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ARMANINO ADVISORY LLC

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)
Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990 for instructions and the latest information.

2023

Open to Public Inspection

A For the 2023 calendar year, or tax year beginning SEP 1, 2023 and ending AUG 31, 2024

B Check if applicable: C Name of organization BERKELEY REPERTORY THEATRE
D Employer identification number 94-1679756
E Telephone number 510-647-2900
G Gross receipts \$ 57,269,555.
H(a) Is this a group return for subordinates?
H(b) Are all subordinates included?
I Tax-exempt status: 501(c)(3)
J Website: WWW.BERKELEYREP.ORG
K Form of organization: Corporation
L Year of formation: 1968
M State of legal domicile: CA

Part I Summary

Table with 3 columns: Description, Prior Year, Current Year. Rows include: 1-7a Activities & Governance, 8-12 Revenue, 13-19 Expenses, 20-22 Net Assets or Fund Balances.

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.

Sign Here: Signature of officer LEONARD ROSENBERG, TREASURER
Paid: Print/Type preparer's name KATY BROWN, Preparer's signature KATY BROWN, Date 01/29/25, PTIN P00650274
Preparer Use Only: Firm's name ARMANINO ADVISORY LLC, Firm's EIN 94-6214841, Firm's address 2700 CAMINO RAMON, STE. 350, SAN RAMON, CA 94583-5004, Phone no. 925-790-2600

May the IRS discuss this return with the preparer shown above? See instructions [X] Yes [] No

Part 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: 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 [X] No

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

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.

4a (Code:) (Expenses \$ 16,694,043. including grants of \$) (Revenue \$ 12,037,841.) BERKELEY REPERTORY THEATRE'S 2023/24 SEASON OPENED WITH SELINA FILLINGER'S GLEEFULLY FEMINIST SATIRE "POTUS: OR, BEHIND EVERY GREAT DUMBASS ARE SEVEN WOMEN TRYING TO KEEP HIM ALIVE", FOLLOWED BY BERKELEY NATIVE EISA DAVIS' PULITZER PRIZE FINALIST "BULRUSHER". IN NOVEMBER 2023, WE CELEBRATED TONY AND EMMY AWARD-WINNING ACTOR BILLY CRUDUP'S RETURN TO BERKELEY REP WITH A RECORD-BREAKING, SOLD-OUT RUN OF HIS TOUR-DE-FORCE PERFORMANCE IN "HARRY CLARKE" BY OBIE AWARD WINNER DAVID CALE. IN JANUARY 2024, "CULT OF LOVE" FROM PLAYWRIGHT LESLYE HEADLAND PLAYED IN OUR RODA THEATRE (AND OPENED ON BROADWAY IN DECEMBER 2024), FOLLOWED BY THE WEST COAST PREMIERE OF PLAYWRIGHT LLOYD SUH'S "THE FAR COUNTRY". IN MAY, WE PRODUCED THE WORLD PREMIERE MUSICAL "GALILEO", (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 1,170,542. including grants of \$ 4,100.) (Revenue \$ 455,890.) THE BERKELEY REP SCHOOL OF THEATRE SERVED CLOSE TO 12,000 CHILDREN, TEENS, AND LIFE-LONG LEARNERS FROM 11 CALIFORNIA COUNTIES IN 2023/24. PROVIDING ARTS LEARNING OPPORTUNITIES YOUNG PEOPLE MAY NOT OTHERWISE HAVE ACCESS TO DURING THE SCHOOL DAY, PARTICULARLY THOSE ATTENDING ECONOMICALLY UNDER-RESOURCED SCHOOLS, OUR PROGRAMS IN BAY AREA SCHOOLS (INCLUDING IN-SCHOOL RESIDENCIES, STUDENT MATINEES, AND HIGH SCHOOL THEATRE FESTIVAL) HELPED BUILD OVER 4,000 STUDENTS' COMPETENCE IN SKILLS LIKE EMPATHY, CREATIVE THINKING, COMMUNICATION, CURIOSITY, AND HUMAN CONNECTION THAT WILL NOT ONLY HELP ENHANCE THEIR ACADEMIC PERFORMANCE BUT ARE AMONG THE TOP SKILLS THAT WILL EQUIP THEM FOR SUCCESS IN THEIR FUTURE LIFE AND CAREERS. OUR TEEN COUNCIL PROGRAMS (CONTINUED ON SCHEDULE O)

