## 990 eor

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

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

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

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

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

OMB No. 1545-0047

2019

Open to Public Inspection

A F	or th	e 2019	calendar year, or tax year beginning , 2019,	and ending				, 20		
			C Name of organization			D Employer iden	tification	number		
Во	heck if a	pplicable:	GOODSPEED OPERA HOUSE FOUNDATION, INC.			13-1969	314			
	Addre		Doing business as							
	┪ '	e change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nur	nber			
	+	I return	P.O. BOX A			(860) 873	3 - 8664	1		
	Final	return/	City or town, state or province, country, and ZIP or foreign postal code			(,				
	termi Amer	nated nded	EAST HADDAM, CT 06423-0281		I.	<b>G</b> Gross receipts	\$	13,32	5 0	142
	retur Appli	n cation	F Name and address of principal officer: PETER M. GENNARO			H(a) Is this a grou		Y6		X No
	pend	ing	P.O. BOX A, EAST HADDAM, CT 06423-0281			subordinates?	;	$\vdash$	<b>—</b>	-
_	_			1 1		H(b) Are all subordi			_	No
		empt st		or 527		•	ach a list. (se		ons)	
			WWW.GOODSPEED.ORG	1.		H(c) Group exemp				
			nization: X Corporation Trust Association Other	L Year of	formation	on: 1959 <b>M</b> s	State of le	gal domici	le:	СТ
Pa	art I		ımmary							
	1		y describe the organization's mission or most significant activities: $\_{ m THE}$ $_{ m MI}$				JSICAL	SIS	TO	
Se		BE '	THE LEADER IN PRESERVING AND PRODUCING MUSICAL	L THEATRI	E OF	THE				
nan		HIG:	HEST QUALITY BY RETHINKING, RESTORING, AND PRO	DDUCING V	VALUE	ED WORKS.				
Governance	2	Check	$\kappa$ this box $lacktriangle$ if the organization discontinued its operations or dispose	ed of more tha	n 25% d	of its net assets	i			
တိ	3	Numb	per of voting members of the governing body (Part VI, line 1a)				3			28.
∞ ∽	4		per of independent voting members of the governing body (Part VI, line 1b).				4			26.
tie	5	Total	number of individuals employed in calendar year 2019 (Part V, line 2a)			[	5		4	58.
Activities &	6		number of volunteers (estimate if necessary)				6			75.
Ā	7a		unrelated business revenue from Part VIII, column (C), line 12				7a	16	3,9	16.
	l		nrelated business taxable income from Form 990-T, line 39				7b	-16	4,9	86.
			,			Prior Year		Curren	t Yea	
	8	Contri	ibutions and grants (Part VIII, line 1h)	İ		2,926,81	0.	2,62	6,2	79.
Revenue	9		am service revenue (Part VIII, line 2g)			6,631,11	2.	7,15	5,0	14.
š	10		tment income (Part VIII, column (A), lines 3, 4, and 7d).			1,230,79				99.
ď	11		revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			411,12				06.
	12		revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12).		1	11,199,83		11,16		
	13		s and similar amounts paid (Part IX, column (A), lines 1-3)				0.	,_	_,_	0.
	14		rits paid to or for members (Part IX, column (A), line 4)				0.			0.
	4-		es, other compensation, employee benefits (Part IX, column (A), lines 5–10).	i i		7,641,02		8,08	5.4	
Expenses	163		ssional fundraising fees (Part IX, column (A), line 11e)				0.	- 0,00	· / -	0.
ben	10a						0.			
$\bar{\mathbf{x}}$	47					4,506,27	8	4,69	0 1	73
	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		-	12,147,30	I	12,77		
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		<u> </u>	-947 <b>,</b> 46		-1,61		
_ v	19	Rever	nue less expenses. Subtract line 18 from line 12		Do minu	ing of Current Y		-		
Net Assets or Fund Balances				-		32,452,87		End of		0.1
Sse	20		assets (Part X, line 16)					32,05		
nd F	21		liabilities (Part X, line 26)		<u> </u>	4,988,58		4,37		
			ssets or fund balances. Subtract line 21 from line 20			27,464,29	/ •	27 <b>,</b> 68	J,8	<u> </u>
	rt II		gnature Block							
Une	der pe e, corre	nalties d ect, and	of perjury, I declare that I have examined this return, including accompanying schedu complete. Declaration of preparer (other than officer) is based on all information of whice	ıles and statem ch preparer has	nents, an s any kno	nd to the best of owledge.	my knowl	edge and	l belie	f, it is
					-	11/0	. / 0 0 0 0			
Sig	n	-	Signature of officer Docusigned by:			Date	2/2020			
He		•	DETER AL CENANOR		aman	Date				
		_	40300055443340	IVE DIRE	CTOR					
		·	lype or print name and title	Det-			DTIA			
Paic	ı		Type preparer's name Preparer's signature	Date	100=	Check	if PTIN	04.5	o = -	
	oarer	KARI	EN A KOWGIOS CPA KAREN A KOWGIOS CPA	11/02/			l l	01461	372	
	Only		s name ►WITHUMSMITH+BROWN PC			Firm's EIN ▶ 2				
		Firm's	saddress ▶1411 BROADWAY 9TH FLOOR NEW YORK, NY 10				12-751		)	
_			iscuss this return with the preparer shown above? (see instructions)				[>	Yes	Ļ	No
For	Pape	rwork	Reduction Act Notice, see the separate instructions.					Form 9	90 (	2019)

Page 2 Form 990 (2019)

Pa	art III	Statement of Program Ser		art III	X
1		escribe the organization's mi CHMENT 1		arem	
2			significant program services during the		s X No
	If "Yes,"	describe these new services			S A NO
3	services		cting, or make significant changes in		s X No
4	Describ expense	e the organization's programes. Section 501(c)(3) and 50	n service accomplishments for each of	its three largest program services, as meport the amount of grants and allocation	
4a	(Code: ATTA	) (Expenses \$ CHMENT 2	10,980,246. including grants of \$	) (Revenue \$7,155,014	)
	(Code:		including grants of \$	) (Revenue \$ 88,009	))
			NED BY THE ORGANIZATION FOR ON'S EXEMPT PURPOSE.	ACTIVITIES	
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
4d	Other p	rogram services (Describe on	Schedule O.)		
40	(Expens	es \$ includir	g grants of \$ ) (Reven	ue \$ )	

Part	Checklist of Required Schedules		<b>V</b>	NI -
	In the constitution of continuous time FOA(-)(O) on AOA7(-)(A) (all on the constitution Foundation)O IF II)(c. 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 3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to	-	Λ	
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
7	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	Х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,	_		
•	assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		Χ
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		Χ
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		Χ
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a			
	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in 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,"		77	
	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	445		Х
_	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
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
٨	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		21
u	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1.0		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f	Х	
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII.	12a		Χ
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or			
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		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			3.7
46	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	, ,	v	
40	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?	40		Х
20-	If "Yes," complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H </i>	20a 20b		1
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
41	domestic government on Part IX column (A) line 12 If "Ves" complete Schedule I. Parts I and II	21		Х

22   Did the organization report more than \$5,000 of grants or other assistance to or for demestic individuals on Part IX. Column (A), line 21 ft "Fee" complete Schedule I, Part I and III	Part	Checklist of Required Schedules (continued)		Yes	No
Part IX. column (A), line 2º If "Yes," complete Schedule I. Parts I and III 23 Did the organization area "Yes" to Part VI, Section A, line 3, 4, or 5 about compensation of the organization scurrent and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I. A so of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K if "No." go to line 28a to 10 bid the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		162	NO
30 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organizations current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J.  42 Did the organization brave as tear-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 28a.  50 Did the organization minimal an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  50 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  51 Did the organization at as an "on behalf of" issuer for bonds outstanding at any time during the year?  52 Section 501(3), 501(4)(4), 400 501(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.  52 Section 501(3), 501(4)(4), 400 501(c)(29) organizations. Did the organization engage 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 organizations prior Forms 990 or 990-E27 If "Yes," complete Schedule L. Part I.  53 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 former officer, d			22		Χ
organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I., Part II.  4.4 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the least day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25a to 10th the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	23				
14.2 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 sof the last of yof the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K If "No." go to line 25a.   24b					
\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If No." or to the 25d a		employees? If "Yes," complete Schedule J	23	Х	
through 24d and complete Schedule K if "No." go to line 25a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?  c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  24d Discovery of the complete Schedule Part I. Discovery of the organization and as a "on behalf of" issuer for bonds outstanding at any time during the year?  24d Discovery of the organization engage in an excess benefit transaction with a disqualified person during the year? If "yes." complete betwelve I. Part I. Discovery of the organization aware that it engaged in an excess benefit transaction with a disqualified person on in a prior year, and that the transaction has not been reported on any of the organization provide a provided person during the year? If "yes." complete Schedule L Part II. Discovery of 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, complete Schedule L Part III. 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 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. Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV. Was the organization applicable filling thresholds, conditions, and exceptions): A current of former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Y	24 a				
b Did the organization invest any proceeds of fax-exempt bonds beyond a temporary period exception?  c Did the organization maritain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d Did the organization wave 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 engage 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-E27 (11" Yes"s" complete Schedule L. Part I.  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% controlled entity of family member of any of these persons? If "Yes," complete Schedule L. Part II.  Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part III.)  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part III.  A current or former officer, director, trustee, key employee, organization parties (see Schedule L. Part III.)  A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part III.  A current or former officer, director, trustee, key employee, organizations party to a business transaction with one of the following parties (see Schedule L. Part III.)  A carrier of the organization and party to a business transaction with one of the following parties (see Schedule L. Part III.)  A carrier of th					
Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?					X
to defease any tax-exempt bonds?,			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	С		04-		
15.8 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	. ا				
transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I.  25a  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-E27'  If "Yes," complete Schedule L, Part I I.  25b  26c  17b 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 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.  27b 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 IV.  27c  B Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV in the part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV in including an employee thereof) or family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV in including an employee thereof) or family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV in including an employee thereof) or family and including an employee including an employee including an employee			24u		
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-E27 it "Yes," complete Schedule L, Part I	25 a		25a		Х
year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ7  If "Yes," complete Schedule L, Part I	b		100		
# "Yes," complete Schedule L. Part IV.  18 Vas 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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III.  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.  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L. Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L. Part IV.  28 A Saw controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L. Part IV.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II.  30 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 II, III, or IV, and Part V, line 1  31 Did the organization have a controlled entity within the meaning of section 512(b)(13)? "Yes," complete Schedule R. Part V, line 2  32 Did the organization own 100% of an entity disregarded as separate from the organization with a controll	_				
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% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II			25b		Х
controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II.  17 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.  18 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):  18 A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  19 A 15% controlled entity of one or more individuals and/or organizations described in lines 28a or 28br If "Yes," complete Schedule L, Part IV.  19 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  10 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N. Part II.  10 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II.  10 Did the organization on *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 II.  15 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II. III.  16 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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 V. Inie 2.  10 Did the organization conduct more than 5% of its activities throu	26				
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 .  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV		or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
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  28  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.  28b X  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.  29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part II.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II.  Did the organization on 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 II.  4 Was the organization nave a controlled entity within the meaning of section 512(b)(13)?  b 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)?  16 Section 501(c)(3) organizations. 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.  17 Did the organization conduct more than 5% of its		controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		Х
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.  Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key			
persons? If "Yes," complete Schedule L, Part III					
Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filling thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule N, Part II.  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II.  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 II.  33 Uses the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III.  34 Vas the organization have a controlled entity within the meaning of section 512(b)(13)?  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)?  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.  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.  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 f					
Part IV instructions, for applicable filing thresholds, conditions, and exceptions):  a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV			27		X
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28				
"Yes," complete Schedule L, Part IV.  b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV.  c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV.  19 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M.  29 X 10 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M.  30 Jid Ibid the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II.  10 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 II.  31 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III.  32 Jid the organization have a controlled entity within the meaning of section 512(b)(13)?  33 Jid Tyes" 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)?  33 Jid Hoo organization? If "Yes," complete Schedule R, Part V, line 2.  34 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related 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.  35 Did the organization complete Schedule R, Part V, line 2.  36 Jid the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  36 Jid Ty Note: All Form 990 filers are required to complete Schedule O.  37 Jid Enter the number reported in Box 3 of Form 1096. Enter -0- if not a	_				
b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	а		282		Х
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	b			Х	
"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			200		
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M			28c		Х
conservation contributions? If "Yes," complete Schedule M. Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	29		29	Х	
Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I,	30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." complete Schedule N, Part II.  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			30		Х
complete Schedule N, Part II.  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.  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.  Sa Did the organization have a controlled entity within the meaning of section 512(b)(13)?  b 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.  Bection 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2.  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.  B Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	31	· · · · · · · · · · · · · · · · · · ·	31		X
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	32				
sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I			32		X
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	33				v
or IV, and Part V, line 1	24		33		Х
b 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)?	34		24	×	
b 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	35.2				X
controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2			304		
Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	-		35b		
related organization? If "Yes," complete Schedule R, Part V, line 2	36				
and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI			36	Х	
Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	37				
19? Note: All Form 990 filers are required to complete Schedule O.  Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	38	· · · · · · · · · · · · · · · · · · ·			
Check if Schedule O contains a response or note to any line in this Part V			38	X	
Tall Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	Part				
the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Check if Schedule O contains a response or note to any line in this Part V		ΥΔς	. No
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1 9	Enter the number reported in Box 3 of Form 1096. Enter $-\Omega_{\rm eff}$ for applicable 123		162	140
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		Ziner die Hamber reperted in Beke er reim 1966. Ziner er in net applicable 1, 1, 1, 1, 1, 1			
reportable gaming (gambling) winnings to prize winners?		Enter the number of Fermi W 20 metaded in the fat. Enter of in het applicable			
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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			i
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 458			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	<b>Note</b> : If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	
	If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation on Schedule O</i>	3b	Х	
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
74	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х
h	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).			ĺ
5.2	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		Х
h		- ou		
D	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?	6b		
7		0.5		
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	7a	Х	
	and services provided to the payor?	7 a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7.0	21	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	7.		Х
_	required to file Form 8282?	7c		
	If "Yes," indicate the number of Forms 8282 filed during the year	7.		Х
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
	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		X
	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	_		37
	sponsoring organization have excess business holdings at any time during the year?	8		X
9	Sponsoring organizations maintaining donor advised funds.	_		37
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			i
	Initiation fees and capital contributions included on Part VIII, line 12			i
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			i
	Section 501(c)(12) organizations. Enter:			i
	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			i
	against amounts due or received from them.)	4-		
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			i
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.			i
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			
	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule 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		
	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		
	If "Yes," complete Form 4720, Schedule O.			

