Form 990

Return of Organization Exempt From Income Tax

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

2020

Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Form 990 (2020)

and ending JUN 30, 2021 A For the 2020 calendar year, or tax year beginning JUL 1, 2020 D Employer Identification number C Name of organization Check if Address GEORGE STREET PLAYHOUSE, INC. Name 23-7361588 Doing business as Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number 410 (732)846-2895 Final 9 LIVINGSTON AVENUE 4,384,431 G Gross receipts \$ City or town, state or province, country, and ZIP or foreign postal code Amended return NEW BRUNSWICK, NJ 08903 H(a) Is this a group return F Name and address of principal officer: KELLY RYMAN Applicafor subordinates? pending SAME AS C ABOVE H(b) Are all subordinates included? 4947(a)(1) or 527 If "No." attach a list. See instructions Tax-exempt status: X 501(c)(3) 501(c) () (insert no.) J Website: WWW.GEORGESTPLAYHOUSE.ORG H(c) Group exemption number L Year of formation: 1974 M State of legal domicile; NJ Association Other Is K Form of organization; X Corporation Trust Part I Summary 1 Briefly describe the organization's mission or most significant activities: TO ENRICH PEOPLE'S LIVES BY Activities & Governance PRODUCING WORLD-CLASS THEATRE. Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 16 Number of voting members of the governing body (Part VI, line 1a) 16 Number of independent voting members of the governing body (Part VI, line 1b) 35 Total number of individuals employed in calendar year 2020 (Part V, line 2a) 5 Total number of volunteers (estimate if necessary) 0. 7 a Total unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Form 990-T, Part I, line 11 **Current Year Prior Year** 3,451,084. 3,088,064. Contributions and grants (Part VIII, line 1h) Revenue 443,761. 1 776 847 9 Program service revenue (Part VIII, line 2g) 7,295. 10,624. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 410,911. 21,169. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 4.896.704. 4.313.051. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) Ο. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 1,566,568. 2,659,740. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) b Total fundraising expenses (Part IX, column (D), line 25) 3,238,783 1,516,927. 17 Other expenses (Part IX, column (A), lines 11a 11d, 11f-24e) 3,083,495. 5,898,523. 18 Total expenses, Add lines 13-17 (must equal Part IX, column (A), line 25) -1,001,819. 1,229,556. 19 Revenue less expenses. Subtract line 18 from line 12 Beginning of Current Year **End of Year** Assets or Balances 8,094,711. 3,388,826. 4,705,885. 8,265,032. Total assets (Part X, line 16) 2,329,591. 21 Total liabilities (Part X. line 26) 5,935,441. Set Net assets or fund balances. Subtract line 21 from line 20 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. Signature of officer Sian RON BLEICH. TREASURER Here Type or print name and title Prepareria signatura Print/Type preparer's name P00310420 10/11/21 sell-employed P0031042 EIN 22-3604710 JAMES M. WOOD Paid Firm's name > JAMES M. WOOD, Firm's EIN Preparer 603B OMNI DRIVE Firm's address Use Only Phone no. (908) 431-1700 HILLSBOROUGH, NJ 08844 X Yes No May the IRS discuss this return with the preparer shown above? See instructions

LHA For Paperwork Reduction Act Notice, see the separate instructions.

	n 990 (2020) GEORGE STREET PLAYHOUSE, INC. 23-7361	.588_	Page 2
Pa	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		X
1	Briefly describe the organization's mission:		
	THE MISSION IS TO ENRICH PEOPLE'S LIVES BY PRODUCING QUALITY TH	EATRE	፻
	WITH CHALLENGING NEW WORKS, RE-IMAGINED CLASSICS, AND THEATRE		
	EDUCATION PROGRAMS.		
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	X 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	X 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 ex	penses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$2, 459, 388 • including grants of \$) (Revenue \$	430,0	006.)
	GEORGE STREET PLAYHOUSE (GSP) IS A PROFESSIONAL, REGIONAL THEAT		
	COMPANY LOCATED IN NEW BRUNSWICK, NJ. OUR MISSION IS TO "ENRICH		
	PEOPLE'S LIVES PRODUCING WORLD-CLASS THEATRE". EACH SEASON, WE		
	DEMONSTRATE OUR COMMITMENT TO PRODUCING NEW WORKS THROUGH OUR		
	WORLD-CLASS MAINSTAGE SERIES OF FIVE PLAYS OR MUSICALS. GSP IS	PROUL	OT C
	HAVE PREMIERED SEVERAL PLAYS WHICH HAVE GONE ON TO SUCCESSFUL N		
	BROADWAY AND OFF-BROADWAY RUNS, GARNERING NATIONAL ATTENTION.		71111
	EDUCATION DEPARTMENT BRINGS TOURING PRODUCTIONS ON RELEVANT ISS		
	IMPACTING YOUNG PEOPLE SUCH AS HEALTHY EATING, AND MOST RECENTI		
	OPIOID ADDICTION TO STUDENTS THROUGHOUT THE STATE EACH YEAR. GS		
	TEACHING ARTISTS LEAD YEAR-ROUND ACTING CLASSES FOR AGES 5 TO A		
	PROVIDE PROFESSIONAL DEVELOPMENT TRAINING FOR EDUCATORS AND PAR		
41.			
4b	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses 2,459,388.		
		Form 90	90 (2020)