4c (Code:) (Expenses \$ 459,312. including grants of \$ 64,045.) (Revenue \$) THE GROUND FLOOR: BERKELEY REP'S CENTER FOR THE CREATION AND DEVELOPMENT OF NEW WORK HAS GROWN INTO A NATIONALLY RECOGNIZED PROGRAM THAT HAS SERVED OVER 800 ARTISTS AND BEEN PART OF THE DEVELOPMENTAL JOURNEY OF MORE THAN 50 PROJECTS THAT HAVE APPEARED ON STAGES FROM BERKELEY REP TO BROADWAY AND AROUND THE GLOBE. OFFERING FLEXIBLE, CUSTOMIZED SUPPORT FOR ARTISTS CREATING NEW WORK FOR THE AMERICAN THEATRE, BERKELEY REP'S 2024 GROUND FLOOR SUMMER RESIDENCY LAB BROUGHT TOGETHER OVER 100 LOCAL AND NATIONAL ARTISTS OVER FOUR WEEKS TO MAKE ART IN A FLEXIBLE, SUPPORTIVE ENVIRONMENT. THE 23 PROJECTS IN THIS YEAR'S SUMMER RESIDENCY LAB WERE DIVERSE IN SCOPE AND SIZE AND INCLUDED PLAYS, ADAPTATIONS, MUSICALS, DEvised PIECES, AND A FEW IDEAS STILL IN NASCENT STAGES. (CONTINUED ON SCHEDULE O)

4d Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 18,323,897.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Rows include questions 1 through 21 regarding organizational requirements and financial reporting.

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question ID, Question Text, Yes, No. Rows include questions 22 through 38 regarding grants, compensation, tax-exempt bonds, excess benefits, and contributions.

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 3 columns: Question ID, Question Text, Yes, No. Rows include questions 1a, 1b, and 1c regarding Form 1096, Forms W-2G, and backup withholding rules.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

Table with columns for question number, question text, and Yes/No columns. Includes questions 2a through 17 regarding employee counts, tax returns, gross income, foreign accounts, prohibited transactions, and charitable contributions.

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 [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members... 1b Enter the number of voting members included... 2 Did any officer, director, trustee, or key employee have a family relationship... 3 Did the organization delegate control over management duties... 4 Did the organization make any significant changes to its governing documents... 5 Did the organization become aware during the year of a significant diversion of the organization's assets... 6 Did the organization have members or stockholders... 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body... 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body... 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? b Each committee with authority to act on behalf of the governing body? 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O

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 Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? b Describe on Schedule O the process, if any, used by the organization to review this Form 990. 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe on Schedule O how this was done 13 Did the organization have a written whistleblower policy? 14 Did the organization have a written document retention and destruction policy? 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions. 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed CA
18 Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
[X] Own website [] Another's website [X] Upon request [] Other (explain on Schedule O)
19 Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records
TOM PARRISH, MANAGING DIRECTOR - 510-647-2900
999 HARRISON STREET, BERKELEY, CA 94710

