

Form **990**
Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public
Information about Form 990 and its instructions is at www.irs.gov/form990

OMB No 1545-0047
2017
Open to Public Inspection

A For the 2017 calendar year, or tax year beginning 09-01-2017, and ending 08-31-2018

- B** Check if applicable
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
BERKELEY REPERTORY THEATRE

Doing business as

Number and street (or P O box if mail is not delivered to street address) Room/suite
999 HARRISON STREET

City or town, state or province, country, and ZIP or foreign postal code
BERKELEY, CA 94710

F Name and address of principal officer
SUSAN MEDAK
999 HARRISON STREET
BERKELEY, CA 94710

D Employer identification number
94-1679756

E Telephone number
(510) 647-2900

G Gross receipts \$ 24,468,735

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
If "No," attach a list (see instructions)
H(c) Group exemption number ▶

I Tax-exempt status 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or 527

J Website: ▶ WWW.BERKELEYREP.ORG

K Form of organization Corporation Trust Association Other ▶

L Year of formation 1968

M State of legal domicile CA

Part I Summary

1 Briefly describe the organization's mission or most significant activities
THE THEATRE PRODUCES PREMIERS OF NEW WORK AND MAJOR PRODUCTIONS FROM AN INTERNATIONAL REPERTOIRE

2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets

3 Number of voting members of the governing body (Part VI, line 1a)	30
4 Number of independent voting members of the governing body (Part VI, line 1b)	28
5 Total number of individuals employed in calendar year 2017 (Part V, line 2a)	512
6 Total number of volunteers (estimate if necessary)	1,000
7a Total unrelated business revenue from Part VIII, column (C), line 12	-41,578
7b Net unrelated business taxable income from Form 990-T, line 34	-119,864

	Prior Year	Current Year
8 Contributions and grants (Part VIII, line 1h)	6,974,605	7,387,418
9 Program service revenue (Part VIII, line 2g)	13,006,076	13,687,127
10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	28,409	221,180
11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	-428,505	-305,028
12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12)	19,580,585	20,990,697
13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	32,795	30,000
14 Benefits paid to or for members (Part IX, column (A), line 4)	0	0
15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,008,232	11,217,402
16a Professional fundraising fees (Part IX, column (A), line 11e)	48,161	86,311
b Total fundraising expenses (Part IX, column (D), line 25) ▶ 1,060,729		
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	9,257,412	9,411,992
18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25)	20,346,600	20,745,705
19 Revenue less expenses Subtract line 18 from line 12	-766,015	244,992

	Beginning of Current Year	End of Year
20 Total assets (Part X, line 16)	48,878,603	48,315,488
21 Total liabilities (Part X, line 26)	20,502,492	19,497,646
22 Net assets or fund balances Subtract line 21 from line 20	28,376,111	28,817,842

Part II Signature Block

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

Sign Here

Signature of officer
Date 2019-03-19

RICHARD SHAPIRO TREASURER
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name KATY BROWN
Preparer's signature KATY BROWN
Date 2019-03-19
Check if self-employed
PTIN P00650274

Firm's name ▶ ARMANINO LLP
Firm's EIN ▶ 94-6214841

Firm's address ▶ 12657 ALCOSTA BLVD STE 500
SAN RAMON, CA 945834600
Phone no (925) 790-2600

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III

1 Briefly describe the organization's mission

PLEASE SEE SCHEDULE O FOR THE COMPLETE MISSION STATEMENT

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

If "Yes," describe these new services on Schedule O

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

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 \$ 16,009,146 including grants of \$) (Revenue \$ 13,011,051)
See Additional Data

4b (Code) (Expenses \$ 893,764 including grants of \$ 30,000) (Revenue \$ 514,696)
See Additional Data

4c (Code) (Expenses \$ including grants of \$) (Revenue \$ 273,743)
See Additional Data

(Code) (Expenses \$ 517,201 including grants of \$) (Revenue \$)

IN THE SUMMER OF 2018, THE GROUND FLOOR BERKELEY REP'S CENTER FOR THE CREATION AND DEVELOPMENT OF NEW WORK HELD ITS SEVENTH ANNUAL SUMMER LAB IT RECEIVED OVER 690 APPLICATIONS (A NEW RECORD) AND WELCOMED 21 PROJECTS FEATURING MORE THAN 100 NATIONAL AND LOCAL INNOVATIVE ARTISTS TO ITS WEST BERKELEY CAMPUS FOR AN INTENSE FOUR-WEEK PERIOD WHERE THEY LIVED, DINED, CREATED, AND COLLABORATED TAKING ADVANTAGE OF THE CREATIVE, FORWARD-THINKING, AND RISK-TAKING CULTURE THAT IS THE HALLMARK OF LIFE IN THE BAY AREA SOME OF THESE PROJECTS ULTIMATELY LAND ON BERKELEY REP'S STAGES, MANY OTHER LAND ON STAGES THROUGHOUT THE COUNTRY HUNDREDS OF OUR PATRONS AND DONORS SIGNED UP FOR OUR GROUND FLOOR EMAIL LIST, AND THEY RECEIVED INVITES TO THE SEVERAL FREE PUBLIC WORKSHOPS AND STAGED READINGS

4d Other program services (Describe in Schedule O)
(Expenses \$ 517,201 including grants of \$) (Revenue \$)

4e Total program service expenses ▶ 17,420,111

Part IV Checklist of Required Schedules

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

Part IV Checklist of Required Schedules (continued)

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

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

Table with columns for question ID, question text, and Yes/No response boxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited tax shelter transactions, deductible contributions, and 501(c)(7), (12), and (29) organizations.

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

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a (30), 1b (28), 2, 3, 4, 5, 6, 7a, 7b, 8a, 8b, 9.

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

Table with 3 columns: Question, Yes, No. Rows include: 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15a, 15b, 16a, 16b.

Section C. Disclosure

Table with 3 columns: Question, Yes, No. Rows include: 17 (CA), 18 (Own website, Another's website, Upon request, Other), 19, 20 (SUZANNE PETTIGREW CONTROLLER 999 HARRISON STREET BERKELEY, CA 94710 (510) 647-2955).

