30,266,384.
13	First 5 years. If the Form 990 is for organization, check this box and stop here	<u> </u>					
Sec	tion C. Computation of Public Sup		_				00.65
14	Public support percentage for 2020 (lin					14	92.65 <b>%</b> 91.98 <b>%</b>
15	Public support percentage from 2019					15	
16a	<b>33</b> 1/3% <b>support test - 2020.</b> If the org						
	box and <b>stop here.</b> The organization qu						
b	331/3% support test - 2019. If the org						
	this box and <b>stop here.</b> The organization	•		-			
17a	10%-facts-and-circumstances test - 2						
	10% or more, and if the organization					-	-
	Part VI how the organization meets			•	•		
	organization						
b	10%-facts-and-circumstances test - 2	-					
	15 is 10% or more, and if the organiz						
	in Part VI how the organization meets			_			
46	organization						
18	<b>Private foundation.</b> If the organizatio						
	instructions					chodulo A (Form 0)	

Schedule A (Form 990 or 990-EZ) 2020 Page 3

#### 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			, ı	'	,	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(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					<u>                                       </u>	
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.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	<b>(b)</b> 2017	(c) 2018	<b>(d)</b> 2019	(e) 2020	(f) Total
9	Amounts from line 6						
10 a	Gross income from interest, dividends, payments received on securities loans,						
	rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)		<u> </u>				
14	First 5 years. If the Form 990 is for	-			•		` ` ` `
	organization, check this box and stop here.			<u> </u>			▶ 🔃
	tion C. Computation of Public Supp			mn (f))		45	0/
15	Public support percentage for 2020 (line 8,					15	<u>%</u>
16 Soc	Public support percentage from 2019 Schetion D. Computation of Investment					16	<u>%</u>
				12 column (f))		17	0/
17	Investment income percentage for 2020 (lin					17	<u>%</u>
18	Investment income percentage from 2019 S					18	%
туа	331/3% support tests - 2020. If the org	_					. $\square$
	17 is not more than 331/3%, check this	-	-	•			
b	331/3% support tests - 2019. If the orga				·		
20	line 18 is not more than 331/3 %, check <b>Private foundation.</b> If the organization d		•	•			H-1
20	i iivate iouniuation. Ii the organization o	iu not check a	A DOX OIL IIIIE I	τ, ισα, Οι 19D,	CHECK THIS DOX	and see mstruc	LIUI IO

Schedule A (Form 990 or 990-EZ) 2020 Page **4** 

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

- 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.
   Did the organization have any supported organization that does not have an IRS determination of status
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 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 line 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	NO
) V			
	1		
s d			
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b e			
	3b		
)	3с		
f	4a		
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1	9b		
t	9c		
n d			
)	10a		
	10b		

Schedule A (Form 990 or 990-EZ) 2020 Page 5

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described in line 11a above?	11b		
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	44-		
Secti	detail in Part VI. on B. Type I Supporting Organizations	11c		
Occii	on B. Type roupporting organizations		Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations		V	NI-
_			res	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in <b>Part VI</b> how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			
1	Did the expeniention provide to each of its competed expenientions, by the local day of the fifth month of the		Yes	No
'	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
-	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's supported organizations played in this regard.	3		
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructi	ons).	
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr		s). <b>No</b>
2	Activities Test. Answer lines 2a and 2b below.		163	NO
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b> those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in <b>Part VI</b> the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>	3b		

