

September 2, 2021

GOODSPEED OPERA HOUSE FOUNDATION, INC. P.O. BOX A EAST HADDAM, CT 06423-0281

Dear Client,

Enclosed are the following income tax returns prepared on behalf of GOODSPEED OPERA HOUSE FOUNDATION, INC. for the year ended December 31, 2020.

2020 990-T - Exempt Organization Business Income Tax Return

2020 990 - Return of Organization Exempt from Income Tax

2020 8453-EO - Exempt Organization Declaration/Signature for E-filing

2020 8879-EO - IRS E-file Signature Authorization Form

2020 Schedule A - Public Charity Status and Public Support

2020 Schedule B - Schedule of Contributors

2020 Schedule C - Political Campaign and Lobbying Activities

2020 Schedule D - Supplemental Financial Statements

2020 Schedule G - Supplemental Info. Regarding Fundraising/Gaming

2020 Schedule J - Compensation Information

2020 Schedule L - Transactions with Interested Persons

2020 Schedule M - Noncash Contributions

2020 Schedule O - Supplemental Information to Form 990 or 990EZ

2020 Schedule R - Related Organizations and Unrelated Partnerships

2020 Connecticut Unrelated Business Income Tax Return

2020 New York State Annual Filing for Charitable Organizations

The original of each of the above mentioned returns should be dated and signed in accordance with the following instructions included with the copy of the return. This copy is for your use and should be retained for your files.

These return(s) were prepared from information provided by you or your representative. The preparation of tax returns does not include the independent verification of information used. Therefore, we recommend you review the return(s) before signing to ensure there are no omissions or misstatements. If you note anything which may require a change to the return(s), please contact us before filing them.

We appreciate this opportunity to serve you. Please contact us if you have any questions or if we may be of further assistance.

Sincerely,

WITHUMSMITH+BROWN, PC

Enclosures

Electronic Return Acknowledgement

Tax Year: 2020 Return No: 3430LU

Taxpayer: GOODSPEED OPERA HOUSE FOUNDATION, INC.

: 13-1969314

: 22006220212425000101 Return Identification Number

: 990 Return Type

: FEDERAL RETURN Filing Type Description

: 01/01/2020 Tax Period Beg. Date

Tax Period End Date : 12/31/2020

Contained Alerts : N

: 08/30/2021 IRS Received Date

Completed Validation : Y

Electronic Postmark : 8/30/2021 2:03:00 PM

: ACCEPTED Return Status

IRS Processed Date : 8/30/2021 2:03:00 PM

Balance Due

Expected Refund

: N Payment Indicator

PIN Code

Debt Code

Embedded CRC32

Computed CRC32

: (Y/N) INDICATES WHETHER THE SUBMISSION CONTAINS ANY ALERTS FROM IRS (INTERNAL REVENUE SERVICE). CONTAINED ALERTS

COMPLETED VALIDATION: (Y/N) INDICATES WHETHER THE SUBMISSION WENT THROUGH ALL POSSIBLE VALIDATION PROCESSING FROM IRS.

EMBEDDED CRC32 : "HASH" OR "CHECK SUM" WHICH COUNTS EACH BYTE OF ELECTRONIC TAX RETURN DATA GENERATED BY TTA AND INCLUDES

THIS TOTAL IN THE TRANSMISSION FILE SENT TO IRS BY TTA.

COMPUTED CRC32 : "HASH" OR "CHECK SUM" WHICH COUNTS EACH BYTE OF ELECTRONIC TAX RETURN DATA RECEIVED BY IRS AND INCLUDES

THIS IN THE ACKNOWLEDGEMENT FILE SENT BY IRS TO TTA.

ELECTRONIC POSTMARK: IS THE DATE AND TIME (CENTRAL TIME ZONE) THE ELECTRONIC FILE IS RECEIVED AT OUR HOST COMPUTERS.

Return of Organization Exempt From Income Tax

Department of the Treasury Internal Revenue Service

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.

| 2020 |
|----------------|
| Open to Public |
| Inspection |

OMB No. 1545-0047

| A F | or th | e 2020 | calendar year, or tax year beginning , 2020, | and ending | | , 20 |
|--------------------------------|-----------------|---------------|--|------------------|---|--|
| _ | | | C Name of organization | | D Employer ider | ntification number |
| В | heck if a | pplicable: | GOODSPEED OPERA HOUSE FOUNDATION, INC. | | 13-1969 | 9314 |
| | Addre | | Doing business as | | | |
| | 7 | e change | Number and street (or P.O. box if mail is not delivered to street address) | Room/suite | E Telephone nur | mber |
| | + | l return | P.O. BOX A | | (860) 87 | 3-8664 |
| | Final | return/ | City or town, state or province, country, and ZIP or foreign postal code | | | |
| | termi Amer | nated nded | EAST HADDAM, CT 06423-0281 | | G Gross receipts | \$ 10,968,904. |
| | returi Appli | n cation | F Name and address of principal officer: DAVID B. BYRD | | H(a) Is this a grou | |
| | _ pend | ing | P.O. BOX A, EAST HADDAM, CT 06423-0281 | | subordinates' H(b) Are all subordi | ? |
| _ | Toy ov | empt st | | 507 | `` | tach a list. See instructions |
| <u> </u> | | | atus: $X = 501(c)(3) = 501(c)(0)$ (insert no.) $4947(a)(1) = 5000$ WWW . GOODSPEED . ORG | or 527 | | |
| _ | | | | 1 | H(c) Group exemp | · · · · · · · · · · · · · · · · · · · |
| | | | nization: X Corporation Trust Association Other | L Year of fo | ormation: 1959 M S | State of legal domicile: CT |
| 12 | art I | | ımmary | SSECTION OF | GOOD GDEED M | HOTONIO TO TO |
| | 1 | | / describe the organization's mission or most significant activities: THE MI | | | USICALS IS TO |
| Governance | | | THE LEADER IN PRESERVING AND PRODUCING MUSICAL | | | |
| .ua | | | HEST QUALITY BY RETHINKING, RESTORING, AND PRO | | | |
| Ş. | 2 | | this box 🕨 🔛 if the organization discontinued its operations or dispose | | | 1 1 |
| | 3 | | er of voting members of the governing body (Part VI, line 1a) | | | 3 28. |
| တ္ | 4 | | er of independent voting members of the governing body (Part VI, line 1b) . | | | 4 26. |
| Activities & | 5 | Total | number of individuals employed in calendar year 2020 (Part V, line 2a) | | | 5 225. |
| 댫 | 6 | Total | number of volunteers (estimate if necessary) | | | 6 15. |
| ď | 7a | Total | unrelated business revenue from Part VIII, column (C), line 12 | | | 7a 29,764. |
| | b | Net u | nrelated business taxable income from Form 990-T, Part I, line 11 | | | 7b −251,657. |
| | | | | | Prior Year | Current Year |
| Ф | 8 | Contri | ibutions and grants (Part VIII, line 1h) | | 2,626,27 | 9. 3,526,397. |
| ž. | 9 | | am service revenue (Part VIII, line 2g) | | 7,155,01 | 4. 217,125. |
| Revenue | 10 | | tment income (Part VIII, column (A), lines 3, 4, and 7d) | | 972,99 | 9. 1,805,228. |
| œ | 11 | | revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | | 407,00 | 6. 186,035. |
| | 12 | | revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 11,161,29 | 8. 5,734,785. |
| | 13 | | s and similar amounts paid (Part IX, column (A), lines 1-3) | | | 0. 0. |
| | 14 | | its paid to or for members (Part IX, column (A), line 4) | | | 0. 0. |
| S | 15 | | es, other compensation, employee benefits (Part IX, column (A), lines 5-10) | | 8,085,44 | 3. 3,409,274. |
| Expenses | 16 a | | ssional fundraising fees (Part IX, column (A), line 11e) | | | 0. 0. |
| -be | l | | fundraising expenses (Part IX, column (D), line 25) 721,607. | | | |
| ũ | l | | expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 4,690,17 | 3. 2,703,730. |
| | | | expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) | | 12,775,61 | 6. 6,113,004. |
| | 19 | | nue less expenses. Subtract line 18 from line 12 | | -1,614,31 | 8378,219. |
| or | | | | В | Beginning of Current Y | |
| Net Assets or Fund Balances | 20 | Total | assets (Part X, line 16) | | 32,057,78 | |
| Ass Bal | 21 | | liabilities (Part X, line 26) | | 4,371,95 | |
| E e | 22 | | ssets or fund balances. Subtract line 21 from line 20. | | 27,685,82 | |
| | rt II | | gnature Block | | | |
| | | | of perjury, I declare that I have examined this return, including accompanying schedu | les and statemer | nts, and to the best of | my knowledge and belief, it is |
| | | | Docusigned by: er (other than officer) is based on all information of which | | | |
| | | | David Buch | | 08/2 | 6/2021 |
| Sig | n | 5 | Signati VIII Signati | | Date | -, -, -, -, -, -, -, -, -, -, -, -, -, - |
| He | re | | DAVID B. BYRD MANAGIN | G DIRECT | OR | |
| | | _ | Type or print name and title | | | |
| _ | | | Type preparer's name | Date | Chest | if PTIN |
| Paid | ı | | HERINE BENDALL CPA (alfenie E. Bendal | 08/26/2 | Check 2021 self-employe | " |
| Pre | oarer | _ | HERLINE BENDALL CIA CONCOLA | 1 00/20/2 | | 2-2027092 |
| Use | Only | | s address >1411 BROADWAY 9TH FLOOR NEW YORK, NY 10 | 018 | | 12-751-9100 |
| 140 | , the | | | | | |
| _ | | | iscuss this return with the preparer shown above? (see instructions) | | | |
| ror | rape | IWOLK | Reduction Act Notice, see the separate instructions. | | | Form 990 (2020) |

GOODSPEED OPERA HOUSE FOUNDATION, INC. 13-1969314 Form 990 (2020) Page 2 Part III **Statement of Program Service Accomplishments** Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: ATTACHMENT 1 2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. 3 Did the organization cease conducting, or make significant changes in how it conducts, any program If "Yes," describe these changes on Schedule O. 4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 4a (Code:) (Expenses \$ 4,552,858. including grants of \$ 217,125.) ATTACHMENT 4b (Code:) (Expenses \$ including grants of \$) (Revenue \$ MISCELLANEOUS REVENUE EARNED BY THE ORGANIZATION FOR ACTIVITIES RELATED TO THE ORGANIZATION'S EXEMPT PURPOSE.) (Revenue \$ **4c** (Code: including grants of \$

) (Revenue \$

4d Other program services (Describe on Schedule O.)

(Expenses \$ including grants of \$

Total program service expenses ▶ 4,552,858.

4e Total program service expenses ► 4,

JSA
0E1020 1.000

1.000

1.000

1.000

Form 990 (2020)
Page 3

| Рa | t IV Checklist of Required Schedules | | V | NI- |
|-----|---|-----|-----|-----|
| 4 | le the expenization described in section E01(a)(2) or 4047(a)(1) (ather then a private foundation)? If "Vec" | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | х | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors See instructions? | 2 | X | |
| 3 | Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to | _ | | |
| | candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | Х |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) | | | |
| | election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | X | |
| 5 | Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, | | | |
| | assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III | 5 | | X |
| 6 | Did the organization maintain any donor advised funds or any similar funds or accounts for which donors | | | |
| | have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If | | | 37 |
| _ | "Yes," complete Schedule D, Part I. | 6 | | X |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, | _ | | Х |
| 8 | the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | |
| 0 | complete Schedule D, Part III | 8 | | Х |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a | ۰ | | |
| • | custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or | | | |
| | debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | Х |
| 10 | Did the organization, directly or through a related organization, hold assets in donor-restricted endowments | | | |
| | or in quasi endowments? If "Yes," complete Schedule D, Part V | 10 | Х | |
| 11 | If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, | | | |
| | VII, VIII, IX, or X as applicable. | | | |
| | Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," | | 37 | |
| | complete Schedule D, Part VI | 11a | X | |
| | Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more | 446 | | Х |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII | 11b | | |
| | of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII | 11c | | Х |
| | Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets | 110 | | |
| | reported in Part X, line 16? If "Yes," complete Schedule D, Part IX | 11d | | Х |
| | 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 | | | |
| | the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X | 11f | X | |
| 12 | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete | | | |
| | Schedule D, Parts XI and XII. | 12a | | X |
| | Was the organization included in consolidated, independent audited financial statements for the tax year? If | | | |
| | "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | X | |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | X |
| | Did the organization maintain an office, employees, or agents outside of the United States? | 14a | | X |
| | 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 | 116 | | Х |
| 15 | foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or | 14b | | 21 |
| 13 | for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | Х |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other | | | |
| . • | assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV | 16 | | Х |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on | | | |
| | Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions | 17 | | Х |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on | | | |
| | Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | X | |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? | | | |
| | If "Yes," complete Schedule G, Part III | 19 | | X |
| | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 20a | | Х |
| | o If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20b | | |
| 21 | Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or | 21 | | Х |
| | domestic dovernment on Part IX, collimn (A), line 17 it "Yes" complete Schedule I, Parts Land II | 71 | | 47 |

Form 990 (2020) Page 4

| 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2 if "res," complete Schedule I. Parts I and III . 23 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 "Ves," complete Schedule I. Parts I and III . 24 Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lest 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. 25 Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 26 Did the organization maintain an escrow account other than a refunding escrow at any time during the year of defease any tax-exempt bonds? 26 Did the organization ware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part II. 27 Experiment of the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L. Part II. 28 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator of founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L. Part III. 29 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor or apployee thereof or family member of any other provided and the schedule L. Part III. 29 Did the organization experiment of the provided and the pr | Part | Checklist of Required Schedules (continued) | | Yes | No |
|--|--------|---|------|------|-----|
| Part IX. column (A), line 27 lif "Yes," complete Schedule I, Parts I and III 23 Did the organization are very 17 st to Part VII, Saction A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule I, I and I | 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | | 162 | NO |
| 23 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. 24a Did the organization regular at ax-asempt 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 Yibó, 90 to line 25a. 25b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?. 26c Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 26d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 26d Did the organization act as an 'on behalf of issuer for bonds outstanding at any time during the year? 27d Section 501(C(3), 501(C)4), and 501(C)30, | | | 22 | | Х |
| organization's current and former officers, directors, trustees, key employees, and highest compensated employeese? If "vise," complete Schedule L. Part V. 23 X 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the lest day of the years, that was issued after December 31, 2002? If "Ves," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. 25a Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 901(c)(3), 901(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualided prison during the year? "Ves," complete Schedule L. Part I. 25 is the organization aware that it engaged in an excess benefit transaction with a disqualided prison during the year? "Ves," complete Schedule L. Part I. 25a Did the organization aware that it engaged in an excess benefit transaction with a disqualided prison during the year? "Ves," complete Schedule L. Part II. 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualided prison during the year? "Ves," complete Schedule L. Part II. 25b Is the organization aware that it engaged in an excess benefit transaction with a disqualided person in a prior year, and that the transaction has not been reported on any of the organization's prior Certain 25b Is 20 Did the organization member of 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 foundar, substantial contributor or 35%, controlled entity of rimm member of any of these persons? If "Ves," complete Schedule I. Part III. 26b Is 27 Did the organization party to a business transaction with one of the following parties (see Schedule I. Part III. 27c A 35% controlled entity of one or more individuals and/or organizations described in lines 28b or 28b or 18b | 23 | | | | |
| 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yea," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a. 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations are refunding escrow at any time during the year to defease any tax-exempt bonds. 25 a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yea," complete Schedule I. Part I. 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yea," complete Schedule I. Part I. 25b Ib the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yea," complete Schedule I. Part II. 25c Did the organization aware that it engaged in an excess benefit transaction with a disqualified person during the year? If "Yea," complete Schedule I. Part II. 25b Ib 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 "Yea," complete Schedule I. Part III. 27c Did the organization party to a business transaction with one of the following parties (see Schedule I. Part III. 28d Was the organization reaches more than \$25,000 in non-cash contributions? If "Yea," complete Schedule I. Part IV. 29d Did the organization reaches more than \$25,000 in non-cash contributions? If "Yea," complete Schedule In Part II, III. 29d Did the organization included, terminate, or dissolve and case operations? If "Yea," complete Schedule N. Part II, III. 29d Did the organization included to the organization reaches more than \$25,000 in non-cash contribution | | | | | |
| \$ 100,000 as of the last day of the year, that was issued after December 31, 2002? If Yes,* answer innes 24b through 24d and completes Schedule K If Yes,* op to like 25a | | | 23 | X | |
| through 24d and complete Schedule K. If "No." go to line 25a b Did the organization invest any proceeds of trax-exempt bonds beyond a temporary period exception? 24b b Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior froms 90 or 990-EC? 15 Pines (20) Did 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 froms 90 or 990-EC? 16 Pines (20) Did the organization and the prior that the transaction any of the organization or proms 900 or 990-EC? 17 Pines (20) Completes Schedule L. Part I I. 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 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," completes Schedule L. Part I II. 28 Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," completes Schedule L. Part I II. 29 A Car A Si% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule II. Part II. 29 Did the organization receive co | 24 a | | | | |
| b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?. d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?. 24d d S25 Saction 501(c)(3), 501(c)(4), and 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 organization's prior Forms 990 or 990-E27 if "Yes," complete Schedule L, Part I. 25b X 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? if "Yes," complete Schedule L, Part II. 27 Did the organization provide a greant or other assistance to any current or former officer, director, trustee, key employee, creator or or comder, substantial contributor? 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 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 instructions, for applicable filing thresholds, conditions, and exceptions; a Current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? if "Yes," complete Schedule R, Part II, instructions, or applicable fi | | | | | v |
| 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? 23a Soction 501(c)(3), 501(c)(4), and 501(c)(23) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? "It "yes" complete Schedule L. Part I. 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 90 or 990-EZ? If "Yes," complete Schedule L. Part II. 25b | h | | | | |
| to defease any tax-exempt bonds?. d Did the organization at as an fon behalf of "issuer for bonds outstanding at any time during the year?. 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule I, Part I. 25b Is the organization avere 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 prior Forms 990 or 990-E27 If "Yes," complete Schedule I. Part I. 25c 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 or family member of any of these persons? If "Yes," complete Schedule I. Part II. 27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, authority or employee thereof, a grant selection committee member, or to a 35% controlled entity of non-transaction with one of the following parties (see Schedule I. Part IV. 28 Was the organization a party to a business transaction with one of the following parties (see Schedule I. 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 I. Part IV. 28 Was the organization experies we more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization in experies controlled 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. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Sche | | | 240 | | |
| d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | · | | 24c | | |
| 25a Section 591(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I. 25a | d | | | | |
| 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-E2? If "Yes," complete Schedule L. Part I. 25b Jül 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. 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 II. 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 Was the organization individual described in line 28a? 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 Jül the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 20 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 31 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, Par | | | | | |
| year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I. 25b | | transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I | 25a | | Х |
| 26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II. 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. b A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV. 28 Did the organization receive more than \$25,000 in non-cash contributions? 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. 30 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I. 31 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. III. 32 Did the organization on have a controlled entity within the meaning of section 512(b)(13)? Part II. 33 Did the organization have a controlled entity within the meaning of section 512(b)(13)? Part II. 34 Was the organization bave a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 35 Di | b | | | | |
| 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 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. 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. 30 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 31 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. Part I. 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N. Part II. 32 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, 33 Did the organization own follows of an entity disregarded as separate from the organization with a contro | | | | | |
| 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 | | X |
| controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II | 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 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 | | | 26 | | Х |
| 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 | | 20 | | |
| 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 | 21 | | | | |
| 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. 28c | | | | | |
| 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. 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 31 Did the organization iliquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-23 and 301.7701-37 If "Yes," complete Schedule R, Part II. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III. 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 organizations. Did the organization make any transfers to an exempt non-charitable related organization complete Schedule R, Part V, Inne 2. 37 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 for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Sche | | | 27 | | Х |
| a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? 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 28b X 28c 28b X 28c | 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. 28b X 28c X 28c X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M. 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 30 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 | | | | | |
| 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. 28c | а | | | | |
| 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 more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | _ | | | 37 | X |
| "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | | | 28b | X | |
| Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | С | | 280 | | Х |
| Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M. 10 bid the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part II 21 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 22 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. 23 Did the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part III, III. or IV, and Part V, line 1. 24 Sabatian Sabatian III. III. or IV, and Part V, line 1. 25 Section 501(c)(3) organizations 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. 26 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 I. 27 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. 28 Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 10 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1a 34 b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable . 1b 0. C Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 15 Form | 29 | | | 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 31 | | · | | | |
| 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. 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II. 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 33 Did 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 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 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 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. 37 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 Departments to vendors and reportable gaming (gambling) winnings to prize winners? Form 990 (202 110301.000) 1b Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Form 990 (202 110301.000) | | | 30 | | X |
| complete Schedule N, Part II. 32 | 31 | | 31 | | Х |
| 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I | 32 | | | | |
| sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I. 34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1. 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. 36a 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. 37a 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. 37a 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. 37b Part V 37c Statements Regarding Other IRS Filings and Tax Compliance 37c Check if Schedule O contains a response or note to any line in this Part V 37d La Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 37d be Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 37d be Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 37d be Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 37d be Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 37d be 10d the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 37d be 10d the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? | | | 32 | | Х |
| 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 | | | | 37 |
| or IV, and Part V, line 1 | 2.4 | | 33 | | Х |
| 35 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? | 34 | | 2.4 | x | |
| 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 a | | | | Х |
| controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 | | | 000 | | |
| related organization? If "Yes," complete Schedule R, Part V, line 2 | | | 35b | | |
| Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI 37 38 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. 38 X Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V | 36 | Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable | | | |
| and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | | | 36 | Х | |
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| 19? Note: All Form 990 filers are required to complete Schedule O. Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c SAA S | | | 37 | | X |
| Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | 38 | | | v | |
| 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 | Part | | 38 | Λ | |
| 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | ıaıı | | | | |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | 2 Contaggio d'action de l'obportos di fioto to dily into il titto i dit v | | Yes | No |
| b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 34 | | | |
| reportable gaming (gambling) winnings to prize winners? | | · · · · · · · · · · · · · · · · · · · | | | |
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| 0E1030 1.000 | 10.4 | reportable gaming (gambling) winnings to prize winners? | | 25.5 | |
| 3430L0 L44A 9/2/2021 | 0E1030 | | Form | | |
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Page 5 Form 990 (2020)