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 the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(1) JOHANNA PFAELZER ARTISTIC DIRECTOR	40.00	X		X			423,782.	0.	29,597.	
(2) TOM PARRISH MANAGING DIRECTOR	40.00	X		X			350,234.	0.	11,096.	
(3) SARA DANIELSEN GENERAL MANAGER	40.00				X		156,413.	0.	9,246.	
(4) AUDREY HOO PRODUCTION MANAGER	40.00				X		139,703.	0.	14,204.	
(5) MODESTA TAMAYO DIR OF HUMAN RESOURCES & DIVERISTY	40.00				X		138,453.	0.	15,437.	
(6) JARED HAMMOND FINANCE DIRECTOR	40.00				X		136,291.	0.	27,135.	
(7) VOLEINE AMILCAR MARKETING DIRECTOR	40.00				X		134,676.	0.	0.	
(8) BILL ESPEY PRESIDENT	2.00	X		X			0.	0.	0.	
(9) JUAN OLDHAM VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(10) SUDHA PENNATHUR VICE PRESIDENT	1.00	X		X			0.	0.	0.	
(11) BRUCE GOLDEN VICE PRESIDENT (THRU 8/24)	1.00	X		X			0.	0.	0.	
(12) LEONARD ROSENBERG TREASURER	1.00	X		X			0.	0.	0.	
(13) STEVEN WOLAN AUDIT COMMITTEE CHAIR / SECRETARY	1.00	X		X			0.	0.	0.	
(14) ALFREDO SILVA AUDIT COMMITTEE CHAIR	1.00	X		X			0.	0.	0.	
(15) JILL FUGARO GOVERNANCE COMMITTEE CHAIR	1.00	X		X			0.	0.	0.	
(16) HENNING MATHEW INVESTMENT COMMITTEE CHAIR	1.00	X		X			0.	0.	0.	
(17) ANNA BELLOMO TRUSTEE	1.00	X					0.	0.	0.	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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			
(18) MARC BLAKEMAN TRUSTEE	1.00	X						0.	0.	0.
(19) SUSAN CHAMBERLIN TRUSTEE (THRU 8/24)	1.00	X						0.	0.	0.
(20) ANNE NEMER DHANDA TRUSTEE (THRU 8/24)	1.00	X						0.	0.	0.
(21) CHRISTOPHER DOANE TRUSTEE	1.00	X						0.	0.	0.
(22) SANDRA EGGERS TRUSTEE	1.00	X						0.	0.	0.
(23) CHUCK FANNING TRUSTEE	1.00	X						0.	0.	0.
(24) STEVEN GOLDIN TRUSTEE	1.00	X						0.	0.	0.
(25) SCOTT HABER TRUSTEE	1.00	X						0.	0.	0.
(26) JOHNATHAN C. LOGAN TRUSTEE (THRU 8/24)	1.00	X						0.	0.	0.
1b Subtotal								1,479,552.	0.	106,715.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								1,479,552.	0.	106,715.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 15

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
UPTIME USA, INC. PO BOX 738699, DALLAS, TX 75373	IT SERVICES	257,751.
BBB TOURING, LLC, 1650 BROADWAY, SUITE 1002, NEW YORK, NY 10019	PRODUCTION SERVICES	253,535.
KQED 2601 MARIPOSA ST, SAN FRANCISCO, CA 94110	ADVERTISING	220,364.
CONCORD THEATRICALS, 250 W 57TH ST, 6TH FLOOR, NEW YORK, NY 10107	ROYALTIES	208,582.
RESIDENCE INN BY MARRIOTT 2121 CENTER STREET, BERKELEY, CA 94704	ARTIST HOUSING	170,262.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 12