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	617,114				
	d Related organizations	1d					
	e Government grants (contributions)	1e	62,000				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	6,708,304				
	g Noncash contributions included in lines 1a-1f \$ _____		346,749				
	h Total. Add lines 1a-1f		7,387,418				
Program Service Revenue		Business Code					
	2a ADMISSIONS/SPECIAL PERFORMANCES	711110	9,430,953	9,430,953			
	b CO-PRODUCTION REVENUE	711110	2,572,648	2,572,648			
	c CONCESSIONS	711110	547,116	547,116			
	d TUITION/EDUCATION	711110	514,696	514,696			
	e SERVICE CHARGES	711110	479,371	479,371			
	f All other program service revenue		142,343		142,343		
g Total. Add lines 2a-2f		13,687,127					
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		163,096			163,096	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		112,363	112,363			
	6a Gross rents	(i) Real	(ii) Personal				
		52,954	25,970				
		b Less rental expenses	520,606	5,313			
		c Rental income or (loss)	-467,652	20,657			
	d Net rental income or (loss)			-446,995		-196,007	-250,988
	7a Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		2,708,881					
		b Less cost or other basis and sales expenses	2,650,797				
		c Gain or (loss)	58,084				
	d Net gain or (loss)			58,084			58,084
	8a Gross income from fundraising events (not including \$ 617,114 of contributions reported on line 1c) See Part IV, line 18	a	292,505				
	b Less direct expenses	b	292,505				
c Net income or (loss) from fundraising events			0				
9a Gross income from gaming activities See Part IV, line 19	a						
b Less direct expenses	b						
c Net income or (loss) from gaming activities							
10a Gross sales of inventory, less returns and allowances	a	20,903					
	b Less cost of goods sold	b	8,817				
	c Net income or (loss) from sales of inventory			12,086		12,086	
Miscellaneous Revenue	Business Code						
11a MISCELLANEOUS REVENUE	711110	17,518			17,518		
b _____							
c _____							
d All other revenue							
e Total. Add lines 11a-11d			17,518				
12 Total revenue. See Instructions			20,990,697	13,657,147	-41,578	-12,290	

Part IX Statement of Functional Expenses

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

Check if Schedule O contains a response or note to any line 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.				
2 Grants and other assistance to domestic individuals. See Part IV, line 22.	30,000	30,000		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, line 15 and 16.				
4 Benefits paid to or for members.				
5 Compensation of current officers, directors, trustees, and key employees.	1,184,515	716,933	291,684	175,898
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).				
7 Other salaries and wages.	8,038,891	6,257,192	1,324,980	456,719
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions).				
9 Other employee benefits.	1,317,545	1,046,602	171,522	99,421
10 Payroll taxes.	676,451	564,990	62,479	48,982
11 Fees for services (non-employees):				
a Management.				
b Legal.	6,598		6,598	
c Accounting.	91,904		91,904	
d Lobbying.				
e Professional fundraising services. See Part IV, line 17.	86,311			86,311
f Investment management fees.				
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O).	682,220	671,580	725	9,915
12 Advertising and promotion.	938,784	895,367		43,417
13 Office expenses.	226,981	138,045	37,421	51,515
14 Information technology.	10,444			10,444
15 Royalties.	653,083	653,083		
16 Occupancy.	449,031	420,360	18,611	10,060
17 Travel.	436,661	415,785	14,704	6,172
18 Payments of travel or entertainment expenses for any federal, state, or local public officials.				
19 Conferences, conventions, and meetings.				
20 Interest.	369,306	348,812	10,247	10,247
21 Payments to affiliates.				
22 Depreciation, depletion, and amortization.	868,240	819,780	24,230	24,230
23 Insurance.	341,683	341,683		
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O):				
a HOUSING	1,293,942	1,293,942		
b MISCELLANEOUS	1,207,408	1,073,344	131,867	2,197
c PRODUCTION MATERIALS	1,184,164	1,184,164		
d CREDIT CARD FEES	468,983	365,889	77,893	25,201
e All other expenses	182,560	182,560		
25 Total functional expenses. Add lines 1 through 24e.	20,745,705	17,420,111	2,264,865	1,060,729
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part IX

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	288,539	1	442,428
	2 Savings and temporary cash investments	1,742,099	2	4,018,882
	3 Pledges and grants receivable, net	6,169,980	3	6,898,114
	4 Accounts receivable, net	27,760	4	371,214
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	2,152,353	9	745,715
	10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D	45,651,605		
	b Less accumulated depreciation	15,475,689		
	11 Investments—publicly traded securities	7,391,189	11	5,434,168
	12 Investments—other securities See Part IV, line 11		12	
	13 Investments—program-related See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets See Part IV, line 11	113,624	15	229,051
16 Total assets. Add lines 1 through 15 (must equal line 34)	48,878,603	16	48,315,488	
Liabilities	17 Accounts payable and accrued expenses	670,014	17	817,766
	18 Grants payable		18	
	19 Deferred revenue	6,026,519	19	4,499,794
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	11,912,936	23	11,405,103
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of Schedule D	1,893,023	25	2,774,983
	26 Total liabilities. Add lines 17 through 25	20,502,492	26	19,497,646
Net Assets or Fund Balances	27 Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34. Unrestricted net assets	17,898,163	27	17,442,792
	28 Temporarily restricted net assets	7,081,484	28	7,978,486
	29 Permanently restricted net assets	3,396,464	29	3,396,564
	30 Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34. Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	28,376,111	33	28,817,842
	34 Total liabilities and net assets/fund balances	48,878,603	34	48,315,488

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	20,990,697
2	Total expenses (must equal Part IX, column (A), line 25)	2	20,745,705
3	Revenue less expenses Subtract line 2 from line 1	3	244,992
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	28,376,111
5	Net unrealized gains (losses) on investments	5	130,394
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	66,345
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	28,817,842

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII

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

Software ID:**Software Version:****EIN:** 94-1679756**Name:** BERKELEY REPERTORY THEATRE

Form 990 (2017)

Form 990, Part III, Line 4a:

BERKELEY REPERTORY THEATRE PRESENTED 407 PERFORMANCES OF 9 SHOWS FOR AN AUDIENCE OF MORE THAN 150,000 ATTENDEES. THE ECLECTIC AND ADVENTUROUS SEASON ATTRACTED INTERNATIONAL, NATIONAL, AND LOCAL PRESS WITH SEVERAL FEATURE STORIES. THE SEASON BEGAN WITH A WORLD PREMIERE. MUSICAL AIN'T TOO PROUD THE LIFE AND TIMES OF THE TEMPTATIONS. THIS ELECTRIFYING LOOK AT THE GREATEST R&B GROUP OF ALL TIME WAS BROUGHT TO LIFE BY KENNEDY PRIZE-WINNING PLAYWRIGHT DOMINIQUE MORISSEAU, OLIVIER AWARD-WINNING CHOREOGRAPHER SERGIO TRUJILLO, AND TWO-TIME TONY AWARD-WINNING DIRECTOR DES MCANUFF, BASED ON THE BOOK BY ORIGINAL TEMPTATIONS MEMBER OTIS WILLIAMS, WHO, IN ADDITION TO BEING A REGULAR AUDIENCE MEMBER, ALSO DROPPED IN ON SOME REHEARSALS. OTHER LUMINARIES IN THE AUDIENCE INCLUDED OTIS WILLIAMS' LONGTIME MANAGER SHELLY BERGER AND MOTOWN RECORDS FOUNDER BERRY GORDY. DEMAND FOR TICKETS WAS HIGH FROM THE START, AND AIN'T TOO PROUD EARNED RAVES FROM THE CRITICS, EXTENDED FOUR WEEKS, AND BROKE BOX OFFICE RECORDS, BECOMING THE HIGHEST-GROSSING PRODUCTION IN BERKELEY REP'S NEARLY 50-YEAR HISTORY. AS A THANK-YOU TO AUDIENCES AND TO ALLOW THOSE WHO COULDN'T GET TICKETS TO SEE THE SHOW, BERKELEY REP PARTNERED WITH THE UC BERKELEY ART MUSEUM AND PACIFIC FILM ARCHIVE (BAMPFA) TO PRESENT A LIVE SIMULCAST OF THE FINAL PERFORMANCE ON BAMPFA'S OUTDOOR SCREEN IN DOWNTOWN BERKELEY. NEARLY 1,100 PEOPLE BRAVED THE NOVEMBER WEATHER TO WATCH THE FINAL PERFORMANCE OF AIN'T TOO PROUD THE LIFE AND TIMES OF THE TEMPTATIONS. WITH 600 PATRONS ATTENDING THE SOLD-OUT FINAL PERFORMANCE AT BERKELEY REP'S RODA THEATRE IN ADDITION TO THE PATRONS ATTENDING THE SIMULCAST, THE 7PM SUNDAY, NOVEMBER 5 PERFORMANCE SET THE MARK FOR THE MOST PATRONS TO WATCH A BERKELEY REP SHOW AT THE SAME TIME. ALSO, BERKELEY REP BECAME THE FIRST REGIONAL THEATRE IN THE COUNTRY TO HAVE DONE A LIVE SIMULCAST. AIN'T TOO PROUD WENT ON TO SOLD-OUT SHOWS IN LOS ANGELES AND TORONTO, AND MAKES ITS BROADWAY PREMIERE IN FEBRUARY 2019. NEXT UP WAS THE WORLD PREMIERE OF DANIEL HANDLER'S IMAGINARY COMFORTS, OR THE STORY OF THE GHOST OF THE DEAD RABBIT, WHICH WAS DEVELOPED IN THE GROUND FLOOR. BERKELEY REP'S CENTER FOR THE CREATION AND DEVELOPMENT OF NEW WORK AND DIRECTED BY ARTISTIC DIRECTOR TONY TACCONE. OUR SECOND COLLABORATION WITH HANDLER (AKA LEMONY SNICKET), THIS NEW PLAY FOR ADULTS CELEBRATES ORDINARY PEOPLE TRYING TO MAKE SENSE OUT OF LIFE IN THE MIST OF ENDLESS, COMEDIC CHAOS. WE CLOSED OUT THE CALENDAR YEAR WITH A NEW PRODUCTION OF LILLIAN HELLMAN'S 1940 THRILLER, WATCH ON THE RHINE, DIRECTED BY ASSOCIATE DIRECTOR LISA PETERSON, WHO HELMED LAST SEASON'S POLITICALLY TIMELY SHOWS ROE AND IT CAN'T HAPPEN HERE. THIS TIME, FASCISM REARS ITS HEAD WHEN A NAZI SYMPATHIZER THREATENS AN AMERICAN FAMILY'S SAFETY. BERKELEY REP WELCOMED THE NEW YEAR WITH ANOTHER TIMELY PLAY, JULIA CHO'S OFFICE HOUR, ALSO HELMED BY LISA PETERSON. LOOSELY INFORMED BY THE 2007 SHOOTING AT VIRGINIA TECH, OFFICE HOUR CENTERS ON A TROUBLED COLLEGE STUDENT WHOM PROFESSORS DEEM TO BE THE "NEXT COLLEGE SHOOTER." WHILE AN EXPLORATION OF OTHERNESS AND PARANOIA, OFFICE HOUR IS ULTIMATELY A DEEPLY PERSONAL STORY OF EMPATHY AND REDEMPTION. ROUGHLY A WEEK BEFORE OFFICE HOUR BEGAN PERFORMANCES, A GUNMAN KILLED 17 STUDENTS AT MARJORY STONEMAN DOUGLAS HIGH SCHOOL IN PARKLAND, FLORIDA. BERKELEY REP PARTNERED WITH THREE LOCALLY BASED ORGANIZATIONS WHO DO WORK TO PREVENT GUN VIOLENCE: BERKELEY MEDIA STUDIES GROUP, HOPE AND HEAL FUND, AND THE OAKLAND/ALAMEDA COUNTY BRADY CAMPAIGN TO PREVENT GUN VIOLENCE CHAPTER. FROM APRIL THROUGH JULY, BERKELEY REP PRESENTED A REVIVAL OF TONY KUSHNER'S MASTERPIECE, ANGELS IN AMERICA. A GAY FANTASIA ON NATIONAL THEMES, WITH PART ONE MILLENNIUM APPROACHES AND PART TWO PERESTROIKA RUNNING IN REP AS WELL AS TOGETHER ON SPECIAL MARATHON DAYS. THIS EPIC PLAY WAS DIRECTED BY ARTISTIC DIRECTOR TONY TACCONE, WHO ORIGINALLY COMMISSIONED ANGELS IN AMERICA IN THE 1990S WHILE HE WAS ARTISTIC DIRECTOR OF EUREKA THEATRE AND CO-DIRECTED ITS PREMIERE IN LOS ANGELES. STEPHEN SPINELLA, WHO PLAYED THE LEAD PRIOR WALTER IN THE ORIGINAL PRODUCTION AND WON TWO TONY AWARDS FOR HIS PERFORMANCE CAME TO BERKELEY REP TO TAKE ON THE ROLE OF ROY COHN. BERKELEY REP HELD MANY PUBLIC EVENTS DURING THE RUN OF ANGELS. WE PARTNERED WITH THE BAY AREA BOOK FESTIVAL FOR THE IMPACT OF ANGELS IN AMERICA ON LGBTQ LITERATURE, WHERE LOCAL WRITERS DISCUSSED HOW THE PLAY IMPACTED LGBTQ LITERATURE. WE PRESENTED A FREE PAGE TO STAGE EVENT FEATURING THE BOOK LAUNCH OF THE WORLD ONLY SPINS FORWARD: THE ASCENT OF ANGELS IN AMERICA, WRITERS ISAAC BUTLER AND DAN KOIS JOINED DIRECTOR TONY TACCONE AND STEPHEN SPINELLA TO DISCUSS THE MAKING OF THE PLAY. ANGELOLOGY: A LIVE PANEL ON MILLENARIANISM FEATURED RELIGIOUS EXPERTS DANIEL MATT, NAOMI SEIDMAN, KATHRYN PRITCHETT, AND MJ PRITCHETT, AND THE CONVERSATION WAS MODERATED BY BOB REES, DIRECTOR OF MORMON STUDIES AT THE GRADUATE THEOLOGICAL UNION. THE LIMITS OF TOLERANCE: LIVE PANEL ON AIDS ACTIVISM THEN AND NOW. FEATURED ACTIVISTS KEN JONES, MIKE SHRIVER, AND MATTHEW COLES, AND WAS MODERATED BY KATE KENDELL, EXECUTIVE DIRECTOR OF NATIONAL CENTER FOR LESBIAN RIGHTS. BERKELEY REP ALSO FORMED AN ADVISORY COUNCIL AND PARTNERED WITH 12 LOCAL SERVICE ORGANIZATIONS AND AMPLIFIED THEIR MISSIONS THROUGH OUR SHOW PROGRAM, LOBBY DISPLAY, AND SOCIAL MEDIA CHANNELS, AND WORKED WITH THEM AND OTHER LOCAL ORGANIZATIONS TO DISTRIBUTE THOUSANDS OF FREE AND DEEPLY DISCOUNTED ANGELS IN AMERICA TICKETS TO THEIR CONSTITUENTS. THE 12 PARTNER ORGANIZATIONS WERE AGULLAS, BAY AREA AMERICAN INDIAN TWO SPIRITS (BAAITS), COMMUNITY UNITED AGAINST VIOLENCE (CUAV), GAY ASIAN PACIFIC ALLIANCE, LARKIN STREET YOUTH SERVICES, PFLAG OAKLAND/EAST BAY, OAKLAND LGBT COMMUNITY CENTER, OASIS LEGAL SERVICES/ASYLUM FOR LGBTQIA+ IMMIGRANTS, PACIFIC CENTER FOR HUMAN GROWTH, QUEER ALLIANCE AND RESOURCE CENTER, SAN FRANCISCO AIDS FOUNDATION, AND SPECTRUM QUEER MEDIA. THANKS TO THE NAMES PROJECT FOUNDATION, BERKELEY REP WAS HONORED TO DISPLAY TWO PANELS OF THE AIDS MEMORIAL QUILT IN THE LOBBY OF THE THEATRE DURING THE RUN OF ANGELS IN AMERICA, AND WE PRODUCED A SHORT VIDEO ABOUT THE PANELS AND THE PROJECT FOR DISTRIBUTION ON OUR WEBSITE AS WELL AS OUR YOUTUBE AND SOCIAL MEDIA CHANNELS. WE ALSO TOOK THE OPPORTUNITY TO LAUNCH A NEW PODCAST SERIES, REPISODES: THE BERKELEY REP PODCAST, WHICH TOPICS INSPIRED BY ANGELS IN AMERICA THROUGH CONVERSATIONS WITH ARTISTS, EXPERTS, AND ACTIVISTS. REPISODES INCLUDED NO COUNTRY FOR THE INFIRM - THE AIDS EPIDEMIC AT SAN FRANCISCO GENERAL HOSPITAL, A SORT OF BLUE STREAK OF RECOGNITION - NEW TECHNOLOGY IN THE THEATRE, MORE BEAUTIFUL BECAUSE IMPERILED - EARTHQUAKES + BOB THE DRAG QUEEN, ANGELOLOGY - LIVE PANEL ON ANGELS IN ANGELS IN AMERICA, JUSTICE IS THE HUB - LGBTQ ANTI-DISCRIMINATION LAW + SPECIAL GUEST HEIDI SCHRECK, THE LIMITS OF TOLERANCE - LIVE PANEL ON AIDS ACTIVISM, AND GREAT VOYAGES - ANGEL ISLAND IMMIGRATION STATION ROUNDING OUT OUR REGULAR SEASON WAS THE WEST COAST PREMIERE OF HEIDI SCHRECK'S WHAT THE CONSTITUTION MEANS TO ME. WHEN THE AWARD-WINNING PLAYWRIGHT, SCREENWRITER, AND ACTOR WAS IN HIGH SCHOOL, SHE TRAVELED THE COUNTRY GIVING SPEECHES AND PARTICIPATING IN DEBATES ABOUT THE U.S. CONSTITUTION, ULTIMATELY EARNING ENOUGH MONEY TO PAY FOR COLLEGE. IN CONSTITUTION, SHE SHIFTS BETWEEN PERSONAL HISTORY, STORIES ABOUT HER WOMEN ANCESTORS, AND SUPREME COURT DECISIONS AND ARGUMENTS, ENDING WITH A DEBATE WITH A YOUNG, LOCAL DEBATER (IN BERKELEY REP'S PRODUCTION, WISDOM KUNITZ AND ANAYA MATTHEWS ALTERNATED PERFORMANCES). THE SHOW EARNED CRITICAL ACCLAIM BEFORE RETURNING TO NEW YORK, WHERE IT WAS NAMED ONE OF THE BEST PLAYS OF 2018 BY JESSE GREEN OF THE NEW YORK TIMES. FOR OUR PRODUCTION, WE PARTNERED WITH THE ACLU OF NORTHERN CALIFORNIA, WHO PROVIDED POCKET-SIZE COPIES OF THE CONSTITUTION TO DISTRIBUTE TO AUDIENCE MEMBERS.