Form 990 (2020) GEORGE STREE
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)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
Ÿ	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
0	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	Ŭ		
9	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
10	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	21	
• • •				
_	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
а	•	11a	х	
.	Part VI Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	Ha	Λ	
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11h		х
_	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	11b		Λ
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		x
	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	TIC		Λ
a		444		х
_	Part X, line 16? If "Yes," complete Schedule D, Part IX Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11d 11e	Х	Α
		rie		
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	1 1f		х
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	- 111		
12a		12a	х	
	Schedule D, Parts XI and XII Was the organization included in consolidated, independent audited financial statements for the tax year?	ıza	Α_	
b		40h		v
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	12b 13		X
13		14a		X
14a		144		
b	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
45	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		- 21
15	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
40	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		- 1
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		x
47	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
40	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		- 21
18		18	Х	
40	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	10		
19		19		х
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		-
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
	democracy governments of the active condition by the term of the second of the active that the term of the second		200	(0000)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		100	110
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			37
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		
ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	1		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			W
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			32
	"Yes," complete Schedule L, Part IV	28c	v	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	200		x
31	contributions? If "Yes," complete Schedule M	30		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete	31		- 21
32	Schedule N, Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- UL		
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Dai	Note: All Form 990 filers are required to complete Schedule O Statements Regarding Other IRS Filings and Tax Compliance	38	X	
Fal	Check if Schedule O contains a response or note to any line in this Part V			
	Check it Schedule C contains a response of hote to any line in this Part V			NI-
1.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	7	Yes	No
ıa b				
C				
	(gambling) winnings to prize winners?	1c	х	
03200	4 12-23-20	Form	990	(2020

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V No 2a Enter the number of employees reported on Form W-3. Transmittal of Wage and Tax Statements. 35 filed for the calendar year ending with or within the year covered by this return b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) Did the organization have unrelated business gross income of \$1,000 or more during the year? X За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? X 4a b If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5a Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? X 5a Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? X If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? X b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? X 7a X If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? 7q If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? h 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b Section 501(c)(7) organizations. Enter: 10 a Initiation fees and capital contributions included on Part VIII, line 12 10a Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities Section 501(c)(12) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a b If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 14a Did the organization receive any payments for indoor tanning services during the tax year? b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or 15 excess parachute payment(s) during the year? 15 If "Yes." see instructions and file Form 4720. Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16

If "Yes," complete Form 4720, Schedule O.

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

	Check if Schedule O contains a response or note to any line in this Part VI						<u>X</u>
Sec	tion A. Governing Body and Management						
		F	ÿ.			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	_1a		16			
	If there are material differences in voting rights among members of the governing body, or if the governing						
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.						
b	Enter the number of voting members included on line 1a, above, who are independent	-		16			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh	ip witł	any other				
	officer, director, trustee, or key employee?				2		X
3	Did the organization delegate control over management duties customarily performed by or under the						
	of officers, directors, trustees, or key employees to a management company or other person?				3		X
4	Did the organization make any significant changes to its governing documents since the prior Form		***************************************		4		X
5	Did the organization become aware during the year of a significant diversion of the organization's as				5		X
6	Did the organization have members or stockholders?				6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a						
	more members of the governing body?				7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,						
	persons other than the governing body?				7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year						
а	The governing body?				8a	<u>X</u>	
b	Each committee with authority to act on behalf of the governing body?			}	8b	X	-
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-						
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O				9		<u> </u>
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal F	levenu	ie Code.)				
	District and the state of the s			Ē	40	Yes	No
	Did the organization have local chapters, branches, or affiliates?				10a		X
D	If "Yes," did the organization have written policies and procedures governing the activities of such or the second state of th				401		
44-	and branches to ensure their operations are consistent with the organization's exempt purposes?				10b	Х	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	ay bei	ore ming the form	11.	11a		
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13				10-	х	
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			- 1	12a 12b	X	
b	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "				120		
С	in Schedule O how this was done				12c	х	
12	Did the organization have a written whistleblower policy?				13	X	
13 14	Did the organization have a written document retention and destruction policy?				14	X	
15	Did the process for determining compensation of the following persons include a review and approve				14		
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	-	пасрепасне				
9	The organization's CEO, Executive Director, or top management official				15a		х
b	Other officers or key employees of the organization				15b		X
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	ement	with a				
	taxable entity during the year?				16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate			1			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organic						
	exempt status with respect to such arrangements?				16b		
Sec	tion C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ►NJ						
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	and 99	0-T (Section 501	(c)(3):	s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply						
	Own website Another's website X Upon request Other (explain	n on S	chedule O)				
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, or	conflic	of interest polic	y, and	l finar	ncial	
	statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's be	ooks a	ind records 🛌	_			
	THE ORGANIZATION - (732)846-2895						
	9 LIVINGSTON AVENUE, NO. 410, NEW BRUNSWICK, NJ	089	03				
032006	3 12-23-20				Form	990	(2020)