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

Sect	ion A. Governing Body and Management	• • •		
0000	1011 A. Ooverning Body and management		Yes	No
4.	Enter the number of voting members of the governing body at the end of the tax year 28			
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	committee, explain on Schedule O.  Enter the number of voting members included on line 1a, above, who are independent			
a	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	2		X
•	any other officer, director, trustee, or key employee?			
3	Did the organization delegate control over management duties customarily performed by or under the direct	3		X
	supervision of officers, directors, trustees, or key employees to a management company or other person?	4		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	5		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint			X
	one or more members of the governing body?	7a		Λ
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			v
	stockholders, or persons other than the governing body?	7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		3.7	
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? <i>If "Yes," provide the names and addresses on Schedule O</i>	9		X
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue	Code	.)	
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Χ	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Χ	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give			
	rise to conflicts?	12b	Χ	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	Χ	
13	Did the organization have a written whistleblower policy?	13	Χ	
14	Did the organization have a written document retention and destruction policy?	14	Χ	
15	Did the process for determining compensation of the following persons include a review and approval by			
. •	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	Χ	
b	Other officers or key employees of the organization	15b	Х	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16h		
Section	ion C. Disclosure	16b		Ь—
17	List the states with which a copy of this Form 990 is required to be filed ► CT, FL, NY,	- /C		.04( )
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website  X  Another's website  X  Upon request  Other (explain on Schedule O)	(Sec	tion 5	oU1(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of	f inter	est p	oolicy,
	and financial statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and record	ls ▶		

Form **990** (2019)

#### Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, **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 or	ganization nor any	related or	ganization comp	pensated any	current officer,	director, or trustee.

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	not che unless er and	s per a di	ition more rson	e than of is both 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
(1) PETER M. GENNARO	40.00								_	
EXECUTIVE DIRECTOR	0.	Х		Х				313,924.	0.	24,443.
(2) DONNA COOPER HILTON	40.00									0.5 5.50
LINE PRODUCER	0.					Х		140,795.	0.	25,770.
(3) RACHEL TISCHLER	40.00							100 100	0	15 510
GENERAL MANAGER	0.					Х		128,123.	0.	17,719.
(4) WILLIAM NIVISON	40.00							100 700	0	10.620
FINANCE DIRECTOR (RETIRED 19)	0.			_			Х	123,790.	0.	19,630.
(5) DANIEL MCMAHON	40.00					37		106 004	0	7 770
DIRECTOR OF MARKETING AND PR  (6)W. MICHAEL O'FLAHERTY	40.00		$\vdash$			X		126,894.	0.	7,770.
RESIDENT MUSIC DIRECTOR	40.00					Х		106,632.	0.	12,749.
(7) NANCY ALTSCHULER	40.00					Λ		100,032.	0.	12,749.
DIRECTOR OF DEVELOPMENT	0.					X		115,819.	0.	63.
(8) FRANCIS G. ADAMS, JR.	10.00					Λ		110,010.	0.	05.
CHAIRMAN	0.	Х		Х				0.	0.	0.
(9) JOHN F. WOLTER	10.00	21		21				0.		
PRESIDENT	0.	Х		Х				0.	0.	0.
(10) JEFFREY S. HOFFMAN	10.00									•
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(11)MARK MASSELLI	10.00									
VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(12) HILA ROSEN	10.00									
1ST VICE PRESIDENT	0.	Х		Х				0.	0.	0.
(13) SUSAN LINK	10.00									
TREASURER	0.	Х		Х				0.	0.	0.
(14) ANTHONY CACACE	10.00									
SECRETARY	0.	Х		Х				0.	0.	0.

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Form 990 (2019) Page 8 Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

	(A) Name and title	(B)  Average hours per week (list any hours for	box,	unles	Pos heck ss pe	erson	e than o is both tor/trust	an	( <b>D</b> )  Reportable compensation from the	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation
		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)	from the organization and related organizations
15)		1.00									
	TRUSTEE MEMBER	0.	Х						0	0.	0
16		1.00									
177	TRUSTEE MEMBER	0.	Х						0	0.	0
17)		1.00	,								
101	TRUSTEE MEMBER	0.	X						0	0.	0
18	KAY KNIGHT CLARKE TRUSTEE MEMBER	1.00	.,						0	0.	0
19		1.00	X						U	. 0.	0
	TRUSTEE MEMBER	1.00	X						0	0.	0
20		1.00	Λ						0		0
20	TRUSTEE MEMBER	1.00	X						0	0.	0
21		1.00	21						0		
	TRUSTEE MEMBER	1.00	X						0	0.	0
22		1.00							0	·	
	TRUSTEE MEMBER	10.	Х						0	0.	0
23)		1.00									
	TRUSTEE MEMBER	1	Х						0	0.	0
24)		1.00									
	TRUSTEE MEMBER	† <sub>0</sub> .	Х						0	0.	0
25)	LYNDE SELDEN KARIN	1.00									
	TRUSTEE MEMBER	0.	Х						0	0.	0
1b	Sub-total							<b></b>	1,055,977.	0.	108,144.
	Total from continuation sheets to Part VII, S	ection A						•	0.	0.	0.
c	I Total (add lines 1b and 1c)							$\blacktriangleright$	1,055,977.	0.	108,144.
2	Total number of individuals (including but not	limited to t	hose	liste	d a	bov	e) who	re	ceived more than	\$100,000 of	
	reportable compensation from the organization	n ▶		7							
3	Did the organization list any <b>former</b> offic	er. directo	r. or	tru	uste	e.	kev e	emp	olovee, or highes	t compensated	Yes No
_	employee on line 1a? If "Yes," complete Sched										3 X
4	For any individual listed on line 1a, is the										
-	organization and related organizations gro										
	individual										4 X
5	Did any person listed on line 1a receive or										

#### **Section B. Independent Contractors**

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

(B) Description of services	(C) Compensation
	(B) Description of services

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 VII

Χ

Form 990 (2019)

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	plc	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	box,	unles	Pos heck ss pe d a d	erson	e than o is both or/trust	an ee)	( <b>D</b> ) Reportable compensation from the	(E) Reportable compensation from related organizations	am	(F) timated nount of other pensatio	
	related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MISC)	orga and	om the anizatior d related anization	I
26) LINDA MORASUTTI TRUSTEE MEMBER	1.00	Х						0	0.			
27) MICHAEL POLO	1.00	Λ						0	. 0.			
TRUSTEE MEMBER	0.	Х						0	0.			0
28) JEFFREY RICHARDS	1.00								_			_
TRUSTEE MEMBER	0.	Х						0	0.			0
29) JEFF B. RILEY TRUSTEE MEMBER	1.00	X						0	0.			0
30) KRISTEN ROBERTS	1.00	Λ						0	. 0.			
TRUSTEE MEMBER		X						0	] 0.			О
31) JOSEPH SMITH	1.00											
TRUSTEE MEMBER	0.	Х						0	0.			C
32) LEONARDO H. SUZIO	1.00											
TRUSTEE MEMBER	0.	Х						0	. 0.			C
33) JOHN VOEGE	1.00											
TRUSTEE MEMBER	0.	Х						0	0.			
34) STEPHANIE STIEFEL WILLIAMS TRUSTEE MEMBER	1.00	Х						0	0.			С
1b Sub-total							<b></b>	0.	0.			0.
c Total from continuation sheets to Part VII,	Section A		: :				$\blacktriangleright$					
d Total (add lines 1b and 1c)							<b>&gt;</b>					
2 Total number of individuals (including but no reportable compensation from the organization)		hose	liste 7	d al	bove	e) who	re	eceived more than	\$100,000 of			
Teportable compensation from the organization	OII <b>F</b>		,								Yes	No
3 Did the organization list any former off employee on line 1a? If "Yes," complete Sche										3	Х	
4 For any individual listed on line 1a, is the organization and related organizations g	reater than	\$15	50,0	00?	i If	"Yes	," (	complete Schedu	le J for such		v	
individual										4	X	
5 Did any person listed on line 1a receive of for services rendered to the organization? If "										5		Х
Section B. Independent Contractors			1			4	/	dank manada a da a da a da a da a da a da a	#400 000			
1 Complete this table for your five highest con	mpensated I	nuepe	:nae	:III (	con	และเอ	ıst	nat received more	: man \$100,000 C	וו		