Form 990, Part III, Line 4b:

THE BERKELEY REP SCHOOL OF THEATRE PROVIDES COMPREHENSIVE ARTS EXPERIENCES FOR STUDENTS THROUGHOUT THE BAY AREA EACH YEAR THROUGH ONSITE CLASSES AND SCHOLARSHIPS, STUDENT MATINEES, AND FREE AND DEEPLY DISCOUNTED ARTS EDUCATION IN-CLASSROOM RESIDENCIES, BERKELEY REP ENSURES BROAD ACCESS TO SOME OF THE BAY AREA'S FINEST TEACHING ARTISTS AND PRODUCTIONS THE BERKELEY REP SCHOOL OF THEATRE'S OUTREACH PROGRAMS REINFORCE COMMON CORE ANCHOR STANDARDS FOR COLLEGE AND CAREER READINESS IN READING, WRITING, SPEAKING AND LISTENING, AND LANGUAGE DURING THE FISCAL YEAR, THE BERKELEY REP SCHOOL OF THEATRE'S ENGAGEMENT WITH STUDENTS IN DOWNTOWN BERKELEY, AND WITH LOCAL SCHOOLS AND COMMUNITY CENTERS REACHED NEARLY 10,401 STUDENTS, PROVIDING CUSTOMIZED ARTS EDUCATION WORKSHOPS AND STUDENT MATINEES FOR A TOTAL OF NEARLY 47,019 CONTACT HOURS THROUGH OUR SCHOOL PARTNERSHIPS WE SERVED 66 SCHOOLS (INCLUDING 50 TITLE 1-FUNDED SCHOOLS) IN 21 SCHOOL DISTRICTS AND THROUGH ALL EDUCATIONAL PROGRAMMING REACHED MORE THAN 20,000 PEOPLE THROUGHOUT 10 COUNTIES INCLUDING ALAMEDA, CONTRA COSTA, MARIN, SONOMA, SAN MATEO, SANTA CRUZ, SANTA CLARA, SACRAMENTO, PLACER AND SAN JOAQUIN THROUGH BERKELEY REP'S UNIQUE AND FREE TEEN COUNCIL, 300 TEENS FROM 50 BAY AREA SCHOOLS PARTICIPATED IN ART AND LEADERSHIP TRAINING, 56% OF THEM RETURNING MULTIPLE TIMES FOR OVER 70 EVENTS AND 4,000 CONTACT HOURS ARTS ORGANIZATIONS ACROSS THE COUNTRY HAVE INSTITUTED PROGRAMS MODELED ON BERKELEY REP'S TEEN COUNCIL

Form 990, Part III, Line 4c:

BERKELEY REP ALSO OFFERED AUDIENCES TWO SPECIAL PRESENTATIONS THE FIRST, IN DECEMBER, WAS THE SECOND CITY'S DYSFUNCTIONAL HOLIDAY REVUE IT WAS THE FIRST TIME BERKELEY REP HAS PRESENTED CHICAGO'S LEGENDARY COMEDY THEATRE WE DECORATED THE LOBBY, OFFERED HOLIDAY-THEMED DRINKS AND SNACKS, AND WELCOMED FULL HOUSES IN FEBRUARY, CULTURAL ICON AND SOCIAL COMMENTATOR FRAN LEBOWITZ TOOK THE STAGE FOR THREE DIFFERENT CONVERSATIONS OVER THE COURSE OF THREE PERFORMANCES DANIEL HANDLER (AKA LEMONY SNICKET) JOINED HER FOR THE FIRST CONVERSATION ON A WIDE RANGE OF TOPICS SURROUNDING LITERATURE THE SECOND CONVERSATION CENTERED ON POLITICS AND MONEY WITH MARK DANNER, WRITER AND CHANCELLOR'S PROFESSOR OF ENGLISH AND JOURNALISM AT THE UNIVERSITY OF CALIFORNIA, BERKELEY FOR THE FINAL CONVERSATION, A REMINISCENCE ON NOSTALGIA (WARHOL, NEW YORK, AND ARTS & CULTURE), FRAN LEBOWITZ WAS JOINED BY LAWRENCE RINDER, DIRECTOR AND CHIEF CURATOR OF THE UNIVERSITY OF CALIFORNIA, BERKELEY ART MUSEUM AND PACIFIC FILM ARCHIVE (BAMPFA) ALL THREE CONVERSATION SOLD OUT OUR 600-SEAT RODA THEATRE AT OTHER TIMES, BERKELEY REP OPENS ITS DOORS TO ORGANIZATIONS AND INDIVIDUALS FROM THE COMMUNITY FOR A WIDE RANGE OF EVENTS ORGANIZATIONS THAT USED OUR MAIN THEATRES THIS SEASON INCLUDE BERKELEY CHAMBER, BERKELEY BALLET, PLAYGROUND, BERKELEYSIDE, THEATRE BAY AREA, BAY AREA BOOK FESTIVAL, AND TOASTMASTERS WE ARE PROUD TO FORGE PARTNERSHIPS WITH FELLOW NONPROFITS TO CONTINUE TRANSFORMING DOWNTOWN INTO A DESTINATION FOR THEATRE LOVERS

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Insttutchnal Trustee	Officer	Key employee	Highest compensated employee	Former			
STEWART OWEN PRESIDENT	1 00	X		X				0	0	0
CARRIE AVERY VICE PRESIDENT	1 00	X		X				0	0	0
RICHARD SHAPIRO VICE PRESIDENT	1 00	X		X				0	0	0
ROGER STRAUCH VICE PRESIDENT	1 00	X		X				0	0	0
JEAN STRUNSKY VICE PRESIDENT	1 00	X		X				0	0	0
FELICIA WOYTAK TREASURER	1 00	X		X				0	0	0
LEONARD X ROSENBERG SECRETARY	1 00	X						0	0	0
EDWARD BAKER TRUSTEE	1 00	X						0	0	0
MICHELLE BRANCH TRUSTEE	1 00	X						0	0	0
DAVID COX TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
AMAR DOSHI TRUSTEE	1 00	X						0	0	0
ROBIN EDWARDS TRUSTEE	1 00	X						0	0	0
LISA FINER TRUSTEE	1 00	X						0	0	0
KERRY FRANCIS TRUSTEE	1 00	X						0	0	0
JILL FUGARO TRUSTEE	1 00	X						0	0	0
KAREN GALATZ TRUSTEE	1 00	X						0	0	0
BRUCE GOLDEN TRUSTEE	1 00	X						0	0	0
SCOTT HABER TRUSTEE	1 00	X						0	0	0
DAVID HOFFMAN TRUSTEE	1 00	X						0	0	0
JONATHAN C LOGAN TRUSTEE	1 00	X						0	0	0

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
JANE MARVIN TRUSTEE	1 00	X						0	0	0
SANDRA MCCANDLESS TRUSTEE	1 00	X						0	0	0
PAMELA NICHTER TRUSTEE	1 00	X						0	0	0
GAIL WAGNER TRUSTEE	1 00	X						0	0	0
EMILY SHANKS TRUSTEE	1 00	X						0	0	0
LAURA SEVERINO TRUSTEE (STARTING 9/17)	1 00	X						0	0	0
KELLY TOMLINSON TRUSTEE (STARTING 9/17)	1 00	X						0	0	0
STEVEN GOLDIN TRUSTEE (STARTING 9/17)	1 00	X						0	0	0
SUSAN MEDAK MANAGING DIRECTOR	40 00	X		X				271,125	0	37,771
ANTHONY TACCONE TRUSTEE, ARTISTIC DIRECTOR	40 00	X		X				245,605	0	54,034

Form 990, Part VII - Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)							(D) Reportable compensation from the organization (W- 2/1099-MISC)	(E) Reportable compensation from related organizations (W- 2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former				
LYNN EVE KOMAROMI DIRECTOR OF DEVELOPMENT	40 00					X		158,018	0	12,771	
THERESA VON KLUG GENERAL MANAGER	40 00					X		149,207	0	23,858	
SUZANNE PETTIGREW CONTROLLER	40 00					X		142,301	0	7,917	

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.

2017

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization
BERKELEY REPERTORY THEATRE

Employer identification number

94-1679756

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

The organization is not a private foundation because it is (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ))
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II)
- 8 A community trust described in **section 170(b)(1)(A)(vi)** (Complete Part II)
- 9 An agricultural research organization described in **170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land grant college of agriculture See instructions Enter the name, city, and state of the college or university _____
- 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See **section 509(a)(2)**. (Complete Part III)
- 11 An organization organized and operated exclusively to test for public safety See **section 509(a)(4)**.
- 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization
 - f Enter the number of supported organizations _____
 - g Provide the following information about the supported organization(s)

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1- 10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

(Complete only if you checked the box on line 5, 7, 8, or 9 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grant.")	6,643,835	7,764,816	8,322,851	6,942,336	7,387,418	37,061,256
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge						
4	Total. Add lines 1 through 3	6,643,835	7,764,816	8,322,851	6,942,336	7,387,418	37,061,256
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)						2,956,252
6	Public support. Subtract line 5 from line 4						34,105,004

Section B. Total Support

	Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7	Amounts from line 4	6,643,835	7,764,816	8,322,851	6,942,336	7,387,418	37,061,256
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	214,467	317,186	284,821	263,242	191,516	1,271,232
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	349,102	368,431	377,347	315,699	310,023	1,720,602
11	Total support. Add lines 7 through 10						40,053,090
12	Gross receipts from related activities, etc. (see instructions)					12	57,019,370

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

Section C. Computation of Public Support Percentage

14	Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	85.150 %
15	Public support percentage for 2016 Schedule A, Part II, line 14	15	81.580 %