| Par | Statements Regarding Other IRS Filings and Tax Compliance (continued) | | | |
|-----|--|-----|-----|----|
| | | | Yes | No |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | | |
| | Statements, filed for the calendar year ending with or within the year covered by this return. 225 | | | |
| b | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? | 2b | Х | |
| | Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | 3a | Х | |
| | If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O | 3b | Х | |
| | At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, | | | |
| | a financial account in a foreign country (such as a bank account, securities account, or other financial account)? | 4a | | X |
| b | If "Yes," enter the name of the foreign country ▶ | | | |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). | | | |
| 5a | Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? | 5a | | X |
| | Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? | 5b | | X |
| | 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 | | | |
| | organization solicit any contributions that were not tax deductible as charitable contributions? | 6a | | X |
| b | If "Yes," did the organization include with every solicitation an express statement that such contributions or | | | |
| | gifts were not tax deductible? | 6b | | |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| а | Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods | | | |
| | and services provided to the payor? | 7a | Х | |
| b | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7b | Х | |
| С | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | | | |
| | required to file Form 8282? | 7c | | X |
| d | If "Yes," indicate the number of Forms 8282 filed during the year | | | |
| е | Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? | 7e | | |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? | 7f | | |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | |
| h | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | |
| 8 | Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the | | | |
| | sponsoring organization have excess business holdings at any time during the year? | 8 | | |
| | Sponsoring organizations maintaining donor advised funds. | _ | | |
| | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | | |
| | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | | |
| | Section 501(c)(7) organizations. Enter: | | | |
| | Initiation fees and capital contributions included on Part VIII, line 12 | | | |
| | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b | | | |
| | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | | |
| | Cross modified from monitoric of characteristic from the control of characteristic from the characteristic from th | | | |
| D | Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) | | | |
| 120 | against amounts due or received from them.) | 12a | | |
| | If "Yes," enter the amount of tax-exempt interest received or accrued during the year | 12u | | |
| | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| | Is the organization licensed to issue qualified health plans in more than one state? | 13a | | |
| u | Note: See the instructions for additional information the organization must report on Schedule O. | | | |
| h | 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 | | | |
| c | Enter the amount of reserves on hand | | | |
| | Did the organization receive any payments for indoor tanning services during the tax year? | 14a | | X |
| | If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedule O</i> · · · · · · | 14b | | |
| | 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 | | Х |
| | If "Yes," see instructions and file Form 4720, Schedule N. | | | |
| 16 | Is the organization an educational institution subject to the section 4968 excise tax on net investment income? | 16 | | X |
| | If "Yes," complete Form 4720, Schedule O. | | | |

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 | 1011711 COTOTIMING DOGY CITIC MICHAEGOMOTIC | | | | Yes | No |
| 4 | | 1a | 28 | | | |
| 1a | Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or | -iu | | | | |
| | if the governing body delegated broad authority to an executive committee or similar | | | | | |
| L | committee, explain on Schedule O. | 1b | 26 | | | |
| | Enter the number of voting members included on line 1a, above, who are independent L | | | | | |
| 2 | Did any officer, director, trustee, or key employee have a family relationship or a business relation business relationship or a business relation business | | - | 2 | | X |
| • | any other officer, director, trustee, or key employee? | | | | | |
| 3 | Did the organization delegate control over management duties customarily performed by or unconscious of efficient directors, trustees, or less amples on the ample of the constant of the cons | | | 3 | | X |
| | supervision of officers, directors, trustees, or key employees to a management company or other properties of the company of t | | | 4 | X | |
| 4 | Did the organization make any significant changes to its governing documents since the prior Form 990 was file | | | 5 | | X |
| 5 | Did the organization become aware during the year of a significant diversion of the organization's a | | | 6 | | X |
| 6 70 | Did the organization have members or stockholders? | | | | | |
| 7a | one or more members of the governing body? | | | 7a | | X |
| L | | | | | | |
| b | Are any governance decisions of the organization reserved to (or subject to approval to | | | 7b | | X |
| | stockholders, or persons other than the governing body? | | | | | |
| 8 | Did the organization contemporaneously document the meetings held or written actions under the year by the following: | itakei | i during | | | |
| _ | the year by the following: | | | 8a | Х | |
| a | The governing body? | | | 8b | X | |
| ь 9 | Each committee with authority to act on behalf of the governing body? | | | | | |
| 9 | the organization's mailing address? If "Yes," provide the names and addresses on Schedule O | | | 9 | | X |
| Secti | on B. Policies (This Section B requests information about policies not required by the Inter- | | | |) | |
| | | | 101011010 | | Yes | No |
| 100 | Did the organization have local chapters, branches, or affiliates? | | | 10a | | Х |
| | If "Yes," did the organization have written policies and procedures governing the activities of s | | | 100 | | |
| b | affiliates, and branches to ensure their operations are consistent with the organization's exempt pu | | - | 10b | | |
| 11a | Has the organization provided a complete copy of this Form 990 to all members of its governing body before fill | • | | 11a | Х | |
| b | Describe in Schedule O the process, if any, used by the organization to review this Form 990. | ing the | IOIIII? | | | |
| 12a | Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i> | | | 12a | Х | |
| b | Were officers, directors, or trustees, and key employees required to disclose annually interests the | | | | | |
| b | rise to conflicts? | | | 12b | Х | |
| С | Did the organization regularly and consistently monitor and enforce compliance with the po | | | | | |
| · | describe in Schedule O how this was done | - | | 12c | X | |
| 13 | Did the organization have a written whistleblower policy? | | | 13 | Х | |
| 14 | Did the organization have a written document retention and destruction policy? | | | 14 | Х | |
| 15 | Did the process for determining compensation of the following persons include a review and | | | | | |
| | independent persons, comparability data, and contemporaneous substantiation of the deliberation | | - | | | |
| а | The organization's CEO, Executive Director, or top management official | | | 15a | Х | |
| b | Other officers or key employees of the organization | | | 15b | X | |
| | If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | | |
| 16a | Did the organization invest in, contribute assets to, or participate in a joint venture or similar | arrar | naement | | | |
| | with a taxable entity during the year? | ui | 3 | 16a | | Х |
| b | If "Yes," did the organization follow a written policy or procedure requiring the organization to | o eva | luate its | | | |
| | participation in joint venture arrangements under applicable federal tax law, and take steps to | | | | | |
| | organization's exempt status with respect to such arrangements? | | | 16b | | |
| Secti | ion C. Disclosure | | | | | |
| 17 | List the states with which a copy of this Form 990 is required to be filed ▶ CT, FL, NY, | | | | | |
| 18 | Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), | 990, a | and 990-T | (Sec | tion 5 | 01(c) |
| | (3)s only) available for public inspection. Indicate how you made these available. Check all that app | | | • | | . , |
| | Own website X Another's website X Upon request Other (explain on Sch | nedule | O) | | | |
| 19 | Describe on Schedule O whether (and if so, how) the organization made its governing docum | ents, | conflict of | f inter | est p | olicy, |
| | 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 bedavid B. Byrd 6 Main Street East Haddam, CT 06423-0281 | ooks a | and record | s ► | | |

Form 990 (2020) 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 organization nor any related organization compensated any current officer, director, or trustee.

| (A) Name and title | (B) Average hours per week (list any hours for related organizations below dotted line) | Position (do not check more than one box, unless person is both an officer and a director/trustee) Highest compensated Officer Officer Individual trustee | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | Position not check more than one unless person is both an or and a director/trustee) | | Position do not check more than one box, unless person is both an efficer and a director/trustee) | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | Position do not check more than one box, unless person is both an efficer and a director/trustee) | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | Position (do not check more than one box, unless person is both an officer and a director/trustee) | | | (D) Reportable compensation from the organization (W-2/1099-MISC) | (E) Reportable compensation from related organizations (W-2/1099-MISC) | (F) Estimated amount of other compensation from the organization and related organizations |
|--|---|---|--|--|--|---|--|----------|----|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|
| (1) PETER M. GENNARO | 40.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EXEC. DIRECTOR THRU 12/31/20 | 0. | Х | | Х | | | | 252,058. | 0. | 43,684. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (2)DONNA COOPER HILTON | 40.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LINE PRODUCER | 0. | | | | | X | | 112,492. | 0. | 30,732. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (3) RACHEL TISCHLER | 40.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| GENERAL MANAGER | 0. | | | | | X | | 102,649. | 0. | 39,629. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (4) DANIEL MCMAHON | 40.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DIRECTOR OF MARKETING AND PR | 0. | | | | | X | | 100,469. | 0. | 11,712. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (5) FRANCIS G. ADAMS, JR. | 1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | X | | | | | | 0. | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (6) JENNIFER G. BROWN | 1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | Х | | | | | | 0. | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (7) ANTHONY CACACE | 10.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SECRETARY | 0. | X | | X | | | | 0. | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (8) THEODORE S. CHAPIN | 1.00 | | | | | | | _ | _ | _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | X | | | | | | 0. | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (9)KAY KNIGHT CLARKE | 1.00 | | | | | | | _ | _ | _ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | X | | | | | | 0. | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (10) CAROLYN ROSSI COPELAND | 1.00 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | X | | | | | | 0. | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (11) ALVIN DEUTSCH | 1.00 | | | | | | | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | Х | | | | | | 0. | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (12) CHRISTOPHER DODD | 1.00 | | | | | | | | • | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | X | | | | | | 0. | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (13) JAMES A. DUNCAN | 1.00 | | | | | | | | 0 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | Х | | | | | | 0. | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| (14) MURIEL FLEISCHMANN TRUSTEE MEMBER | 1.00 | 7.7 | | | | | | 0. | 0. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Addidin adiconi | <u> </u> | X | | | | | | 0. | 0. | 0 . | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Form 990 (2020)

| Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) | | | | | | | | | | | | |
|---|-----------------------------|--------------------------------|---------------|-------------------|--------------|------------------------------|---------|------------------|-----------------------|----------------|------------------------|------|
| (A) | (B) | | | (0 | C) | | | (D) | (E) | | (F) | |
| Name and title | Average | Position | | Reportable | Reportable | | timated | | | | | |
| | hours per | | | compensation from | | ount of | f | | | | | |
| | week (list any hours for | l . | | | | or/trust | | from the | related organizations | other compensa | | on |
| | related | Inc or | Ins | Q | e e | Hig | Fo | organization | (W-2/1099-MISC) | | om the | |
| | organizations | Individual trustee or director | Institutional | Officer | Key employee | Highest compensated employee | Forme | (W-2/1099-MISC) | | _ | anizatio | |
| | below dotted line) | ual t | iona | | plo | t co | , | | | | d related anization | |
| | | rust | 吉 | | yee | mpe | | | | orgo | 1111201101 | 10 |
| | | ee | trustee | | | nsa | | | | | | |
| | | | Ψ | | | ited | | | | | | |
| 15) SUSAN FROST | 1.00 | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | Х | | | | | | 0 | 0. | | | 0 |
| 16) JEAN SELDEN GREENE | 1.00 | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | Х | | | | | | 0 | 0. | | | 0 |
| 17) JOHN H. HAMBY | 10.00 | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | Х | | | | | | 0 | 0. | | | 0 |
| 18) JEFFREY S. HOFFMAN | 10.00 | | | | | | | | | | | |
| VICE PRESIDENT | 0. | Х | | Х | | | | 0 | 0. | | | 0 |
| 19) SUSAN LINK | 10.00 | | | | | | | | | | | |
| TREASURER | 0. | Х | | Х | | | | 0 | 0. | | | 0 |
| 20) MARK MASSELLI | 10.00 | | | | | | | | | | | |
| VICE PRESIDENT | 0. | Х | | Х | | | | 0 | 0. | | | 0 |
| 21) MICHAEL POLO | 1.00 | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | Х | | | | | | 0 | 0. | | | 0 |
| 22) JEFFREY RICHARDS | 1.00 | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | Х | | | | | | 0 | 0. | | | 0 |
| 23) JEFF B. RILEY | 1.00 | | | | | | | | | | | |
| TRUSTEE MEMBER (RESIGNED FY20) | 0. | Х | | | | | | 0 | 0. | | | 0 |
| 24) KRISTEN ROBERTS | 1.00 | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | Х | | | | | | 0 | 0. | | | 0 |
| 25) HILA ROSEN | 10.00 | | | | | | | | | | | |
| FIRST VICE PRESIDENT | 0. | Х | | Х | | | | 0 | 0. | | | 0 |
| 1b Sub-total | | | | | | | _ | 567,668. | 0. | | 25, | 757. |
| c Total from continuation sheets to Part VII, S | ection A | | • • | • • | | | • | 0. | 0. | | | 0. |
| d Total (add lines 1b and 1c) | _ | | | | | | • | 567,668. | 0. | 1 | 25, | 757. |
| 2 Total number of individuals (including but not | | | | | | | o re | ceived more than | \$100,000 of | | | |
| reportable compensation from the organization | | | | | | , | | | . , | | | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former offic | er directo | r or | tri | ıste | e | kev e | mn | lovee or highes | t compensated | | | |
| employee on line 1a? If "Yes," complete Sched | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the | | | | | | | | | | | | |
| organization and related organizations gre | | | | | | | | | | | | |
| individual | | | | | | | | | | 4 | Х | |
| 5 Did any person listed on line 1a receive or | | | | | | | | | | | | |
| for services rendered to the organization? <i>If "You have been been been been been been been be</i> | | | | | | | | | | 5 | | Х |

Section B. Independent Contractors

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

| (A) Name and business address | (B) Description of services | (C) Compensation |
|-------------------------------|-----------------------------|---------------------|
| ATTACHMENT 3 | | |
| | | |
| | | |
| | | |

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 ▶ 2

| Part VII Section A. Officers, Directors, Tr | (B) | ĺ | • | , (C | | | | (D) | (E) | | (F) | |
|--|--|-----------------------------------|---------------------------|---------------------------|------------------------------|-------------------------------|-----------------------|---|--|------------------|--|----------|
| Name and title | Average hours per week (list any hours for related | box, | not ch unles er and | Posit neck r s pers | tion more son recto | than o is both or/trust | an | Reportable compensation from the organization | Reportable compensation from related organizations (W-2/1099-MISC) | am com fro | stimated nount of other pensation om the | f ion |
| | organizations below dotted line) | Individual trustee or director | Institutional trustee | cer | Key employee | Highest compensated employee | ner | (W-2/1099-MISC) | | and | anizatio d related anization | d |
| 26) JOSEPH SMITH | 1.00 | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | Х | | | | | | 0 | 0. | | | (|
| 27) LEONARDO H. SUZIO | 1.00 | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | Х | | | | | | 0 | 0. | | | (|
| 28) JOHN VOEGE | 1.00 | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | X | | | | | | 0 | 0. | | | (|
| 29) STEPHANIE STIEFEL WILLIAMS | 1.00 | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | X | | | | | | 0 | 0. | | | (|
| 30) JOHN F. WOLTER | 10.00 | | | | | | | | | | | |
| PRESIDENT | 0. | X | | Х | | | | 0 | 0. | | | (|
| 31) MEG SAKELLARIDES | 1.00 | | | | | | | | | | | |
| TRUSTEE MEMBER | 0. | X | | | | | | 0 | 0. | | | (|
| 32) LYNDE SELDEN KARIN TRUSTEE MEMBER | 1.00 | | | | | | | 0 | 0. | | | (|
| | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| | + | | | | | | | | | | | |
| 1b Sub-total | | | | | | | | 0. | 0. | | | 0 |
| c Total from continuation sheets to Part VII, S | Section A | | | | | | • | | | | | |
| d Total (add lines 1b and 1c) | | | | | | | \blacktriangleright | | | | | |
| Total number of individuals (including but not reportable compensation from the organization) | | | listed 1 | d ab | ove | e) who | re | eceived more than | \$100,000 of | | | |
| | | | | | | | | | | | Yes | No |
| 3 Did the organization list any former officemployee on line 1a? If "Yes," complete Scheool | | | | | | | | | | 3 | | Х |
| 4 For any individual listed on line 1a, is the organization and related organizations grindividual | eater than | \$15 | 0,00 | 90? | If | "Yes | ," | complete Schedu | le J for such | 4 | Х | |
| 5 Did any person listed on line 1a receive or | | | | | | | | | | | | |
| for services rendered to the organization? If "Y Section B. Independent Contractors | | | | | | | | | | 5 | | Х |
| Complete this table for your five highest concompensation from the organization. Report of the compensation from the organization. | | | | | | | | | | | | |

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 ▶

Page 9

Part VIII Statement of Revenue

(B) (C) Total revenue Related or exempt Unrelated Revenue excluded function revenue business revenue from tax under sections 512-514 Contributions, Gifts, Grants and Other Similar Amounts Membership dues 1,209,699 **c** Fundraising events 1c 125,419. 613,799. Government grants (contributions) . . 1e All other contributions, gifts, grants, and similar amounts not included above ... 1,577,480 1f g Noncash contributions included in 66,135. lines 1a-1f. 1g \$ 3,526,397 Total. Add lines 1a-1f **Business Code** Program Service Revenue 711110 66,166 66,166 WARDROBE RENTAL INCOME 532000 35,149 5,385 29.764. h 611710 115,810 EDUCATION INCOME 115,810 d е All other program service revenue 217,125. Investment income (including dividends, interest, and 513,459 513,459 0. 4 Income from investment of tax-exempt bond proceeds . 118,889. 5 118,889. (i) Real (ii) Personal 6a Gross rents 6a **b** Less: rental expenses 6b Rental income or (loss) 6c d Net rental income or (loss) Gross amount from (i) Securities (ii) Other sales of assets 6,496,598. other than inventory 7a b Less: cost or other basis Other Revenue 7b 5,204,829. and sales expenses . . 1,291,769. c Gain or (loss) 7c 1,291,769 1,291,769 d Net gain or (loss) 8a Gross income from fundraising events (not including \$ ___ of contributions reported on line 29,290. 1c). See Part IV, line 18 8a 29,290 8b **b** Less: direct expenses Ω c Net income or (loss) from fundraising events. 9a Gross income from gaming 0. activities. See Part IV, line 19 0. 9b **b** Less: direct expenses 0. c Net income or (loss) from gaming activities. \triangleright 10a Gross sales of inventory, less Ω returns and allowances 0. b Less: cost of goods sold 10b Net income or (loss) from sales of inventory 0. **Business Code** Miscellaneous Revenue MISCELLANEOUS 711110 10,935 10,935 11a REIMBURSED DAMAGES (FLOOD INSURANCE) 711110 56,211. 56,211 b С All other revenue 67,146 Total, Add lines 11a-11d Total revenue. See instructions 1,924,117. 5,734,785. 254,507. 29,764.