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 ▶

### Part VIII Statement of Revenue

				( <b>A</b> ) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
t)	1a	Federated campaigns 1a					
and Other Similar Amounts	b	Membership dues 1b	1,294,866.				
֟֝֞֝֝֞֝֟֝֝֟֝֟	С	Fundraising events 1c	81,214.				
Ā	d	Related organizations 1d					
اڦا	е	Government grants (contributions) 1e	73,874.				
Sin	f	All other contributions, gifts, grants,					
ē		and similar amounts not included above . 1f	1,176,325.				
둦	g	Noncash contributions included in					
ᅙ	_	lines 1a-1f 1g	<b>\$</b> 47,553.				
a	h	Total. Add lines 1a-1f	▶	2,626,279.			
			Business Code				
	2a	ADMISSION	711110	6,434,914.	6,434,914.		
٥	b	WARDROBE RENTAL INCOME	532000	240,970.	77,054.	163,916.	
Į,	c	ENHANCEMENT INCOME	711110	187,500.	187,500.		
ě	d	CONCESSIONS, NET	711110	125,132.	125,132.		
Revenue	e	TOUR INCOME, NET	711110	119,246.	119,246.		
:	f	All other program service revenue		47,252.	47,252.		
	g g	Total. Add lines 2a-2f		7,155,014.			
	3	Investment income (including dividends,					
		other similar amounts)	▶ 💄	623,235.			623,235
	4	Income from investment of tax-exempt bond	proceeds . >	0.			
	5	Royalties		318,997.			318,99
		(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 7a 2,442,138.					
e l	b	Less: cost or other basis					
venue		and sales expenses <b>7b</b> 2,092,374.					
	С	Gain or (loss) 7c 349,764.					
	d						349,764
Ž		Net gain or (loss)		349,764.			343,70
ther	8a	Gross income from fundraising		349,764.			349,70
Other Re	8a			349,764.			343,704
Other	8a	Gross income from fundraising		349,764.			343,704
Other	8a	Gross income from fundraising events (not including \$81,214	72,270.	349,764.			343,703
Other	8a b	Gross income from fundraising events (not including \$81,214 of contributions reported on line		349,764.			349,704
Other		Gross income from fundraising events (not including \$81,214 of contributions reported on line 1c). See Part IV, line 18 8a	72,270. 72,270.	349,764.			349,70
Other	b	Gross income from fundraising events (not including \$81,214 of contributions reported on line 1c). See Part IV, line 18 8a Less: direct expenses 8b	72,270. 72,270.				349,70
Other	b c	Gross income from fundraising events (not including \$	72,270. 72,270.				349,70
Other	b c	Gross income from fundraising events (not including \$ 81,214 of contributions reported on line 1c). See Part IV, line 18 8a  Less: direct expenses 8b  Net income or (loss) from fundraising events.  Gross income from gaming	72,270. 72,270.				349,70
Other	b c 9a	Gross income from fundraising events (not including \$	72,270. 72,270. 				349,704
Other	b c 9a b	Gross income from fundraising events (not including \$	72,270. 72,270. 	0.			349,70
Other	b c 9a b	Gross income from fundraising events (not including \$	72,270. 72,270. 0. 0. 0.	0.			349,70
Other	b c 9a b c 10a	Gross income from fundraising events (not including \$	72,270. 72,270. 0. 0. 0. 0. 0.	0.			343,700
Other	b c 9a b c	Gross income from fundraising events (not including \$	72,270. 72,270. 0. 0. 0. 0	0.			343,700
	b c 9a b c 10a	Gross income from fundraising events (not including \$	72,270. 72,270. 0. 0. 0. 0. Business Code	0.			349,70
	b c 9a b c 10a	Gross income from fundraising events (not including \$	72,270. 72,270. 0. 0. 0. 0. Business Code 711110	0. 0. 11,343.	11,343.		349,70
	b c 9a b c 10a b	Gross income from fundraising events (not including \$	72,270. 72,270. 0. 0. 0. 0. Business Code	0.	11,343. 76,666.		343,70
	b c 9a b c 10a b c	Gross income from fundraising events (not including \$	72,270. 72,270. 0. 0. 0. 0. Business Code 711110	0. 0. 11,343.			343,770
Revenue	b c 9a b c 110a b c d	Gross income from fundraising events (not including \$	72,270. 72,270. 0. 0. 0. 0. 0.  1 Business Code 711110 711110	0. 0. 11,343.			343,770

GOODSPEED OPERA HOUSE FOUNDATION, INC.

#### 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 responsible.	<u> </u>		· · · · · · · · · · · · · · · · · · ·	
Do	not include amounts reported on lines 6b, 7b,		(B)	(C)	(D)
	9b, and 10b of Part VIII.	(A) Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
			expenses	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	481,786.	257,389.	176,360.	48,037.
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and			0.1.0 ==0	
	persons described in section 4958(c)(3)(B)	5,958,809.	5,174,089.	318,752.	465,968.
7	Other salaries and wages	0.			
8	Pension plan accruals and contributions (include	267 527	252 445	7 001	6 061
	section 401(k) and 403(b) employer contributions)	367,537.	353,445.	7,231.	6,861. 45,447.
9	Other employee benefits	807,909. 469,402.	700,477. 398,897.	61,985.	35,775.
10	Payroll taxes	469,402.	398,897.	34,730.	35,775.
11	Fees for services (nonemployees):	0.			
	Management	30,256.	7,579.	22,235.	442.
	Legal	57,868.	1,515.	57,868.	712.
	Accounting	4,167.		4,167.	
	Lobbying	0.		1,107.	
	Professional fundraising services. See Part IV, line 17.	39,445.		39,445.	
	Other. (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O.)	324,005.	144,996.	64,566.	114,443.
12	Advertising and promotion	864,786.	838,804.		25,982.
13	Office expenses	35,164.	32,471.	1,472.	1,221.
14	Information technology	99,837.	75,821.	14,174.	9,842.
15	Royalties	119,397.	119,397.		
16	Occupancy	691,436.	651,144.	25 <b>,</b> 653.	14,639.
17	Travel	24,390.	24,390.		
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	77,146.	63,824.	13,322.	
20	Interest	40,275.		40,275.	
21	Payments to affiliates	0.	414 070	27 270	20 005
22	Depreciation, depletion, and amortization	491,162.	414,979.	37,378. 13,712.	38,805. 14,236.
23	Insurance	179,383.	151,435.	13,/12.	14,236.
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.)				
_	PRODUCTION EXPENSE	850,784.	850,784.		
u	ARTISTIC FEES	356,343.	356,343.		
-	FIXTURES, FURNITURE & EQUIP	122,128.	122,128.		
-	PHONE, INTERNET, ETC.	88,034.	82,469.	4,445.	1,120.
_	All other expenses	194,167.	159,385.	9,988.	24,794.
	Total functional expenses. Add lines 1 through 24e	12,775,616.	10,980,246.	947,758.	847,612.
	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.			,

## Part X Balance Sheet

	ai t A	Check if Schedule O contains a response or note to any line in this Pa	art X		
			<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing	1,339,932.	1	74,109.
	2	Savings and temporary cash investments	440,321.	2	484,442.
	3	Pledges and grants receivable, net	353,547.	3	344,500.
	4	Accounts receivable, net	156,125.	4	117,557.
	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
က္	7	Notes and loans receivable, net	0.	7	0
Assets	8	Inventories for sale or use	51,530.	8	41,343.
As	9	Prepaid expenses and deferred charges	363,106.	9	293,082.
	_	Land, buildings, and equipment: cost or other			·
		basis. Complete Part VI of Schedule D 10a 22,815,600.			
	b	Less: accumulated depreciation	11,667,046.	10c	11,594,018.
	11	Investments - publicly traded securities	17,506,512.	11	18,374,830.
	12	Investments - other securities. See Part IV, line 11	574,760.	12	733,900.
	13	Investments - program-related. See Part IV, line 11.	0.	13	0
	14	Intangible assets	0.	14	0
	15	Other assets. See Part IV, line 11	0.	15	0
	16	Total assets. Add lines 1 through 15 (must equal line 33)	32,452,879.	16	32,057,781.
	17	Accounts payable and accrued expenses	790,303.	17	684,165
	18	Grants payable	0.	18	0
	19	Deferred revenue	1,758,296.	19	1,592,787
	20		0.	20	0
	20 21	Tax-exempt bond liabilities	0.	21	0
	22	· · · ·	· ·	21	0
ĕ	22	Loans and other payables to any current or former officer, director,			
≣		trustee, key employee, creator or founder, substantial contributor, or 35%	0.		0
Liabilities	22	controlled entity or family member of any of these persons	1,031,341.	22	470,285.
	23	Secured mortgages and notes payable to unrelated third parties	0.		0
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	1,408,642.		1,624,718.
	00	of Schedule D	4,988,582.		4,371,955.
_	26	Total liabilities. Add lines 17 through 25	4,900,302.	26	4,371,933.
Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
aŭ	27	Net assets without donor restrictions	20,657,616.	27	19,938,889.
g	28	Net assets with donor restrictions	6,806,681.	28	7,746,937.
2	20	Organizations that do not follow FASB ASC 958, check here ▶	0,000,001.	20	7,740,557.
2		and complete lines 29 through 33.			
5	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
201	31	Retained earnings, endowment, accumulated income, or other funds		31	
) 1e	32	Total net assets or fund balances	27,464,297.	32	27,685,826.
Net	33	Total liabilities and net assets/fund balances	32,452,879.	33	32,057,781.
_			, , , , , , , , , , , , , , , , , , , ,		Form <b>990</b> (2019

Form **990** (2019)

Page **12** Form 990 (2019)

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		11,1		
2	Total expenses (must equal Part IX, column (A), line 25)	2		12,7		
3	Revenue less expenses. Subtract line 2 from line 1	3		-1,6		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		27 <b>,</b> 4		
5	Net unrealized gains (losses) on investments	5		1,8	35,8	347.
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		27,6	85,8	326.
Part	XII Financial Statements and Reporting					
	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?.			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	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted o	n a			
	separate basis, consolidated basis, or both:					
	Separate basis X 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	t of			
	the audit, review, or compilation of its financial statements and selection of an independent accounta	int?		2c	Χ	
	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	lergo	the			
	required audit or audits, explain why on Schedule Q and describe any steps taken to undergo such a	•		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

Employer identification number

Department of the Treasury Internal Revenue Service Name of the organization

GOC	DSI	PEED OPERA HOUSE FO	UNDATION, INC	•			13-19693	14
Pai	tΙ	Reason for Public Cha	arity Status (All o	rganizations must c	omplet	e this pa	art.) See instructions	
Гһе	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 ch	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	ion 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 i	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 in	n section 170(b)(1)(A)	(iii). Enter the
		hospital's name, city, and s						
5		An organization operated		a college or universit	y owned	d or ope	erated by a governme	ental unit described in
		section 170(b)(1)(A)(iv). (0						
6		A federal, state, or local go	•					
7	Х	An organization that norm			pport fro	om a go	vernmental unit or fro	om the general public
	$\overline{}$	described in section 170(b)		·				
8		A community trust describe	-		-			
9		An agricultural research or	-			-	=	
		or university or a non-land-	grant college of ag	riculture (see instruct	ions). Ei	nter the	name, city, and state o	f the college or
		university:	" (4)			•		
0		An organization that normal receipts from activities relasupport from gross investments.	ited to its exempt f	unctions - subject to d	certain e	xception	is, and (2) no more tha	n 331/3% of its
		acquired by the organization	on after June 30, 1	975. See <b>section 509</b> (	(a)(2). (C	Complete	e Part III.)	Dusillesses
11		An organization organized						
12		An organization organized	and operated exclu	usively for the benefit	of, to pe	erform th	ne functions of, or to o	carry out the purposes
		of one or more publicly su	pported organizati	ons described in <b>sect</b>	ion 509	<b>(a)(1)</b> or	section 509(a)(2). S	ee section 509(a)(3)
	_	Check the box in lines 12a t	through 12d that d	escribes the type of su	upporting	g organiz	zation and complete lir	nes 12e, 12f, and 12g
а		Type I. A supporting org	anization operated	, supervised, or contro	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or el	lect a m	ajority of	f the directors or truste	es of the
	_	_ supporting organization. `	You must complet	e Part IV, Sections A	and B.			
b		<b>Type II.</b> A supporting org	anization supervis	ed or controlled in co	nnection	with its	supported organizati	on(s), by having
		control or management of	of the supporting o	rganization vested in	the sam	e persor	ns that control or man	age the supported
	_	organization(s). <b>You mus</b> t	•					
С		Type III functionally inte						lly integrated with,
		$_{ m  extstyle  extstyle$		•				
d	L				-			
		that is not functionally into	-		_		•	d an attentiveness
		requirement (see instruct	•	-				
е	L	Check this box if the orga					31 . 31	I, Type III
£	En	functionally integrated, or		ionally integrated sup	porting o	organizat	lion.	
'		ter the number of supported ovide the following information		orted organization(s)				
9		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	(v) Amount of monetary	(vi) Amount of
	(1)	and or supported organization	(11) = 11	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see
				above (see instructions))	Yes	ment?	instructions)	instructions)
					103	110		
A)								
B)								
C)								
D)								
E)								
-,								