16a 33 1/3% support test—2017. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

b 33 1/3% support test—2016. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization

17a 10%-facts-and-circumstances test—2017. 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

b 10%-facts-and-circumstances test—2016. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part VI how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►		(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15	Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	
16	Public support percentage from 2016 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17	Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	
18	Investment income percentage from 2016 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2017. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests—2016. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

		Yes	No
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.		
	1		
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).		
	2		
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
	3a		
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.		
	3b		
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.		
	3c		
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.		
	4a		
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.		
	4b		
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.		
	4c		
5a	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).		
	5a		
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?		
	5b		
c	Substitutions only. Was the substitution the result of an event beyond the organization's control?		
	5c		
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 .		
	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
	7		
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).		
	8		
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 .		
	9a		
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 .		
	9b		
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 .		
	9c		
10a	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.		
	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		
	10b		

Part IV Supporting Organizations (continued)

		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?		
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b	A family member of a person described in (a) above?		
c	A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI</i>		

Section B. Type I Supporting Organizations

		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? <i>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 directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</i>		
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? <i>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.</i>		

Section C. Type II Supporting Organizations

		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <i>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).</i>		

Section D. All Type III Supporting Organizations

		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the 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?		
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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

Section E. Type III Functionally-Integrated Supporting Organizations

1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)		
a	<input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b	<input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c	<input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2	Activities Test Answer (a) and (b) below.		
a	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? <i>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.</i>		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>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.</i>		
3	Parent of Supported Organizations Answer (a) and (b) below.		
a	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>Provide details in Part VI.</i>		
b	Did the organization exercise a substantial degree of direction over the policies, programs and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

- 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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year)	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI)		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI) See instructions	
7 Total annual distributions. Add lines 1 through 6	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI) See instructions	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required-- explain in Part VI) See instructions			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013.			
c From 2014.			
d From 2015.			
e From 2016.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder Subtract lines 3g, 3h, and 3i from 3f			
4 Distributions for 2017 from Section D, line 7			
\$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2017, if any Subtract lines 3g and 4a from line 2 If the amount is greater than zero, explain in Part VI See instructions			
6 Remaining underdistributions for 2017 Subtract lines 3h and 4b from line 1 If the amount is greater than zero, explain in Part VI See instructions			
7 Excess distributions carryover to 2018. Add lines 3j and 4c			
8 Breakdown of line 7			
a Excess from 2013.			
b Excess from 2014.			
c Excess from 2015.			
d Excess from 2016.			
e Excess from 2017.			

Additional Data

Software ID:

Software Version:

EIN: 94-1679756

Name: BERKELEY REPERTORY THEATRE

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)

Facts And Circumstances Test

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements
▶ Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047
2017
Open to Public Inspection

Name of the organization
BERKELEY REPERTORY THEATRE

Employer identification number
94-1679756

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

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

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

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

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

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

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

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

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

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

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

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

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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

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

(i) Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

a Revenue included on Form 990, Part VIII, line 1 ▶ \$ _____

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

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

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

Part IV Escrow and Custodial Arrangements.

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

- 1a** Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b** If "Yes," explain the arrangement in Part XIII and complete the following table
- | | Amount |
|--|--------|
| c Beginning balance | |
| d Additions during the year | |
| e Distributions during the year | |
| f Ending balance | |
- 2a** Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b** If "Yes," explain the arrangement in Part XIII Check here if the explanation has been provided in Part XIII

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	4,810,546	4,341,982	4,116,679	4,139,533	3,784,801
b Contributions	100	2,400	57,173	171,725	65,825
c Net investment earnings, gains, and losses	218,326	490,563	191,008	-170,452	460,889
d Grants or scholarships					
e Other expenditures for facilities and programs	50,993	24,399	22,878	24,127	171,982
f Administrative expenses					
g End of year balance	4,977,979	4,810,546	4,341,982	4,116,679	4,139,533

- 2** Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as
- a** Board designated or quasi-endowment ▶ 24 420 %
 - b** Permanent endowment ▶ 68 230 %
 - c** Temporarily restricted endowment ▶ 7 350 %
- The percentages on lines 2a, 2b, and 2c should equal 100%
- 3a** Are there endowment funds not in the possession of the organization that are held and administered for the organization by
- | | Yes | No |
|--|---------------|----|
| (i) unrelated organizations | 3a(i) | No |
| (ii) related organizations | 3a(ii) | No |
| b If "Yes" on 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4** Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		2,802,299		2,802,299
b Buildings		38,033,853	12,756,279	25,277,574
c Leasehold improvements				
d Equipment		3,091,315	2,313,175	778,140
e Other		1,724,138	406,235	1,317,903
Total. Add lines 1a through 1e (Column (d) must equal Form 990, Part X, column (B), line 10(c)) . . . ▶				30,175,916

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Column (b) must equal Form 990, Part X, col (B) line 12.)		

Part VIII Investments—Program Related. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

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

Part IX Other Assets. Complete if the organization answered 'Yes' on Form 990, Part IV, line 11d. See Form 990, Part X, line 15

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

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

(a) Description of liability	(b) Book value
(1) Federal income taxes	
EXECUTIVE RETIREMENT PLAN	2,774,983
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col (B) line 25.)	2,774,983

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

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

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	21,806,217
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
a	Net unrealized gains (losses) on investments	2a	130,394	
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII)	2d	66,345	
e	Add lines 2a through 2d		2e	196,739
3	Subtract line 2e from line 1		3	21,609,478
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b	-618,781	
c	Add lines 4a and 4b		4c	-618,781
5	Total revenue Add lines 3 and 4c . (This must equal Form 990, Part I, line 12)		5	20,990,697

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered 'Yes' on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	21,364,486
2	Amounts included on line 1 but not on Form 990, Part IX, line 25			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII)	2d	618,781	
e	Add lines 2a through 2d		2e	618,781
3	Subtract line 2e from line 1		3	20,745,705
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII)	4b		
c	Add lines 4a and 4b		4c	0
5	Total expenses Add lines 3 and 4c . (This must equal Form 990, Part I, line 18)		5	20,745,705

Part XIII Supplemental Information

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

Return Reference	Explanation
See Additional Data Table	

Additional Data

Software ID:

Software Version:

EIN: 94-1679756

Name: BERKELEY REPERTORY THEATRE

Supplemental Information

Return Reference	Explanation
PART V, LINE 4	THE PURPOSE OF THE ENDOWMENT FUNDS IS TO FURTHER THE CHARITABLE AND EDUCATIONAL PURPOSES OF BERKELEY REPERTORY THEATRE BY PROVIDING GENERAL SUPPORT IN MEETING THE OPERATING AND PROGRAM NEEDS OF BERKELEY REPERTORY THEATRE, AS DETERMINED BY BERKELEY REPERTORY THEATRE'S BOARD OF TRUSTEES. A DONOR MAKING A CONTRIBUTION TO THE ENDOWMENT FUND MAY IMPOSE SPECIFIC USE RESTRICTIONS (A "RESTRICTED PURPOSE") ON THE DONOR'S CONTRIBUTION, PROVIDED THAT ANY SUCH RESTRICTION MUST BE CLEARLY STATED IN THE DONOR'S GIFT INSTRUMENT. IF AT ANY TIME IN THE JUDGMENT OF THE BOARD OF TRUSTEES IT IS IMPOSSIBLE OR IMPRACTICABLE TO CARRY OUT EXACTLY THE RESTRICTED PURPOSE IN THE MANNER REQUESTED BY THE DONOR, A PURPOSE AND MANNER AS NEAR AS IS PRACTICABLE TO THE RESTRICTED PURPOSE SHALL BE DETERMINED BY THE BOARD OF TRUSTEES.