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and title	(B) Average hours per week	box,	not ch unles	s per	tion more rson	than is bot or/trus	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAVID SAINT	40.00	x						131,357.	0.	12,321.
ARTISTIC DIRECTOR	40.00	A						131,337.	· ·	12,321.
(2) KELLY RYMAN	40.00	x						109,374.	0.	13,206.
MANAGING DIRECTOR	6.00	2	\neg					105,574.	0.	13,200.
(3) JAMES N. HESTON	0.00	x		х				0.	0.	0.
CHAIRMAN (4) PENELOPE E. LATTIMER	6.00	27							•	0.
(4) PENELOPE E. LATTIMER PRESIDENT	0.00	x		х				0.	0.	0.
(5) MARK MCMAHON	2.00	23								•
1ST VICE PRESIDENT	2.00	x		x				0.	0.	0.
(6) RONALD BLEICH	3.00									
TREASURER	3.00	$ \mathbf{x} $		х				0.	0.	0.
(7) SHARON KARMAZIN	2.00									
SECRETARY		x		х				0.	0.	0.
(8) WANDA J. BLANCHETT	1.50									
BOARD MEMBER		x						0.	0.	0.
(9) LUCY HUGHES	1.50									
BOARD MEMBER		Х						0.	0.	0.
(10) PHILIP L. KIRSTEIN	5.00									
BOARD MEMBER		X						0.	0.	0.
(11) ADELE T. MACULA	4.00									
BOARD MEMBER		X						0.	0.	0.
(12) DINA MASTELLONE	1.50									
BOARD MEMBER		X						0.	0.	0.
(13) C. SHARON PARKER	1.50									
BOARD MEMBER		X						0.	0.	0.
(14) NORMAN POLITZINER	2.00									_
BOARD MEMBER		X						0.	0.	0.
(15) JOCELYN SCHWARTZMAN	1.50							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(16) NONNY STAHLIN	3.00	_								_
BOARD MEMBER	4 = 0	X			-			0.	0.	0.
(17) JANICE STOLAR	1.50								_	_
BOARD MEMBER		X						0.	0.	0 . Form 990 (2020)

Form **990** (2020)

(A) Name and title	(B) Average hours per	(do	Average Position (do not check more than one box, unless person is both an						(E) Reportable compensation		(F) Estimated amount of	
	week (list any hours for related organizations below line)	tee or director			irecto	Highest compensated at/zo	tee)	compensation from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)		other compensation from the organization and related organizations	
(18) LORA TREMAYNE	3.00	x			_			0.	0			0
BOARD MEMBER		A						0.				
		\vdash								+		
		_										
										7		
		-				-				+		
						┢				+		
1b Subtotal		1				_	•	240,731.	0		25	,527
c Total from continuation sheets to Part V								0.				0
d Total (add lines 1b and 1c)							▶	240,731.			25	,527
2 Total number of individuals (including but r	ot limited to th	nose	liste	ed al	oove	e) wh	no re	eceived more than \$100	,000 of reportable			
compensation from the organization											Y	es N
3 Did the organization list any former officer,			кеу е	empl	loye	e, or	hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete Schedule J for s										.	3	X
4 For any individual listed on line 1a, is the standard related organizations greater than \$15								•	•		4	x
5 Did any person listed on line 1a receive or												
rendered to the organization? If "Yes," con	plete Schedul	e <i>J 1</i>	or s	uch	pers	son .				.	5	X
Section B. Independent Contractors 1 Complete this table for your five highest co	mpensated in	depe	ende	nt c	ont	racto	ors t	hat received more than	\$100,000 of compe	nsa	tion fro	m
the organization. Report compensation for		-							-			
(A) Name and business	address	37/	~~ ***	_				(B) Description of s	envices	Co	(C) ompens	ation
Name and business	address	N	INC	5	-	_		Deacription of a	ei vices		inpens	allon
1	711						+					
·					_		+					
2 Total number of independent contractors (ot li	mite	d to		_	sted	above) who received m	nore than			
\$100,000 of compensation from the organ	zation 🕨					0						

Form 990 (2020)
Part VIII S GEORGE STREET PLAYHOUSE, INC. Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII

						(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
ts st	1	а	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts		b	Membership dues						
S, E		С	Fundraising events						
光点		d							
s, iii		е	Government grants (contribution		582,259.				
Ρ̈́S		f	All other contributions, gifts, grants,						
E E			similar amounts not included above		868,825.				
<u>5</u>		а	Noncash contributions included in lines 1a-						
a G		_	Total. Add lines 1a-1f		D	3,451,084.			
-					Business Code				
ø.	2	а	PROGRAMS, ADVERT	ISING	711110	281,544.	281,544.		
Program Service Revenue	-		TICKETS & SUBSCR		711110	162,217.			
Sel	c d				****				
a a									
P. B.		e							
됩			All other program service revenu	ie					
			Total. Add lines 2a-2f			443,761.			
-	3	м	Investment income (including div			1107,010			
	Ŭ		other similar amounts)			7,295.			7,295.
	4		Income from investment of tax-e		F	.,,_,,			,,,,,,,,,
	5		Royalties						
	Ü		rioyanico	(i) Real	(ii) Personal				
	6	3	Gross rents 6a		1				
	U		Less: rental expenses 6b						
			Rental income or (loss) 6c						
	7	-	1	(i) Securities	(ii) Other				
	′	а	assets other than inventory 7a	(1) 0000111100	(1) 5 21.51				
		_	Less: cost or other basis						
<u>o</u>		D	and sales expenses 7b						
eu l		_	Gain or (loss) 7c						
ě			Net gain or (loss)						
Other Revenue			Gross income from fundraising even						
Ě	0	a	including \$	of					
			contributions reported on line 1c						
			Part IV, line 18		482,291.				
		h	Less: direct expenses		71,380.				
			Net income or (loss) from fundra			410,911.			410,911.
	۵		Gross income from gaming activ			110/511.			110/511
	9	а	Part IV, line 19						
		L	Less: direct expenses						
			Net income or (loss) from gaming						
	10		Gross sales of inventory, less ref						
	10	a	and allowances						
		L	Less: cost of goods sold						
			_						
2	_	C	Net income or (loss) from sales of	A MINERILORY	Business Code				
sne	4.4	_			Duaniesa Code				
nec Ine	11		<u> </u>						
le le		b							
Miscellaneous Revenue		C	All other revenue						
Σ			All other revenue						
	40		Total Add lines 11a-11d			4,313,051.	443,761.	0	418,206.
_	12	_	Total revenue. See instructions			*'2T2'02T*	443,101.	U .	±10,400

JGUL	ion 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respons				
	not include amounts reported on lines 6b, 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				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	282,853.	191,333.	45,760.	45,760
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	943,957.	701,589.	128,930.	113,438
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	219,910.	166,412.	36,385.	17,113
10	Payroll taxes	119,848.	90,708.	5,632.	23,508
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses	91,743.	45,866.	11,858.	34,019
14	Information technology				
15	Royalties				
16	Occupancy	170,559.	133,057.	37,502.	
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest	3,767.		3,767.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	54,751.	40,925.	11,890.	1,936
23	Insurance	60,444.	50,773.	6,044.	3,627
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	TOUR/EDUCATION PROGRAM	315,414.	315,414.	0.	0
	DIRECT PRODUCTION	235,985.	235,985.	0.	0
C	OHMOTOR CROSSTORG	223,207.	158,493.	56,464.	8,250
d		106,189.	106,189.	0.	0
-	All other expenses	254,868.	222,644.	30,715.	1,509
25	Total functional expenses. Add lines 1 through 24e	3,083,495.	2,459,388.	374,947.	249,160
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2020)

	Check if Schedule O contains a response or	note to any	line in this Part X			
				(A) Beginning of year		(B) End of year
1	Cash - non-interest-bearing			537,133.	1	921,693.
2	Savings and temporary cash investments			2,280,181.	2	3,450,141.
3	Pledges and grants receivable, net			4,058,631.	3	2,641,335.
4	Accounts receivable, net			129,388.	4	236,229.
5	Loans and other receivables from any current	or former o	fficer, director,			
	trustee, key employee, creator or founder, su	bstantial co	ntributor, or 35%			
	controlled entity or family member of any of the	nese person	s		5	
6	Loans and other receivables from other disqu	-				
	under section 4958(f)(1)), and persons descri			6		
왕 7	Notes and loans receivable, net				7	
Assets 8 8 8	Inventories for sale or use			E C O E 4 E	8	500 005
` 9	Prepaid expenses and deferred charges	560,547.	9	529,085.		
10a	Land, buildings, and equipment: cost or othe		050 400			
	basis. Complete Part VI of Schedule D			210 600		000 560
b	Less: accumulated depreciation		579,857.	312,698.	10c	270,563.
11	Investments - publicly traded securities			000 000	11	202 252
12	Investments - other securities. See Part IV, lin	200,200.	12	200,053.		
13	Investments - program-related. See Part IV, lin		13			
14	Intangible assets		15 022	14	15 022	
15	Other assets. See Part IV, line 11		15,933.	15	15,933.	
16	Total assets. Add lines 1 through 15 (must e			8,094,711.	16	8,265,032.
17	Accounts payable and accrued expenses			238,949.	17	205,033.
18	Grants payable	1 520 247	18	1 240 416		
19	Deferred revenue		1,530,247.	19	1,240,416.	
20	Tax-exempt bond liabilities				20	
21	Escrow or custodial account liability. Comple				21	
s 22	Loans and other payables to any current or fo					
Liabilities	trustee, key employee, creator or founder, su controlled entity or family member of any of the				00	
		-			22	
23	Secured mortgages and notes payable to unulunsecured notes and loans payable to unrelate			300,000.	24	0.
24 25	Other liabilities (including federal income tax,	-		300,000.	24	0.
25	parties, and other liabilities not included on li		l l			
				1,319,630.	25	884,142.
26	of Schedule D Total liabilities. Add lines 17 through 25			3,388,826.		2,329,591.
20	Organizations that follow FASB ASC 958, o			3733370231	20	2/323/3324
S S	and complete lines 27, 28, 32, and 33.	AICON HOIC				
<u>u</u> 27	Net assets without donor restrictions			-408,546.	27	674,371.
E 28	Net assets with donor restrictions			5,114,431.	28	5,261,070.
ը	Organizations that do not follow FASB ASC					
교	and complete lines 29 through 33.	,	,			
ර් 29	Capital stock or trust principal, or current fun	ds			29	
30	Paid-in or capital surplus, or land, building, or				30	
₹ 31	Retained earnings, endowment, accumulated		-		31	
Net Assets or Fund Balances 22 22 25 25 26 26 26 26 27 27 27 27 27 27 27 27 27 27 27 27 27	Total net assets or fund balances			4,705,885.		5,935,441.
33	Total liabilities and net assets/fund balances		1	8,094,711.	33	8,265,032.
						Form 990 (2020