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

Schedule A (Form 990 or 990-EZ) 2019

Page 2 Schedule A (Form 990 or 990-EZ) 2019

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	2,382,077.	2,651,009.	2,429,997.	2,926,810.	2,626,279.	13,016,172.
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	2,382,077.	2,651,009.	2,429,997.	2,926,810.	2,626,279.	13,016,172.
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						0.00
	shown on line 11, column (f) ATCH .1.						259,850.
6	Public support. Subtract line 5 from line 4						12,756,322.
	tion B. Total Support	(a) 201 <i>E</i>	(h) 2016	(a) 2017	(4) 2010	(2) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7 8	Amounts from line 4	2,382,077. 1,166,425.	2,651,009. 976,710.	2,429,997. 1,100,878.	2,926,810.	2,626,279. 942,232.	13,016,172. 5,230,308.
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.)	75,040.	59,902.	78,490.	36,230.	11,343.	261,005.
11	Total support. Add lines 7 through 10						18,507,485.
12	Gross receipts from related activities, etc. (s	ee instructions) .				12	32,827,839.
13	<b>First five years.</b> If the Form 990 is for organization, check this box and <b>stop here</b> .	<u> </u>					
Sec	tion C. Computation of Public Sup						
14	Public support percentage for 2019 (lin		-			14	68.93 <b>%</b>
15	Public support percentage from 2018				_	15	68.65 <b>%</b>
16a	331/3% support test - 2019. If the org	•		•		•	
	box and <b>stop here.</b> The organization qu						
b	33 1/3 % support test - 2018. 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 the	meets the "facts-and-c	cts-and-circumsta ircumstances" te	ances" test, che st. The organiz	eck this box an zation qualifies	d <b>stop here.</b> E as a publicly su	xplain in upported
b	organization	2018. If the organization meets on meets the "	ganization did no the "facts-and facts-and-circum	ot check a box -circumstances" stances" test.	on line 13, 16a ' test, check the The organization	a, 16b, or 17a, and stop and stop and stop and stop and alifies as a	and line  p here.  publicly
18	<b>Private foundation.</b> If the organization instructions		•		<u> </u>		

Page 3 Schedule A (Form 990 or 990-EZ) 2019

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")						
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						
	Amounts included on lines 1, 2, and 3						
. a	received from disqualified persons						
b	Amounts included on lines 2 and 3						
	received from other than disqualified						
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
•	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	<b>(e)</b> 2019	(f) Total
9	Amounts from line 6		. ,			. ,	
	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						
14	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
-	and 12.)						
14	First five years. If the Form 990 is for	or the organiza	ation's first seco	nd, third. fourth	, or fifth tax v	ear as a section	n 501(c)(3)
	organization, check this box and stop here	•			•		` ^ ` / _
Sec	tion C. Computation of Public Supp						
15	Public support percentage for 2019 (line 8,		_	ımn (f))		15	%
16	Public support percentage from 2018 Sche		-			16	%
	tion D. Computation of Investmen					- 1	
17	Investment income percentage for 2019 (lin			13. column (f))		17	%
18	Investment income percentage from 2018						%
	331/3% support tests - 2019. If the or						
u	17 is not more than 331/3%, check this	-					
h	331/3% support tests - 2018. If the orga						
J	line 18 is not more than 331/3 %, check						
20	Private foundation. If the organization of		•	•			. —

Schedule A (Form 990 or 990-EZ) 2019 Page **4** 

#### Part IV Supporting Organizations

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

#### Section A. All Supporting Organizations

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

		Yes	No
ng by	_		
us	1		
ed	2		
er	3a		
nd he			
	3b		
B)	3с		
If	4a		
gn on			
	4b		
on ed B)			
	4c		
s," IN			
n; on			
dv.	5a		
dy	5b		
	5c		
to ed			
or			
	6		
or ty			
7?	7		
<i>i</i> :	8		
re ed			
. 1.	9a		
ch	9b		
fit	9c		
on ed			
	10a		
to	10b		
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Schedule A (Form 990 or 990-EZ) 2019

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Part	Supporting Organizations (continued)		I	
			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 (b) and (c)	445		
h	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b 11c		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.  on B. Type I Supporting Organizations	110		
30011	on b. Type reapporting organizations		Yes	Nο
				110
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? 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 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 Part			
	VI 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			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).			
Sa a ti	on D. All Type III Supporting Organizations	1		
Secu	on b. All Type III Supporting Organizations		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		162	INO
	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 (2), 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		
	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	structi	ons).	
a	The organization satisfied the Activities Test. Complete line 2 below.			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below.  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see	inotru	otiono)	
C	The organization supported a governmental entity. Describe in Part VI now you supported a government entity (see	IIISIIU	Yes	
2	Activities Test. Answer (a) and (b) below.		103	110
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		
h				
b	Did the activities described in (a) 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. <i>Answer (a) and (b) below.</i>			
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? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes." describe in <b>Part VI</b> the role played by the organization in this regard.	3b	I	l

Schedule A (Form 990 or 990-EZ) 2019

Page 6 Schedule A (Form 990 or 990-EZ) 2019

			•	
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S		
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (expla	in in Part VI). <b>See</b>	
instructions. All other Type III non-functionally integrated supporting organization	zations r	nust complete Sectio	<del>-</del>	
Section 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			
<b>6</b> Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or				
maintenance of property held for production of income (see instructions)	6			
7 Other expenses (see instructions)	7			
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8			
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)	
1 Aggregate fair market value of all non-exempt-use assets (see				
instructions for short tax year or assets held for part of year):				
a Average monthly value of securities	1a			
<b>b</b> Average monthly cash balances	1b			
c Fair market value of other non-exempt-use assets	1c			
d Total (add lines 1a, 1b, and 1c)	1d			
e Discount claimed for blockage or other factors (explain in detail in Part VI):				
2 Acquisition indebtedness applicable to non-exempt-use assets	2			
3 Subtract line 2 from line 1d.	3			
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4			
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5			
6 Multiply line 5 by .035.	6			
7 Recoveries of prior-year distributions	7			
8 Minimum Asset Amount (add line 7 to line 6)	8			
Section C - Distributable Amount			Current Year	
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1			
2 Enter 85% of line 1.	2			
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3			
4 Enter greater of line 2 or line 3.	4			
5 Income tax imposed in prior year	5			
<b>6 Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6			
7 Check here if the current year is the organization's first as a non-functionally		ated Type III supporting	organization (see	
3 3 note it the carrent year to the organization of mot do a non-infinite	,	, po m ouppormit	5 garn <u>-</u> arion (000	

Schedule A (Form 990 or 990-EZ) 2019

instructions).

Schedule A (Form 990 or 990-EZ) 2019 Page **7** 

Part	V Type III Non-Functionally Integrated 509(a)(3)	<b>Supporting Organizat</b>	ions (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish ex			
2	Amounts paid to perform activity that directly furthers exer			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	zations		
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in <b>Part VI</b> ). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is resp	onsive	
	(provide details in <b>Part VI</b> ). See instructions.			
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
_1	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2019			
а	From 2014			
b	From 2015			
С	From 2016			
d	From 2017			
е	From 2018			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from			
	Section D, line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2019, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in <b>Part VI</b> . See instructions.			
6	Remaining underdistributions for 2019. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
a	Excess from 2015			
b	Excess from 2016			

Schedule A (Form 990 or 990-EZ) 2019

c Excess from 2017....
d Excess from 2018....
e Excess from 2019....

Schedule A (Form 990 or 990-EZ) 2019 Page **8** 

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

ATTACHMENT 1 SCHEDULE A, PART II - EXCESS CONTRIBUTIONS (NOT OPEN TO PUBLIC INSPECTION) **EXCESS** TOTAL LESS 2% OF CONTRIBUTION CONTRIBUTOR NAME CONTRIBUTION LINE 11(F) AMOUNT THE SHUBERT FOUNDATION, INC. 630,000. 370,150. 259,850. TOTAL 630,000. 259,850.

## Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

#### Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047

2019

**Employer identification number** 

GOODSPEED OPERA HOUSE FOUNDATION, INC. 13-1969314 Organization type (check one): Filers of: Section: Χ Form 990 or 990-EZ **501(c)(**3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

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

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

Name of organization GOODSPEED OPERA HOUSE FOUNDATION, INC.

Employer identification number 13-1969314

Part I	Contributors	(see instructions).	Use duplicate copies of	of Part I if additional s	pace is needed.
--------	--------------	---------------------	-------------------------	---------------------------	-----------------

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1_	THE SHUBERT FOUNDATION, INC.  225 WEST 44TH STREET  NEW YORK, NY 10036	\$150,000.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
2	JONNY MERCER FOUNDATION  2381 ROSECRANS AVENUE, STE. 350  LOS ANGELES, CA 90245	\$55,000.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
3_	DEPT. OF ECONOMIC AND COMMUNITY DEVELOP.  450 COLUMBUS BOULEVARD, SUITE 5  HARTFORD, CT 06103	\$ 58,874.	Person Payroll Noncash  (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No.	Name, address, and ZIP + 4		Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization GOODSPEED OPERA HOUSE FOUNDATION, INC.

Employer identification number 13-1969314

Part II	Noncash Property	(see instructions)	Lise duplicate con	ies of Part II if additional	space is needed
	14011Ca3111 10pcity	(300 III3li dolloria)	1. Use auplicate cop	ics of Fart II il additional	space is necessa.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of organization GOODSPEED OPERA HOUSE FOUNDATION, INC. Employer identification number 13-1969314 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶\$ Use duplicate copies of Part III if additional space is needed. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

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

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

## **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

OMB No. 1545-0047

**Open to Public** Inspection

Department of the Treasury Internal Revenue Service

► Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.

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

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

Tax)	(see separate instructions), ther		Tax) (see separate in	nstructions) or Form 990-E	EZ, Part V, line 35c (Prox
	Section 501(c)(4), (5), or (6) organization	anizations: Complete Part III.		Fundamentale	ntification number
	ne of organization			' '	
	DDSPEED OPERA HOUSE I		(' 504/ )	13-1969	
Pa		organization is exempt under			
1	•	organization's direct and indirect p	political campaign a	ctivities in Part IV. (see ir	structions for
	definition of "political campa				
2		xpenditures (see instructions)			
		campaign activities (see instruction			
Pai		organization is exempt under s			
1	Enter the amount of any exc	cise tax incurred by the organizatio	n under section 495	5 ▶ \$	
2		cise tax incurred by organization m			
3	If the organization incurred a	a section 4955 tax, did it file Form	4720 for this year?		Yes No
4a	Was a correction made?				Yes No
b	If "Yes," describe in Part IV.				
Pai	rt I-C Complete if the c	organization is exempt under	section 501(c), ex	ccept section 501(c)(3	).
1		xpended by the filing organization			
•					
2	527 exempt function activiti	g organization's funds contributed es			
3	line 17b	enditures. Add lines 1 and 2. Ent			
5	Enter the names, addresses organization made payment the amount of political conf	e Form 1120-POL for this year? and employer identification numbers. For each organization listed, entributions received that were promoted or a political action committee (	er (EIN) of all section ter the amount paid aptly and directly de	on 527 political organiza d from the filing organiz divered to a separate po	ations to which the filing cation's funds. Also ente olitical organization, such
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					

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

Schedule C (Form 990 or 990-EZ) 2019

Sche	,			RA HOUSE FOUND.	•		1969314 Page <b>2</b>
Pa	rt II-A Complete if the org section 501(h)).	anizatio	n is exen	npt under sectior	1 501(c)(3) and	filed Form 5768 (ele	ction under
A				affiliated group (and excess lobbying expe		ch affiliated group men	nber's name,
В				A and "limited contro	•	V.	
			ing Expend			(a) Filing	(b) Affiliated
	(The term "expenditu				)	organization's totals	group totals
1a	Total lobbying expenditures to in	nfluence	public opini	on (grassroots lobb	ying)		
b	Total lobbying expenditures to in	nfluence	a legislative	e body (direct lobbyi	ng)		
С	Total lobbying expenditures (add	d lines 1a	and 1b) .				
d	Other exempt purpose expendit	ures			[		
е	Total exempt purpose expenditu	ıres (add	lines 1c an	d 1d)			
f	Lobbying nontaxable amount.	Enter the	amount 1	from the following	table in both		
	columns.						
	If the amount on line 1e, column (a)	or (b) is:	The lobbyin	g nontaxable amount	is:		
	Not over \$500,000		20% of the	amount on line 1e.			
	Over \$500,000 but not over \$1,000	,000	\$100,000 pl	us 15% of the excess	over \$500,000.		
	Over \$1,000,000 but not over \$1,50			us 10% of the excess			
	Over \$1,500,000 but not over \$17,0			us 5% of the excess of	ver \$1,500,000.		
	Over \$17,000,000		\$1,000,000				
_	Grassroots nontaxable amount	•			_		
	Subtract line 1g from line 1a. If				_		
	Subtract line 1f from line 1c. If z						
J	If there is an amount other the				•		
	reporting section 4911 tax for the						Yes No
	(Some organizations that			aging Period Under		to all of the five colum	mno holow
	(Some organizations that			te instructions for I			illis below.
		366 (	ille Separai	te matructions for i	ines za tiliough	£1. <i>)</i>	
		Lobb	ying Exper	nditures During 4-Ye	ear Averaging Per	riod	
	Calendar year (or fiscal year beginning in)	(a)	2016	<b>(b)</b> 2017	(c) 2018	( <b>d)</b> 2019	(e) Total
2a	Lobbying nontaxable amount						
b	Lobbying ceiling amount (150% of line 2a, column (e))						
С	Total lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2019