GOODSPEED OPERA HOUSE FOUNDATION, INC.

Form 990 (2020)

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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 res | sponse or note to any lin | e in this Part IX | | |
|--|---|-------------------------------------|-------------------------------------|---------------------------------------|
| Do not include amounts reported on lines 6b, 7b 8b, 9b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundraising expenses |
| 1 Grants and other assistance to domestic organizations | | | | |
| and domestic governments. See Part IV, line 21 | 0. | | | |
| 2 Grants and other assistance to domestic | | | | |
| individuals. See Part IV, line 22 | 0. | | | |
| 3 Grants and other assistance to foreign | | | | |
| organizations, foreign governments, and | | | | |
| foreign 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 | 295,742. | 194,313. | 70,424. | 31,005. |
| 6 Compensation not included above to disqualified | | | | |
| persons (as defined under section 4958(f)(1)) and | | | | |
| persons described in section 4958(c)(3)(B) | 0. | | | |
| 7 Other salaries and wages | 2,207,184. | 1,652,923. | 184,831. | 369,430. |
| 8 Pension plan accruals and contributions (include | | | | |
| section 401(k) and 403(b) employer contributions | | 21,738. | | |
| 9 Other employee benefits | | 572,485. | 67,379. | 70,248. |
| 10 Payroll taxes | 174,498. | 128,494. | 18,346. | 27,658. |
| 11 Fees for services (nonemployees): | | | | |
| a Management | 0. | | | |
| b Legal | 50,871. | | 50,871. | |
| c Accounting | | | 50,469. | |
| d Lobbying | 4,000. | | 4,000. | |
| e Professional fundraising services. See Part IV, line 17 | 00 -0- | | 22 - 22 | |
| f Investment management fees | 39,535. | | 39,535. | |
| 9 Other. (If line 11g amount exceeds 10% of line 25, column | 1 200 100 | 70 104 | 100 (50 | 10 417 |
| (A) amount, list line 11g expenses on Schedule O.) | | 78,124. | 192,658. | 19,417. |
| 12 Advertising and promotion | 10 100 | 149,228. | | 33,265. |
| 13 Office expenses | | 15,245. 37,421. | 2,069. 12,559. | 1,819. 11,715. |
| 14 Information technology | 10 260 | 12,369. | 12,339. | 11,713. |
| 15 Royalties | 1 | 682,482. | 25,682. | 16,991. |
| 16 Occupancy | 11 601 | 11,147. | 534. | 10,001. |
| 17 Travel | 1 | 11/11/ | 331. | |
| 18 Payments of travel or entertainment expenses for any federal, state, or local public officials | 0. | | | |
| | 40 270 | 46,095. | 1,263. | 1,012. |
| 19 Conferences, conventions, and meetings20 Interest | 30,611. | , | 30,611. | , |
| 21 Payments to affiliates | ' | | , | |
| 22 Depreciation, depletion, and amortization | 400 016 | 348,702. | 49,598. | 75,416. |
| 23 Insurance | 276,143. | 203,269. | 28,912. | 43,962. |
| 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.) | | | | |
| aPRODUCTION EXPENSE | 181,949. | 181,949. | | |
| bPHONE, INTERNET, ETC. | 78,011. | 68,712. | 6,627. | 2,672. |
| cARTISTIC FEES | 77,109. | 77,109. | | |
| dDUES AND SUBSCRIPTIONS | 19,625. | 18,637. | 494. | 494. |
| e All other expenses | 70,397. | 52,416. | 1,478. | 16,503. |
| 25 Total functional expenses. Add lines 1 through 24e | 6,113,004. | 4,552,858. | 838,539. | 721,607. |
| 26 Joint costs. Complete this line only if the organization reported in column (B) joint costs | | | | |
| from a combined educational campaign and | | | | |
| fundraising solicitation. Check here if | | | | |
| following SOP 98-2 (ASC 958-720) | . 0. | | | |

Form 990 (2020) Page **11**

Part X Balance Sheet

| | II A | Check if Schedule O contains a response or note to any line in this Pa | art X | | |
|---------------|------|--|--------------------------|-----|------------------------|
| | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash - non-interest-bearing | 74,109. | 1 | 93,310. |
| | 2 | Savings and temporary cash investments | 484,442. | 2 | 413,795. |
| | 3 | Pledges and grants receivable, net | 344,500. | 3 | 288,943. |
| | 4 | Accounts receivable, net | 117,557. | 4 | 71,000. |
| | 5 | Loans and other receivables from any current or former officer, director, | | | |
| | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| | | controlled entity or family member of any of these persons | 0. | 5 | 0. |
| | 6 | Loans and other receivables from other disqualified persons (as defined | | | |
| | | under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) | 0. | 6 | 0. |
| ts | 7 | Notes and loans receivable, net | 0. | 7 | 0. |
| Assets | 8 | Inventories for sale or use | 41,343. | 8 | 40,587. |
| Ä | 9 | Prepaid expenses and deferred charges | 293,082. | 9 | 188,178. |
| | 10 a | Land, buildings, and equipment: cost or other | | | |
| | | basis. Complete Part VI of Schedule D 10a 22,742,524. | | | |
| | b | Less: accumulated depreciation | 11,594,018. | 10c | 11,047,226. |
| | 11 | Investments - publicly traded securities | 18,374,830. | 11 | 19,591,779. |
| | 12 | Investments - other securities. See Part IV, line 11 | 733,900. | 12 | 625,763. |
| | 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) | 32,057,781. | 16 | 32,360,581. |
| | 17 | Accounts payable and accrued expenses | 684,165. | 17 | 651,366. |
| | 18 | Grants payable | 0. | 18 | 0. |
| | 19 | Deferred revenue. | 1,592,787. | 19 | 931,014. |
| | 20 | Tax-exempt bond liabilities. | 0. | 20 | 0. |
| | 21 | Escrow or custodial account liability. Complete Part IV of Schedule D. | 0. | 21 | 0. |
| S | 22 | Loans and other payables to any current or former officer, director, | | | |
| Liabilities | | trustee, key employee, creator or founder, substantial contributor, or 35% | | | |
| ig | | controlled entity or family member of any of these persons | 0. | 22 | 0. |
| Ë | 23 | Secured mortgages and notes payable to unrelated third parties | 470,285. | 23 | 1,097,169. |
| | 24 | Unsecured notes and loans payable to unrelated third parties | 0. | 24 | 1,283,271. |
| | 25 | Other liabilities (including federal income tax, payables to related third | | 27 | |
| | 23 | parties, and other liabilities not included on lines 17-24). Complete Part X | | | |
| | | of Schedule D | 1,624,718. | 25 | 1,911,744. |
| | 26 | Total liabilities. Add lines 17 through 25 | 4,371,955. | 26 | 5,874,564. |
| | 20 | Organizations that follow FASB ASC 958, check here ► X | -// | 20 | 3,312,332 |
| ces | | and complete lines 27, 28, 32, and 33. | | | |
| lan | 27 | Net assets without donor restrictions | 19,938,889. | 27 | 18,922,555. |
| Fund Balances | 28 | Net assets with donor restrictions. | 7,746,937. | 28 | 7,563,462. |
| pu | | Organizations that do not follow FASB ASC 958, check here ▶ | , ,,,,,,, | | , , , , , , , , , |
| Ŀ | | and complete lines 29 through 33. | | | |
| ō | 29 | Capital stock or trust principal, or current funds | | 29 | |
| Assets | 30 | Paid-in or capital surplus, or land, building, or equipment fund. | | 30 | |
| SS | 31 | Retained earnings, endowment, accumulated income, or other funds | | 31 | |
| ž. | 32 | Total net assets or fund balances | 27,685,826. | 32 | 26,486,017. |
| Net | 33 | Total liabilities and net assets/fund balances | 32,057,781. | 33 | 32,360,581. |
| | | Total hashintoo and not accord/fully balances, [] [] [] [] [] [] [] [] | 52,05,,701. | JJ | Form 990 (2020) |

Form 990 (2020) Page **12**

| 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 | | | 34,7 13,0 | | |
| 2 | | | | | | | |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | | 78,2 | | |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) | 4 | | | 85,8 | | |
| 5 | Net unrealized gains (losses) on investments | 5 | | -8 | 21,5 | 90. | |
| 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 | | 26,4 | 86,0 | 17. | |
| Part | | | | | | | |
| | Check if Schedule O contains a response or note to any line in this Part XII | | | | | X | |
| | | | ſ | | Yes | No | |
| 1 | 1 Accounting method used to prepare the Form 990: Cash X Accrual Other | | | | | | |
| | the organization changed its method of accounting from a prior year or checked "Other," explain in | | | | | | |
| | Schedule O. | | | | | | |
| 2a | 2a Were the organization's financial statements compiled or reviewed by an independent accountant? | | | | | | |
| | If "Yes," check a box below to indicate whether the financial statements for the year were 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 aud | ted o | n a 📗 | | | | |
| | separate basis, consolidated basis, or both: | | | | | | |
| | Separate basis X Consolidated basis Both consolidated and separate basis | | | | | | |
| С | c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of | | | | | | |
| | the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X | | | | | | |
| | If the organization changed either its oversight process or selection process during the tax year, e | xplain | on | | | | |
| | Schedule O. | | | | | | |
| 3 a | As a result of a federal award, was the organization required to undergo an audit or audits as set for | rth in | the | | | 37 | |
| | 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 | | | | | | |
| | required audit or audits, explain why on Schedule O and describe any steps taken to undergo such a | udits . | | 3b | | | |

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

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

| empt charitable trust. | 202U | | | | | |
|--------------------------------|----------------|--|--|--|--|--|
| | Open to Public | | | | | |
| on. | Inspection | | | | | |
| Employer identification number | | | | | | |

13-1969314

| GO | DDSI | PEED OPERA HOUSE FO | UNDATION, INC | • | | | 13-19693 | 14 |
|--------------|---|--|--|---|----------------------|------------------------------|--|-----------------------------------|
| Pa | rt I | Reason for Public Cha | rity Status. (All | organizations must | complet | te this p | art.) See instruction | S. |
| The | orga | anization is not a private fou | ndation because it | is: (For lines 1 through | gh 12, ch | eck only | one box.) | |
| 1 | | A church, convention of chu | urches, or associa | tion of churches descr | ribed in s | ection 1 | 70(b)(1)(A)(i). | |
| 2 | A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) | | | | | | | |
| 3 | | A hospital or a cooperative | hospital service o | rganization described | n sectio | n 170(b) | (1)(A)(iii). | |
| 4 | | A medical research organiz | zation operated in | conjunction with a hos | spital de | scribed i | n section 170(b)(1)(A) | (iii). Enter the |
| | | hospital's name, city, and st | tate: | | | | | |
| 5 | | An organization operated t | for the benefit of | a college or universit | y owned | d or ope | erated by a governme | ental unit described in |
| | | section 170(b)(1)(A)(iv). (C | Complete Part II.) | | | | | |
| 6 | | A federal, state, or local go | vernment or gove | rnmental unit describe | d in sect | ion 170(| (b)(1)(A)(v). | |
| 7 | X | An organization that norma | - | · · · · · · · · · · · · · · · · · · · | pport fro | om a go | vernmental unit or fr | om the general public |
| | | described in section 170(b) | | · | | | | |
| 8 | | A community trust describe | - | | - | | | |
| 9 | | An agricultural research org | = | | | - | | |
| | | or university or a non-land- | grant college of ag | griculture (see instruct | ions). Ei | nter the | name, city, and state o | f the college or |
| | | university: | | | | | | |
| 10 | | An organization that norma receipts from activities rela | lly receives (1) mo ted to its exempt f | ore than 331/3 % of its functions, subject to c | support ertain ex | trom col | ntributions, membersh s: and (2) no more that | nip fees, and gross |
| | | support from gross investm | nent income and u | nrelated business tax | able inco | ome (les | s section 511 tax) from | businesses |
| 44 | | acquired by the organization | | | | | • | |
| 11 12 | \vdash | An organization organized an organization organization | • | • | • | | | carry out the nurneces |
| 12 | | of one or more publicly su | • | | | | | |
| | | Check the box in lines 12a t | | | | | | , , , , |
| а | | Type I. A supporting orga | • | * * | | • | • | |
| а | | the supported organization | • | • | • | | • , , | |
| | | supporting organization. | . , . | • • • • | | ajority of | Title directors of tracte | oco or trio |
| b | | Type II. A supporting org | - | | | with its | supported organizati | on(s), by having |
| | | control or management of | • | | | | | |
| | | organization(s). You must | | _ | | · | | |
| С | | Type III functionally integ | - | | ted in co | onnectio | n with, and functiona | lly integrated with, |
| | _ | _ its supported organization | n(s) (see instruction | s). You must comple | te Part I | V, Section | ons A, D, and E. | |
| d | | Type III non-functionally | integrated. A sup | porting organization o | perated | in conn | ection with its suppor | ted organization(s) |
| | | that is not functionally inte | egrated. The orgar | nization generally mus | t satisfy | a distrib | oution requirement and | d an attentiveness |
| | | _ requirement (see instruct | | - | | | | |
| е | | $oxedsymbol{ox}$ Check this box if the orga | | | | | | II, Type III |
| | _ | functionally integrated, or | | | porting o | organizat | tion. | |
| T | | ter the number of supported | _ | | | | | |
| <u>g</u> | | ovide the following information | (ii) EIN | | God to the | | (4) Amount of monoton. | (vi) Amount of |
| | (1) 14 | ame of supported organization | (11) E114 | (iii) Type of organization (described on lines 1-10 | | organization ur governing | (v) Amount of monetary support (see | (vi) Amount of other support (see |
| | | | | above (see instructions)) | | ment? | instructions) | instructions) |
| | | | | | Yes | No | | |
| (A) | | | | | | | | |
| /D\ | | | | | | | | |
| (B) | | | | | | | | |
| (C) | | | | | | | | |
| (| | | | | | | | |
| (D) | | | | | | | | |
| | | | | | | - | | |
| (E) | | | | | | | | |
| | | | | | | | | |
| Tota | al —— | | | | | | | |
| | | | | | | | | |

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

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

| Sec | tion A. Public Support | | | | | | | |
|------|---|--------------------|------------------|-----------------|------------------|-------------------|----------------|--|
| Cale | ndar year (or fiscal year beginning in) 🕨 | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | |
| 1 | Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") | 2,651,009. | 2,429,997. | 2,926,810. | 2,626,279. | 3,526,397. | 14,160,492. | |
| 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 | 2,651,009. | 2,429,997. | 2,926,810. | 2,626,279. | 3,526,397. | 14,160,492. | |
| 5 | The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f). ATCH 1. | | | | | | 288,928. | |
| 6 | Public support. Subtract line 5 from line 4 | | | | | | 13,871,564. | |
| | tion B. Total Support | | | | | | | |
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total | |
| 7 | Amounts from line 4 | 2,651,009. | 2,429,997. | 2,926,810. | 2,626,279. | 3,526,397. | 14,160,492. | |
| 8 | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | 976,710. | 1,100,878. | 1,044,063. | 942,232. | 632,348. | 4,696,231. | |
| 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.) | 59,902. | 78,490. | 36,230. | 11,343. | 10,935. | 196,900. | |
| 11 | Total support. Add lines 7 through 10 | | | | | | 19,053,623. | |
| 12 | Gross receipts from related activities, etc. (s | ee instructions) . | | | | 12 | 26,428,040. | |
| 13 | First 5 years. If the Form 990 is for organization, check this box and stop here. | | | | | | | |
| Sec | tion C. Computation of Public Supp | | | | | | | |
| 14 | Public support percentage for 2020 (lin | | • | | | 14 | 72.80% | |
| 15 | Public support percentage from 2019 | | | | | 15 | 68.93 % | |
| 16a | 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this | | | | | | | |
| | box and stop here. The organization qualifies as a publicly supported organization | | | | | | | |
| b | | | | | | | | |
| 170 | this box and stop here. The organization | - | | - | | | | |
| 17a | 'a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is | | | | | | | |
| | 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here . Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported | | | | | | | |
| | organization | | | • | • | | | |
| h | 10%-facts-and-circumstances test - 2 | | | | | | | |
| | 15 is 10% or more, and if the organiz | - | | | | | | |
| | in Part VI how the organization meets organization | the facts-and | -circumstances t | est. The organi | zation qualifies | as a publicly s | upported | |
| 18 | Private foundation. If the organization | | | | | | | |
| - | instructions | | | | | | | |
| | | - | | | | chedule A (Form 9 | | |

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

| | Part III | Support Schedule for | Organizations | Described in Se | ction 509(a)(2 |
|--|----------|----------------------|----------------------|-----------------|----------------|
|--|----------|----------------------|----------------------|-----------------|----------------|