SEE PART VII, SECTION A CONTINUATION SHEETS

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(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			
(27) MELANIE MAIER TRUSTEE (THRU 8/24)	1.00	X						0.	0.	0.
(28) SANDRA MCCANDLESS TRUSTEE	1.00	X						0.	0.	0.
(29) TODD RUBIN TRUSTEE	1.00	X						0.	0.	0.
(30) EMILY SHANKS TRUSTEE	1.00	X						0.	0.	0.
(31) ALLAN SMITH TRUSTEE	1.00	X						0.	0.	0.
(32) SHERRY SMITH TRUSTEE	1.00	X						0.	0.	0.
(33) BARBARA TOMBER TRUSTEE	1.00	X						0.	0.	0.
(34) GAIL WAGNER TRUSTEE	1.00	X						0.	0.	0.
(35) BRIAN WATT TRUSTEE	1.00	X						0.	0.	0.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c	695,563.			
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	454,421.			
	f	All other contributions, gifts, grants, and similar amounts not included above ...	1f	28,930,567.			
	g	Noncash contributions included in lines 1a-1f	1g	\$ 322,547.			
	h	Total. Add lines 1a-1f		30,080,551.			
Program Service Revenue	2 a	ADMISSIONS/SPECIAL PERFORMANCES	Business Code				
			711110	8,242,925.	8,242,925.		
	b	CO-PRODUCTION REVENUE	711110	3,199,753.	3,199,753.		
	c	TUITION/EDUCATION	711110	455,890.	455,890.		
	d	CONCESSIONS	711110	311,063.	311,063.		
	e	SERVICE CHARGES	711110	284,100.	284,100.		
	f	All other program service revenue					
g	Total. Add lines 2a-2f		12,493,731.				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)		553,872.		553,872.	
	4	Income from investment of tax-exempt bond proceeds					
	5	Royalties		115,832.		115,832.	
	6 a	Gross rents	(i) Real				
			(ii) Personal				
				139,512.			
	b	Less: rental expenses ...	6b	718,848.			
	c	Rental income or (loss)	6c	-579,336.			
	d	Net rental income or (loss)		-579,336.	-408,212.	-171,124.	
	7 a	Gross amount from sales of assets other than inventory	(i) Securities				
			(ii) Other				
				13,583,801.			
	b	Less: cost or other basis and sales expenses	7b	13,311,935.			
	c	Gain or (loss)	7c	271,866.			
d	Net gain or (loss)		271,866.		271,866.		
8 a	Gross income from fundraising events (not including \$ 695,563. of contributions reported on line 1c). See Part IV, line 18						
			247,526.				
		8a	247,526.				
b	Less: direct expenses	8b	364,915.				
c	Net income or (loss) from fundraising events		-117,389.		-117,389.		
9 a	Gross income from gaming activities. See Part IV, line 19						
		9a					
b	Less: direct expenses	9b					
c	Net income or (loss) from gaming activities						
10 a	Gross sales of inventory, less returns and allowances						
		10a					
b	Less: cost of goods sold	10b					
c	Net income or (loss) from sales of inventory						
Miscellaneous Revenue	11 a	MISCELLANEOUS REVENUE	Business Code				
			711110	54,730.		54,730.	
	b						
	c						
	d	All other revenue					
e	Total. Add lines 11a-11d		54,730.				
12	Total revenue. See instructions		42,873,857.	12,493,731.	-408,212.	707,787.	