**d** Grassroots nontaxable amount

e Grassroots ceiling amount (150% of line 2d, column (e)) **f** Grassroots lobbying expenditures

	dule C (Form 990 or 990-EZ) 2019  It II-B Complete if the organization is exempt under section 501(c)(3) and has NO	T file	d Ear	m E760		Page 3
га	t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)).				(1-)	
For	each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed	(8	1)		(b)	
des	cription of the lobbying activity.	Yes	No		Amount	
1	During the year, did the filing organization attempt to influence foreign, national, state, or local					
	legislation, including any attempt to influence public opinion on a legislative matter or					
	referendum, through the use of:					
а	Volunteers?		X			
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?.		X			
С	Media advertisements?		X			
d	Mailings to members, legislators, or the public?		X			
е	Publications, or published or broadcast statements?		X			
f	Grants to other organizations for lobbying purposes?		X			
g	Direct contact with legislators, their staffs, government officials, or a legislative body?		X			
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?	X				4,167
i	Other activities?					4,167
j	Total. Add lines 1c through 1i		Х			-,
2a b	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)? If "Yes," enter the amount of any tax incurred under section 4912					
C	If "Yes," enter the amount of any tax incurred by organization managers under section 4912					
d	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?					
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501	(c)(5)	, or s	ection		
	501(c)(6).	`	•			
					Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?			[	1	
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?			· · ·	2	
3	Did the organization agree to carry over lobbying and political campaign activity expenditures fro				3	
Pa	t III-B Complete if the organization is exempt under section 501(c)(4), section 501					
	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No"	OR (k	) Par	t III-A, li	ne 3, is	;
	answered "Yes."					
1	Dues, assessments and similar amounts from members			1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amou	unts (	of			
	political expenses for which the section 527(f) tax was paid).					
a	Current year		- 1	2a		
b	Carryover from last year			2b		
С	Total			2c 3		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) du					
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion					
	excess does the organization agree to carryover to the reasonable estimate of nondeductible leading a like of a relative point of the reasonable estimate of nondeductible leading to the reasonable estimate of the reasonable estimate estimates of the reasonable estimate	-	- 1	4		
5	and political expenditure next year?		: : :	5		
	t IV Supplemental Information					
	ide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliate	d grou	up list	; Part II-	A, lines	1 and
2 (se	ee instructions); and Part II-B, line 1. Also, complete this part for any additional information.					
PAF	T II-B, LINE 1, LOBBYING ACTIVITIES:					
REE	RESENTATION BEFORE THE EXECUTIVE AND LEGISLATIVE BRANCHES OF THE	STATE	3			
_						
OF	CONNECTICUT AND TO PROVIDE GOVERNMENTAL CONSULTING SERVICES.					

Schedule C (Form 990 or 990-EZ) 2019

Schedule C (Form 990 or 990-EZ) 2019

Page 4

Part IV Supplemental Information (continued)

#### **SCHEDULE D** (Form 990)

Department of the Treasury

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

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

► Attach to Form 990.

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

**Open to Public** Inspection

OMB No. 1545-0047

Internal Revenue Service Name of the organization Employer identification number COODSPEED OPERA HOUSE FOUNDATION. INC.

	organizations Maintaining Donor Advised Funds or Other Similar Fu	inds or Accounts.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 6.
	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the asse	ts held in donor advised
	funds are the organization's property, subject to the organization's exclusive legal con	
6	Did the organization inform all grantees, donors, and donor advisors in writing that	
	only for charitable purposes and not for the benefit of the donor or donor advisor,	<u> </u>
	conferring impermissible private benefit?	
Pa	art    Conservation Easements.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	e 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		rvation of a historically important land area
		rvation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contrib	oution in the form of a conservation
_	easement on the last day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	
C	Number of conservation easements on a certified historic structure included in (a)	
d	Number of conservation easements included in (c) acquired after 7/25/06, and not	
u	historic structure listed in the National Register	
3	Number of conservation easements modified, transferred, released, extinguished,	
3		or terminated by the organization during the
4	tax year ▶ Number of states where property subject to conservation easement is located ▶	
4 5	Does the organization have a written policy regarding the periodic monitoring,	
5	violations, and enforcement of the conservation easements it holds?	· -
6		
U	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and en	norching conservation easements during the year
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enfo	proing conservation easements during the year
'		ording conservation easements during the year
8	Does each conservation easement reported on line 2(d) above satisfy the requirements	of coation 170/h)/4)/P)/i)
0	. , , , , , , , , , , , , , , , , , , ,	
0	and section 170(h)(4)(B)(ii)?	
9	In Part XIII, describe how the organization reports conservation easements in its reversal balance sheet, and include, if applicable, the text of the footnote to the organization's	
	organization's accounting for conservation easements.	s illialiciai statements that describes the
D۵	art III Organizations Maintaining Collections of Art, Historical Treasures, o	r Other Similar Assets
	Complete if the organization answered "Yes" on Form 990, Part IV, line	
4-		
1a	If the organization elected, as permitted under FASB ASC 958, not to report in its of art, historical treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public
	service, provide in Part XIII the text of the footnote to its financial statements that des	cribes these items.
b	If the organization elected, as permitted under FASB ASC 958, to report in its rev	venue 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:	<b>~</b> ^
	(i) Revenue included on Form 990, Part VIII, line 1	
_	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other s	
	following amounts required to be reported under FASB ASC 958 relating to these iter	
a	Revenue included on Form 990, Part VIII, line 1	
<u>b</u>	Assets included in Form 990, Part X	▶ \$

Page 2 Schedule D (Form 990) 2019

Pa	rt III Organizations Maintaini	ng Collections of	Art, Historical Ti	easures, o	r Other Sin	nilar Assets (d	ontinue		age =
3	Using the organization's acquisitio	n, accession, and o	ther records, che	ck any of th	e following	that make sign	ificant	use o	of its
	collection items (check all that appl	y):							
а	Public exhibition		<b>d</b> Loan	or exchange	e program				
b	Scholarly research		e Othe	r					
С	Preservation for future gener	ations							
4	Provide a description of the organ	nization's collections	and explain how	they further	r the organi	zation's exempt	purpos	se in	Part
	XIII.								
5	During the year, did the organization					_			_
	assets to be sold to raise funds rath		nined as part of the	organizatio	n's collection	1?	Yes		No
Pa	rt IV Escrow and Custodial A				_				
	Complete if the organiza	tion answered "Ye	s" on Form 990,	Part IV, line	9, or repo	rted an amour	nt on Fo	rm	
	990, Part X, line 21.								
1a	Is the organization an agent, truste		-			_			٦
	included on Form 990, Part X?					L	Yes	X	No
b	If "Yes," explain the arrangement in	n Part XIII and comp	lete the following to	able:	1				
						Amount			
С	Beginning balance								
d	Additions during the year								
e	Distributions during the year								
f	Ending balance				ustadial ass	ount liability?	Vaa	$\overline{}$	TNa
	<u> </u>						Yes		No
	If "Yes," explain the arrangement in tV Endowment Funds.	T Part Alli. Check he	ere ii trie explanatio	n nas been p	orovided on P	ait Aiii			
га	Complete if the organiza	tion answered "Ye	s" on Form 990	Part IV line	10				
	Comprete ii are erganiza	(a) Current year	(b) Prior year	(c) Two year		Three years back	(e) Four	vears	back
4.	Denimaina of ween belones	4,425,578.	4,353,654		` '	4,284,673.			648.
	Beginning of year balance	63,418.	148,715		2,565.	35,361.			937.
b	Contributions	33,123			, , , , ,	00,000			
С	Net investment earnings, gains,	200,031.	-76,791	. 132	2,577.	58 <b>,</b> 546.		-2.	200.
_1	and losses	,			,	,.			
	Grants or scholarships								
е	Other expenditures for facilities	5,000.		155	,201.	54 <b>,</b> 867.		57,	712.
	and programs	,			,	,			
	Administrative expenses End of year balance	4,684,027.	4,425,578	4,353	,654.	4,323,713.	4,	284,	673.
g 2	Provide the estimated percentage			_					
a	Board designated or quasi-endowm		%	y, column (a)	Ticia as.				
	Permanent endowment ▶ 100.0		_						
		<del></del>							
	The percentages on lines 2a, 2b, a	nd 2c should equal 1	00%.						
3a	Are there endowment funds not in	the possession of th	e organization tha	t are held ar	nd administe	red for the			
	organization by:		_					Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the relate	ed organizations listed	d as required on So	hedule R?.			3b		
4	Describe in Part XIII the intended u		tion's endowment f	unds.					
Pa	tt VI Land, Buildings, and Equal Complete if the organization	ipment.	ss" on Form 000	Dart IV lin	o 110 Soo	Form 000 Po	rt V lin	o 10	
	Description of property	(a) Cost or		t or other basis	(c) Accumu		) Book va		
		(invest		(other)	depreciati		,		
1a	Land		4.0	664,144.	0 540	0.07		64,1	
b	Buildings		18,	666,271.	8,548,	90/.	10,1	<u> </u>	64.
С	Leasehold improvements			011 170	0 670	675		20 -	- 0 4
d	Equipment		2,	911,179.	2,672,	0/5.		38,5	
	Other		- 000 F==111 1	574,006.	0- )			74,0	
ıota	I. Add lines 1a through 1e. (Column	(a) must equal Form	ז פטט, Part X, colur	กก ( <i>B</i> ), Iine 1เ	uc.)	▶	11,5	74,U	ıΣ.

Schedule D (Form 990) 2019

Page 3 Schedule D (Form 990) 2019

Part VII Investments - Other Securities. Complete if the organization answered	l "Voc" on Form 000	O Part IV line 11h See Form 000 P	Part V lina 12
		1	•
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(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	0, Part IV, line 11c. See Form 990, P	art X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered	l "Voc" on Form 00	0 Part IV line 11d See Form 000 P	Part V lina 15
· · · · · · · · · · · · · · · · · · ·		o, Fait IV, lille 11d. See Form 990, F	
	scription		(b) Book value
<u>(1)</u>			
(2)			
(3)			
(4)			
(5)			
(6)			
<u>(7)</u>			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) I	ine 15.)	<u></u> ▶	
Part X Other Liabilities.			
Complete if the organization answered	d "Yes" on Form 99	0, Part IV, line 11e or 11f. See Form	990, Part X,
line 25.			
1. (a) Descrip	tion of liability		(b) Book value
(1) Federal income taxes			
(2) UNREDEEMED GIFT CERTIFICATES			703,527.
(3) DUE TO GOODSPEED RESTAURANT INC			125,507.
(4) DEFERRED COMPENSATION PLAN PAYABLE			732,900.
(5) GIFT ANNUITY OBLIGATIONS			62,784.
(6)			·
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)			1,624,718.
2. Liability for uncertain tax positions. In Part XIII, provide the			
Liability for anocitain tax positions. In Fait Am, provide the	TONE OF THE TOURINGE TO	ano organization o initalicial statements that	Topolio lile

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

Page 4 Schedule D (Form 990) 2019

Part	Reconciliation of Revenue per Audited Financial Statements With Revenue per Retu		1 age 4
Part.	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	111.	
		T 4	13,104,103.
1	Total revenue, gains, and other support per audited financial statements	1	10,101,100.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:  Net unrealized gains (losses) on investments  2a 1,835,847		
а	Net unrealized gains (1035es) of investments	_	
b	Donated services and use of lacilities	-	
С	Recoveries of prior year grants	_	
d	Other (Describe in Part XIII.)	٠.	1 000 050
е	Add lines 2a through 2d		1,982,250.
3	Subtract line 2e from line 1	3	11,121,853.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a 39,445	-	
b	Other (Describe in Part XIII.)		
С	Add lines <b>4a</b> and <b>4b</b>	4c	39,445.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		11,161,298.
Part		urn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	. 1	12,870,902.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities		
b	Prior year adjustments		
C	Other losses		
d	Other (Describe in Part XIII.)	-	
	Add lines 2a through 2d	2e	134,731.
e	Subtract line 2e from line 1		12,736,171.
3			,, -
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 39, 445		
а	investment expenses not included on Form 550, Fait Vin, line 75	-	
b	Other (Describe in Part XIII.)	٠,	39,445.
_	Add lines 4a and 4b		12,775,616.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	12,773,010.
	Supplemental Information.	D \ /	line 4. Dent V. line
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional info		
		mation	•
SEE	PAGE 5		