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

| Sec | tion A. Public Support | | | , I | <u>'</u> | , | |
|------|---|------------------------|----------------------|--------------------|------------------|-------------------|--------------------|
| Cale | ndar year (or fiscal year beginning in) | (a) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| | received. (Do not include any "unusual grants.") | | | | | | |
| 2 | Gross receipts from admissions, merchandise | | | | | | |
| | sold or services performed, or facilities | | | | | | |
| | furnished in any activity that is related to the | | | | | | |
| | organization's tax-exempt purpose | | | | | | |
| 3 | Gross receipts from activities that are not an | | | | | | |
| | unrelated trade or business under section 513 | | | | | | |
| 4 | Tax revenues levied for the | | | | | | |
| | organization's benefit and either paid to | | | | | | |
| | or expended on its behalf | | | | | | |
| 5 | The value of services or facilities | | | | | | |
| | furnished by a governmental unit to the | | | | | | |
| | organization without charge | | | | | | |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | 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 | | | | | | |
| c | 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) 2016 | (b) 2017 | (c) 2018 | (d) 2019 | (e) 2020 | (f) Total |
| 9 | Amounts from line 6 | | | | | | |
| 10 a | Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources | | | | | | |
| b | Unrelated business taxable income (less | | | | | | |
| | section 511 taxes) from businesses | | | | | | |
| | acquired after June 30, 1975 | | | | | | |
| С | Add lines 10a and 10b | | | | | | |
| 11 | Net income from unrelated business | | | | | | |
| | activities not included in line 10b, whether | | | | | | |
| | or not the business is regularly carried on. | | | | | | |
| 12 | Other income. Do not include gain or | | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| | and 12.) | | | | | | |
| 14 | First 5 years. If the Form 990 is for | the organizati | on's first, secon | d, third, fourth, | or fifth tax ye | ear as a section | 501(c)(3) |
| | organization, check this box and stop here . | <u></u> | | | | | ▶ 🔃 |
| Sec | tion C. Computation of Public Supp | | | | | | |
| 15 | Public support percentage for 2020 (line 8, | column (f), divid | ded by line 13, colu | mn (f)) | | 15 | %_ |
| 16 | Public support percentage from 2019 Sche | | | | | 16 | % |
| Sec | tion D. Computation of Investment | Income Per | centage | | | | |
| 17 | Investment income percentage for 2020 (lin | | | | | 17 | % |
| 18 | Investment income percentage from 2019 | 3chedule A, Part | III, line 17 | | | 18 | % |
| 19 a | 331/3% support tests - 2020. If the or | ganization did r | not check the bo | ox on line 14, a | nd line 15 is m | ore than 331/3% | , and line |
| | 17 is not more than 331/3 %, check this | box and stop | here. The orga | nization qualifies | as a publicly s | upported organiza | ation . ► |
| b | 331/3% support tests - 2019. If the orga | anization did no | t check a box on | line 14 or line | 19a, and line 16 | is more than 33 | 1/3 %, and |
| | line 18 is not more than $331/3\%$, check | this box and ${\bf s}$ | top here. The or | ganization qualifi | es as a publicly | supported organi | zation ► |
| 20 | Private foundation. If the organization of | lid not check a | a box on line 1 | 4, 19a, or 19b, | check this box | and see instruc | ctions > |

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer lines 3b and 3c below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI.**
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI.**
- 10 a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer line 10b below.
 - 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 |
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Page 5 Schedule A (Form 990 or 990-F7) 2020

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|--------|--|----------|----------|--------------|
| Part | Supporting Organizations (continued) | | | |
| | | | Yes | No |
| 11 | Has the organization accepted a gift or contribution from any of the following persons? | | | |
| а | A person who directly or indirectly controls, either alone or together with persons described in lines 11b and | | | |
| | 11c below, the governing body of a supported organization? | 11a | | |
| | A family member of a person described in line 11a above? | 11b | | |
| С | A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI. | 11c | | |
| Secti | on B. Type I Supporting Organizations | 116 | | |
| Ocoti | on B. Type reapporting organizations | | Yes | No |
| | | | 103 | 110 |
| 1 | Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or | | | |
| | more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) | | | |
| | effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported | | | |
| | organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the | | | |
| | supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. | 1 | | |
| 2 | Did the organization operate for the benefit of any supported organization other than the supported | | | |
| | organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in 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 | | V | NI - |
| | | | 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). | 1 | | |
| Secti | on D. All Type III Supporting Organizations | <u> </u> | | |
| | <u></u> | | Yes | No |
| 1 | Did the organization provide to each of its supported organizations, by the last day of the fifth month of the | | | |
| | organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of | | | |
| | the organization's governing documents in effect on the date of notification, to the extent not previously | | | |
| | provided? | 1 | | |
| 2 | Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported | | | |
| | organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how | | | |
| | the organization maintained a close and continuous working relationship with the supported organization(s). | 2 | | |
| 3 | By reason of the relationship described in line 2, above, did the organization's supported organizations have | | | |
| | a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's | | | |
| | supported organizations played in this regard. | | | |
| Sacti | on E. Type III Functionally Integrated Supporting Organizations | 3 | | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins | etructi | one) | |
| a | The organization satisfied the Activities Test. Complete line 2 below. | ,u ucu | OH3). | |
| b | The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i> | | | |
| С | The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see | e instr | ructions | s). |
| _ | | | Yes | |
| 2 | Activities Test. Answer lines 2a and 2b below. | | | |
| 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 Part VI identify | | | |
| | those supported organizations and explain how these activities directly furthered their exempt purposes, | | | |
| | how the organization was responsive to those supported organizations, and how the organization determined | | | |
| | that these activities constituted substantially all of its activities. | 2a | | |
| b | Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement, | | | |
| | one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in | | | |
| | Part VI the reasons for the organization's position that its supported organization(s) would have engaged in | | | |
| | these activities but for the organization's involvement. | 2b | | |
| 3 | Parent of Supported Organizations. Answer lines 3a and 3b below. | | | |
| 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? <i>If</i> "Yes" or "No," provide details in Part VI. | 20 | | |
| b | Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each | 3a | | |
| D | of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. | 3b | | |

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

| Pa | art V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ | nization | s | | | | | |
|----|--|----------|--------------------------|-----------------------------|--|--|--|--|
| 1 | 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See | | | | | | | |
| | instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E. | | | | | | | |
| Se | Section A - Adjusted Net Income (A) Prior Year | | | | | | | |
| 1 | Net short-term capital gain | 1 | | | | | | |
| 2 | Recoveries of prior-year distributions | 2 | | | | | | |
| 3 | Other gross income (see instructions) | 3 | | | | | | |
| 4 | Add lines 1 through 3. | 4 | | | | | | |
| 5 | Depreciation and depletion | 5 | | | | | | |
| 6 | Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) | 6 | | | | | | |
| _7 | | 7 | | | | | | |
| _8 | Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) | 8 | | | | | | |
| Se | ection B - Minimum Asset Amount | | (A) Prior Year | (B) Current Year (optional) | | | | |
| 1 | Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): | | | | | | | |
| а | Average monthly value of securities | 1a | | | | | | |
| b | Average monthly cash balances | 1b | | | | | | |
| С | Fair market value of other non-exempt-use assets | 1c | | | | | | |
| C | Total (add lines 1a, 1b, and 1c) | 1d | | | | | | |
| | | | | | | | | |
| e | Discount claimed for blockage or other factors (explain in detail in Part VI): | 1e | | | | | | |
| _2 | Acquisition indebtedness applicable to non-exempt-use assets | 2 | | | | | | |
| 3 | Subtract line 2 from line 1d. | 3 | | | | | | |
| 4 | Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions). | 4 | | | | | | |
| 5 | Net value of non-exempt-use assets (subtract line 4 from line 3) | 5 | | | | | | |
| 6 | Multiply line 5 by 0.035. | 6 | | | | | | |
| 7 | Recoveries of prior-year distributions | 7 | | | | | | |
| 8 | Minimum Asset Amount (add line 7 to line 6) | 8 | | | | | | |
| Se | ection C - Distributable Amount | | | Current Year | | | | |
| 1 | Adjusted net income for prior year (from Section A, line 8, column A) | 1 | | | | | | |
| 2 | Enter 0.85 of line 1. | 2 | | | | | | |
| 3 | Minimum asset amount for prior year (from Section B, line 8, column A) | 3 | | | | | | |
| 4 | Enter greater of line 2 or line 3. | 4 | | | | | | |
| 5 | Income tax imposed in prior year | 5 | | | | | | |
| 6 | Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). | 6 | | | | | | |
| 7 | | | ated Type III supporting | n organization | | | | |
| - | (see instructions). | .,cgrc | Jpo iii odpportii (| g 0. gann <u>a</u> aaon | | | | |

Schedule A (Form 990 or 990-EZ) 2020 Page **7**

| Part | Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) | | | | | | |
|---|--|-------------------------|------|----|-------|--|--|
| Sect | Current Year | | | | | | |
| 1 | Amounts paid to supported organizations to accomplish e | xempt purposes | | 1 | | | |
| 2 | Amounts paid to perform activity that directly furthers exe | mpt purposes of support | ed | | | | |
| | organizations, in excess of income from activity | | | 2 | | | |
| 3 | Administrative expenses paid to accomplish exempt purpo | 3 | | | | | |
| 4 Amounts paid to acquire exempt-use assets | | | | | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required - p | 5 | | | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | 6 | | | | | |
| 7 | 7 Total annual distributions. Add lines 1 through 6. 7 | | | | | | |
| 8 | 8 Distributions to attentive supported organizations to which the organization is responsive | | | | | | |
| (provide details in Part VI). See instructions. | | | | | | | |
| 9 | 9 Distributable amount for 2020 from Section C, line 6 9 | | | | | | |
| 10 | Line 8 amount divided by line 9 amount | | | 10 | | | |
| | | | (ii) | | (iii) | | |

| Section E - Distribution Allocations (see instructions) | | (i) Excess Distributions | (ii) Underdistributions Pre-2020 | (iii) Distributable Amount for 2020 |
|---|--|-----------------------------|--|---|
| 1 | Distributable amount for 2020 from Section C, line 6 | | | |
| 2 | Underdistributions, if any, for years prior to 2020 | | | |
| | (reasonable cause required - explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2020 | | | |
| a | From 2015 | | | |
| b | From 2016 | | | |
| C | From 2017 | | | |
| d | From 2018 | | | |
| е | From 2019 | | | |
| f | Total of lines 3a through 3e | | | |
| g | Applied to underdistributions of prior years | | | |
| h | Applied to 2020 distributable amount | | | |
| i | Carryover from 2015 not applied (see instructions) | | | |
| j | Remainder. Subtract lines 3g, 3h, and 3i from line 3f. | | | |
| 4 | Distributions for 2020 from | | | |
| | Section D, line 7: \$ | | | |
| a | Applied to underdistributions of prior years | | | |
| b | Applied to 2020 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from line 4. | | | |
| 5 | Remaining underdistributions for years prior to 2020, if | | | |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2020. Subtract lines 3h | | | |
| | and 4b from line 1. For result greater than zero, explain in | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2021. Add lines 3j | | | |
| | and 4c. | | | |
| 8 | Breakdown of line 7: | | | |
| а | Excess from 2016 | | | |
| b | Excess from 2017 | | | |
| С | Excess from 2018 | | | |
| d | Excess from 2019 | | | |
| е | Excess from 2020 | | | |

Schedule A (Form 990 or 990-EZ) 2020 Page 8

Part VI 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.)

| | | ATTACHMEN | Т 1 |
|--|-----------------------|--------------------|----------------------|
| SCHEDULE A, PART II - EXCESS CONTRIBUTIONS | = | | |
| (NOT OPEN TO PUBLIC INSPECTION) | | | EXCESS |
| CONTRIBUTOR NAME | TOTAL CONTRIBUTION | 2% OF 11(F) | CONTRIBUTION AMOUNT |
| THE SHUBERT FOUNDATION, INC. | 670,000. | 381,072. | 288,928. |
| TOTAL | 670,000. | | 288,928. |

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

2020

Employer identification number

| GOODSPEED OPERA HOUS | 13-1969314 | | | | | |
|---|--|----------------------|--|--|--|--|
| Organization type (check one | a): | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | X 501(c)(3) (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a | 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 trust trust treated as a private trust trust treated as a private trus | vate foundation | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | | | | | | |
| _ | n filing Form 990, 990-EZ, or 990-PF that received, during the year or property) from any one contributor. Complete Parts I and II. Secontributions. | | | | | |
| 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 (entering "N/A" in column (b) instead of the contributor name and address), 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 totaling \$5,000 or more during the year | | | | | | |
| | isn't covered by the General Rule and/or the Special Rules does st answer "No" on Part IV, line 2, of its Form 990; or check the b | • | | | | |

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) (2020)

Schedule B (Form 990, 990-EZ, or 990-PF) (2020)

Name of organization GOODSPEED OPERA HOUSE FOUNDATION, INC.

Employer identification number 13-1969314

| art I | Contributors | (see instructions). | Use duplicate copies | of Part I if additional | space 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 | ESTATE OF JOAN SCRANTON 15 TENNESSEE AVENUE WALLINGFORD, CT 06492 | \$ | 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 | \$ 603,799. | 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). Use duplicate copies of Part II if additional space is needed.

| (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 |
| | | \$ | |

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2020) 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 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

► 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.

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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 (elect | ion under section 501(n | i): Complete Part II-B. Do no | ot complete Part II-A. |
|--|---|--|--|--|
| organization answered "Yes," (See separate instructions), the | on Form 990, Part IV, line 5 (Proxy n | Tax) (See separate ii | nstructions) or Form 990-I | EZ, Part V, line 35c (Prox |
| | anizations: Complete Part III. | | | |
| e of organization | | | Employer ide | ntification number |
| | <u> </u> | | 13-1969 | |
| t I-A Complete if the c | organization is exempt under | section 501(c) or | is a section 527 orgai | nization. |
| Provide a description of the | organization's direct and indirect | political campaign a | ctivities in Part IV. (See in | nstructions for |
| definition of "political campa | nign activities") | | | |
| | | | | |
| Volunteer hours for political | campaign activities (See instruction | ons) | | |
| - | <u> </u> | | | |
| Enter the amount of any exc | cise tax incurred by the organization | on under section 495 | 5 ▶ \$ | |
| | | | | |
| = | | = | | |
| | | | | Yes No |
| | | | | |
| t I-C Complete if the c | organization is exempt under | section 501(c), ex | cept section 501(c)(3 | s). |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| Did the filing organization file | e Form 1120-POL for this year? | | | Yes No |
| | | | | |
| | | | | |
| | | | | |
| | · | <u> </u> | 1 | |
| (a) Name | (b) Address | (C) EIN | | (e) Amount of political contributions received and |
| | | | funds. If none, enter -0 | promptly and directly |
| | | | | delivered to a separate |
| | | | | political organization. If none, enter -0 |
| | | | | none, enter -o |
| | | | | |
| | | | | |
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| | | _ | | |
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| | | _ | | |
| | | | | |
| | e organization answered "Yes," (See separate instructions), the Section 501(c)(4), (5), or (6) organization DSPEED OPERA HOUSE INTERPOLATION OF The Complete if the Complete | corganization answered "Yes," on Form 990, Part IV, line 5 (Proxy (See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. of organization DSPEED OPERA HOUSE FOUNDATION, INC. tI-A Complete if the organization is exempt under Provide a description of the organization's direct and indirect definition of "political campaign activities") Political campaign activity expenditures (See instructions) Volunteer hours for political campaign activities (See instructions) Volunteer hours for political campaign activities (See instructions) It he amount of any excise tax incurred by the organization or lift the organization incurred a section 4955 tax, did it file Form Was a correction made? If "Yes," describe in Part IV. tI-C Complete if the organization is exempt under Enter the amount directly expended by the filing organization activities. Enter the amount of the filing organization's funds contributed 527 exempt function activities. Total exempt function expenditures. Add lines 1 and 2. En line 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification numl organization made payments. For each organization listed, et the amount of political contributions received that were pror as a separate segregated fund or a political action committee of the segregated fund or a political action committee of the segregated fund or a political action committee of the segregated fund or a political action committee of the segregated fund or a political action committee of the segregated fund or a political action committee of the segregated fund or a political action committee of the segregated fund or a political action committee of the segregated fund or a political action committee of the segregated fund or a political action committee of the segregated fund or a political action committee of the segregated fund or a political action committee of the segregated fund or a political action committee of the segregat | Roganization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (See separate in See separate instructions), then Section 501(c)(4), (5), or (6) organizations: Complete Part III. a of organization DSPEED OPERA HOUSE FOUNDATION, INC. **T-A** **Complete if the organization is exempt under section 501(c) or Provide a description of the organization's direct and indirect political campaign activities") Political campaign activity expenditures (See instructions) **Volunteer hours for political campaign activities (See instructions) **Volunteer hours for political campaign activities (See instructions) **Enter the amount of any excise tax incurred by the organization under section 495 Enter the amount of any excise tax incurred by organization managers under section for the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV. **Enter the amount directly expended by the filing organization for section 527 exactivities Enter the amount of the filing organization's funds contributed to other organization 527 exactivities. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Foline 17b Did the filing organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section organization made payments. For each organization listed, enter the amount paid the amount of political contributions received that were promptly and directly de as a separate segregated fund or a political action committee (PAC). If additional specific action is action committee (PAC). If additional specific ac | Section 501(c)(4), (5), or (6) organizations: Complete Part III. a of organization DSPEED OPERA HOUSE FOUNDATION, INC. LA Complete if the organization is exempt under section 501(c) or is a section 527 organ Provide a description of the organization's direct and indirect political campaign activities in Part IV. (See in definition of "political campaign activities") Political campaign activity expenditures (See instructions) Volunteer hours for political campaign activities (See instructions). LEB Complete if the organization is exempt under section 501(c)(3). Enter the amount of any excise tax incurred by the organization under section 4955. If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Was a correction made? If "Yes," describe in Part IV. LC Complete if the organization is exempt under section 501(c), except section 501(c)(3). Enter the amount directly expended by the filling organization for section 527 exempt function activities. Senter the amount of the filling organization's funds contributed to other organizations for section 527 exempt function activities. Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b. Did the filling organization file Form 1120-POL for this year? Enter the names, addresses and employer identification number (EIN) of all section 527 political organizorganization made payments. For each organization listed, enter the amount paid from the filling organization as exparate pas a separate segregated fund or a political action committee (PAC). If additional space is needed, provide if filling organization's filling organizatio |

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

| SCIII | edule C (Fullil 990 of 990-EZ) 2020 | COODDI | DDD OLDI | 01 11000DH 1 001 1 D | 211 1 OIV, 11VC. | 13 1 | JUJULI Fage Z |
|-------|--|--------------|--------------|---|--------------------|---------------------------|----------------|
| Pa | rt II-A Complete if the org section 501(h)). | ganizati | on is exen | npt under section | n 501(c)(3) and | filed Form 5768 (ele | |
| A | • • | | - | affiliated group (and excess lobbying exp | | ich affiliated group mem | ber's name, |
| В | Check ▶ if the filing organiz | zation ch | ecked box A | A and "limited contro | ol" provisions app | ly. | |
| | | | ying Expen | | | (a) Filing | (b) Affiliated |
| | (The term "expendit | ures" m | eans amour | nts paid or incurred. |) | organization's totals | group totals |
| 1a | Total lobbying expenditures to i | nfluence | public opini | ion (grassroots lobb | ying) | | |
| | Total lobbying expenditures to i | | _ | | | | |
| | Total lobbying expenditures (ad | | | | | | |
| | Other exempt purpose expendit | | | | | | |
| | Total exempt purpose expendit | • | | • | _ | | |
| f | Lobbying nontaxable amount. | Enter th | e amount | from the following | table in both | | |
| | columns. | | | | | | |
| | If the amount on line 1e, column (a |) or (b) is: | | | is: | | |
| | Not over \$500,000 | 2.000 | | amount on line 1e. | | | |
| | Over \$500,000 but not over \$1,000 | | | us 15% of the excess | | | |
| | Over \$1,000,000 but not over \$1,5 | | | us 10% of the excess | | | |
| | Over \$1,500,000 but not over \$17, Over \$17,000,000 | 000,000 | \$225,000 pi | us 5% of the excess of | over \$1,500,000. | | |
| _ | Grassroots nontaxable amount | (enter 2 | | | <u> </u> | | |
| _ | Subtract line 1g from line 1a. If | - | | | _ | | |
| i | Subtract line 1f from line 1c. If a | | | | | | |
| i | If there is an amount other th | | | | | ion file Form 4720 | |
| • | reporting section 4911 tax for t | | | | _ | | Yes No |
| | | | | aging Period Unde | | | |
| | (Some organizations tha | t made a | section 50 | 1(h) election do no | t have to comple | ete all of the five colun | nns below. |
| | | See | the separa | te instructions for l | ines 2a through | 2f.) | |
| | | Lobi | ying Expe | nditures During 4-Y | ear Averaging Per | riod | 1 |
| | Calendar year (or fiscal year beginning in) | (a) | 2017 | (b) 2018 | (c) 2019 | (d) 2020 | (e) Total |
| 2a | Lobbying nontaxable amount | | | | | | |
| b | Lobbying ceiling amount (150% of line 2a, column (e)) | | | | | | |
| | Total lobbying expenditures | | | | | | |
| d | | | | | | | |
| е | Grassroots ceiling amount (150% of line 2d, column (e)) | | | | | | |
| f | Grassroots lobbying expenditures | | | | | | |

| Sche | dule C (Form 990 or 990-EZ) 2020 | | | | | F | age 3 |
|------------------|---|--------|---------|-------------|---------|------|--------------|
| Pai | t II-B Complete if the organization is exempt under section 501(c)(3) and has NO (election under section 501(h)). | | | m 5768 | | | |
| For | each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed | (8 | a) | | (b) | | |
| | cription of the lobbying activity. | Yes | No | | Amour | nt | |
| 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 | - 1 | | | 4 | 000 |
| i | Other activities? | - 21 | | | | | 000 |
| 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). | ` | • | | | | |
| | | | | | , | es/ | 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 (b |) Par | t III-A, I | ine 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 | | | 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 | | | 3 | | | |
| 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 lead a like a condition agree to carryover to the reasonable estimate of nondeductible lead a like a condition agree. | - | - 1 | 4 | | | |
| 5 | and political expenditure next year? | | | 5 | | | |
| | t IV Supplemental Information | | | | | | |
| | ride 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 | ıp list |); Part II- | A, line | es 1 | and |
| 2 (S | 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 | STATI | ₹ | | | | |
| ο - - | CONNIDERATION AND THE DESCRIPTION CONTRACTOR CONTRACTOR CONTRACTOR | | | | | | |
| OF. | CONNECTICUT AND TO PROVIDE GOVERNMENTAL CONSULTING SERVICES. | | | | | | |
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| | | | | | | | |