Schedule A (Form 990 or 990-EZ) 2020 Page **6** 

Pa	art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S				
1	1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See						
	instructions. All other Type III non-functionally integrated supporting organia	zations r	nust complete Sectio	ns A through E.			
Se	ection A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)			
1	Net short-term capital gain	1					
2	Recoveries of prior-year distributions	2					
3	Other gross income (see instructions)	3					
4	Add lines 1 through 3.	4					
5	Depreciation and depletion	5					
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6					
_7		7					
_8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8					
Se	ection 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					
C	Total (add lines 1a, 1b, and 1c)	1d					
e	Discount claimed for blockage or other factors (explain in detail in Part VI):	1e					
2	Acquisition indebtedness applicable to non-exempt-use assets	2					
3	Subtract line 2 from line 1d.	3					
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4					
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5					
6	Multiply line 5 by 0.035.	6					
7	Recoveries of prior-year distributions	7					
8	Minimum Asset Amount (add line 7 to line 6)	8					
Se	ection C - Distributable Amount			Current Year			
1	Adjusted net income for prior year (from Section A, line 8, column A)	1					
	Enter 0.85 of line 1.	2					
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3					
4	Enter greater of line 2 or line 3.	4					
5	Income tax imposed in prior year	5					
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6					
7			ated Type III supporting	g organization			
	(see instructions).	-		· <del>-</del>			

Schedule A (Form 990 or 990-EZ) 2020

Schedule A (Form 990 or 990-EZ) 2020 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions Cur							
1	Amounts paid to supported organizations to accomplish ea	xempt purposes		1			
2	Amounts paid to perform activity that directly furthers exer	ed					
	organizations, in excess of income from activity		2				
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organi	zations :	3			
4	Amounts paid to acquire exempt-use assets			4			
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )	:	5			
6	Other distributions (describe in Part VI). See instructions.		(	6			
7	Total annual distributions. Add lines 1 through 6.			7			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive				
	(provide details in Part VI). See instructions.		;	8			
9	Distributable amount for 2020 from Section C, line 6		!	9			
10	Line 8 amount divided by line 9 amount		1	10			
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	5	(iii) Distributable Amount for 2020		
1	Distributable amount for 2020 from Section C, line 6						
2	Underdistributions, if any, for years prior to 2020						
	(reasonable cause required - explain in Part VI). See						
	instructions.						
3	Excess distributions carryover, if any, to 2020						
a	From 2015						
b	From 2016						
c	From 2017						
d	From 2018						
е	From 2019						
f	Total of lines 3a through 3e						
g	Applied to underdistributions of prior years						
h	Applied to 2020 distributable amount						
i	Carryover from 2015 not applied (see instructions)						
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
4	Distributions for 2020 from						
	Section D, line 7: \$						
a	Applied to underdistributions of prior years						
b	Applied to 2020 distributable amount						
С	Remainder. Subtract lines 4a and 4b from line 4.						

Schedule A (Form 990 or 990-EZ) 2020

5

Part V

Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

Excess distributions carryover to 2021. Add lines 3j

Part VI. See instructions.

Breakdown of line 7: Excess from 2016 Excess from 2017 Excess from 2018 Excess from 2019 Excess from 2020

and 4c.

#### SCHEDULE D (Form 990)

### 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.

2020
Open to Public Inspection

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service Name of the organization Employer identification number TRINITY REPERTORY COMPANY 22-2547262 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area 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 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a а 2b 2c Number of conservation easements on a certified historic structure included in (a) . . . . . С Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB 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. If the organization elected, as permitted under FASB 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: If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the

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Schedule D (Form 990) 2020

▶ \$

following amounts required to be reported under FASB ASC 958 relating to these items:

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Pa	rt    Organizations Maintaini	ng Collections of A	Art, Historical Tre	asures, c	r Other	Similar Assets	(continu	ıed)	
3	Using the organization's acquisitio	n, accession, and o	ther records, checl	any of th	ne follow	ing that make si	gnificant	use c	of its
	collection items (check all that appl	y):							
а	Public exhibition			or exchang					
b	Scholarly research		e Other						
С	Preservation for future gener								
4	Provide a description of the organ	ization's collections	and explain how	hey furthe	r the or	ganization's exem	npt purpo	se in	Part
_	XIII.	11.74				4			
5	During the year, did the organizatio								٦
Do	assets to be sold to raise funds rath		ined as part of the o	organizatio	n's collec	ction?	Yes	5	No
Га	Complete if the organiza 990, Part X, line 21.	•	s" on Form 990, F	Part IV, lin	e 9, or re	eported an amo	unt on F	orm	
1a	Is the organization an agent, trust	ee, custodian or ot	her intermediary fo	or contribu	tions or	other assets not			
	included on Form 990, Part X?						Yes	X	No
b	If "Yes," explain the arrangement in	Part XIII and comp	lete the following tab	ole:					
						Amou	nt		
С	Beginning balance				;				
d	Additions during the year								
e	Distributions during the year								
f	Ending balance					account liability?	Va		Na
2a	If "Yes," explain the arrangement in						Yes		No
	rt V Endowment Funds.	ran Am. Check he	re ii trie explanation	nas been	provided	On Part Alli			
Га	Complete if the organiza	tion answered "Ye	s" on Form 990. F	Part IV. lin	e 10.				
	Complete ii the organiza	(a) Current year	(b) Prior year	(c) Two ye		(d) Three years back	( <b>e)</b> Fou	ır years	back
1.	Paginning of year balance	2,913,214.	2,813,305.		9,694.	2,237,180			960.
1a	Beginning of year balance	29,958.	99,909.		3,611.	312,514			,220.
b	Net investment earnings, gains,		·						
C	and losses								
d	Grants or scholarships								
e	Other expenditures for facilities								
	and programs								
f	Administrative expenses								
g	End of year balance	2,943,172.	2,913,214.	2,813	3,305.	2,549,694	. 2,	237,	180.
2	Provide the estimated percentage		nd balance (line 1g,	column (a)	) held as	•			
а	Board designated or quasi-endowm		_%						
	Permanent endowment ▶ 100.0								
С		%							
•	The percentages on lines 2a, 2b, a	· · · · · · · · · · · · · · · · · · ·				Catana di Candha			
3a	Are there endowment funds not in t	ne possession of the	e organization that	are neid a	na aamir	listered for the		Yes	No
	organization by:  (i) Unrelated organizations						3a(i)		
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate						3b		
4	Describe in Part XIII the intended u	•	•				-		
Pa	rt VI Land, Buildings, and Equ	ipment.							
	Complete if the organiza  Description of property								
	Description of property	(a) Cost or (investi		or other basis ther)		cumulated eciation	(d) Book \	/alue	
1a	Land			34,100.			2	234,1	L00.
b	Buildings			26,894.	6,0	71,242.	2,9	955,6	552.
С	Leasehold improvements			01,072.		63,332.	1,8	337,7	
d	Equipment			27,877.		77,366.		50,5	
<u>e</u>	Other			93,569.		89,607.		03,9	
Tota	I. Add lines 1a through 1e. (Column	(d) must equal Form	990, Part X, colum	า (B), line 1	Oc.)	▶	5,5	81,9	965.

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Part VII Investments - Other Securities. Complete if the organization answered	l "Yes" on Form 990	, Part IV, line 11b. See Form 990, Part X	Line 12
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation:  Cost or end-of-year market value	., 11110 12.
(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	l "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:	,
(4) 2 333 (1) (1) (1) (1)	(a) Doon raide	Cost or end-of-year market value	
(1) CASH EQUIVALENTS (FUND)	176,712.	FMV	
(2) MUTUAL FUNDS (FUND)	1,308,569.	FMV	
(3) EQUITIES (FUND)	1,179,875.	FMV	
(4) ALTERNATIVE INVESTMENTS (FUND)	1,891,194.	FMV	
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)	4,556,350.		
Part IX Other Assets. Complete if the organization answered	l "Yes" on Form 990,	, Part IV, line 11d. See Form 990, Part X	ζ, line 15.
(a) De	scription	(b) I	Book value
(1)			
(2)			
<u>(3)</u>			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) In	ine 15.)		
Part X Other Liabilities. Complete if the organization answered line 25.	l "Yes" on Form 990	, Part IV, line 11e or 11f. See Form 990,	Part X,
	tion of liability	(b) (	Book value
(1) Federal income taxes	don or hability	(D)	BOOK Value
(2) DEFERRED RENT CREDIT			19,026
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	<u> </u>		19,026
2. Liability for uncertain tax positions. In Part XIII, provide the			rts the

organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII .

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Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	n.	
1	Total revenue, gains, and other support per audited financial statements	1	10,188,090.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities		
С	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	2e	1,674,415.
3	Subtract line 2e from line 1	3	8,513,675.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  4a 31, 287.		
a	investment expenses not included on Form 990, Fait Viii, line 70.1.1.1.1.	-	
b	Other (Beschibe in Fate Allis)	4c	31,287.
С 5	Add lines <b>4a</b> and <b>4b</b>	5	8,544,962.
Part			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	5,706,437.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments		
С	Other losses	.	
d	Other (Describe in Part XIII.)		604 600
е	Add lines 2a through 2d	2e	694,688.
3	Subtract line 2e from line 1	3	5,011,749.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:  Investment expenses not included on Form 990, Part VIII, line 7b.  4a 31, 287.		
а	investment expenses not included on Form 550, Fart VIII, line 75	-	
b	Other (Describe in Part XIII.)	4c	31,287.
С 5	Add lines <b>4a</b> and <b>4b</b>	5	5,043,036.
	XIII Supplemental Information.		
2; Par	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Ft XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform		

### 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.

### SCHEDULE G (Form 990 or 990-EZ)

#### **Supplemental Information Regarding Fundraising or Gaming Activities**

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

► Attach to Form 990 or Form 990-EZ.

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2020

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Name	of the organization					Employer identification	on number
TRI	NITY REPERTORY COMPANY					22-2547262	
Par	Fundraising Activities. Comp Form 990-EZ filers are not re				Yes" on Form 99	90, Part IV, line 1	7.
1	Indicate whether the organization rais	sed funds through	any of the	following	activities. Check	all that apply.	
а	Mail solicitations	е	Solid	citation of r	non-government g	<sub>j</sub> rants	
b	Internet and email solicitations	f	Solid	citation of	government grant	S	
С	Phone solicitations	g	Spe	cial fundra	ising events		
d	In-person solicitations						
	Did the organization have a written or or key employees listed in Form 990, If "Yes," list the 10 highest paid indiv compensated at least \$5,000 by the o	Part VII) or entity viduals or entities	in connec	tion with p	rofessional fundra	ising services?	Yes No fundraiser is to be
	(i) Name and address of individual or entity (fundraiser)	(ii) Activity	custody o	ndraiser have or control of outlons?	(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		561. <b>(1)</b>	
1			100				
2							
3							
4							
5							
6							
7							
8							
9							
10							
Total	List all states in which the organizat registration or licensing.	ion is registered c	or licensed	▶ d to solicit	contributions or	has been notified	it is exempt from

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Pa	rt I	Fundraising Events. Complet more than \$15,000 of fundra events with gross receipts green	aising event contribut			
			(a) Event #1 CHRISTMAS CAROL	(b) Event #2 VIRTUAL TOUR	(c) Other events	(d) Total events (add col. (a) through col. (c))
Ф			(event type)	(event type)	(total number)	COI. <b>(C)</b> )
Revenue	1	Gross receipts	167,904.	4,680.		172,584.
œ		Less: Contributions Gross income (line 1 minus	166,699.	4,680.		171,379.
	3	line 2)	1,205.			1,205.
	4	Cash prizes				
	5	Noncash prizes				
Direct Expenses	6	Rent/facility costs				
t Expe	7	Food and beverages				
Direc	8	Entertainment				
	9	Other direct expenses	1,205.			1,205.
	10 11	Direct expense summary. Add lin- Net income summary. Subtract lin	es 4 through 9 in colu	mn (d)		1,205.
	rt		anization answered "			reported more than
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Ş Ş	1	Gross revenue				
xbeuses	2	Cash prizes				
Exper	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes% No	Yes% No	
	7	Direct expense summary. Add line	es 2 through 5 in colu	mn (d)		
	8	Net gaming income summary. Su	btract line 7 from line	1, column (d)		
9 a	l	Enter the state(s) in which the orgalis the organization licensed to con	anization conducts ga	ming activities: in each of these state		Yes No
l O a		Were any of the organization's gaming	g licenses revoked, susp	pended, or terminated du	uring the tax year?	Yes No

#### TRINITY REPERTORY COMPANY

Sched	ule G (Form 990 or 990-EZ) 2020 Page <b>3</b>
11	Does the organization conduct gaming activities with nonmembers?
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?
13	Indicate the percentage of gaming activity conducted in:
а	The organization's facility
b	An outside facility
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the
	amount of gaming revenue retained by the third party ▶ \$
С	If "Yes," enter name and address of the third party:
	Name ▶
	Address ►
16	Gaming manager information:
	Name ▶
	Gaming manager compensation ►\$
	Description of services provided ▶
	Director/officer
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?
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	Supplemental Information. Provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).