#### Part XIII Supplemental Information (continued)

PART XI, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATE CONSOLIDATION OF GOODSPEED RESTAURANT, INC. INCOME OF

\$100,000 (EIN: 06-1390375) FORM 1120 FILED SEPARATELY

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATE CONSOLIDATION OF GOODSPEED RESTAURANT, INC. EXPENSE OF

\$88,328(EIN: 06-1390375)FORM 1120 FILED SEPARATELY

PART V, LINE 4:

AS OF DECEMBER 31, 2019 INVESTMENT RETURNS ON THE ORGANIZATION'S PERMANENT ENDOWMENT FUNDS WERE RESTRICTED BY THE DONORS FOR THE FOLLOWING PURPOSES:

- 1) \$1,494,601 MICHAEL PRICE ENDOWMENT FUND
- 2) \$1,404,496 MUSICAL THEATER EDUCATION AND RELATED PROGRAMS
- 3) \$1,400,000 UNRESTRICTED
- 4) \$238,930 LIBRARY
- 5) \$71,000 OPERA HOUSE
- 6) \$50,000 INTERNSHIPS
- 7) \$25,000 NEW WORKS FUND

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 THAT ARE MATERIAL TO THE FINANCIAL STATEMENTS.

#### 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.

OMB No. 1545-0047

2019

Open to Public

Department of the Treasury ► Go to www.irs.gov/Form990 for instructions and the latest information. Inspection Internal Revenue Service Name of the organization Employer identification number GOODSPEED OPERA HOUSE FOUNDATION, INC. 13-1969314 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. 1 Mail solicitations Solicitation of non-government grants а Internet and email solicitations f Solicitation of government grants Phone solicitations Special fundraising events C g In-person solicitations d Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in organization contributions? col. (i) Yes No 1 2 3 6 8 9 10 Total List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

Schedule G (Form 990 or 990-EZ) 2019

Sche	dule	GOODSPE G (Form 990 or 990-EZ) 2019	EED OPERA HOUSE I	FOUNDATION, INC.	13	-1969314
Pa			aising event contribut	answered "Yes" on lions and gross incom	Form 990, Part IV, ne on Form 990-EZ	line 18, or reported
			(a) Event #1 GALA	<b>(b)</b> Event #2	(c) Other events	(d) Total events (add col. (a) through
4			(event type)	(event type)	(total number)	col. <b>(c)</b> )
Revenue	1	Gross receipts	153,484.			153,484.
ď	2	Less: Contributions	81,214.			81,214.
	•	line 2)	72,270.			72,270.
	4	Cash prizes				
	5	Noncash prizes				
sesu	6	Rent/facility costs				
<b>Direct Expenses</b>	7	Food and beverages	37,460.			37,460.
Direct	8	Entertainment				
	9	Other direct expenses	34,810.			34,810.
	10 11	Direct expense summary. Add line Net income summary. Subtract line	es 4 through 9 in colu ne 10 from line 3, colu	mn (d)		72,270.
Pa	rt I	<b>Gaming.</b> Complete if the org \$15,000 on Form 990-EZ, lin	anization answered "`	Yes" on Form 990,	Part IV, line 19, or	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))
Rev	1	Gross revenue				
Expenses	2	Cash prizes				
Expe	3	Noncash prizes				

Revenue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))			
Rev	1 Gross revenue							
ses	2 Cash prizes							
kben	3 Noncash prizes							
Direct Expenses	4 Rent/facility costs							
_	5 Other direct expenses							
	6 Volunteer labor	Yes % No	Yes% No	Yes% No				
	7 Direct expense summary. Add lin	es 2 through 5 in colu	mn (d)					
	8 Net gaming income summary. Su	btract line 7 from line	1, column (d)					
_								
10 a	)	g licenses revoked, susp			Yes No			

Sched	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:
	Nama N
	Name ▶
	Address ▶
15 a	Does the organization have a contract with a third party from whom the organization receives gaming
	revenue?
b	, , , , , , , , , , , , , , , , , , , ,
	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	
	retain the state gaming license?
b	
	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) 2019

### **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.

**Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

GOODSPEED OPERA HOUSE FOUNDATION, INC.

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

13-1969314

Employer identification number

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)			
	Discretionary sperium account Tersonal services (such as maid, chauncur, oner)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
	explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all			
	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
-	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a			
	related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	X Form 990 of other organizations 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	7.7	X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	Х	37
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only costion 504/c)/(2) 504/c)/(4) and 504/c)/(20) argonizations moved complete lines 5.0			
_	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.  For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
5	compensation contingent on the revenues of:			
2	The organization?	5a		Х
a b	Any related organization?	5b		X
b	If "Yes" on line 5a or 5b, describe in Part III.	30		
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any			
·	compensation contingent on the net earnings of:			
а	The organization?	6a		Х
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed			
-	payments 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			
	in Part III	8		Х
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2019

Schedule J (Form 990) 2019

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

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.

D. 6,443. (B)(i)-(D) in 6,443. (B)(i)-(D) 6,443. (B)(i)-(D) 630. (B)(i)-(D) 63			(B) Breakdown of W-2 and/	* W-2 and/or 1099-MIS	or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
PEPETR M. GENNARO (1) (1) (140.7924, 0) (1) (10.1001, 10.	(A) Name and Title	<u> </u>	(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
### Compact Name	PETER M. GENNARO	ε	313,924.	0	0		6,443.	338,367.	
Court Coordinate	EXECUTIVE DIRECTOR	€	0		0				
AMELITAM NATIONORMS (RETINED 15) (1) (1) (1) (1) (1) (1) (1) (1) (1) (1	DONNA COOPER HILTON	ε	140,795.	0	0	18,000	7,770.	166,565.	
MINITION INTICON (RECIFED 19) (A) (A) (A) (A) (A) (A) (A) (A) (A) (A	2 LINE PRODUCER	€	0		0				
(1)   (2)   (3)   (4)   (5)   (1)	WILLIAM NIVISON	ε	123,790.	0	0	19,000	630.	143,420.	
	3 FINANCE DIRECTOR (RETIRED 19)	€	0		0				
		ε							
	4	€							
		ε							
	2	€							
		ε							
	9	€							
		ε							
	7	€							
		ε							
	8	€							
		ε							
	6	(ii)							
		ε							
	10	(ii)							
		ε							
	11	<b>(E)</b>							
		ε							
	12	<b>(E)</b>							
		Ξ							
	13	€							
		ε							
	14	Œ							
		ε							
	15	Œ							
		Ξ							
	16	€							

Schedule J (Form 990) 2019

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Schedule J (Form 990) 2019

## 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.

PART I, LINE 4B:

QUESTION 4B:

DONNA COOPER HILTON (LINE PRODUCER) WAS AWARDED \$18,000 IN 2019 DEFERRED

COMPENSATION. PETER M. GENNARO (EXECUTIVE DIRECTOR) WAS AWARDED \$18,000

MAS IN 2019 DEFERRED COMPENSATION. WILLIAM NIVISON(FINANCE DIRECTOR)

AWARDED \$19,000 IN 2019 DEFERRED COMPENSATION.

THE ORGANIZATION CONTRIBUTES TO A PLAN THAT FOLLOWS THE IRS QUALIFIED

THRESHOLD UNDER EMPLOYER CONTRIBUTORY PLANS FOR HILTON AND GENNARO.

ALL AMOUNTS ARE SUBJECT TO SUBSTANTIAL RIGHT OF FORFEITURE AND

PROVISIONS.

### **SCHEDULE L**

**Transactions With Interested Persons** 

(Form 990 or 990-EZ) ► 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.

OMB No. 1545-0047

Open To Public

	nent of the Treasury Revenue Service	►Go to				າ 990 or Form instructions a		Z. a latest information	ı <b>.</b>			pen To specti		3
Name of	f the organization								Employer	identif	ication	numbe	r	
GOOD	SPEED OPERA HO	OUSE FOUNDA	TION, INC	С.					13-	1969	314			
Part I								501(c)(29) orga 25a or 25b, or F				line 4	0b.	
	(a) Name of discussifi		(b) Relation	nship	between	disqualified pers	on and	(5) [5]		-f t			(d	) Corrected
1	(a) Name of disqualifi	ea person	, ,		organiz			(c) L	escription	or trans	action		Υ	es No
(1)														
(2)														
(3)														
(4)													$\perp$	
(5)														_
(6)	Enter the amount o		<u> </u>											
3	under section 4958 Enter the amount of	tax, if any, on li	ne 2, above,	reim							* \$ _ * \$ _			
Part	Complete if th	or From Interest e organization a eported an amo	answered "Ye	es" oı				ine 38a or Form	990, Pari	t IV, lir	ne 26;	or if th	ne	
(a) N	lame of interested person	(b) Relationship with organization	(c) Purpose of loan	fro	an to or m the ization?	<b>(e)</b> Origin principal am		(f) Balance due	(g) In	default?	by bo	oproved pard or mittee?		ritten ment?
				То	From				Yes	No	Yes	No	Yes	No
_(1)												<u> </u>		
(2)												—		
(3)											<u> </u>	—		
(4)				-							<del>                                     </del>	┼		
(5)				-						┼	-	$\vdash$		-
(6) (7)										+	-	+-	-	
(8)										+	+	+		-
(9)										1	+	_		
(10)										+		_		
								\$						
Part		sistance Benefit e organization a	ting Interest	ed Pe	rsons.									
(a) N	lame of interested person		ip between intere		<b>c)</b> Amou	unt of assistance		(d) Type of assistance	e	(e)	Purpo	se of as	sistanc	e
(1)														
(2)														
(3)														
(4)														
(5)														
(6)														
(7)				-+										
(8)							1							

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

Schedule L (Form 990 or 990-EZ) 2019

(9) (10)

Schedule L (Form 990 or 990-EZ) 2019 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  ATTACHMENT 1	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	naring of ization's nues?
				Yes	No
(1)					
_(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 L (Form 990 or 990-EZ) 2019

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

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

(a) Name of interested person	(b) Relationship between interested person and the organization	(c) Amount of transaction	(d) Description of transaction	organi	aring of zation'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).

ATTACHMENT 1

### SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON ANIKA CHAPIN

(B) RELATIONSHIP DAUGHTER OF TRUSTEE THEODORE CHAPIN

(C) AMOUNT 63,810. (D) DESCRIPTION OF TRANSACTION EMPLOYEE SERVICES (E) SHARING ORGANIZATION REVENUE? YES X NO

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

### **Noncash Contributions**

OMB No. 1545-0047

Open to Public Inspection

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.

GOODSPEED OPERA HOUSE FOUNDATION, INC.

13-1969314

Employer identification number

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							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded		5.	20,352.	FAIR MARK	ET Y	VALU!	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		1.0	10.001				
25	Other ►( MATERIALS )	X	46.	13,201.	FAIR MARK			
26	Other $\blacktriangleright$ ( AIRLINE TICKET )	X	1.	14,000.	FAIR MARK	ŒT'	VALU.	ഥ
27	Other ►()							
28	Other ►(							
29	Number of Forms 8283 received							
	which the organization completed I	Form 8283,	Part IV, Donee Acknowledg	ement	29			
	<b>5</b>				4.0		Yes	NO
30a	During the year, did the organizat			•	•			
	28, that it must hold for at least the					20-		Х
	to be used for exempt purposes for		olding period?			30a		
	If "Yes," describe the arrangement i		haman mallan dist or	a tha mardani of				
31	Does the organization have a					24		Х
	contributions?					31		^
32a	Does the organization hire or use	-		•		20-		v
	contributions?					32a		X
	If "Yes," describe in Part II.		alone (a) fan a tau a st	manda da manda la la calance de la constante d	Via alaa daa d			
33	If the organization didn't report an describe in Part II.	amount in c	column (c) for a type of pro	perty for which column (a)	is checked,			

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

Schedule M (Form 990) 2019

Schedule M (Form 990) (2019) Page **2** 

Part II Supplem

**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.

Schedule M (Form 990) (2019)

### 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

2019

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

GOODSPEED OPERA HOUSE FOUNDATION, INC.