Schedule C (Form 990 or 990-EZ) 2020 Page 4

Part IV Supplemental Information (continued)

SCHEDULE D (Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

2020
Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer identification number GOODSPEED OPERA HOUSE FOUNDATION, INC. 13-1969314 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? Yes Nο Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used 6 only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Yes No **Conservation Easements.** Part II Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 2c Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1.............................. If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: ▶ \$

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020

| | rt Organizations Maintaini | na Collections of | Δrt Histo | rical Tre | asures | or Other | Similar Assets | (continu | | age Z |
|-------|--|-------------------------------|-----------------|-------------|---------------|-------------|----------------------|-------------|----------|----------|
| 3 | Using the organization's acquisition | | | | | | | , | | of its |
| • | collection items (check all that app | | 7.1101 10001 | 40, 011001 | c arry or | 110 101101 | ving that make o | griirioarit | 400 0 | , 110 |
| а | Public exhibition | · y) · | d | Loan | or exchar | nge progra | m | | | |
| b | Scholarly research | | e | Other | on onoman | igo progra | | | | |
| C | Preservation for future general | rations | | | | | | | | |
| 4 | Provide a description of the organ | | and expla | ain how t | hev furth | ner the or | nanization's exem | nnt nurna | se in | Part |
| • | XIII. | nzanorro concentro | and oxpic | | inoy ranti | 101 1110 01 | gamzanon o oxon | ipi paipo | 00 111 | |
| 5 | During the year, did the organization | on solicit or receive o | lonations o | fart histo | orical trea | asures or | other similar | | | |
| • | assets to be sold to raise funds rath | | | | | | | Yes | | No |
| Pa | rt IV Escrow and Custodial A | | | | <u>-</u> | | | | | |
| | Complete if the organiza | | s" on Form | m 990, F | art IV, li | ne 9, or i | eported an amo | unt on F | orm | |
| | 990, Part X, line 21. | | | | | | • | | | |
| 1a | Is the organization an agent, trus | tee, custodian or of | ther interm | nediary fo | or contrib | outions or | other assets no | t | | |
| | included on Form 990, Part X? | | | | | | | Yes | ; X | No |
| b | If "Yes," explain the arrangement in | | | | | | | | | _ |
| | | | | | | | Amou | nt | | |
| С | Beginning balance | | | | 7 | Ic | | | | |
| | Additions during the year | | | | | ld | | | | |
| | Distributions during the year | | | | | le | | | | |
| f | Ending balance | | | | | lf | | | | |
| 2a | Did the organization include an am | | | | | custodial | account liability? | Yes | ; | No |
| b | If "Yes," explain the arrangement in | n Part XIII. Check he | ere if the ex | xplanation | has beer | n provided | on Part XIII | | [|] |
| Pa | rt V Endowment Funds. | | | | | | | | | |
| | Complete if the organiza | ition answered "Ye | s" on Fori | m 990, F | Part IV, li | ne 10. | | | | |
| | | (a) Current year | (b) Prio | r year | (c) Two | years back | (d) Three years back | (e) Fou | r years | back |
| 1a | Beginning of year balance | 4,684,027. | 4,42 | 5,578. | 4,3 | 53,654. | 4,323,713 | . 4, | 284, | 673. |
| | Contributions | 29,000. | 6 | 3,418. | 1 | 48,715. | 52,565 | | 35, | ,361. |
| | Net investment earnings, gains, | | | | | | | | | |
| | and losses | 2,160. | 20 | 0,031. | _' | 76,791. | 132,577 | | 58, | ,546. |
| d | Grants or scholarships | | | | | | | | | |
| | Other expenditures for facilities | | | | | | | | | |
| - | and programs | 1,500. | | 5,000. | | | 155,201 | | 54, | ,867. |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | 4,713,687. | 4,68 | 4,027. | 4,4 | 25,578. | 4,353,654 | . 4, | 323, | 713. |
| 2 | Provide the estimated percentage | of the current vear | end balance | e (line 1a. | column (| a)) held as | S: | | | |
| а | Board designated or quasi-endown | | _% | , 5, | ` | ,, | | | | |
| b | Permanent endowment ▶ 100.0 | 0000_% | | | | | | | | |
| С | Term endowment ▶ | % | | | | | | | | |
| | The percentages on lines 2a, 2b, a | ind 2c should equal 1 | 100%. | | | | | | | |
| 3a | Are there endowment funds not in | the possession of th | ne organiza | tion that | are held | and admi | nistered 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 liste | d as require | ed on Sch | edule R? | | | . 3b | | |
| 4 | Describe in Part XIII the intended u | | tion's endo | wment fur | nds. | | | | | |
| Pa | rt VI Land, Buildings, and Equ Complete if the organization | uipment. ation answered "V | e" on For | m 000 I | Part I\/ | ina 11a | See Form 990 I | Part Y liu | 10 10 | |
| | Description of property | (a) Cost or | | | or other basi | | cumulated | (d) Book v | | <u> </u> |
| | | (invest | | , (o | ther) | ` dep | reciation | | | |
| 1a | Land | | | | 64,144 | | 10.005 | | 64,1 | |
| b | Buildings | | | ⊥8,6 | 66,271 | 9,0 | 019,025. | 9,6 | 47,2 | 146. |
| С | Leasehold improvements | | | | .11 | | | | | 205 |
| d | Equipment | | | | 11,179 | | 576,273. | | 34,9 | |
| | Other | | | | 00,930 | | | | 00,9 | |
| ı ota | Add lines 1a through 1e (Column | Id) must equal Form | n uun Part | x column | n (K) line | 7()C) | ▶ | 11.0 | 47.2 | 1./b. |

Schedule D (Form 990) 2020

Schedule D (Form 990) 2020 Page 3

| Part VII | Investments - Other Securities. Complete if the organization answered | "Ves" on Form 990 |) Part IV line 11h See Form 990 | Part Y line 12 |
|--------------------|---|-------------------------|--|------------------|
| | (a) Description of security or category | (b) Book value | (c) Method of valuat | ion: |
| | (including name of security) | | Cost or end-of-year mark | et value |
| ` ' | al derivatives | | | |
| | held equity interests | | | |
| (3) Other _ (A) | | | | |
| (B) | | | | |
| (C) | | | | |
| (D) | | | | |
| (E) | | | | |
| (F) | | | | |
| (G) | | | | |
| (H) | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 12.) | | | |
| Part VIII | Investments - Program Related. | | | |
| | Complete if the organization answered | "Yes" on Form 990 |), Part IV, line 11c. See Form 990, | Part X, line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuat Cost or end-of-year mark | |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| <u>(9)</u> | | | | |
| | n (b) must equal Form 990, Part X, col. (B) line 13.) 🔒 🕨 | | | |
| Part IX | Other Assets. Complete if the organization answered | "Yes" on Form 990 |), Part IV, line 11d. See Form 990, | Part X, line 15. |
| | (a) Des | scription | | (b) Book value |
| (1) | | | | |
| (2) | | | | |
| (3) | | | | |
| (4) | | | | |
| (5) | | | | |
| (6) | | | | |
| (7) | | | | |
| (8) | | | | |
| (9) | was the second second forms and Domest V and the time | - 45 \ | | |
| | umn (b) must equal Form 990, Part X, col. (B) li | ne 15.) | <u></u> | |
| Part X | Other Liabilities. Complete if the organization answered | "Vos" on Form 000 | Dart IV line 11e or 11f See For | m 000 Part Y |
| | line 25. | 163 0111 01111 330 | o, raitiv, iiile rie or iii. Gee ron | 11 990, 1 att X, |
| 1. | | tion of liability | | (b) Book value |
| | ral income taxes | non or nability | | (b) Book value |
| | DEEMED GIFT CERTIFICATES | | | 1,198,267. |
| | TO GOODSPEED RESTAURANT INC | | | 44,923. |
| | RRED COMPENSATION PLAN PAYABLE | | | 624,763. |
| | ANNUITY OBLIGATIONS | | | 43,791. |
| (6) | | | | <u> </u> |
| (7) | | | | |
| (8) | | | | |
| (9) | | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 25.) | | | 1,911,744. |
| 2 Linbility fo | or uncertain tay positions. In Part VIII. provide the | tout of the feetwate to | the examination's financial statements th | and remarks tha |

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

Page 4 Schedule D (Form 990) 2020

| | C D (1 01111 330) 2020 | | r agc -r |
|-----------------|--|-----------|---|
| Part | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | n. | |
| 1 | Total revenue, gains, and other support per audited financial statements | 1 | 5,029,690. |
| 2 | Amounts included on line 1 but not on Form 990. Part VIII, line 12: | | |
| а | Net unrealized gains (losses) on investments | | |
| b C | Donated services and use of facilities | - | |
| d | Other (Describe in Part XIII.) | | |
| е | Add lines 2a through 2d | 2e | -665,560. |
| 3 | Subtract line 2e from line 1 | 3 | 5,695,250. |
| 4 a | Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a 39,535. | | |
| b | Other (Describe in Part XIII.) | | |
| | Add lines 4a and 4b | 4c | 39,535. 5,734,785. |
| 5 Part | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) | 5 Irn. | 3,734,763. |
| | Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. | | |
| 1 | Total expenses and losses per audited financial statements | 1 | 6,224,592. |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities 2a 42,814. | | |
| a b | Donated services and use of facilities | - | |
| C | Other losses | | |
| d | Other (Describe in Part XIII.) | | 151 100 |
| е | Add lines 2a through 2d | 2e 3 | 151,123. 6,073,469. |
| 3 4 | Subtract line 2e from line 1 | | , |
| a | Investment expenses not included on Form 990, Part VIII, line 7b 4a 39,535. | | |
| b | Other (Describe in Part XIII.) | | 39,535. |
| с 5 | Add lines 4a and 4b | 4c 5 | 6,113,004. |
| Part | XIII Supplemental Information. | | |
| Provide 2. Part | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; F XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform | Part V, | line 4; Part X, line |
| | PAGE 5 | iation | • |
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| | | | |

Part XIII Supplemental Information (continued)

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.

PART V, LINE 4:

AS OF DECEMBER 31, 2020 INVESTMENT RETURNS ON THE ORGANIZATION'S PERMANENT ENDOWMENT FUNDS WERE RESTRICTED BY THE DONORS FOR THE FOLLOWING PURPOSES:

- 1) \$1,552,336 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 XI, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATE CONSOLIDATION OF GOODSPEED RESTAURANT, INC. INCOME OF \$113,216 (EIN: 06-1390375) FORM 1120 FILED SEPARATELY.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

ELIMINATE CONSOLIDATION OF GOODSPEED RESTAURANT, INC. EXPENSE OF \$108,309 (EIN: 06-1390375) FORM 1120 FILED SEPARATELY.

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.

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information. 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, 2a 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) 2020

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

| Pa | rt I | Fundraising Events. Complete more than \$15,000 of fundrate events with gross receipts great the second seco | aising event contributi | | | |
|-----------------|------|---|--------------------------|--|---------------------|--|
| | | <u> </u> | (a) Event #1 GALA | (b) Event #2 | (c) Other events | (d) Total events (add col. (a) through |
| Ф | | | (event type) | (event type) | (total number) | col. (c)) |
| Revenue | 1 | Gross receipts | 154,709. | | | 154,709 |
| Ř | | Less: Contributions | 125,419. | | | 125,419 |
| _ | 3 | Gross income (line 1 minus line 2) | 29,290. | | | 29,290 |
| | 4 | Cash prizes | | | | |
| | 5 | Noncash prizes | | | | |
| sesue | 6 | Rent/facility costs | | | | |
| Direct Expenses | 7 | Food and beverages | | | | |
| Direc | 8 | Entertainment | | | | |
| | 9 | Other direct expenses | 29,290. | | | 29,290 |
| Pa | 11 | Direct expense summary. Add lin Net income summary. Subtract li Gaming. Complete if the org | ne 10 from line 3, colu | ımn (d) | <u> </u> | 29,290 reported more than |
| | | \$15,000 on Form 990-EZ, lin | ne 6a. | | | |
| Revenue | | | (a) Bingo | (b) Pull tabs/instant bingo/progressive bingo | (c) Other gaming | (d) Total gaming (add col. (a) through col. (c)) |
| Re | 1 | Gross revenue | | | | |
| ses | 2 | Cash prizes | | | | |
| Expenses | 3 | Noncash prizes | | | | |
| Direct F | | Rent/facility costs | | | | |
| | 5 | Other direct expenses | | | | |
| | | Volunteer labor | Yes % No | Yes% No | Yes% No | 0 |
| | 7 | Direct expense summary. Add lin | es 2 through 5 in colu | mn (d) | | |
| | 8 | Net gaming income summary. Su | ubtract line 7 from line | 1, column (d) | > | |
| 9 a k | ì | Enter the state(s) in which the org Is the organization licensed to con If "No," explain: | | in each of these state | es? | Yes No |
| 4.6 | | | | | | |
| 10 a k | | Were any of the organization's gamin If "Yes," explain: | | | uring the tax year? | Yes No |
| | | | | | | |

| Sched | ule G (Form 990 or 990-EZ) 2020 Page | ₃ 3 |
|-------|---|-----|
| 11 | | lo |
| 12 | Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity | |
| | | lo |
| 13 | Indicate the percentage of gaming activity conducted in: | |
| а | | % |
| b | | % |
| 14 | Enter the name and address of the person who prepares the organization's gaming/special events books and records: | |
| | Name ▶ | |
| | Address ► | |
| 15 a | Does the organization have a contract with a third party from whom the organization receives gaming | _ |
| | revenue? Yes N | 0 |
| b | If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ and the | |
| С | amount of gaming revenue retained by the third party ► \$ If "Yes," enter name and address of the third party: | |
| C | in res, enter name and address of the third party. | |
| | Name ▶ | |
| | Address ► | |
| 16 | Gaming manager information: | |
| | Name ▶ | |
| | Gaming manager compensation ►\$ | |
| | Description of services provided ▶ | |
| | Director/officer | |
| 17 | Mandatory distributions: | |
| а | Is the organization required under state law to make charitable distributions from the gaming proceeds to | |
| | retain the state gaming license? | lo |
| 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) 2020

SCHEDULE J (Form 990)

Compensation Information

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

13-1969314

Department of the Treasury Internal Revenue Service Name of the organization

GOODSPEED OPERA HOUSE FOUNDATION, INC.

Employer identification number

Questions Regarding Compensation Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal use Travel for companions Payments for business use of personal residence Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, chef) b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to 1b 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 2 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 Approval by the board or compensation committee Form 990 of other organizations 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: Χ 4a Х **b** Participate in or receive payment from a supplemental nonqualified retirement plan? 4b Χ If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: Χ 5a Х 5b If "Yes" on line 5a or 5b, describe in Part III. 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: 6a Х Χ 6b If "Yes" on line 6a or 6b, describe in Part III. For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed Χ payments not described on lines 5 and 6? If "Yes," describe in Part III. 7 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 X 8 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in

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

Schedule J (Form 990) 2020

GOODSPEED OPERA HOUSE FOUNDATION, INC. 13-1969314

Schedule J (Form 990) 2020 Page 2

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

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

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

| | | (B) Breakdown o | f W-2 and/or 1099-MI | SC compensation | (C) Retirement and | (D) Nontaxable | (E) Total of columns | (F) Compensation |
|-------------------------------|-------------|--------------------------|-------------------------------------|---|-----------------------------|----------------|----------------------|--|
| (A) Name and Title | | (i) Base compensation | (ii) Bonus & incentive compensation | (iii) Other reportable compensation | other deferred compensation | benefits | (B)(i)-(D) | in column (B) reported as deferred on prior Form 990 |
| PETER M. GENNARO | (i) | 252,058. | 0. | 0. | | 24,184. | 295,742. | |
| 1EXEC. DIRECTOR THRU 12/31/20 | (ii) | 0. | 0. | 0. | | | | |
| | (i) | | | | | | | |
| 2 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 3 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 4 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 5 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 6 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 7 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 8 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 9 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 10 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| | (ii) | | | | | | | |
| | (i) (ii) | | | | | | | |
| 12 | (i) | | | | | | | |
| 42 | (ii) | | | | | | | |
| 13 | (i) | | | | | | | |
| 14 | (ii) | | | | | | | |
| 14 | (i) | | | | | | | |
| 15 | (ii) | | | | | | | |
| | (i) | | | | | | | |
| 16 | (ii) | | | | | | | |
| · · | , , , | 1 | | L | | | l | <u> </u> |

Schedule J (Form 990) 2020

13-1969314

Schedule J (Form 990) 2020

Part | 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:

IN 2020, PETER M. GENNARO (EXECUTIVE DIRECTOR) WAS AWARDED \$19,500 IN

DEFERRED COMPENSATION. THE ORGANIZATION CONTRIBUTES TO A PLAN THAT

FOLLOWS THE IRS QUALIFIED THRESHOLD UNDER EMPLOYER CONTRIBUTORY PLANS.

ALL AMOUNTS ARE SUBJECT TO SUBSTANTIAL RIGHT OF FORFEITURE AND

PROVISIONS.