Supplemental Information

Return Reference	Explanation
PART X, LINE 2	THE THEATRE IS A QUALIFIED ORGANIZATION EXEMPT FROM FEDERAL INCOME AND CALIFORNIA FRANCHISE TAXES UNDER THE PROVISIONS OF SECTIONS 501(C)(3) OF THE INTERNAL REVENUE CODE AND 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE, RESPECTIVELY THE THEATRE EVALUATES ITS TAX POSITIONS TAKEN OR EXPECTED TO BE TAKEN TO DETERMINE WHETHER THE TAX POSITIONS ARE "MORE-LIKELY-THAN-NOT" OF BEING SUSTAINED BY THE APPLICABLE TAX AUTHORITY TAX POSITIONS NOT DEEMED TO MEET THE "MORE-LIKELY-THAN-NOT" THRESHOLD ARE RECORDED AS AN EXPENSE IN THE APPLICABLE YEAR AS OF AUGUST 31, 2018, THE THEATRE DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY THE THEATRE FILES UNITED STATES OF AMERICA ("U S ") FEDERAL, AND U S STATE TAX RETURNS FOR U S STATE TAX RETURNS, THE THEATRE IS GENERALLY NO LONGER SUBJECT TO TAX EXAMINATIONS FOR YEARS PRIOR TO 2012 FOR U S FEDERAL TAX RETURNS, THE THEATRE IS NO LONGER SUBJECT TO TAX EXAMINATION FOR YEARS PRIOR TO 2013

Supplemental Information

Return Reference	Explanation
PART XI, LINE 2D - OTHER ADJUSTMENTS	GAIN FROM INTEREST RATE SWAP 66,345

Supplemental Information

Return Reference	Explanation
PART XI, LINE 4B - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES -198,376 RENTAL EXPENSES -525,919 GROSS UP - ADVERTISING 98,739 GROSS UP - RENTAL INCOME 6,775

Supplemental Information

Return Reference	Explanation
PART XII, LINE 2D - OTHER ADJUSTMENTS	SPECIAL EVENT EXPENSES 198,376 RENTAL EXPENSES 525,919 GROSS UP - ADVERTISING -98,739 GROSS UP - RENTAL INCOME -6,775

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" on Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BERKELEY REPERTORY THEATRE

Employer identification number
94-1679756

Part I 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.

- 1** Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a** Mail solicitations
 - b** Internet and email solicitations
 - c** Phone solicitations
 - d** In-person solicitations
 - e** Solicitation of non-government grants
 - f** Solicitation of government grants
 - g** Special fundraising events
- 2a** Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b** If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
WINSLOW & ASSOCIATES 746 HAYES STREET SAN FRANCISCO, CA 94102	EVENT PLANNING		No	0	50,000	-50,000
WOOF KURTZMAN 4659 REINHARDT DR OAKLAND, CA 94619	CONSULTING		No	0	34,125	-34,125
Total					84,125	-84,125

3 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

CA

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

Revenue		(a) Event #1	(b) Event #2	(c) Other events	(d)
		GALA DINNER & AUCTION (event type)	(event type)	(total number)	Total events (add col (a) through col (c))
1	Gross receipts	909,619			909,619
2	Less Contributions	617,114			617,114
3	Gross income (line 1 minus line 2)	292,505			292,505
Direct Expenses	4 Cash prizes				
	5 Noncash prizes	72,961			72,961
	6 Rent/facility costs				
	7 Food and beverages	117,292			117,292
	8 Entertainment	8,915			8,915
	9 Other direct expenses	93,337			93,337
	10	Direct expense summary Add lines 4 through 9 in column (d) ▶			
11	Net income summary Subtract line 10 from line 3, column (d) ▶				0

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

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

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

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

b If "No," explain _____

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

b If "Yes," explain _____

- 11** Does the organization conduct gaming activities with nonmembers? Yes No
- 12** Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13** Indicate the percentage of gaming activity conducted in

a	The organization's facility	%
b	An outside facility	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records

Name ▶
 Address ▶

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

- b** If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____
- c** If "Yes," enter name and address of the third party

Name ▶
 Address ▶

16 Gaming manager information

Name ▶
 Gaming manager compensation ▶ \$
 Description of services provided ▶

Director/officer Employee Independent contractor

17 Mandatory distributions

- a** Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b** Enter the amount of distributions required under state law distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations 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).

Return Reference	Explanation
------------------	-------------

**Schedule I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments and Individuals in the United States**

OMB No 1545-0047

2017

**Open to Public
Inspection**

Department of the
Treasury
Internal Revenue Service

Complete if the organization answered "Yes," on Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization
BERKELEY REPERTORY THEATRE

Employer identification number
94-1679756

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1)							
(2)							
(3)							
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ _____
- 3 Enter total number of other organizations listed in the line 1 table ▶ _____

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22

Part III can be duplicated if additional space is needed

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1) SCHOLARSHIP	63		30,000	FMV	DIRECTLY CREDITED TO STUDENT ACCOUNT
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.

Return Reference	Explanation
PART I, LINE 2	SCHOLARSHIPS ARE MADE TO STUDENTS ATTENDING BERKELEY REPERTORY THEATRE'S SCHOOL OF THEATRE SCHOLARSHIP FUNDS DIRECTLY REDUCE COSTS OF ATTENDANCE ALL APPLICANTS ARE ASKED TO SUBMIT A FINANCIAL AID APPLICATION DEMONSTRATING THEIR NEED A COPY OF THE TAX RETURN IS REQUIRED APPLICATIONS REMAIN ON FILE THE SCHOOL OF THEATRE DIRECTOR, ASSOCIATE DIRECTOR, AND ADMINISTRATOR EVALUATE REQUESTS AND SCALE AWARD IN RELATION TO AGI, ADJUSTING FOR EXTENUATING CIRCUMSTANCES, PREVIOUS AWARDS, AND PARTICIPATION IN SCHOOL OF THEATRE

Schedule J
(Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ **Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.**