Schedule G (Form 990 or 990-EZ) 2020

### **SCHEDULE J** (Form 990)

**Compensation Information**For certain Officers, Directors, Trustees, Key Employees, and Highest **Compensated Employees** 

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

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

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Department of the Treasury Internal Revenue Service Name of the organization

TRINITY REPERTORY COMPANY

Employer identification number

22-2547262

Part	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions  Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to	1b		
2	explain	10		
2				
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	X Compensation committee Written employment contract			
	Independent compensation consultant  X Compensation survey or study			
	X Form 990 of other organizations X Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		Х
C	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
·	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	70		
	The to any of lines 4a c, list the persons and provide the applicable amounts for each item in rait in.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
3	compensation contingent on the revenues of:			
•	The organization?	5a		Х
a		5b		X
b	Any related organization?	30		21
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
6				
_	compensation contingent on the net earnings of:	C-		Х
a	The organization?	6a		X
b	Any related organization?	6b		Λ
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed	_ ]		v
_	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe			37
	in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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Schedule J (Form 990) 2020

TRINITY REPERTORY COMPANY 22-2547262

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

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

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

		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(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)	177,544.	0.	0.		7,960.	185,504.	
1ARTISTIC DIRECTOR	(ii)	0.	0.	0.				
THOMAS PARRISH III	(i)	178,011.	0.	0.		7,493.	185,504.	
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)							

TRINITY REPERTORY COMPANY 22-2547262

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### Part III Supplemental Information

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

SCHEDULE J, PART III

SEE SCHEDULE O FOR PROCESS USED IN DETERMINING COMPENSATION.

#### **SCHEDULE L**

### **Transactions With Interested Persons**

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

► Complete if the organization answered "Yes" on Form 990, Part IV, line 25a, 25b, 26, 27, 28a, 28b, or 28c, or Form 990-EZ, Part V, line 38a or 40b.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Name of the organization

TRINITY REPERTORY COMPANY

Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only).

	Complete if the organization ar	nswered "Yes" on Form 990, Part IV, line 2	5a or 25b, or Form 990-EZ, Part V, line 40b.		
un	(a) Name of discussified parent	(b) Relationship between disqualified person and	(a) Decaying in a farmage tier	(d) Cor	rected
•	(a) Name of disqualified person	organization	(c) Description of transaction	(d) Correcte Yes No	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
2	Enter the amount of tax incurred by	the organization managers or disqualified	persons during the year		
	under section 4958				
3		e 2, above, reimbursed by the organization			

#### Part | Loans to and/or From Interested Persons.

Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22.

(a) Name of interested person	(b) Relationship with organization	(c) Purpose of loan	fron	an to or n the ization?	<b>(e)</b> Original principal amount	(f) Balance due	( <b>g)</b> In o	lefault?	(h) Ap by bo comm	ard or	(i) W agreer	
			То	From			Yes	No	Yes	No	Yes	No
(1) RM2 FOUNDATION	SCH O	SCH O		Х	1,800,000.	1,477,108.		Х	Х		X	
(2)												
(3)												
(4)												
(5)												
(6)												
(7)												
(8)												
(9)												
(10)												
Total						\$ 1,477,108.						

#### Part III Grants or Assistance Benefiting Interested Persons.

Complete if the organization answered "Yes" on Form 990, Part IV, line 27.