Form 990 (2020)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Employer identification number Name of the organization 23-7361588 GEORGE STREET PLAYHOUSE, INC. 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). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 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 X 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.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 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. 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. 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. 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. __ 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. Check this box if the organization received a written determination from the IRS that it is a Type-II, Type-III, Type-III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) is the organization listed in your governing document? (iii) Type of organization (vi) Amount of other (ii) EIN (i) Name of supported (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions)) Total

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization'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						
	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)						
6	Public support. Subtract line 5 from line 4.						
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructi	ions)			12	
13	First 5 years. If the Form 990 is for the	e organization's f	irst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
	organization, check this box and stop						>
	ction C. Computation of Publi						
	Public support percentage for 2020 (li					14	%
	Public support percentage from 2019						%
16a	33 1/3% support test - 2020. If the o						
	stop here. The organization qualifies a						
b	33 1/3% support test - 2019. If the o						
	and stop here. The organization qualit						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts		•	-	•	_	€: [
	meets the facts-and-circumstances tes						111111111111111111111111111111111111111
b	10% -facts-and-circumstances test		-				10% or
	more, and if the organization meets th				•		£. [
	organization meets the facts-and-circu						
18	Private foundation. If the organization	n did not check a	box on line 13, 16	ia, 16b, 17a, or 17			
					Sch	edule A (Form 990	or 99∪- ∟ ∠) 2020

Schedule A (Form 990 or 990-EZ) 2020 GEORGE STREET PLAYHOUSE, INC. Part III | Support Schedule for Organizations Described in Section 509(a)(2)

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	2,433,335.	7,070,502.	4,197,796.	3,088,064.	3,451,084.	20,240,781.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	1,655,990.	1,590,137.	1,672,617.	1,752,228.	430,006.	7,100,978.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to	1					
	the organization without charge						
6	Total. Add lines 1 through 5	4 089 325.	8,660,639.	5,870,413.	4,840,292.	3,881,090.	27,341,759.
	Amounts included on lines 1, 2, and 3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received						0.
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
C	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						27,341,759,
Sec	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🛌	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
	Amounts from line 6	4 089 325.	8,660,639.	5,870,413.	4,840,292.	3,881,090.	27,341,759.
10a	dross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	69,975.	27,501.	36,945.	19,345.	9,951.	163,717.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
_		69,975.	27,501.	36,945.	19,345.	9,951.	163,717.
	Add lines 10a and 10b	09,913.	27,301.	30,343.	19,343.	9,931.	103,717.
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)	4,159,300.	8,688,140.	5,907,358.	4,859,637.	3,891,041.	27,505,476.
14	First 5 years. If the Form 990 is for th	e organization's fir	st, second, third, fo	ourth, or fifth tax y	ear as a section 5	501(c)(3) organizati	on,
							>
_	ction C. Computation of Publi						
	Public support percentage for 2020 (li			olumn (f))		15	99.40 %
	Public support percentage from 2019					16	99.05 %
Sec	ction D. Computation of Inves						
17						17	.60 %
	Investment income percentage from 2					18	.95 %
19a	a 33 1/3% support tests - 2020. If the more than 33 1/3%, check this box are						7 is not
ŀ	33 1/3% support tests - 2019. If the						
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 01-25-21			15		edule A (Form 990	

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
2		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
0-		
9b		
9c		
10a		
	2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b	1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 6 7 8 8 9a 9b 9c 10a

032025 01-25-21

Schedule A (Form 990 or 990-EZ) 2020

3a

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? If "Yes" or "No" provide details in Part VI.