SCHEDULE L

Transactions With Interested Persons

(Form 990 or 990-EZ)

Department of the Treasury

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open To Public Inspection

Internal Revenue Service **Employer identification number** Name of the organization GOODSPEED OPERA HOUSE FOUNDATION, INC. 13-1969314 Part I Excess Benefit Transactions (section 501(c)(3), section 501(c)(4), and 501(c)(29) organizations only). Complete if the organization answered "Yes" on Form 990, Part IV, line 25a or 25b, or Form 990-EZ, Part V, line 40b. (d) Corrected? (b) Relationship between disqualified person and 1 (a) Name of disqualified person (c) Description of transaction organization Yes No (1) (2) (3)(4)(5) (6)Enter the amount of tax incurred by the organization managers or disqualified persons during the year Enter the amount of tax, if any, on line 2, above, reimbursed by the organization Part II Loans to and/or From Interested Persons. Complete if the organization answered "Yes" on Form 990-EZ, Part V, line 38a or Form 990, Part IV, line 26; or if the organization reported an amount on Form 990, Part X, line 5, 6, or 22. (b) Relationship (f) Balance due (g) In default? (h) Approved (i) Written (a) Name of interested person (c) Purpose of (d) Loan to or (e) Original with organization Ioan from the principal amount by board or agreement? organization? committee? From Yes No Yes No Yes No (1) (2) (3)(4) (5)(6) (7)(8)(9)(10)Total Part III Grants or Assistance Benefiting Interested Persons. Complete if the organization answered "Yes" on Form 990, Part IV, line 27. (a) Name of interested person (b) Relationship between interested (c) Amount of assistance (d) Type of assistance (e) Purpose of assistance person and the organization (1)(2) (3)(4)(5) (6) (7)

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

Schedule L (Form 990 or 990-EZ) 2020

(8) (9) (10)

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

Business Transactions Involving Interested Persons. Part IV

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

| (a) Name of interested person 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) 2020 Page 2

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 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).

ATTACHMENT 1

SCHEDULE L, PART IV

(A) NAME OF INTERESTED PERSON ANIKA CHAPIN

(B) RELATIONSHIP DAUGHTER OF TRUSTEE THEODORE CHAPIN

(C) AMOUNT 43,931. (D) DESCRIPTION OF TRANSACTION EMPLOYEE SERVICES

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Employer identification number

Name of the organization GOODSPEED OPERA HOUSE FOUNDATION, INC. 13-1969314 **Types of Property** (c) (a) (b) (d) Noncash contribution Check if Number of contributions or Method of determining amounts reported on applicable items contributed noncash contribution amounts Form 990, Part VIII, line 1g Art - Works of art 1 Art - Historical treasures 3 Art - Fractional interests Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 5. 66,135. FAIR MARKET VALUE X Securities - Publicly traded 10 Securities - Closely held stock Securities - Partnership, LLC, 11 or trust interests Securities - Miscellaneous 12 Qualified conservation contribution - Historic 14 Qualified conservation contribution - Other 15 Real estate - Residential Real estate - Commercial 16 Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other ►(26 Other ►(Other ►(27 28 Other ►(Number of Forms 8283 received by the organization during the tax year for contributions for 29 which the organization completed Form 8283, Part V, Donee Acknowledgement No Yes 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required X 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard Χ 31 contributions? 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash Χ 32a contributions? **b** If "Yes," describe in Part II. If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2020

describe in Part II.

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

Part II Suppleme

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) (2020)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

13-1969314

GOODSPEED OPERA HOUSE FOUNDATION, INC.

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)
ENCOURAGES 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 EMPLOYEES (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) 2020 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.

FROM 990, PART VI, SECTION A, LINE 4:

IN 2021, GOODSPEED MUSICALS SHIFTED THE EXECUTIVE LEADERSHIP FROM A SINGLE-PERSON EXECUTIVE DIRECTOR POSITION TO A DUAL-LEADERSHIP MODEL WITH AN ARTISTIC DIRECTOR AND A MANAGING DIRECTOR.

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

Name of the organization $\label{eq:goodspeed} \mbox{GOODSPEED OPERA HOUSE FOUNDATION, INC.}$

Employer identification number 13-1969314

ATTACHMENT 2 (CONT'D)

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

DURING 2020, THE GOODSPEED OPERA HOUSE FOUNDATION, INC. WAS SEVERELY AFFECTED BY THE COVID-19 PANDEMIC AND THE ENSUING RESTRICTIONS ON BUSINESS AND PUBLIC GATHERINGS ISSUED BY THE STATE OF CONNECTICUT. IN THE INTEREST OF PUBLIC HEALTH AND SAFETY, AFTER MARCH 17, 2020, GOODSPEED MOVED TO A FULLY-REMOTE OPERATION, AND ALL IN-PERSON MEETINGS, SERVICES, REHEARSALS, AND PRODUCTIONS CEASED. THIS CONTINUED THROUGH AND BEYOND THE END OF 2020. IN ORDER TO MAINTAIN A COMMITMENT TO OUR MISSION AND DEDICATION TO THE HERITAGE OF MUSICAL THEATRE, GOODSPEED STAFF PIVOTED TO A SERIES OF ONLINE, STREAMING PROGRAMS. GREATSPEED HIGHLIGHTED AND EXPLORED PREVIOUS GOODSPEED OPERA HOUSE PRODUCTIONS INCLUDING SHOW BOAT, LA CAGE AUX FOLLES, MY ONE AND ONLY, BRIGADOON AND FIDDLER ON THE ROOF, SHARING VIDEO FROM THOSE PRODUCTIONS WITH OUR PATRONS. IN THE (HOME) OFFICE FOCUSED ON NEW WORK DEVELOPMENT AND FEATURED EMERGING WRITERS WITH WHOM WE HAVE WORK IN DEVELOPMENT. THESE PROGRAMS WERE SHARED WITH 11,690 PEOPLE AROUND THE WORLD WITH OVER A TOTAL OF 38 STREAMED PROGRAMS. TO FURTHER OUR MISSION AND EXPAND OUR REACH, WE LAUNCHED A PODCAST FOCUSED ON THE CLASSIC MUSICAL THEATRE CANON. EACH OF THE 26 EPISODES OF THE IN THE SPOTLIGHT PODCAST FEATURED GOODSPEED ARTISTIC STAFF EXAMINING THE HISTORY AND STRUCTURE OF A CLASSIC PIECE OF MUSICAL THEATRE. THE PODCAST HAS SEEN 4,794 DOWNLOADS FROM FANS ALL AROUND THE GLOBE. OVER THE SUMMER WE WERE ABLE TO FURTHER SUPPORT OUR MISSION BY PRODUCING A SERIES OF COVID SAFE OUTDOOR CONCERTS FEATURING MUSICAL THEATER ARTISTS AND THEMES. WE HAD A TOTAL OF 2477 PATRONS

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

Name of the organization

GOODSPEED OPERA HOUSE FOUNDATION, INC.

Employer identification number

13-1969314

ATTACHMENT 2 (CONT'D)

ATTEND OVER 22 PERFORMANCES.

IN EARLY 2020 WE WERE ABLE TO FULFILL A PORTION OF THE GOODSPEED MISSION TO DEVELOP NEW WORKS TO ADD TO THE REPERTOIRE WITH THE 15TH FESTIVAL OF NEW MUSICALS, THE NYU GRADUATE MUSICAL THEATRE WRITING PROGRAM RESIDENCY AND THE JOHNNY MERCER WRITERS GROVE WHERE 50 WRITERS WERE IN RESIDENCE FOR FOUR WEEKS TO WORK ON NEW MUSICALS.

ALSO DURING 2020, GOODSPEED WAS ABLE TO HOLD SEVERAL EDUCATION PROGRAMS VIRTUALLY, FOLLOWING A SUCCESSFUL IN-PERSON 10TH ANNIVERSARY MUSIC DIRECTION INTENSIVE IN JANUARY. THESE PROGRAMS INCLUDED VIRTUAL KIDS COMPANY CLASSES, MASTER CLASSES, AND PROFESSIONAL DEVELOPMENT INTENSIVES AND SEMINARS. THESE BROUGHT NEARLY 150 STUDENTS AND ADULTS FROM CT AND MANY OTHER STATES "TO GOODSPEED" TO LEARN ABOUT MUSICAL THEATER AND HONE THEIR CRAFT. IN ADDITION, 350 STUDENTS FROM NEARBY TOWNS AND REGIONS WERE SERVED BY SIX VIRTUAL ARTS EDUCATION COLLABORATION RESIDENCIES-VIRTUAL FIELDTRIPS WHERE STUDENTS PARTICIPATED IN WORKSHOPS AND WERE ABLE TO WATCH FULL PERFORMANCES OF SOME OF OUR PAST PRODUCTIONS.

ATTACHMENT 3

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

NAME AND ADDRESS DESCRIPTION OF SERVICES COMPENSATION

BLUM SHAPIRO CONSULTING ACCOUNTING 161,671.

75 ROCKEFELLER PLAZA NEW YORK, NY 10019

CENTERBROOK ARCHITECTS AND PLANNERS LLC ARCHITECTS 105,584.

67 MAIN ST., PO BOX 955

Schedule O (Form 990 or 990-EZ) 2020 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

CENTERBROOK, CT 06409-0955

(e) End-of-year assets

(d) Total income

1:29:04 PM V 20-6.5F

Name, address, and EIN (if applicable) of disregarded entity

SCHEDULE R (Form 990)

Part I

(1)

JSA 0E1307 1.000

3430LU L44A 9/2/2021

Department of the Treasury

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Internal Revenue Service

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

Primary activity

(c) Legal domicile (state

or foreign country)

OMB No. 1545-0047

2020

Open to Public Inspection

(f) Direct controlling

entity

PAGE 54

Name of the organization

GOODSPEED OPERA HOUSE FOUNDATION, INC.

Employer identification number
13-1969314

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

| (2) | | | | | | | | | |
|----------|---|--------------------------------|-------|---|-------------------|--|-------------------------------|----------|-------------------------------------|
| (3) | | | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | | | | | | | | |
| (6) | | | | | | | | | |
| Part II | Identification of Related Tax-Exempt Organizations. one or more related tax-exempt organizations during t | Complete if th he tax year. | e org | anization answ | vered "Yes" on Fo | orm 990, Part IV, | line 34, because | it had | |
| | (a) Name, address, and EIN of related organization | (b) Primary activi | ity | (c) Legal domicile (state or foreign country) | | (e) Public charity status (if section 501(c)(3)) | (f) Direct controlling entity | conti | g) 512(b)(13) rolled tity? |
| (1) | | | | | | | | Yes | No |
| (2) | | | | | | | | <u> </u> | |
| (3) | | _ | | | | | | | |
| (4) | | | | | | | | | |
| (5) | | _ | | | | | | | |
| (6) | | | | | | | | | |
| (7) | | | | | | | | | |
| For Pape | rwork Reduction Act Notice, see the Instructions for Form 9 | 990. | | | | | Schedule R | (Form 9 | 90) 2020 |

9052835

Schedule R (Form 990) 2020

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

| (a) Name, address, and EIN of related organization | (b) Primary activity | (c) Legal domicile (state or foreign country) | (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 | Disprop | h) portionate ations? | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | (j) General or managing partner? | | (k) Percentage ownership |
|--|--------------------------------|---|-------------------------------|---|---------------------------------|--|---------|-----------------------------|---|---|----|--------------------------------|
| | | Country) | | | | | Yes | No | | Yes | No | |
| (1) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| _(3) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | |
| | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | |
| | | | | | | | | | | | | |

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

| (a) Name, address, and EIN of related organization | | (b) Primary activity | (c) Legal domicile (state or foreign country) | (d) Direct controlling | (e) Type of entity (C corp, S corp, or trust) | (f) Share of total income | (g) Share of end-of-year assets | (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 | CT | GOODSPEED OPERA | C CORP | 113,216. | 135,842. | 100.0000 | |
| _(2) | | | | | | | | | |
| | | | | | | | | | |
| (3) | | | | | | | | | |
| | | 1 | | | | | | | |
| (4) | | | | | | | | | |
| | | 1 | | | | | | | |
| (5) | | | | | | | | | |
| (4) | | - | | | | | | | |
| (6) | | | | | | | | | \vdash |
| 177 | | 1 | | | | | | | |
| (7) | | | | | | | | | |
| 7.7 | | 1 | | | | | | | |
| | | | | | | | | 1 | |

Page 3 Schedule R (Form 990) 2020

| Par | Transactions With Related Organizations. Complete if the organization answered "Ye | es" on Form 990, Pai | rt IV, line 34, 35b, or 36. | | | | |
|-----|--|---------------------------|------------------------------|--------------|--------|-------|-----|
| Not | e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. | | | | | Yes | No |
| 1 | During the tax year, did the organization engage in any of the following transactions with one or more | related organizations lis | sted in Parts II-IV? | | | | |
| а | Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity | • | | | 1a | X | |
| | Gift, grant, or capital contribution to related organization(s) | | | | 1b | | X |
| | Gift, grant, or capital contribution from related organization(s) | | | | 1c | | Х |
| | Loans or loan guarantees to or for related organization(s) | | | | 1d | | Х |
| е. | Loans or loan guarantees by related organization(s) | | | | 1e | | Х |
| | 20ano on loan guaranto de sy rolated organization(o) | | | | | | |
| f | Dividends from related organization(s) | | | | 1f | | |
| | Sale of assets to related organization(s) | | | | 1g | | Х |
| | Purchase of assets from related organization(s). | | | | 1h | | Х |
| i | Exchange of assets with related organization(s) | | | | 1i | | Х |
| ÷ | Lease of facilities, equipment, or other assets to related organization(s). | | | | 1j | Х | |
| , | Lease of facilities, equipment, of other assets to related organization(s), | | | | | | |
| k | Lease of facilities, equipment, or other assets from related organization(s) | | | | 1k | | Х |
| ı | Performance of services or membership or fundraising solicitations for related organization(s) | | | | 11 | | Х |
| m. | Performance of services or membership or fundraising solicitations by related organization(s) | | | | 1m | | X |
| | Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) | | | | 1n | | Х |
| | Sharing of paid employees with related organization(s) | | | | 10 | Х | |
| Ū | onaning of paid employees with related organization(s) | | | | | | |
| p | Reimbursement paid to related organization(s) for expenses | | | | 1р | | Х |
| q | Reimbursement paid by related organization(s) for expenses | | | | 1q | | Х |
| ٩ | Tollinguisoment paid by Toldiod organization(b) for expenses 1111111111111111111111111111111111 | | | | | | |
| r | Other transfer of cash or property to related organization(s) | | | | 1r | | Х |
| S | Other transfer of cash or property from related organization(s). | | | | 1s | | X |
| 2 | If the answer to any of the above is "Yes," see the instructions for information on who must complete | this line, including cove | ered relationships and trans | action thres | | ls. | |
| | (a) | (b) | (c) | | (d) | | |
| | Name of related organization | Transaction | Amount involved | Method o | | | ng |
| | | type (a-s) | | amou | nt inv | oivea | |
| | | | | | | | |
| (1) | THEATRE AND RESTAURANT SHARE CERTAIN STAFF | 0 | 57,345. | FAIR M | IARK | ET | VAL |
| | | | | | | | |
| (2) | THEATRE RECEIVES A MONTHLY RENTAL FEE | A | 113,216. | FAIR M | IARK | ET | VAL |
| | | | | | | | |

| | type (a-s) | | amount involved |
|---|------------|----------|-----------------|
| | | | |
| (1) THEATRE AND RESTAURANT SHARE CERTAIN STAFF | 0 | 57,345. | FAIR MARKET VAL |
| | | | |
| (2) THEATRE RECEIVES A MONTHLY RENTAL FEE | A | 113,216. | FAIR MARKET VAL |
| | | | |
| (3) ORGANIZATION LEASES THE RESTAURANT A BUILDING | J | 113,216. | FAIR MARKET VAL |
| | | | |
| (4) | | | |
| | | | |
| (5) | | | |
| | | | |

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020

Part VI 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) | micile Predominant income (related, y) unrelated, excluded from tax under | | Are all partners section 501(c)(3) organizations? | | (g) Share of end-of-year assets | (h) Disproportionate allocations? | | (i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065) | General or managing partner? Yes No | | ownership | |
|---|--------------------------------|---|---|-----|---|--|--|-----------------------------------|----|---|--------------------------------------|----|-----------|--|
| (4) | | | sections 512 - 514) | Yes | No | | | Yes | No | | Yes | No | | |
| (1) | | | | | | | | | | | | | | |
| (2) | | | | | | | | | | | | | | |
| (3) | | | | | | | | | | | | | | |
| (4) | | | | | | | | | | | | | | |
| (5) | | | | | | | | | | | | | | |
| (6) | | | | | | | | | | | | | | |
| (7) | | | | | | | | | | | | | | |
| (8) | | | | | | | | | | | | | | |
| (9) | | | | | | | | | | | | | | |
| (10) | | | | | | | | | | | | | | |
| (11) | | | | | | | | | | | | | | |
| (12) | | | | | | | | | | | | | | |
| (13) | | | | | | | | | | | | | | |
| (14) | | | | | | | | | | | | | | |
| (15) | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| (16) | | | | | | | | | | | | | | |

Schedule R (Form 990) 2020

Schedule R (Form 990) 2020 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))

| (and proxy tax und | uei sec | 11011 0033(e)) | |
|-------------------------------------|---------|-----------------------------|-------|
| ar 2020 or other tay year heginning | 01/01 | 2020 and ending | 12/31 |

OMB No. 1545-0047

| | | For cale | endar year 2 | 2020 or other tax y | ear begi | nning 01/ | <u>01</u> , | 2020, and ending | 1 | 2/31 _{,2} | 20_2 | 0 | 20 | 20 |
|----------|---|----------------|---------------|------------------------------|-----------|---------------------|-------------|--------------------|----------|--------------------|----------|----------|--|----------------|
| | rtment of the Treasury nal Revenue Service | | | to www.irs.gov/F | | | | | | | | | Open to Public I | Inspection for |
| _ | | ▶ Do | | SSN numbers on the | | | | | | n is a 501(c | | | 501(c)(3) Organ oyer identification | |
| A | Check box if address changed. | | | organization (PEED OPERA | | | _ | | .) | | | - | 1969314 | n number |
| ВЕх | empt under section | Print | | street, and room or | | | | <u> </u> | | | Е | Group | exemption num | nber |
| X | 501(C)(3) | or Type | P.O. | BOX A | | | | | | | | (see in | structions) | |
| | 408(e) 220(e) | | City or to | wn, state or provin | ce, count | try, and ZIP or for | eign | oostal code | | | | | | |
| | 408A 530(a) | | | HADDAM, CT | | | | | | | F | | Check box if an amended ret | urn. |
| | 529(a) 529A | C Bool | ok value of a | all assets at end of y | ear | | | | | | L | | | |
| | Check organization t | , , | | 1(c) corporation | | 501(c) trust | | 401(a) trust | | Other trus | _ | | Applicable reins | urance entity |
| | Check if filing only to | | | aim credit from Fo | | | 4:41- | Claim a refund | | | | | | |
| | Check if a 501(c)(3) | | | | | | | | | | | | | ▶∟ |
| | Inter the number of | | | | | | | | | | | | | es X No |
| | Ouring the tax year, f "Yes," enter the na | | | | | | a pa | rent-subsidiary co | ontrolle | ea group? | • • | | ▶□ ٢ | es 🔼 No |
| | he books are in care | | | <u> </u> | areni co | orporation - | | Telephone | numh | ner ► 86 | in – | 873- | -8664 | |
| - ' | The books are in ear | 201 - | | 2. 2112 | | | | reiephone | , manni | JCI P 00 | | 0,0 | 0001 | |
| | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | |
| Pa | rt I Total Unre | elated E | Busines | s Taxable Inco | ome | | | | | | | | | |
| 1 | Total of unrelat | ed busir | iness taxa | able income co | mputed | l from all ur | nrela | ited trades or | busin | esses (se | ee | | | |
| | instructions) | | | | | | | | | | | 1 | | |
| 2 | Reserved | | | | | | | | | | | 2 | | |
| 3 | Add lines 1 and 2 | 2 | | | | | | | | | | 3 | | |
| 4 | Charitable contrib | outions (s | see instru | ctions for limitatio | n rules) | | | | | | | 4 | | |
| 5 | Total unrelated by | | | | | - | | | | | | 5 | | 0. |
| 6 | Deduction for net | | | | | | | | | | | 6 | | |
| 7 | Total of unrelat | | | | | | | | | | | | | |
| | Subtract line 6 fro | | | | | | | | | | | 7 | | |
| 8 | Specific deductio | | | | | | | | | | | 8 | | |
| 9 | Trusts. Section 1 | | | | | | | | | | | 9 | | |
| 10 11 | Total deductions. Unrelated busine | | | | | | | | | | | 10 | | |
| | | | | | | | | • | | | | 11 | | 0. |
| Pa | rt II Tax Com | | | | <u></u> | | | | | | <u> </u> | 1 11 | | |
| 1 | Organizations ta | | | ons. Multiply Part | I. line | 11 by 21% (0.2 | 1) | | | | | 1 | | |
| 2 | Trusts taxable | | - | | | • • | | | | | on | <u> </u> | | |
| _ | Part I, line 11 fron | Г | | ate schedule or | | | | 041) | | | • | 2 | | |
| 3 | Proxy tax. See in | _ | | | | | | | | | • | 3 | | |
| 4 | Other tax amount | | | | | | | | | | | 4 | | |
| 5 | Alternative minim | | | | | | | | | | | 5 | | |
| 6 | Tax on noncomp | | | | | | | | | | | 6 | | |
| 7 | Total. Add lines 3 | | | | | | | | | | | 7 | | |

For Paperwork Reduction Act Notice, see instructions.