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of assistance	(d) Type of assistance	(e) Purpose of assistance
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
(10)				

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

Schedule L (Form 990 or 990-EZ) 2020

Schedule L (Form 990 or 990-EZ) 2020 Page 2

#### **Business Transactions Involving Interested Persons.** Part IV

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	aring of ization's nues?
				Yes	No
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					
(8)					
(9)					
(10)					

#### Part V **Supplemental Information**

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

#### **SCHEDULE M** (Form 990)

### **Noncash Contributions**

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

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

Inspection Employer identification number

22-2547262

TRINITY REPERTORY COMPANY

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	Method of noncash cont			
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household							
	goods	X		3,400.	FAIR MARK	ET V	JALUI	E
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		14.	394,337.	FAIR MARK	ET V	/ALUI	E
10	Securities - Closely held stock							
11	Securities - Partnership, LLC,							
	or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation							
	contribution - Historic							
	structures							
14	Qualified conservation							
	contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ►()							
26	Other ►()							
27	Other ►()							
28	Other ►( )							
29	Number of Forms 8283 received							
	which the organization completed I	-orm 8283,	Part V, Donee Acknowledge	ement	29		Yes	Na
20-	During the year did the argenizate		hu aantribution anu arana	which was a set and in Down I line.	o 1 through		162	NO
Sua	During the year, did the organizat				_			
	28, that it must hold for at least the					30a		Х
<b>L</b>	to be used for exempt purposes for		ording period?			Jua		21
	If "Yes," describe the arrangement i		tongo naligy that require	on the review of any	nonatandard			
31	Does the organization have a	•	· · · · · · · · · · · · · · · · · · ·	•		31	Х	
222	contributions?  Does the organization hire or use					31		
s∠a	_	-		· · · · · · · · · · · · · · · · · · ·		322		Х
L	contributions?					32a		23
	If "Yes," describe in Part II.  If the organization didn't report an	amount in a	column (a) for a type of area	porty for which column (a)	vie chooked			
33	describe in Part II.	amount In C	ordinin (c) for a type of pro	perty for writern column (a)	ъ спескец,			

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

Schedule M (Form 990) 2020

Schedule M (Form 990) (2020) Page **2** 

**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.

SCH M, PART I, LINE 9

LINE 9, COLUMN B REPRESENTS NUMBER OF CONTRIBUTIONS RECEIVED WITH STOCK

DONATIONS.

Schedule M (Form 990) (2020)

### 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.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization

TRINITY REPERTORY COMPANY

22-2547262

FORM 990, PART VI, SECTION A, LINE 2:

JOHN LOMBARDO AND HANNAH BELL-LOMBARDO - FAMILY RELATIONSHIP.

STEPHEN BERENSON AND BRIAN MCELENEY - FAMILY RELATIONSHIP.

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

A DRAFT COPY 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 A

CONTRACT.

FORM 990, PART VI, SECTION C, LINE 19:

FORM 990 AND FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S

Schedule O (Form 990 or 990-EZ) 2020 Page 2

Name of the organization

TRINITY REPERTORY COMPANY

Employer identification number

22-2547262

WEBSITE: WWW.TRINITYREP.COM. FORM 990 IS ALSO AVAILABLE ONLINE AT WWW.GUIDESTAR.ORG. ALL OTHER DOCUMENTS ARE AVAILABLE UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE BOARD HAS APPROVED THE AUDIT COMMITTEE FOR OVERSIGHT OF THE ANNUAL AUDIT.

FORM 990, PART VII, SCH L PART II
IN JUNE 2014, THE ORGANIZATION ENTERED INTO AN AGREEMENT WITH A PRIVATE
FOUNDATION (RM2 FOUNDATION) WHICH IS CONTROLLED BY A FORMER BOARD MEMBER
FOR THE SALE OF THE 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 RECORDED THE CAPITAL LEASE AT THE APPRAISED FAIR MARKET
VALUE OF \$1,800,000 AT THE ORIGINAL LEASE DATE. \$1,477,108 IS NET
PRINCIPAL DUE AS OF JUNE 30, 2021.