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organ	izations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on i	Nov. 20, 1970 (explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mu-	st complete	Sections A through E.	,
Sec	tion 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	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 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	tion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-function	ally integrate	d Type III supporting org	anization (see
	inetractions			

Schedule A (Form 990 or 990-EZ) 2020

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

Continu D. Distributions				Coment Voca		
Section D - Distributions 1 Amounts paid to supported organizations to accomplish ev	emnt numoces		4	Current Year		
	nounts paid to supported organizations to accomplish exempt purposes 1 nounts paid to perform activity that directly furthers exempt purposes of supported					
	ipt purposes of supported					
organizations, in excess of income from activity		_	2			
Administrative expenses paid to accomplish exempt purpos	ses of supported organization	S	3			
4 Amounts paid to acquire exempt-use assets			4			
5 Qualified set-aside amounts (prior IRS approval required - pr	rovide details in Part VI)		5			
6 Other distributions (describe in Part VI). See instructions.			6			
7 Total annual distributions. Add lines 1 through 6.			7			
8 Distributions to attentive supported organizations to which	the organization is responsive)				
(provide details in Part VI). See instructions.			8			
9 Distributable amount for 2020 from Section C, line 6			9			
10 Line 8 amount divided by line 9 amount	1		10			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	ns	(iii) Distributable Amount for 2020		
1 Distributable amount for 2020 from Section C, line 6						
2 Underdistributions, if any, for years prior to 2020 (reason-						
able cause required - explain in Part VI). See instructions.						
3 Excess distributions carryover, if any, to 2020						
a From 2015						
b From 2016						
c From 2017						
d From 2018						
e From 2019						
f Total of lines 3a through 3e						
g Applied to underdistributions of prior years						
h Applied to 2020 distributable amount						
i Carryover from 2015 not applied (see instructions)						
j Remainder. Subtract lines 3g, 3h, and 3i from line 3f.						
Distributions for 2020 from Section D,			- +			
line 7:						
a Applied to underdistributions of prior years						
b Applied to 2020 distributable amount						
c Remainder. Subtract lines 4a and 4b from line 4.			-			
5 Remaining underdistributions for years prior to 2020, if						
any. Subtract lines 3g and 4a from line 2. For result greater						
than zero, explain in Part VI. See instructions.						
6 Remaining underdistributions for 2020. Subtract lines 3h						
and 4b from line 1. For result greater than zero, explain in						
Part VI. See instructions.						
7 Excess distributions carryover to 2021. Add lines 3j						
and 4c.						
8 Breakdown of line 7:						
a Excess from 2016						
b Excess from 2017						
c Excess from 2018						

Schedule A (Form 990 or 990-EZ) 2020

d Excess from 2019e Excess from 2020

Schedule A	(Form 990 or 990-E	Z) 2020 GE	ORGE ST	REET PI	LAYHOUSI	E,INC.		23-7361588 Page 8
Part VI	Supplementa Part IV, Section A	I Information, lines 1, 2, 3bettion D, lines 2, 6, and 8; and	on. Provide th , 3c, 4b, 4c, 5a and 3; Part IV	e explanation, 6, 9a, 9b, 9 , Section E,	ons required by 9c, 11a, 11b, a lines 1c, 2a, 2t	/ Part II, line 10; I and 11c; Part IV, 5 b, 3a, and 3b; Pa	Section B, lines 1 rt V, line 1; Part V	17b; Part III, line 12; and 2; Part IV, Section C, , Section B, line 1e; Part V,
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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. ► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Employer identification number Name of the organization GEORGE STREET PLAYHOUSE, INC. 23-7361588 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? 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? _____ Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 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)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: a Revenue included on Form 990, Part VIII, line 1 b Assets included in Form 990, Part X