OMB No 1545-0047

2017

Open to Public Inspection

Name of the organization
BERKELEY REPERTORY THEATRE

Employer identification number
94-1679756

Part I Questions Regarding Compensation

		Yes	No		
<p>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.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account </td> <td style="width: 50%; vertical-align: top;"> <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) </td> </tr> </table>	<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)			
<input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account	<input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)				
<p>b If any of the boxes in line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain</p>	1b				
<p>2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked in line 1a?</p>	2				
<p>3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.</p> <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations </td> <td style="width: 50%; vertical-align: top;"> <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee </td> </tr> </table>	<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee			
<input checked="" type="checkbox"/> Compensation committee <input type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations	<input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee				
<p>4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:</p> <p>a Receive a severance payment or change-of-control payment?</p> <p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p> <p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4a		No		
	4b	Yes			
	4c		No		
<p>Only 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>					
<p>5 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:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 5a or 5b, describe in Part III.</p>	5a		No		
	5b		No		
<p>6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:</p> <p>a The organization?</p> <p>b Any related organization?</p> <p>If "Yes," on line 6a or 6b, describe in Part III.</p>	6a		No		
	6b		No		
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described in lines 5 and 6? If "Yes," describe in Part III.</p>	7		No		
<p>8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III.</p>	8		No		
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9				

Part III Supplemental Information

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

Return Reference	Explanation
PART I, LINE 4B	TONY TACCONE AND SUSAN MEDAK PARTICIPATED IN BERKELEY REPERTORY THEATRE'S SUPPLEMENT EXECUTIVE RETIREMENT PLAN, EACH WITH CUMULATIVE ACCRUALS OF \$600,000, REPORTED OVER PRIOR 3 YEARS ON FORM 990. PER AUDIT, THE ALLOCATION OF EXECUTIVE DEFERRED COMPENSATION COSTS IS BASED ON ESTIMATES OF THE AMOUNT AND TIMING OF THE BENEFITS TO BE PROVIDED. THE COSTS ARE BEING ACCRUED OVER THE PERIOD FROM THE ADOPTION OF THE PLAN IN 2014 THROUGH THE VESTING DATE OF AUGUST 31, 2018. PER AUDIT, TONY TACCONE AND SUSAN MEDAK HAVE EACH CUMULATIVELY ACCRUED \$717,948.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No 1545-0047
2017
Open to Public Inspection

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**
▶ **Attach to Form 990.**
▶ **Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990**

Department of the Treasury
Internal Revenue Service

Name of the organization
BERKELEY REPERTORY THEATRE

Employer identification number
94-1679756

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures				
3 Art—Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded	X	6	281,948	FMV
10 Securities—Closely held stock				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential				
16 Real estate—Commercial				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (OTHER)	X	4	52,321	FMV
26 Other ▶ (WINE)	X	2	12,480	FMV
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 1

	Yes	No
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 is not required to be used for exempt purposes for the entire holding period?		No
b If "Yes," describe the arrangement in Part II		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?		No
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	Yes	
b If "Yes," describe in Part II		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II		

Part II Supplemental Information.

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

Return Reference	Explanation
PART I, COLUMN (B)	THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS MADE, NOT THE NUMBER OF ITEMS CONTRIBUTED
PART I, LINE 32B	CARS DONATED TO BERKELEY REPERTORY THEATRE ARE SOLD BY CHARITABLE AUTO RESOURCES, INC FOR A FEE NET PROCEEDS ARE RECEIVED BY BERKELEY REPERTORY THEATRE

SCHEDULE O
(Form 990 or 990-EZ)Department of the Treasury
Internal Revenue ServiceName of the organization
BERKELEY REPERTORY THEATRE**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.

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

OMB No 1545-0047

2017**Open to Public Inspection**

Employer identification number

94-1679756

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	THE MANAGING DIRECTOR, IN CONSULTATION WITH THE BOARD OR FINANCE COMMITTEE, AS THE MANAGING DIRECTOR DEEMS APPROPRIATE, IS RESPONSIBLE FOR THE TIMELY PREPARATION OF THE RETURN THE MANAGING DIRECTOR SHALL PROVIDE THE FINANCE COMMITTEE WITH A SUBSTANTIALLY COMPLETE FORM 990 SUFFICIENTLY IN ADVANCE OF THE FILING DEADLINE TO ENABLE A DETAILED AND CONSCIENTIOUS REVIEW BY THE MEMBERS OF THE FINANCE COMMITTEE SUBSEQUENTLY, THE BOARD WILL BE INVITED TO REVIEW THE FORM 990 IN ITS ENTIRETY IN ADVANCE OF THE FILING DEADLINE

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	THE ORGANIZATION'S CONFLICT OF INTEREST POLICY COVERS ALL TRUSTEES, THE MANAGING DIRECTOR AND ARTISTIC DIRECTOR. NO TRUSTEE MAY USE HIS OR HER POSITION AT THE ORGANIZATION FOR PERSONAL GAIN OR TO BENEFIT ANOTHER AT THE EXPENSE OF THE ORGANIZATION, ITS MISSION, OR ITS REPUTATION. NEW TRUSTEES MUST SIGN THE CONFLICT OF INTEREST DISCLOSURE STATEMENT AFFIRMING THAT THEY HAVE READ THE CONFLICT OF INTEREST POLICY, ARE NOT AWARE OF ANY DIRECT OR INDIRECT FINANCIAL OR OTHER MATERIAL INTEREST THAT IS REQUIRED TO BE DISCLOSED, AND WILL PROMPTLY REPORT ANY FUTURE SITUATION THAT MIGHT CONSTITUTE A CONFLICT OF INTEREST. ANNUAL SIGNATURES ARE NOT REQUIRED. IF A CONFLICT OF INTEREST FAILS TO BE DISCLOSED, THE BOARD WILL INVESTIGATE THE SITUATION AND TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION AS NECESSARY.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 15	COMPENSATION FOR THE ARTISTIC DIRECTOR AND THE MANAGING DIRECTOR IS NEGOTIATED BY THE BOARD PRESIDENT AND A COMMITTEE OF THE BOARD OF TRUSTEES AND APPROVED BY THE BOARD THROUGH ITS APPROVAL OF WRITTEN EMPLOYMENT AGREEMENTS AND THE ANNUAL BUDGET PROCESS THE BOARD (OR A BOARD COMMITTEE) REVIEWS DATA GATHERED FROM THEATRE COMMUNICATIONS GROUP AND OTHER PUBLIC DATA, TAKING INTO ACCOUNT INDIVIDUAL PERFORMANCE AND THE COST OF LIVING IN THE BERKELEY, CALIFORNIA AREA THE BOARD REGULARLY EVALUATES THE PERFORMANCE OF THE ARTISTIC DIRECTOR AND MANAGING DIRECTOR OTHER SALARIES ARE SUGGESTED BY MANAGEMENT AND APPROVED THROUGH THE BUDGET PROCESS

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION C, LINE 19	BERKELEY REPERTORY THEATRE'S FINANCIAL STATEMENTS ARE ANNUALLY PROVIDED TO DUN AND BRADSTR EET FINANCIAL STATEMENTS FOR MOST RECENTLY COMPLETED FISCAL YEAR ARE AVAILABLE ON OUR WEB SITE AND UPON REQUEST

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XI, LINE 9	GAIN FROM INTEREST RATE SWAP 66,345

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART XII, LINE 2C	THE PROCESS HAD NOT CHANGED FROM THE PRIOR YEAR