ATTACHMENT 1

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

DURING THE 2020-21 SEASON, WHILE THE COVID-19 PANDEMIC PREVENTED IN PERSON PERFORMANCES, TRINITY REPERTORY COMPANY DEVELOPED,

FILMED, AND STREAMED "A CHRISTMAS CAROL ONLINE," AN INNOVATIVE NEW MEDIA PRODUCTION THAT EVOKED UNIQUE 2020 EXPERIENCES WHILE

CELEBRATING SHARED CONNECTION AND RESILIENCE. OFFERED TO THE

PUBLIC FREE FOR ONLINE STREAMING, THE PRODUCTION REACHED AUDIENCES

AROUND THE WORLD. 56,756 VIEWERS STREAMED THE SHOW, IN ALL 50

STATES AND THREE TERRITORIES, AS WELL AS 37 COUNTRIES ON SIX

Employer identification number 22-2547262

ATTACHMENT 1 (CONT'D)

CONTINENTS. 140,555 STUDENTS AND TEACHERS WATCHED TOGETHER IN

THEIR VIRTUAL AND IN PERSON CLASSROOMS, REPRESENTING 1,102 SCHOOLS

IN 45 STATES AND SEVEN COUNTRIES. OTHER DIGITAL PROGRAMMING

OFFERED FOR FREE INCLUDED "THE WRITER'S ROOM" SERIES, PROVIDING

INSIGHT INTO TRINITY REP'S ONGOING NEW PLAY DEVELOPMENT PROCESS

THROUGH WORKSHOP READINGS AND CONVERSATIONS WITH COMMISSIONED

PLAYWRIGHTS AND ARTISTS; AND "AMERICA TOO: RECKONING AND

RESILIENCE" A COMMUNITY DISCUSSION SERIES THAT CURATED

INTERSECTIONAL DISCUSSIONS OF RACISM, HEALTH, EDUCATION, SERVICE,

ACTIVISM, AND THE ARTS.

TRINITY REP'S WIDE RANGE OF EDUCATION PROGRAMS TYPICALLY SERVE

MORE THAN 15,000 STUDENTS THROUGH PROJECT DISCOVERY STUDENT

MATINEES, IN SCHOOL ARTIST RESIDENCIES AND WORKSHOPS, PROFESSIONAL

TEACHER DEVELOPMENT, AFTER-SCHOOL AND SUMMER PROGRAMS, THE BROWN

UNIVERSITY/TRINITY REP MFA PROGRAMS IN ACTING AND DIRECTING, THE

TRINITY REP ACTIVE IMAGINATION NETWORK (TRAIN) FOR CHILDREN AND

ADULTS ON THE AUTISM SPECTRUM, AND LIFELONG LEARNING

OPPORTUNITIES. MOST TRAIN AND BROWN/TRINITY MFA PROGRAMS WERE ABLE

TO OPERATE IN PERSON, WHILE TRINITY REP'S OTHER EDUCATION PROGRAMS

CONTINUED ONLINE. DURING THE 2020-21 SEASON, TRINITY REP SERVED

MORE THAN 18,000 K-12 STUDENTS, ADULTS, AND TEACHERS FROM MORE

THAN 1,100 SCHOOLS DIGITALLY, AND NEARLY 500 WITH IN-PERSON

PROGRAMMING.

Schedule O (Form 990 or 990-EZ) 2020 Page **2** 

Name of the organization
TRINITY REPERTORY COMPANY

22-2547262

ATTACHMENT 2

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION ARTIST GROUP, LLC OFFICE & MFA RENT 120,367. 46 ABORN STREET, 4TH FLOOR PROVIDENCE, RI 02903 RM2, INC. MFA RENT 171,653. 375 COMMERCE PARK ROAD NORTH KINGSTOWN, RI 02852 SKANSKA USA BUILDING INC. DESIGN 243,869. 350 FIFTH AVENUE, 32ND FLOOR

ATTACHMENT 3

FORM 990, PART X - INVESTMENTS - PUBLICLY TRADED SECURITIES

 DESCRIPTION
 ENDING BOOK VALUE
 COST BOOK VALUE

 INVESTMENTS
 1,176,931.
 FMV

NEW YORK, NY 10118