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

Schedule D (Form 990) 2020

_		STREET PLAT				23-73			ige 2
Pai	rt III Organizations Maintaining C						_	ued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that mak	e significan	t use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	n how they further th	ne organization's e	xempt purp	ose in Par	t XIII.		
5	During the year, did the organization solicit o	r receive donations of	of art, historical trea	sures, or other sim	ilar assets				
	to be sold to raise funds rather than to be ma	aintained as part of the	he organization's co	llection?	*****		Yes		No
Pai	rt IV Escrow and Custodial Arran						line 9, or		
	reported an amount on Form 990, Pai	rt X, line 21.							
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other assets r	ot included	I			
	on Form 990, Part X?		-				Yes		No
b	If "Yes," explain the arrangement in Part XIII				***************************************				
_		•	3				Amount		
С	Beginning balance				1c				1 12
	Additions during the year								
	Distributions during the year								
f	Ending balance								
-	Did the organization include an amount on Fe						Yes		No
	If "Yes," explain the arrangement in Part XIII.								
Par						***************************************			
		(a) Current year	(b) Prior year	(c) Two years back	A	years back	(e) Four	vears	back
1a	Beginning of year balance	336,934.	336 934.	336,936		336 934.	(6)	336	
b	Contributions	330,734.	330,334.	330,33	•	330,334,		330,	731.
	Net investment earnings, gains, and losses								
	Grants or scholarships								
	Other expenditures for facilities								
C	and programs								
f	Administrative expenses								
g	End of year balance	336,934.	336 934.	336,934	1	336_934.		336	031
2	Provide the estimated percentage of the curr					220,224.		550,	JJ4.
	Board designated or quasi-endowment	chi your cha balano	%	ij) 1101a ab.					
	Permanent endowment 100.0000	%	− €°						
·	The percentages on lines 2a, 2b, and 2c sho	_							
20	Are there endowment funds not in the posse		ation that are held a	nd administered fo	r the organ	ization			
Ja		33011 01 the organize	tion that are new a	na aamministoroa re	n the organ	12211011	Г	Yes	No
	by: (i) Unrelated organizations						3a(i)	163	X
	()						1	-	X
	(ii) Related organizations							-	
	Describe in Part XIII the intended uses of the						3b		
Par	t VI Land, Buildings, and Equipm		Willetti Iurius.						
I di	Complete if the organization answere		Part IV line 11a S	See Form 990 Part	Χ line 10				
_	Description of property	(a) Cost or of			Accumulat	ha	(d) Book	value	
	Description of property	basis (investr			depreciatio		(a) book	. value	,
_	Land		, Cadia	ν=,					_
	Land								
	Buildings		2	2,409.	19,6	85	1 ′	2,72	2/
	Leasehold improvements			8,011.	560,1			7,83	
	Equipment		- 01	O,UII.	200,1	. 1 4 •	45	, 0.	J J •
	Other Add lines 1a through 1e (Column (d) must e		X column (R) line 1	(0c)		•	270) . 5 (63

032053 12-01-20

(9)

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2020

,	t XI Reconciliation of Revenue per Audited Financial Stater		Revenue per F		/ <u>351388 Page 4</u> I.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total revenue, gains, and other support per audited financial statements			1	4,314,496.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	ø s			
а	Net unrealized gains (losses) on investments	2a			
b	Donated services and use of facilities	2b	1,445.		
C	Recoveries of prior year grants				
d	Other (Describe in Part XIII.)				
е	Add lines 2a through 2d		***************************************	2e	1,445.
3	Subtract line 2e from line 1			3	4,313,051.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	g) (4			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5_	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	4,313,051.
Pa	t XII Reconciliation of Expenses per Audited Financial State	ments With	Expenses per	Retu	rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	2a.			
1	Total expenses and losses per audited financial statements			1	3,084,940.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	\$0 0¥			
а	Donated services and use of facilities	2a	1,445.		
b	Prior year adjustments	2b			
С	Other losses				
d	Other (Describe in Part XIII.)	2d			
е	Add lines 2a through 2d			2e	1,445.
3	Subtract line 2e from line 1			3	3,083,495.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	¥0 19			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
С	Add lines 4a and 4b			4c	0.
5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) † XIII Supplemental Information.			5	3,083,495.
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any a				
				V-	
03205	4 12-01-20			Sched	lule D (Form 990) 2020

SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **Employer identification number** 23-7361588 GEORGE STREET PLAYHOUSE, INC. 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. $oxedsymbol{oxed}$ Solicitation of non-government grants Mail solicitations b Internet and email solicitations Solicitation of government grants Phone solicitations Special fundraising events c In-person solicitations ď 2 a 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 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundraiser have custody or control of contributions? (v) Amount paid to (or retained by) (vi) Amount paid (i) Name and address of individual (iv) Gross receipts (ii) Activity to (or retained by) fundraiser or entity (fundraiser) from activity organization listed in col. (i) Yes No 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.

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

Schedule G (Form 990 or 990-EZ) 2020

	edu I rt I		ne organization answered	l "Yes" on Form 990, F	Part IV, line 18, or reported	
		of fundraising event contributions and g				pts greater than \$5,000.
			(a) Event #1 BENEFIT & SPECIAL EVEN	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
Ф			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	482,291.			482,291.
	2	Less: Contributions				
	3	Gross income (line 1 minus line 2)	482,291.			482,291.
	4	Cash prizes				
	5	Noncash prizes				
penses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
ā	8	Entertainment				E4 200
	9	Other direct expenses			X	71,380.
	10	Direct expense summary. Add lines 4 throug				71,380.
Pa	11 rt	Net income summary. Subtract line 10 from II Gaming. Complete if the organization				410,911.
_		\$15,000 on Form 990-EZ, line 6a.		a Dullaha Saataat		107-1-1
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bing	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
- Rev	1	Gross revenue				
ses	2	Cash prizes				
Expenses	3	Noncash prizes				
Direct	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes 9	%	
	7	Direct expense summary. Add lines 2 throug	gh 5 in column (d)		>	
	8	Net gaming income summary. Subtract line	7 from line 1, column (d)		>	
а	ls t	ter the state(s) in which the organization cond the organization licensed to conduct gaming a No," explain:	activities in each of these	states?		Yes No
		ere any of the organization's gaming licenses r Yes," explain:		_	-	Yes No
	-					
0320	32 1	1-25-20			Schedule G (Fo	orm 990 or 990-EZ) 2020