Form **990-T** (2020)

| Form | 990-T (20 | GOODSPEED OPERA HOUSE FOUNDATION, INC. | 13-196 | 59314 | Page 2 |
|-------|------------------|---|---------------|--|----------------|
| Par | t III | Tax and Payments | | | |
| | | tax credit (corporations attach Form 1118; trusts attach Form 1116) | | | |
| | | edits (see instructions) | | | |
| С | | business credit. Attach Form 3800 (see instructions) | | | |
| d | | or prior year minimum tax (attach Form 8801 or 8827) | | | |
| e | | edits. Add lines 1a through 1d. | 1e | | |
| 2 | | line 1e from Part II, line 7 | 2 | | |
| 3 | | es. Check if from: Form 4255 Form 8611 Form 8697 Form 8866 | | | |
| • | Other tax | Other (attach statement) | 3 | | |
| 4 | Total to | c. Add lines 2 and 3 (see instructions). Check if includes tax previously deferred under | | | |
| - | | | 4 | | 0. |
| _ | | 1294. Enter tax amount here | 5 | | |
| 5 | | | 3 | | |
| 6 a | | ts: A 2019 overpayment credited to 2020 | | | |
| b | | timated tax payments. Check if section 643(g) election applies ▶ 6b | | | |
| С. | | osited with Form 8868 | | | |
| d | | organizations: Tax paid or withheld at source (see instructions) 6d | | | |
| e | • | withholding (see instructions) | | | |
| f | | or small employer health insurance premiums (attach Form 8941) 6f | | | |
| g | | edits, adjustments, and payments: Form 2439 | | | |
| | | orm 4136 Other Total ▶ 6g | | | |
| 7 | | yments. Add lines 6a through 6g | 7 | | |
| 8 | | ed tax penalty (see instructions). Check if Form 2220 is attached | 8 | | |
| 9 | Tax due | If line 7 is smaller than the total of lines 4, 5, and 8, enter amount owed | 9 | | |
| 10 | Overpay | ment. If line 7 is larger than the total of lines 4, 5, and 8, enter amount overpaid. | 10 | | |
| 11 | | amount of line 10 you want: Credited to 2021 estimated tax ▶ Refunded ▶ | 11 | | |
| Par | t IV | Statements Regarding Certain Activities and Other Information (see instructions | 5) | | |
| 1 | At any | time during the 2020 calendar year, did the organization have an interest in or a signature or | other au | thority 🔼 | Yes No |
| | over a | financial account (bank, securities, or other) in a foreign country? If "Yes," the organization ma | y have t | to file | |
| | FinCEN | Form 114, Report of Foreign Bank and Financial Accounts. If "Yes," enter the name of the | foreign c | ountry | |
| | here > | | | L | X |
| 2 | During | the tax year, did the organization receive a distribution from, or was it the grantor of, or t | ransferor | to, a | |
| | foreign t | rust? | | | X |
| | If "Yes," | see instructions for other forms the organization may have to file. | | | |
| 3 | Enter th | e amount of tax-exempt interest received or accrued during the tax year | | | |
| 4 a | Did the | organization change its method of accounting? (see instructions) | | | X |
| b | If 4a i | s "Yes," has the organization described the change on Form 990, 990-EZ, 990-PF, or Form | 1128? If | "No," | |
| | explain i | n Part V | <u> </u> | <u> </u> | |
| Par | t V | Supplemental Information | | | |
| Provi | de the ex | planation required by Part IV, line 4b. Also, provide any other additional information. See instructions. | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | der penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the boundary of the penalties of perjury. | est of my kr | nowledge and | d belief, it i |
| Sigr | ı 📗 tru | e, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. | the IDO | diogram | hio rotur |
| Her | | $A \cap A \cap$ | • | discuss the discuss the discussion of the discus | |
| | | | instructions) | | |
| | | Print/Type preparer's name | if | PTIN | |
| Paid | | CARLIED THE DENDALL CDA (All C & Sendal 00/06/0001 | mployed | P0052 | 1196 |
| | arer | LITEURIGUEEU PROUNT PG | | 2-2027 | |
| IICA | Only | Time | | | |

Use Only JSA 0X2741 1.000

Form **990-T** (2020)

Phone no. 212-751-9100

Firm's address ▶ 1411 BROADWAY 9TH FLOOR, NEW YORK, NY 10018

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

2020

OMB No. 1545-0074

► Go to www.irs.gov/Form990T for instructions and the latest information.

Open to Public Inspection for

Department of the Treasury

▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

| nternal Revenue Service | , , , | 50 I(c)(3) Organizations Only |
|--|-------|----------------------------------|
| A Name of the organization | | B Employer identification number |
| GOODSPEED OPERA HOUSE FOUNDATION, INC. | | 13-1969314 |
| C Unrelated business activity code (see instructions) ▶ 711100 | 1 | D Common 1 |
| Unrelated business activity code (see instructions) ► /±±±∪∪ | / | D Sequence: ↓ of ↓ |

E Describe the unrelated trade or business ► WARDROBE INCOME AND EXPENSES Part I (B) Expenses **Unrelated Trade or Business Income** (A) Income (C) Net **1a** Gross receipts or sales Less returns and allowances c Balance ▶ 1c 2 2 3 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 4a **b** Net gain (loss) (Form 4797) (attach Form 4797) (see instructions) Capital loss deduction for trusts........ 4c Income (loss) from a partnership or an S corporation (attach 5 Rent income (Part IV) 6 6 7 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI).............. 9 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII)............. 10 10 Advertising income (Part IX).......... 11 12 12 13 13 Part II Deductions Not Taken Elsewhere (See instructions for limitations on deductions) Deductions must be directly connected with the unrelated business income 1 2 2 3 3 4 4 5 5 6 6 7 7 Less depreciation claimed in Part III and elsewhere on return 8a 8 8b 9 Depletion....... 10 10 11 11 12 12 13 13 14 15 15 16 Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13, 16 17 Unrelated business taxable income. Subtract line 17 from line 16.

For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2020

Page 2

| Par | Cost of Goods Sold | Enter method of inver | ntory valuation > | | |
|-------------|--|------------------------------|-------------------------------|---------------------------------------|--------|
| 1 | Inventory at beginning of year | | | 1 | |
| 2 | Purchases | | | | |
| 3 | Cost of labor | | | | |
| 4 | Additional section 263A costs (attach statement | | | | |
| 5 | Other costs (attach statement) | | | | |
| 6 | Total. Add lines 1 through 5 | | | | |
| 7 | Inventory at end of year | | | | |
| 8 | Cost of goods sold. Subtract line 7 from line 6. | | | | |
| 9 | Do the rules of section 263A (with respect to pr | | | | Yes No |
| _ | Rent Income (From Real Property | | | | |
| 1 | Description of property (property street address, | | | | |
| • | A Property (property street address, | ony, state, 211 code). One | cck ii a ddai-d3c (3cc iii3ti | uctions) | |
| | В — | | | | |
| | | | | | |
| | <u>c</u> | | | | |
| | D | A | В | С | D |
| | | Α | В | C | ע |
| 2 | Rent received or accrued | | | | |
| а | From personal property (if the percentage of | | | | |
| | rent for personal property is more than 10% | | | | |
| | but not more than 50%) | | | | |
| b | From real and personal property (if the | | | | |
| | percentage of rent for personal property | | | | |
| | exceeds 50% or if the rent is based on profit or | | | | |
| | income) | | | | |
| С | Total rents received or accrued by property. | | | | |
| | Add lines 2a and 2b, columns A through D | | | | |
| 3 | Total rents received or accrued. Add line 2c col | umns A through D. Enter | here and on Part I, line 6, | column (A) | |
| | | | | | |
| 4 | Deductions directly connected with the income | | | | |
| | in lines 2(a) and 2(b) (attach statement) | | | | |
| 5 | Total deductions. Add line 4 columns A through | D. Enter here and on Par | rt I, line 6, column (B) | ▶ . | |
| | | | | | |
| Par | t V Unrelated Debt-Financed Income | (see instructions) | | | |
| 1 | Description of debt-financed property (street add | dress, city, state, ZIP code | e). Check if a dual-use (see | e instructions) | |
| | Α | | | | |
| | В | | | | |
| | c | | | | |
| | D | | | | |
| | | Α | В | С | D |
| 2 | Gross income from or allocable to debt-financed | | | | |
| | property | | | | |
| 3 | Deductions directly connected with or allocable | | | | |
| | to debt-financed property | | | | |
| а | Straight line depreciation (attach statement) | | | | |
| b | Other deductions (attach statement) | | | | |
| С | Total deductions (add lines 3a and 3b, | | | | |
| | columns A through D) | | | | |
| 4 | Amount of average acquisition debt on or allocable | | | | |
| | to debt-financed property (attach statement) | | | | |
| 5 | Average adjusted basis of or allocable to debt- | | | | |
| - | financed property (attach statement) | | | | |
| 6 | Divide line 4 by line 5 | % | % | % | % |
| 7 | Gross income reportable. Multiply line 2 by line 6 | | 70 | 70 | 70 |
| 8 | Total gross income (add line 7, columns A thro | | Part L line 7_column (A) | | |
| - | 9. 22 (aaa) , oolaliilo // lillo | | , , 55,611111 (71) | · · · · · · · · · · · · · · · · · · · | |
| 9 | Allocable deductions. Multiply line 3c by line 6 | | | | |
| 10 | Total allocable deductions. Add line 9, columns | | and on Part I, line 7, colur | mn (B) | |
| 11 | Total dividends-received deductions included in | • | | • • | |

JSA 0X2751 2.000

Schedule A (Form 990-T) 2020

Page 3 Schedule A (Form 990-T) 2020

| Part VI Interest, Ann | nuities Poval | tips and Pont | s from Controlled Organi | izations (see instructions) | r age e |
|---------------------------------|-----------------------------------|---|---------------------------------------|---|---|
| miterest, Am | idities, Royal | and Nem | | ntrolled Organizations | |
| Name of controlled organization | 2. Employer identification number | 3. Net unrelated income (loss) (see instructions | 4. Total of specified payments made | 5. Part of column 4 that is included in the controlling organization's gross income | Deductions directly connected with income in column 5 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| | | Nonexe | empt Controlled Organization | ns | |
| 7. Taxable income | in | Net unrelated come (loss) e instructions) | 9. Total of specified payments made | 10. Part of column 9 that is included in the controlling organization's gross income | 11. Deductions directly connected with income in column 10 |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Totals | | | | Add columns 5 and 10. Enter here and on Part I, line 8, column (A) | Add columns 6 and 11. Enter here and on Part I, line 8, column (B) |
| 1. Description of income | | nount of income | 3. Deductions | 4. Set-asides | 5. Total deductions |
| | | | directly connected (attach statement) | (attach statement) | and set-asides (add columns 3 and 4) |
| (1) | | | | | |
| (2) | | | | | |
| (3) | | | | | |
| (4) | | | | | |
| Totals | Enter h line | ounts in column 2. ere and on Part I, 9, column (A) | | | Add amounts in column 5. Enter here and on Part I, line 9, column (B) |
| | | v Income. Oth | er Than Advertising Inco | me (see instructions) | |
| 1 Description of exploited a | • | ,, our | | (550 111011 40110110) | |
| • | · — | trade or busin | ness. Enter here and on Pa | art I. line 10, column (A) | 2 |
| | | | related business income. En | , | _ |
| line 10, column (B) | • | | | | 3 |
| , , , , | | ade or business | . Subtract line 3 from line | e 2. If a gain, complete | |
| lines 5 through 7 | | | | | 4 |
| 5 Gross income from activi | | | ome | | 5 |
| 6 Expenses attributable to | • | | | | 6 |
| • | | | 6, but do not enter more | than the amount on line | |
| 4. Enter here and on Part | II, line 12 | | | | 7 |

Schedule A (Form 990-T) 2020

Schedule A (Form 990-T) 2020 Page 4

| | rt IX Advertising Income | | | | |
|---------------------------|--|--------------------------------------|-------------------------|-------------------------|------------------------------------|
| 1 | Name(s) of periodical(s). Check box if | reporting two or more periodicals of | n a consolidated basis. | | |
| | A . | | | | |
| | В | | | | |
| | c | | | | |
| | D - | | | | |
| =nter | amounts for each periodical listed above | e in the corresponding column | | | |
| | amounto for each periodical noted above | A | В | С | D |
| • | | | | | |
| 2 | Gross advertising income | | | | |
| а | Add columns A through D. Enter here a | and on Part I, line 11, column (A). | | | |
| | | | | | |
| 3 | Direct advertising costs by periodical . | | | | |
| а | Add columns A through D. Enter here a | and on Part I, line 11, column (B). | | | > |
| | | | | T | |
| 4 | Advertising gain (loss). Subtract line 3 f | rom line | | | |
| | 2. For any column in line 4 showing | a gain, | | | |
| | complete lines 5 through 8. For any co | olumn in | | | |
| | line 4 showing a loss or zero, do not co | omplete | | | |
| | lines 5 through 7, and enter zero on line | 8 | | | |
| 5 | Readership costs | | | | |
| 6 | Circulation income | | | | |
| 7 | Excess readership costs. If line 6 is le | ess than | | | |
| | line 5, subtract line 6 from line 5. If I | ine 5 is | | | |
| | less than line 6, enter zero | | | | |
| 8 | Excess readership costs allowed | as a | | | |
| | deduction. For each column showing a | | | | |
| | line 4, enter the lesser of line 4 or line 7 | | | | |
| а | Add line 8, columns A through D. | • | 8a columns total or | zero here and on | |
| u | Part II, line 13 | | | | _ |
| | | | | | |
| Par | rt X Compensation of Officers | , Directors, and Trustees (| see instructions) | | |
| | | | ; | 3. Percentage | 4. Compensation |
| | | | | of time devoted | |
| | 1. Name | 2. Title | 0 | | attributable to |
| | 1. Name | 2. Title | | to business | attributable to unrelated business |
| (1) | 1. Name | 2. Title | | to business | |
| | 1. Name | 2. Title | | to business % | |
| (2) | 1. Name | 2. Title | | to business % % | |
| (2) (3) | 1. Name | 2. Title | | to business % % | |
| (2) (3) | 1. Name | 2. Title | | to business % % | |
| (2) (3) (4) | | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| | | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |
| (2) (3) (4) Tota | al. Enter here and on Part II, line 1.. | | | to business % % % % | |



GOODSPEED OPERA HOUSE FOUNDATION, INC. Instructions for Filing Form CT-990T Connecticut Unrelated Business Income Tax Return For the year ended December 31, 2020

The original return should be signed (use full name) and dated on page 1 by an authorized officer of the organization.

File the signed return by November 15, 2021 with:

State of Connecticut PO Box 5014 Hartford CT 06102-5014

There is no tax due with the filing of this return.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.





Form CT-990T Connecticut Unrelated Business Income Tax Return

2020

(Rev. 12/20)

Enter Income Year, Beginning: ▶ 01012020

and Ending: ► 12312020

GOODSPEED OPERA HOUSE FOUNDATION, I

CT Tax Reg. # ▶ 0523977000

P.O. BOX A FEIN ► 13-1969314

EAST HADDAM CT 06423 - 0281

Check All Applicable Boxes:

Organization is annualizing its income

Change of:

Mailing address Closing month (Attach explanation)

Return status:

Amended return Initial return Final return

If final return:

Dissolved Withdrawn Merged/reorganized: Enter survivor's CT Tax Reg. #

Type of organization:

X Corporation ► 401(a) or 408(a) trust

➤ Other trust ➤ Other: Explain

1. Date unrelated trade or business began in Connecticut:

2. Nature of unrelated trade or business income activity: RENTAL OF WARDROBE INVENTORY

3. Corporation only: Enter state of corporation:

Date of organization: 08151959

Date qualified in Connecticut if not incorporated in Connecticut:

Declaration: I declare under penalty of law that I have examined this return (including any accompanying schedules and statements) and, to the best of my knowledge and belief, it is true, complete, and correct. I understand the penalty for willfully delivering a false return or document to the Department of Revenue Services (DRS) is a fine of not more than \$5,000, or imprisonment for not more than five years, or both. The declaration of a paid preparer other than the taxpayer is based on all information of which the preparer has any knowledge.

Signature of officer or fiduciary DAVID B. BYRD

David Bush

le Date

MANAGING DIREC 08262021

Print name of officer or fiduciary

Telephone number

(860)873-8664

Email address of officer

ightharpoons

Keep a copy for your records.

Sign Here

Paid preparer's signature

CATHERINE BENDALL CPA

Date 08262021

Firm's FEIN

Preparer's PTIN

P00521196

Firm's name, address, and ZIP code Cashuri E. Bensall WITHUMSMITH+BROWN PC

WITHUMSMITH+BROWN PC 1411 BROADWAY 9TH FLOOR NEW YORK, NY 10018 May DRS contact the preparer shown below about this return?