13-1969314

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

THE MISSION OF GOODSPEED OPERA HOUSE FOUNDATION, INC. IS TO PRESERVE AND PRESENT MUSICAL THEATRE OF THE HIGHEST QUALITY. BY PRODUCING FROM THE REPERTOIRE AND DEVELOPING NEW WORKS, GOODSPEED ACTS AS A MAJOR RESOURCE FOR THE MUSICAL, AN ART FORM INDIGENOUS TO THIS COUNTRY. TO FULFILL THIS MISSION GOODSPEED:1) PRODUCES SIGNIFICANT AND VALUE WORKS IN THE HISTORY OF THE MUSICAL THEATRE 2) INTRODUCES NEW MUSICAL THEATRE WORKS

3) ENCOURANGES AND DEVELOPS THE TALENTS OF NEW COMPOSERS, LYRICISTS AND LIBRETTISTS 4) ENLISTS AND NURTURES THE TALENTS OF ARTISTS, TECHNICIANS, AND ADMINISTRATORS OF HIGH QUALITY 5) PRESERVES THE GOODSPEED OPERA HOUSE AS A NATIONAL HISTORICAL LANDMARK.

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

DRAFT OF FORM 990 IS SENT TO THE FULL BOARD OF TRUSTEES AND KEY EMPLOYESS (FOR REVIEW AND APPROVAL).

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

BOARD MEMBERS AND KEY EMPLOYEES ARE REQUESTED TO COMPLETE ANNUAL CERTIFICATIONS TO REPRESENT ADHERENCE TO THE CONFLICT OF INTEREST POLICY.

FORM 990, PART VI, SECTION B, LINE 15:

COMPENSATION OF KEY EMPLOYEES AND/OR OFFICERS IS APPROVED BY THE BOARD BASED ON INDUSTRY STANDARD.

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Name of the organization

GOODSPEED OPERA HOUSE FOUNDATION, INC.

Employer identification number

13-1969314

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

FORM 990 IS AVAILABLE ON GUIDESTAR.ORG AND THE NEW YORK STATE CHARITIES BUREAU WEBSITE, ALL OTHERS UPON REQUEST.

FROM 990, PART XII, LINE 2C:

THE AUDIT COMMITTEE ASSUMES RESPONSIBILITY FOR THE OVERSIGHT OF THE AUDIT.

ATTACHMENT 1

### FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

GOODSPEED OPERA HOUSE FOUNDATION, INC. WAS FORMED IN 1959 TO RESTORE
THE 19TH CENTURY GOODSPEED OPERA HOUSE AND REACTIVATE IT AS A
PROFESSIONAL THEATRE IN 1963. UNDER THE DIRECTION OF MICHAEL P. PRICE
SINCE 1968 AND MICHAEL GENNARO SINCE 2016, GOODSPEED HAS ACHIEVED
INTERNATIONAL ACCLAIM AS THE HOME OF MUSICAL THEATRE. DEDICATED TO
THE PRESERVATION AND ADVANCEMENT OF MUSICAL THEATRE AND THE
DEVELOPMENT OF NEW WORKS TO ADD TO THE REPERTOIRE, GOODSPEED
PIONEERED THE PRACTICE OF RETHINKING, RESTORING, AND REVITALIZING
AMERICA'S MUSICAL THEATRE HERITAGE.

ATTACHMENT 2

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

DURING 2019 THE GOODSPEED OPERA HOUSE FOUNDATION, INC CONTINUED TO FULFILL ITS MISSION STATEMENT TO BE DEDICATED TO THE HERITAGE OF MUSICAL THEATER BY THE PRODUCTION OF THREE SHOWS ON ITS MAIN STAGE, "THE MUSIC MAN", "BECAUSE OF WINN DIXIE" AND "BILLY ELLIOT". ATTENDANCE AT THE OPERA HOUSE FOR 2019 WAS 75,368 PATRONS

Schedule O (Form 990 or 990-EZ) 2019 Page **2** 

Name of the organization

GOODSPEED OPERA HOUSE FOUNDATION, INC.

Employer identification number

13-1969314

ATTACHMENT 2 (CONT'D)

AT 257 PERFORMANCES.

ALSO PART OF THE GOODSPEED MISSION IS THE DEVELOPMENT OF NEW WORKS
TO ADD TO THE REPERTOIRE BY SUCH PROJECTS AS, FESTIVAL OF NEW
MUSICALS, AND THE NEW YORK UNIVERSITY COLLABORATIVE. THESE ARE
HELD IN JANUARY OF EACH YEAR. ALSO IN 2019 WAS THE WRITERS COLONY
WHERE 50 WRITERS WERE IN RESIDENCE FOR 4 WEEKS TO WORK ON NEW
MUSICALS.

ALSO DURING 2019 SEVERAL EDUCATION PROGRAMS WERE HELD. THEY INCLUDED, SCENIC PAINTING INTENSIVE-INTRO, MUSIC DIRECTION INTENSIVE, KIDS COMPANY ACADEMY AND MOVERS BOOT CAMP AND OBSERVERSHIP PROGRAM. THESE BROUGHT STUDENTS FROM AROUND THE WORLD TO LEARN ABOUT MUSICAL THEATER.

DURING 2019 THE TERRIS THEATER IN CHESTER CT PRESENTED THREE SHOWS, "HI, MY NAME IS BEN", "PASSING THROUGH" AND "A CONNECTICUT CHRISTMAS CAROL". ATTENDANCE AT THE TERRIS THEATRE WAS 10,597 PATRONS AT 97 PERFORMANCES.

TOTAL ATTENDANCE FOR 2019 WAS 85,965 PATRONS AT 354 PERFORMANCES.

ATTACHMENT 3

Schedule O (Form 990 or 990-EZ) 2019 Page 2

Name of the organization Employer identification number GOODSPEED OPERA HOUSE FOUNDATION, INC. 13-1969314 ATTACHMENT 3 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION CAPACITY INTERACTIVE INC. DIGITAL ADVERTISING 125,500. 1239 BROADWAY STE 1103 NEW YORK, NY 10001 CENTERBROOK ARCHITECTS AND PLANNERS LLC ARCHITECTS 340,000. 67 MAIN ST., PO BOX 955 CENTERBROOK, CT 06409-0955 RACINE COMPANY PRINTING SERVICE 103,468. 19 S MAIN ST DANIELSON, CT 06239

### SCHEDULE R (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Part I

► Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Related Organizations and Unrelated Partnerships

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	1 444
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n 99(	
Forr	7
Attach to Form 9	
Atta	4000
<b>A</b>	
	"
	,

OMB No. 1545-0047

2019Employer identification number Inspection

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

13-1969314

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. GOODSPEED OPERA HOUSE FOUNDATION, INC.

	<b>(a)</b> Name, address, and EIN (if applicable) of disregarded entity	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	( <b>d)</b> Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)						
(2)						
(9)						
Part II	Identification of Related Tax-Exempt Organizations. Complete if the one or more related tax-exempt organizations during the tax year.	. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had the tax year.	rered "Yes" on Fo	rm 990, Part IV,	line 34, because	it had

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	12(b)(13) billed y?
						Yes	No
(1)							
(2)							
(3)							
(4)							
(5)							
(9)							
(2)							
For Paperwork Reduction Act Notice, see the Instructions for Form 990.	.06				Schedule R (Form 990) 2019	(Form 99	0) 2019

JSA

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Schedule R (Form 990) 2019

Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year. Part III

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	(h) Disproportionale allocations?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage ownership	
		(600000)					Yes No		Yes No	6	
(1)											
(2)											
(3)											
(4)											
(5)											
(9)											
(7)											
											- 1
Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV,	ated Organization	s Taxable	as a Corporati	ion or Trust. Compl	ete if the organ	ization answer	ed "Yes	" on Form 990,	Part I	۷,	

line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

<b>(a)</b> Name, address, and EIN of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) (h) Share of Sercion Section Section (i) Share of Percentage \$512(b)(13) end-of-year assets ownership controlled entity?	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?
								Yes No
(1) GOODSPEED RESTAURANT, INC. 06-1390375								
P.O. BOX A EAST HADDAM, CT 06423-0281	RESTAURANT & INN	CI	GOODSPEED OPERA C CORP	C CORP	100,000.	130,935.	100.0000	
(2)								
(3)								
(4)								
(5)								
(9)								
(7)								
						Schedule R (Form 990) 2019	۶ (Form 99	0) 2019

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PAGE 53

# Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Part V

ž	<b>Note:</b> Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.			۶	Yes No
_	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?	lated organizations list	ed in Parts II-IV?		
Ø				_	⟨  :
q	Gift, grant, or capital contribution to related organization(s)			1p	×
ပ	Gift, grant, or capital contribution from related organization(s)			10	$\times$
7				79	×
•					>
Φ	Loans or loan guarantees by related organization(s)			16 	<
-	Dividends from related organization(s)			1t	
٥				19	×
ב ה				4	×
				:	×
	Excitating of facilities equipment or other accept to related organization(s)			-	×
-	rease of lacilities, equipment, of ourel assets to lelated organization(s).			-	
۷	lease of facilities equipment or other assets from related organization(s)			4	×
•				:	>
_				= <del>\</del> \	< >
Ε	I Performance of services or membership or fundraising solicitations by related organization(s)			E	4
_	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				×
0				10	×
a	Reimbursement paid to related organization(s) for expenses			1p	×
ь	Reimbursement paid by related organization(s) for expenses			19	×
					;
_	Other transfer of cash or property to related organization(s)				×
S	Other transfer of cash or property from related organization(s)				$\times$
7	If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds	is line, including cover	red relationships and transa	action thresholds.	
	(a) Name of related organization	(b) Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved	ining ed
Ξ	THEATRE AND RESTAURANT SHARE CERTAIN STAFF	0	65,115.	FAIR MARKET	r val
6	THEATRE RECEIVES A MONTHLY RENTAL FEE	K	100,000.	FAIR MARKET	T VAL
(3)	ORGANIZATION LEASES THE RESTAURANT A BUILDING	Ь	100,000.	FAIR MARKET	r val
4					
(2)					
(9)					
JSA			Sch	Schedule R (Form 990) 2019	0) 2019
9E13	9E1309 1.000 3430LU L44A 11/2/2020 10:08:35 PM V 19-7.5F			PAGE 54	

Schedule R (Form 990) 2019

Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant Fincome (related, unrelated, excluded from tax under tax	(e) Are all partners section 501(c)(3) organizations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?	Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?	(k) Percentage g ownership
			sections 512-514)	Yes No			Yes No		Yes No	0
(1)										
(2)										
(3)										
(4)										
(5)										
(9)										
(7)										
(8)										
(6)										
(10)										
(11)										
(12)										
(13)										
(14)										
(15)										
(16)										
							-	Sch	edule R (F	Schedule R (Form 990) 2019

Schedule R (Form 990) 2019

Schedule R (Form 990) 2019 Page **5** 

### Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

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

NAME OF RELATED ORGANIZATION:

GOODSPEED RESTAURANT, INC

DIRECT CONTORLLING ENTITY: GOODSPEED OPERA HOUSE FOUNDATION, INC

PART V, TRANSACTIONS WITH RELATED ORGANIZATIONS

NAME OF RELATED ORGANIZATIONS:

- 1) THEATRE AND RESTAURANT SHARE CERTAIN STAFF FOR ADMINISTRATIVE PURPOSES
- 2) THEATRE RECEIVES A MONTHLY RENTAL FEE FOR THE USE OF A BUILDING/PROPERTY
- 3) THE ORGANIZATION LEASES THE RESTAURANT A BUILDING/PROPERTY

Form **990-T** 

### Exempt Organization Business Income Tax Return

(and proxy tax under section 6033(e))