Sch	edule G (Form 990 or 990-EZ) 2020 GEORGE STREET PLAYHOUSE, INC. 23-	7361588	Page 3
	Does the organization conduct gaming activities with nonmembers?		No
	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 No
13	Indicate the percentage of gaming activity conducted in:		
	The organization's facility	13a	%
	An outside facility		%
	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 > \$		
С	If "Yes," enter name and address of the third party:		
	Name		
	Address		
16	Gaming manager information:		
	Name		
	Garning manager compensation > \$		
	Description of services provided		
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
а	Is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	L No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
	organization's own exempt activities during the tax year 🕨 \$		
Pa	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and P	art III, lines 9, 9	9b, 10b,
	15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.		
_			
-			
_			
/ <u></u>			
-			
_			
0320	Schedule G (For	m 990 or 990-	EZ) 2020

Schedule G	G (Form 990 or 990-EZ)	GEORGE	STREET	PLAYHOUSE, INC.	23-7361588	Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Info	rmation (conti	inued)			
				-,-,		
	Y					
					O-badala O.E. Acco	. 000 ==
					Schedule G (Form 990 or	「ソソリーヒム)

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Employer identification number 23-7361588

	GEORGE STREE	T PLAY	HOUSE, INC	•	23-736	<u> 1588</u>	
Pa	rt 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 determ noncash contribution		ts
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	2	75,018.	FAIR VALUE		
10	Securities - Closely held stock						
11	Securities - Partnership, LLC, or						
	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures						
14	Qualified conservation contribution - Other						
15	Real estate - Residential						
16	Real estate - Commercial						
17	Real estate - Other						
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other ()						
26	Other ()						
27	Other ()						
28	Other (
29	Number of Forms 8283 received by the organi		•				
	for which the organization completed Form 82	283, Part V, I	Donee Acknowledg	jement 29		-	
						Yes	No
30a	During the year, did the organization receive b						
	must hold for at least three years from the dat	e of the initi	al contribution, and	d which isn't required to be u	sed for		
	exempt purposes for the entire holding period	l?			30	1	X
b	If "Yes," describe the arrangement in Part II.						
31	Does the organization have a gift acceptance				tions?31	_	X
32a	Does the organization hire or use third parties	or related o	rganizations to sol	icit, process, or sell noncash			
	contributions?				32	1	X
b	If "Yes," describe in Part II.						
33	If the organization didn't report an amount in o	column (c) fo	or a type of propert	y for which column (a) is che	cked,		
	describe in Part II.						
LHA	For Paperwork Reduction Act Notice, see	the Instruc	tions for Form 99	Ю.	Schedule M (Fo	rm 990	2020

Schedule M	(Form 990) 2020	GEORGE	STREET	PLAYHOUSE	INC.		23-	7361588	Page
Part II	Supplemental is reporting in Part this part for any ac	Information (b),	on. Provide the the number of	ne information require f contributions, the r	ed by Part I, lines 30b number of items receiv	, 32b, and 33, a ved, or a combin	nd who	ether the organiz of both. Also cor	zation nplete
						-			
								=	
						, .			
					100000				
2142 11-23-20							Scl	nedule M (Form	990) 202

Schedule M (Form 990) 2020

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Department of the Treasury Internal Revenue Service

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

GEORGE STREET PLAYHOUSE, INC.

Employer identification number 23-7361588

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:
WITH CLASSROOM TEACHERS FOR EXTENDED IN-SCHOOL, CURRICULUM-BASED,
RESIDENCY PROGRAMS.
FORM 990, PART VI, SECTION B, LINE 11B:
990 IS REVIEWED BY MANAGING DIRECTOR, DIRECTOR OF FINANCE AND FINANCE
COMMITTEE. IT IS THEN PRESENTED TO THE TREASURER FOR SIGNATURE. COPIES
WITHOUT SCHEDULE B ARE PROVIDED TO BOARD MEMBERS PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 12C:
GEORGE STREET PLAYHOUSE MONITORS THIS POLICY BY THE GOVERNANCE AND
NOMINATING COMMITTEE APPOINTED BY THE BOARD OF DIRECTORS. SIGNED FORMS ARE
COLLECTED FROM EACH BOARD MEMBER AND MANAGER.
FORM 990, PART VI, SECTION C, LINE 19:
AVAILABLE UPON REQUEST.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:
DONATED IN KIND MATERIAL & SERVICES -1,445.
PART XII, LINE 2C
SAME AS LAST YEAR.

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

Schedule O (Form 990 or 990-EZ) 2020