22-2027092

Telephone number (212)751-9100

990T1220V011062



(Rev. 12/20)

0523977000

- Attach a Complete Copy of Federal Form 990-T Including all Schedules as Filed With the Internal Revenue Service -

Computation of Income

| Federal unrelated business taxable income from 2020 federal Form 990-T Federal net operating loss deduction claimed on 2020 federal Form 990-T Federal deduction for Connecticut tax on unrelated business taxable income | 1. 2. 3. | • | -241,571 |
|---|-------------------------|-----------------------|----------|
| 4. Total: Add Lines 1, 2, and 3. | 4. | > | -241,571 |
| 5. Refund or credit for overpayment of Connecticut tax included in federal unrelated business taxable income | 5. | > | |
| 6. Unrelated business taxable income: Subtract Line 5 from Line 4. | 6. | > | -241,571 |
| Computation of Tax | | | |
| 1. Unrelated business taxable income from Line 6 above. If 100% Connecticut, enter also on Line 3. | 1. | > | -241,571 |
| 2. Apportionment fraction from Schedule A, Line 5 on Page 3. Carry to six places. | 2. | > | |
| 3. Connecticut unrelated business taxable income: Line 1 or Line 1 multiplied by Line 2. | 3. | > | -241,571 |
| 4. Operating loss carryover from Schedule B, Line 21 on Page 4. Do not exceed 50% of Line 3. | 4. | > | |
| 5. Income subject to tax: Subtract Line 4 from Line 3. | 5. | \blacktriangleright | -241,571 |
| 6. Tax: Multiply Line 5 by 7.5% (.075). | 6. | \blacktriangleright | |
| Computation of Amount Payable | | | |
| 1. Tax: Include surtax if applicable. | 1. | • | |
| 2. Reserved for future use | 2. | | |
| 3. Total Tax: Enter the amount from Line 1. | 3. | • | |
| 4. Tax credits from Form CT-1120K, Part III, Line 9. Do not exceed amount on Line 1. | 4. | • | |
| 5. Balance of tax payable: Subtract Line 4 from Line 3. If zero or less, enter "0." | 5. | • | |
| 6a. Paid with application for extension from Form CT-990T EXT | 6a. | > | |
| 6b. Paid with estimates from Forms CT-990T ESA, ESB, ESC, & ESD | 6b. | • | |
| 6c. Overpayment from prior year | 6c. | • | |
| | 6. | > | |
| 6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c. | ٠. | | |
| 6. Tax Payments: Enter the total of Lines 6a, 6b, and 6c.7. Balance of tax due (overpaid): Subtract Line 6 from Line 5. | 7. | > | |
| · | | • | |
| 7. Balance of tax due (overpaid): Subtract Line 6 from Line 5. | 7. | • | |
| 7. Balance of tax due (overpaid): Subtract Line 6 from Line 5. 8a. Penalty | 7. 8a. | > | |
| 7. Balance of tax due (overpaid): Subtract Line 6 from Line 5.8a. Penalty8b. Interest | 7. 8a. 8b. | > | |
| 7. Balance of tax due (overpaid): Subtract Line 6 from Line 5.8a. Penalty8b. Interest8c. Form CT-1120I Interest | 7. 8a. 8b. 8c. | > > > | |
| 7. Balance of tax due (overpaid): Subtract Line 6 from Line 5. 8a. Penalty 8b. Interest 8c. Form CT-1120I Interest 8. Total penalty and interest: Enter the total of Lines 8a, 8b, and Line 8c. | 7. 8a. 8b. 8c. | > > > | |

990T1220V021062

9g. Bank name

9e. Acct. #

0J0822 1.000

9c. Acct. type: Ck

9f. Will this refund go to a bank account outside the U.S.?

10. Balance due with this return: Add Line 7 and Line 8.

9d. Rout. #

10. ▶

.00

(Rev. 12/20)





0523977000



Schedule A - Unrelated Business Income Apportionment

Complete this schedule if the taxpayer's unrelated trade or business is conducted at a regular place of business outside Connecticut.

| | | Column A Connecticut | Column B Everywhere | Column C Divide Column A by |
|------------------|---|------------------------------|------------------------|------------------------------------|
| Factor | Item | | • | Column B. Carry to six places |
| Property | 1a. Inventories | | | , , |
| (Average value) | 1b.Tangible property | | | |
| | 1c.Real property | | | |
| | 1d.Capitalized rent | | | |
| | 1. Total | | | |
| Receipts | 2a. Sales of tangibles | | | |
| | 2b. Services | | | |
| | 2c.Rentals | | | |
| | 2d.Other | | | |
| | 2. Total | | | |
| Wages, salaries, | 3. Total | | | |
| and other | 4. Total: Add Lines 1, 2, and 3 in Column 0 | D. | | |
| compensation | 5. Apportionment fraction: Divide Line 4 | by number of factors used. E | inter here; on | |
| | Schedule C, Line 4; and on Page 2, Com | nputation of Tax, Line 2. | | |

990T1220V031062



0523977000

Schedule B - Connecticut Apportioned Operating Loss Carryover Applied to 2020

| 1. | 2000 Connecticut net operating loss available for use in 2020 | 1. | |
|-----|--|-----|-----------|
| 2. | 2001 Connecticut net operating loss available for use in 2020 | 2. | |
| 3. | 2002 Connecticut net operating loss available for use in 2020 | 3. | |
| 4. | 2003 Connecticut net operating loss available for use in 2020 | 4. | |
| 5. | 2004 Connecticut net operating loss available for use in 2020 | 5. | |
| 6. | 2005 Connecticut net operating loss available for use in 2020 | 6. | |
| 7. | 2006 Connecticut net operating loss available for use in 2020 | 7. | 1,894 |
| 8. | 2007 Connecticut net operating loss available for use in 2020 | 8. | 45,540 |
| 9. | 2008 Connecticut net operating loss available for use in 2020 | 9. | 56,525 |
| 10. | 2009 Connecticut net operating loss available for use in 2020 | 10. | 167,956 |
| 11. | 2010 Connecticut net operating loss available for use in 2020 | 11. | 897,969 |
| 12. | 2011 Connecticut net operating loss available for use in 2020 | 12. | 163,986 |
| 13. | 2012 Connecticut net operating loss available for use in 2020 | 13. | |
| 14. | 2013 Connecticut net operating loss available for use in 2020 | 14. | |
| 15. | 2014 Connecticut net operating loss available for use in 2020 | 15. | |
| 16. | 2015 Connecticut net operating loss available for use in 2020 | 16. | |
| 17. | 2016 Connecticut net operating loss available for use in 2020 | 17. | |
| 18. | 2017 Connecticut net operating loss available for use in 2020 | 18. | |
| 19. | 2018 Connecticut net operating loss available for use in 2020 | 19. | |
| 20. | 2019 Connecticut net operating loss available for use in 2020 | 20. | |
| 21. | Total: Add Lines 1 through 20. Enter here and on Computation of Tax, Line 4. | | |
| | Do not exceed 50% of Computation of Tax, Line 3. | 21. | 1,333,870 |
| | | | |
| Sc | hedule C - Computation of Net Operating Loss Carryforward | | |
| 1. | Enter amount from Computation of Income, Line 6, if less than zero. | 1. | -241,571 |
| 2. | Add back specific deduction from 2020 federal Form 990-T | 2. | |
| _ | | 2 | _2/1 571 |

| 1. | Enter amount from Computation of Income, Line 6, if less than zero. | 1. | -241,571 |
|----|---|----|----------|
| 2. | Add back specific deduction from 2020 federal Form 990-T | 2. | |
| 3. | Subtotal: Add Line 1 and Line 2. | 3. | -241,571 |
| 4. | Apportionment fraction from Schedule A, Line 5 | 4. | |
| 5. | 2020 Connecticut net operating loss available for carryforward: | | |
| | Line 3 or Line 3 multiplied by Line 4 | 5. | |

990T1220V041062

0J0823 2.000

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9052835

Checklist for filing your Connecticut Pass-Through Entity Tax Return:

- 1. Be sure that the return is not printed on the back of this sheet.
- 2. Verify that the address lines are correct and proper abbreviations are used.
- 3. Do not attempt to remove or modify the solid boxes that print out. Altering target marks may affect the processing of your return.
- 4. Do not send "Draft" or "Unapproved" versions of your return. This will delay or stop the processing of your return.
- 5. Do not make manual (hand written or typed) corrections; this is a machine readable return. Changes may only be made by reentering information in your software and re-printing the return.
- 6. Make check payable to: Commissioner of Revenue Services
- 7. To ensure proper posting, write your TID (optional) and "2020 Form CT-990T" on your check.
- 8. File amended returns and returns where an electronic filing waiver has been granted to the corresponding address listed below.

Mail paper return to:
Department of Revenue Services
State of Connecticut
PO Box 5014
Hartford CT 06102-5014

9. Verify that all fields print completely and legible before filing this return. If you find any errors, do not make manual changes. Re-enter information in your software and re-print the return.

Do not send this sheet with your return.

0J0824 1.000



GOODSPEED OPERA HOUSE FOUNDATION, INC. Instructions for Filing Form CHAR500 New York State Annual Filing for Charitable Organizations For the year ended December 31, 2020

The original return should be signed (use full name) and dated on page 1 by two authorized officers of the organization, including the chief fiscal officer.

File the signed return by November 15, 2021 with:

NYS Office of the AG, Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

A check or money order payable to "Department of Law" in the amount of \$25 should be attached to the return. Be sure to include the federal EIN and "2020 Form CHAR500" on the check.

To document the timely filing of your tax return(s), we suggest that you obtain and retain proof of mailing. Proof of mailing can be accomplished by sending the tax return(s) by registered or certified mail (metered by the U.S. Postal Service) or through the use of an IRS approved delivery method provided by an IRS designated private delivery service.

NYS Annual Filing for Charitable Organizations www.CharitiesNYS.com

Send with fee and attachments to: NYS Office of the Attorney General Charities Bureau Registration Section 28 Liberty Street New York, NY 10005

2020 Open to Public Inspection

1. General Information

| Fan Finant Vera Danie i | (mm/dd/yyyy) 01 | / 01 / 2020 and En | | 12 / 31 / 2020 | | | |
|--|--|---|-----------------------------|---|--|--|--|
| For Fiscal Year Beginning Check if Applicable: | (mm/dd/yyyy) Name of Organization: | / / 2020 and En | ding (mm/dd/yyyy) | Employer Identification Number (EIN): | | | |
| Address Change | GOODSPEED OPERA | HOUSE FOUNDATION | , INC. | 13-1969314 | | | |
| Name Change | Mailing Address: | | | NY Registration Number: | | | |
| Initial Filing | P.O. BOX A City / State / Zip: | | | 10-85-76 Telephone: | | | |
| Final Filing Amended Filing | EAST HADDAM, CT | 06423-0281 | | (860) 873-8664 | | | |
| Reg ID Pending | Website: | | | Email: | | | |
| | WWW.GOODSPEED.O | RG | | INFO@GOODSPEED.ORG | | | |
| Check your organization's registration category: | X 7A only EPT | TL only DUAL (7A & E | | onfirm your Registration Category in the harities Registry at www.CharitiesNYS.com . | | | |
| 2. Certification | | | | | | | |
| See instructions for certificati signatories. | ion requirements. Improp | er certification is a violation | of law that may be subjec | t to penalties. The certification requires two | | | |
| | | eviewed this report, including e in accordance with the laws | | e best of our knowledge and belief, applicable to this report. | | | |
| President or Authorized Offic | cer: | | | | | | |
| | Signature | | Print Name and Tit | le Date | | | |
| Chief Financial Officer or Trea | asurer: Signature | | Print Name and Tit | le Date | | | |
| 3. Annual Reportin | - J | | | · · · · · · · · · · · · · · · · · · · | | | |
| - | • | r organization is claiming an | exemption under one cate | egory (7A or EPTL only filers) or both | | | |
| categories (DUAL filers) that | apply to your registration, you cannot claim an exem | complete only parts 1, 2, an | d 3, and submit the certifi | ed Char500. No fee, schedules, or additional on, you must file applicable schedules and | | | |
| | | _ | - | nent agencies, etc. did not exceed \$25,000 solicit contributions during the fiscal year. | | | |
| 3b. EPTL filling exemption: Gross receipts did not exceed \$25,000 and the market value of assets did not exceed \$25,000 at any time during the fiscal year. | | | | | | | |
| 4. Schedules and | Attachments | | | | | | |
| See the following page for a checklist of schedules and attachments to X Yes No 4a. Did your organization use a professional fund raiser, fund raising counsel or commercial co-venturer for fund raising activity in NY State? If yes, complete Schedule 4a. X Yes No 4b. Did the organization receive government grants? If yes, complete Schedule 4b. | | | | | | | |
| complete your filing. | | | | | | | |
| 5. Fee | | | | | | | |
| See the checklist on the | 7A filing fee: | EPTL filing fee: | Total fee: | Make a single check or money order | | | |
| next page to calculate your fee(s). Indicate fee(s) you are submitting here: | \$25 | \$ | \$25. | payable to: "Department of Law" | | | |

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

Page 1

^{*}The "Exempt" category refers to an organization's NYS registration status. It does not refer to its IRS tax designation.

Annual Filing Checklist

Simply submit the certified CHAR500 with no fee, schedule, or additional attachments IF:

- Your organization is registered as 7A only and you marked the 7A filing exemption in Part 3.
- Your organization is registered as EPTL only and you marked the EPTL filing exemption in Part 3.
 Your organization is registered as DUAL and you marked both the 7A and EPTL filing exemption in Part 3.

Checklist of Schedules and Attachments

| Check the schedules you must submit with your CHAR500 as described in Part 4: | |
|---|--|
| If you answered "yes" in Part 4a, submit Schedule 4a: Professional Fund Raise | ers (PFR), Fund Raising Counsel (FRC), Commercial Co-Venturers (CCV) |
| X If you answered "yes" in Part 4b, submit Schedule 4b: Government Grants | |
| Check the financial attachments you must submit with your CHAR500: | |
| X IRS Form 990, 990-EZ, or 990-PF, and 990-T if applicable | |
| All additional IRS Form 990 Schedules, including Schedule B (Schedule of and will not be available for public review. | f Contributors). Schedule B of public charities is exempt from disclosure |
| Our organization was eligible for and filed an IRS 990-N e-postcard. Our rilling year. We have included an IRS Form 990-EZ for state purposes only. | evenue exceeded \$25,000 and/or our assets exceeded \$25,000 in the |
| If you are a 7A only or DUAL filer, submit the applicable independent Certified Pu | ublic Accountant's Review or Audit Report: |
| Review Report if you received total revenue and support greater than \$250 | 0,000 and up to \$750,000. |
| X Audit Report if you received total revenue and support greater than \$750,00 | 00 |
| No Review Report or Audit Report is required because total revenue and su | upport is less than \$250,000 |
| We are a DUAL filer and checked box 3a, no Review Report or Audit Report | is required |
| Calculate Your Fee | la mus Paniatratian Catanama 7A EDTI DUAL au EVEMBT |
| For 7A and DUAL filers, calculate the 7A fee: | Is my Registration Category 7A, EPTL, DUAL or EXEMPT: Organizations are assigned a Registration Category upon |
| \$0, if you checked the 7A exemption in Part 3a | registration with the NY Charities Bureau: |
| X \$25, if you did not check the 7A exemption in Part 3a | 7A filers are registered to solicit contributions in New York under Article 7-A of the Executive Law ("7A") |
| For EPTL and DUAL filers, calculate the EPTL fee: | EDTI filers are registered under the Fetetee Dougre 9 Trusts |
| \$0, if you checked the EPTL exemption in Part 3b | EPTL filers are registered under the Estates, Powers & Trusts Law ("EPTL") because they hold assets and/or conduct activities for charitable purposes in NY. |
| \$25, if the NET WORTH is less than \$50,000 | · |
| | DUAL filers are registered under both 7A and EPTL. |
| \$50, if the NET WORTH is \$50,000 or more but less than \$250,000 | EXEMPT filers have registered with the NY Charities Bureau |
| \$100, if the NET WORTH is \$250,000 or more but less than \$1,000,000 | and meet conditions in Schedule E - Registration Exemption for Charitable Organizations . These |
| \$250, if the NET WORTH is \$1,000,000 or more but less than \$10,000,000 | organizations are not required to file annual financial reports but may do so voluntarily. |
| \$750, if the NET WORTH is \$10,000,000 or more but less than \$50,000,000 | Confirm your Registration Category and learn more about NY law at www.CharitiesNYS.com . |
| \$1500, if the NET WORTH is \$50,000,000 or more | |
| Send Your Filing | Where do I find my organization's NET WORTH? |
| | NET WORTH for fee purposes is calculated on: |
| Send your CHAR500, all schedules and attachments, and total fee to: | - IRS From 990 Part I, line 22 - IRS Form 990 EZ Part I line 21 |
| NYS Office of the Attorney General Charities Bureau Registration Section | - IRS Form 990 EZ Part i line 21 - IRS Form 990 PF, calculate the difference between |
| 28 Liberty Street | Total Assets at Fair Market Value (Part II, line 16(c)) and |

CHAR500 Annual Filing for Charitable Organizations (Updated January 2021)

Page 2

New York, NY 10005

Visit: www.CharitiesNYS.com Call: (212) 416-8401

Email: Charities.Bureau@ag.ny.gov

Need Assistance?

Total Liabilities (Part II, line 23(b)).

2020

Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers www.CharitiesNYS.com

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If you checked the box in question 4a in Part 4 on the CHAR500 Annual Filing for Charitable Organizations, complete this schedule for EACH Professional Fund Raiser (PFR), Fund Raising Counsel (FRC) or Commercial Co-Venturer (CCV) that the organization engaged for fund raising activity in NY State. The PFR or FRC should provide its NY Registration Number to you. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations and use additional pages if necessary.

Definitions

A Professional Fund Raiser (PFR), in addition to other activities, conducts solicitation of contributions and/or handles the donations (Article 7A, 171-a.4).

A Fund Raising Counsel (FRC) does not solicit or handle contributions but limits activities to advising or assisting a charitable organization to perform such functions for itself (Article 7A, 171-a.9).

A **Commercial Co-Venturer (CCV)** is an individual or for-profit company that is regularly and primarily engaged in trade or commerce other than raising funds for a charitable organization and who advertises that the purchase or use of goods, services, entertainment or any other thing of value will benefit a charitable organization (Article 7A, 171-a.6).

Professional fund raising does not include activities by an organization's development staff, volunteers, or a grantwriter who has been hired solely to draft applications for funding from a government agency or tax exempt organization.

| draft applications for funding from a government agency or tax exempt organization. | | | | | |
|---|---|----------------|--|--|--|
| 1. Organization Inform | ation | | | | |
| Name of Organization: GOODSPEED OPERA HOUS | <u>'</u> | | NY Registration Number: 10-85-76 | | |
| 2. Professional Fund R | aiser, Fund Raising Couns | sel, Commercia | I Co-Venturer Information | | |
| Fund Raising Professional type: | Name of FRP: | | NY Registration Number: | | |
| Professional Fund Raiser | Mailing Address: | | Telephone: | | |
| Fund Raising Counsel | City / State / Zip: | | | | |
| Commercial Co-Venturer | | | | | |
| 3. Contract Information | n | | | | |
| Contract Start Date: | Contract End Date: | | | | |
| 4. Description of Servi | ces | | | | |
| , | | | | | |
| 5. Description of Com | pensation | | | | |
| Compensation arrangement with F | RP: | | Amount Paid to FRP: | | |
| | | | | | |
| | | | | | |
| 6. Commercial Co-Ven | turer (CCV) Report | | | | |
| | were provided by a CCV, did the CCV p 3(a) part 3 of the Executive Law Article 7 | | ganization with the interim or closing report(s) required by | | |

CHAR500 Schedule 4a: Professional Fund Raisers, Fund Raising Counsels, Commercial Co-Venturers (Updated January 2021)

Page 1

Schedule 4b: Government Grants www.CharitiesNYS.com

2020

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If you checked the box in question 4b in Part 4, complete this schedule and list EACH government grant award by a domestic (federal, state or local) agency; interstate or intergovernmental agency (for example Port Authority of New York and New Jersey); and state or local authorities. **Use additional pages if necessary**. Include this schedule with your certified CHAR500 NYS Annual Filing for Charitable Organizations.

1. Organization Information

| Name of Organization: | NY Registration Number: |
|--|-------------------------|
| GOODSPEED OPERA HOUSE FOUNDATION, INC. | 10-85-76 |

2. Government Grants

| Name of Government Agency | An | Amount of Grant | |
|--|--------|-----------------|--|
| 1. CONNECTICUT DEPT. OF ECONOMIC DEVELOPMENT | 1. | 603,799. | |
| 2. NATIONAL ENDOWMENT FOR THE ARTS | 2. | 10,000. | |
| 3. | 3. | | |
| 4. | 4. | | |
| 5. | 5. | | |
| 6. | 6. | | |
| 7. | 7. | | |
| 8. | 8. | | |
| 9. | 9. | | |
| 10. | 10. | | |
| 11. | 11. | | |
| 12. | 12. | | |
| 13. | 13. | | |
| 14. | 14. | | |
| 15. | 15. | | |
| Total Government Grants: | Total: | 613,799. | |