OMB No. 1545-0047

01/01, 2019, and ending 12/31, 2019 For calendar year 2019 or other tax year beginning ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Internal Revenue Service ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3) D Employer identification number Check box if Check box if name changed and see instructions.) Name of organization ( (Employees' trust, see instructions.) address changed GOODSPEED OPERA HOUSE FOUNDATION, INC. **B** Exempt under section **Print** 13-1969314 X | 501( C )( 3 ) Number, street, and room or suite no. If a P.O. box, see instructions. E Unrelated business activity code 408(e) 220(e) Type (See instructions.) P.O. BOX A 408A 530(a) City or town, state or province, country, and ZIP or foreign postal code 529(a) C Book value of all assets EAST HADDAM, CT 06423-0281 310000 at end of year Group exemption number (See instructions.) 32,057,781. Check organization type 

| X | 501(c) corporation 501(c) trust 401(a) trust Other trust **H** Enter the number of the organization's unrelated trades or businesses.  $\triangleright$  1 Describe the only (or first) unrelated trade or business here ▶RENTAL OF WARDROBE INVENTORY If only one, complete Parts I-V. If more than one, describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. Yes X No During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? If "Yes." enter the name and identifying number of the parent corporation. The books are in care of ▶PETER M. GENNARO Telephone number ► 860-873-8664 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net Gross receipts or sales Less returns and allowances 1c b Cost of goods sold (Schedule A, line 7)...... 3 3 Capital gain net income (attach Schedule D) 4a 4a Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797). . b 4b 4c С 5 Income (loss) from a partnership or an S corporation (attach statement) 5 6 6 7 Unrelated debt-financed income (Schedule E) 8 8 Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 9 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 10 Exploited exempt activity income (Schedule I) . . . . . . . 10 Advertising income (Schedule J) . . . . . . . . . . . . . . . . 11 163,916. АТСН 163,916. Other income (See instructions; attach schedule) . . . . . 12 12 163,916. 163,916. Total. Combine lines 3 through 12..... Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions.) (Deductions must be directly connected with the unrelated business income.) 14 Compensation of officers, directors, and trustees (Schedule K). 176,322. 15 15 16 Repairs and maintenance 17 17 18 18 28,052. 19 19 20 Less depreciation claimed on Schedule A and elsewhere on return . . . . 27,542. 21 21b 22 22 23 23 39,243. 24 24 25 Excess exempt expenses (Schedule I) Excess readership costs (Schedule J) 26 26 57,743. 27 328,902. Total deductions. Add lines 14 through 27 28 28 -164,986. 29 Unrelated business taxable income before net operating loss deduction. Subtract line 28 from line 13 30 Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions) . . . 30 -164,986. Unrelated business taxable income. Subtract line 30 from line 29.

For Paperwork Reduction Act Notice, see instructions.

Pai	t III Total Unrelated Business Taxable Income		
32	Total of unrelated business taxable income computed from all unrelated trades or businesses (see		
	instructions)	32	-164,986.
33	Amounts paid for disallowed fringes	33	
34	Charitable contributions (see instructions for limitation rules)	34	
35	Total unrelated business taxable income before pre-2018 NOLs and specific deduction. Subtract line		
00	34 from the sum of lines 32 and 33	35	-164,986.
26	Deduction for net operating loss arising in tax years beginning before January 1, 2018 (see	33	101,300.
36		00	
	instructions)	36	-164,986.
37	Total of unrelated business taxable income before specific deduction. Subtract line 36 from line 35	37	
38	Specific deduction (Generally \$1,000, but see line 38 instructions for exceptions)	38	1,000.
39	Unrelated business taxable income. Subtract line 38 from line 37. If line 38 is greater than line 37,		
	enter the smaller of zero or line 37	39	-164,986.
Pai	t IV Tax Computation		
40	Organizations Taxable as Corporations. Multiply line 39 by 21% (0.21)	40	
41	Trusts Taxable at Trust Rates. See instructions for tax computation. Income tax on		
	the amount on line 39 from: Tax rate schedule or Schedule D (Form 1041)	41	
42	Proxy tax. See instructions	42	
43	Alternative minimum tax (trusts only).	43	
44	Tax on Noncompliant Facility Income. See instructions		
		$\overline{}$	
45	Total. Add lines 42, 43, and 44 to line 40 or 41, whichever applies	45	
	t V Tax and Payments		
	Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116) 46a	-	
	Other credits (see instructions)		
	General business credit. Attach Form 3800 (see instructions)		
d	Credit for prior year minimum tax (attach Form 8801 or 8827)		
е	Total credits. Add lines 46a through 46d	46e	
47	Subtract line 46e from line 45	47	
48	Other taxes. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 Other (attach schedule)	48	
49	Total tax. Add lines 47 and 48 (see instructions)	49	0.
50	2019 net 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 3	50	
	Payments: A 2018 overpayment credited to 2019		
	2019 estimated tax payments		
	Tax deposited with Form 8868		
	, , , , , , , , , , , , , , , , , , , ,	-	
	Backup withholding (see instructions)	-	
	Credit for small employer health insurance premiums (attach Form 8941)   51f	-	
g	Other credits, adjustments, and payments: Form 2439		
	Form 4136 Other Total ▶ <b>51g</b>		
52	Total payments. Add lines 51a through 51g	52	
53	Estimated tax penalty (see instructions). Check if Form 2220 is attached	53	
54	Tax due. If line 52 is less than the total of lines 49, 50, and 53, enter amount owed	54	
55	Overpayment. If line 52 is larger than the total of lines 49, 50, and 53, enter amount overpaid	55	
56	Enter the amount of line 55 you want: Credited to 2020 estimated tax	56	
Par	t VI Statements Regarding Certain Activities and Other Information (see instruction	s)	
57	At any time during the 2019 calendar year, did the organization have an interest in or a signature or		ority Yes No
	over a financial account (bank, securities, or other) in a foreign country? If "Yes," the organization m		
	FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the	•	
		Toreign coo	X
	here •		
58	During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a fore	ign trust? .	X
	If "Yes," see instructions for other forms the organization may have to file.		
59	Enter the amount of tax-exempt interest received or accrued during the tax year ▶ \$		
	Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the I true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.	pest of my kno	wledge and belief, it is
Sig	Docusiagned by:	av the IRS o	liscuss this return
Her	e   Peter M. Gennaro   peter M. Gemiro   11/02/2020 Pexecutive director   wi		arer shown below
	Signature of officer Date Title (se	e instructions)?	Yes No
	Print/Type preparer's name Preparer's signature Date Chec	k if F	TIN
Paic	KAREN A KOWGIOS CPA 11/02/2020 self-		201461372
	Darer Firm's name WITHUMSMITH+BROWN PC		-2027092
Hea	Univ	ono 212-7	

Form 990-T (2019)									Page 3
Schedule A - Cost of C	Goods Sold. E	nter metho	d of invent	ory valuation	<b>&gt;</b>				
1 Inventory at beginning of						ar	6		
2 Purchases						ld. Subtract line			
3 Cost of labor				6 from li	ne 5. Enter	here and in Part			
4a Additional section 263A				I, line 2			7		
(attach schedule)	4a					section 263A (w	$\overline{}$	to Yes	No
<b>b</b> Other costs (attach sched						or acquired for	•		
5 Total. Add lines 1 throug	/ · <del>                                    </del>					<u> </u>			
Schedule C - Rent Incon		Property a	nd Perso	nal Property	Leased V	Vith Real Proper	ty)		
(see instructions)	•					•	•		
1. Description of property									
(1)									
(2)									
(3)									
(4)									
( )	2. Rent rece	ived or accru	ed						
(a) France in a second large cuts. (if the					. /:f th	2(a) Dadwatiana di		ممان ممان ماند	
(a) From personal property (if the for personal property is more				I personal property or personal property		3(a) Deductions di in columns 2(	a) and 2(b) (atta		
more than 50%	%)	50% o	r if the rent is	s based on profit o	income)	,	, , , ,	•	
(1)									
(2)									
(3)									
(4)		Tatal							
Total		Total				(b) Total deductio			
(c) Total income. Add totals of here and on page 1, Part I, line						Enter here and on Part I, line 6, colur			
Schedule E - Unrelated I			oo instruct	ions)		Fart I, lille 0, colui	Ш (Б)		
Schedule L - Officiated i	Debt-i ilialiceu	ilicollie (S		,	3. [	Deductions directly cor	nected with or a	allocable to	
1 Description of d	ebt-financed property			income from or to debt-financed		debt-financ			
The Boson place of a	oze mianosa proporty		1	roperty		ht line depreciation ich schedule)		r deductions schedule)	
(1)					(alla	ich schedule)	(attacii	scriedule)	
(1)									
(2)									
(3)									
4. Amount of average	5. Average adj	usted basis							
<ol> <li>Amount of average acquisition debt on or</li> </ol>	of or alloc			Column	7. Gross	income reportable		le deductions	
allocable to debt-financed	debt-finance			divided column 5		n 2 x column 6)	(column 6 x	total of colun and 3(b))	nns
property (attach schedule)	(attach sch	neaule)	-,				0(4)		
(1)				%					
(2)				%					
(3)				%					
(4)				%					
						re and on page 1, ne 7, column (A).	Enter here	and on page 7, column (l	
					1 (1), 111	10 7, 30idilili (A).	i aiti, iiile	,	<i>D</i> ).
Totals									
Total dividends-received dedu	ctions included in o	column 8				▶			

Schedule F – Interest, Ann	uities, Royaities			ntrolled Org			ions (se	e instructi	ons)		
Name of controlled organization	2. Employer identification number			ated income nstructions)		of specified ents made	included	f column 4 th in the contro ion's gross in	olling	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organiz	zations										
7. Taxable Income	8. Net unrelated in (loss) (see instruct	<b>I</b>		Total of specification ayments made		includ	rt of column ed in the co ation's gros	ntrolling		Deductions directly nnected with income in column 10	
(1)											
(2)											
(3)											
(4)							columns 5 a			dd columns 6 and 11.	
Totals		 tion 501(	c)(7),			Part I	here and on , line 8, colui	mn (A).		ter here and on page 1, art I, line 8, column (B).	
1. Description of income	2. Amount of	income		3. Deduction directly corticated attach sch	nected			t-asides schedule)		5. Total deductions and set-asides (col. 3 plus col. 4)	
(1)											
(2)											
(3)											
(4) Totals ▶	Enter here and o Part I, line 9, co									Enter here and on page 1 Part I, line 9, column (B).	
Schedule I – Exploited Exe	empt Activity Inc	come, Oth	ner Th	an Adverti	ising In	ncome (s	see instru	ctions)			
1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expen directl connected productio unrelate business in	ly I with on of ed	4. Net incon from unrelat or business 2 minus col If a gain, co cols. 5 thro	ted tradé (column lumn 3). ompute	from ac is not ι	s income tivity that inrelated s income	<b>6.</b> Expe attributa colum	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).	
(1)											
(2)											
(3)											
(4)											
Totals ▶	Enter here and on page 1, Part I, line 10, col. (A).	Enter here a page 1, P line 10, co	art I,					Enter here and on page 1, Part II, line 25.			
Schedule J-Advertising Ir	come (see instru	uctions)									
Part I Income From Per			onsol	idated Bas	sis						
1. Name of periodical	2. Gross advertising income	3. Dire advertising	ct	4. Advert gain or (los 2 minus co a gain, col cols. 5 thro	tising ss) (col. ol. 3). If mpute	1	culation ome	6. Reade		7. Excess readership costs (column 6 minus column 5, but not more than column 4).	
(1)	+										
(2)	+							-			
(3)	+										
(4)	+										
\'/	+										
Totals (carry to Part II, line (5))											

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I ▶						
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 26.
Totals, Part II (lines 1-5) ▶						

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

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

ATTACHMENT 1

PART I - LINE 12 - OTHER INCOME WARDROBE RENTAL

163,916.

PART I - LINE 12 - OTHER INCOME

163,916.

57,743.

### ATTACHMENT 2

### FORM 990T - PART II - LINE 27 - TOTAL OTHER DEDUCTIONS

MATERIALS	10,846.
MAINTENANCE AND RENTALS	6 <b>,</b> 435.
ACQUISITION AND OTHER EXPENSES	22 <b>,</b> 607.
TRAVEL	187.
TELEPHONE	729.
OFFICE SUPPLIES, POSTAGE AND CONFERENCE COSTS	5 <b>,</b> 467.
PERFORMANCE RIGHTS	6 <b>,</b> 057.
AUDIT FEES	4,051.
COMPUTERS	1,239.
AUTO EXPENSES	125.