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	68,145.	68,145.		
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	766,934.	462,886.	189,787.	114,261.
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	9,400,577.	7,687,845.	1,060,243.	652,489.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	243,897.	169,316.	49,677.	24,904.
9 Other employee benefits	1,144,406.	928,015.	125,003.	91,388.
10 Payroll taxes	845,219.	698,098.	86,568.	60,553.
11 Fees for services (nonemployees):				
a Management	237,195.	181,362.		55,833.
b Legal	84,549.		84,549.	
c Accounting	99,700.		99,700.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	38,776.		38,776.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	769,667.	519,239.	250,129.	299.
12 Advertising and promotion	707,903.		707,903.	
13 Office expenses	356,762.	260,667.	12,166.	83,929.
14 Information technology	174,133.	134,781.	22,627.	16,725.
15 Royalties	647,683.	647,683.		
16 Occupancy	516,453.	482,094.	17,977.	16,382.
17 Travel	520,243.	512,310.	2,143.	5,790.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest	1,581,879.	1,531,653.	25,113.	25,113.
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	2,007,560.	1,943,820.	31,870.	31,870.
23 Insurance	454,729.	443,303.	4,564.	6,862.
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.)				
a PRODUCTION MATERIALS	970,945.	970,945.		
b CREDIT CARD FEES	477,897.	334,187.	116,721.	26,989.
c HOSPITALITY	349,087.	113,708.	8,393.	226,986.
d CONCESSIONS	123,492.	123,492.		
e All other expenses _____	282,842.	110,348.	148,956.	23,538.
25 Total functional expenses. Add lines 1 through 24e	22,870,673.	18,323,897.	3,082,865.	1,463,911.
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 X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,614,987.	1	271,650.
	2 Savings and temporary cash investments	133,042.	2	2,126,736.
	3 Pledges and grants receivable, net	6,256,598.	3	4,571,445.
	4 Accounts receivable, net	2,882,166.	4	29,721.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	476,828.	9	724,440.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 80,778,110.		
	b Less: accumulated depreciation	10b 22,132,979.		
	11 Investments - publicly traded securities	60,652,693.	10c	58,645,131.
	12 Investments - other securities. See Part IV, line 11	3,511,149.	11	20,918,443.
	13 Investments - program-related. See Part IV, line 11	800,595.	12	1,087,987.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	158,447.	14	95,433.
16 Total assets. Add lines 1 through 15 (must equal line 33)	76,486,505.	15	88,470,986.	
Liabilities	17 Accounts payable and accrued expenses	975,770.	17	1,114,281.
	18 Grants payable		18	
	19 Deferred revenue	6,355,359.	19	3,767,948.
	20 Tax-exempt bond liabilities	31,620,030.	20	30,821,394.
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other 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		22	
	23 Secured mortgages and notes payable to unrelated third parties	11,993,922.	23	9,624,317.
	24 Unsecured notes and loans payable to unrelated third parties	3,125,000.	24	0.
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	133,542.	25	130,448.
	26 Total liabilities. Add lines 17 through 25	54,203,623.	26	45,458,388.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions	11,440,227.	27	32,281,271.
	28 Net assets with donor restrictions	10,842,655.	28	10,731,327.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	22,282,882.	32	43,012,598.
33 Total liabilities and net assets/fund balances	76,486,505.	33	88,470,986.	

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	42,873,857.
2	Total expenses (must equal Part IX, column (A), line 25)	2	22,870,673.
3	Revenue less expenses. Subtract line 2 from line 1	3	20,003,184.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	22,282,882.
5	Net unrealized gains (losses) on investments	5	726,532.
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 on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	43,012,598.

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 on 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		X
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	X	
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 on Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F? _____		X
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 on Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2023)

SCHEDULE A
(Form 990)

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

2023

Open to Public Inspection

Name of the organization BERKELEY REPERTORY THEATRE	Employer identification number 94-1679756
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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).)
- 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 **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 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 on 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) 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.)

Section A. Public Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	6,578,220.	10,720,565.	16,080,133.	4,802,409.	30,080,551.	68,261,878.
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	6,578,220.	10,720,565.	16,080,133.	4,802,409.	30,080,551.	68,261,878.
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)						423,582.
6 Public support. Subtract line 5 from line 4.						67,838,296.

Section B. Total Support

Calendar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
7 Amounts from line 4	6,578,220.	10,720,565.	16,080,133.	4,802,409.	30,080,551.	68,261,878.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	420,952.	122,122.	393,647.	334,397.	710,913.	1,982,031.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	0.	0.	0.	21,245.	0.	21,245.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	5,939.	154.	478.	114,852.	54,730.	176,153.
11 Total support. Add lines 7 through 10						70,441,307.
12 Gross receipts from related activities, etc. (see instructions)					12	37,196,212.
13 First 5 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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f))	14	96.30	%
15 Public support percentage from 2022 Schedule A, Part II, line 14	15	88.44	%
16a 33 1/3% support test - 2023. 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			<input checked="" type="checkbox"/>
b 33 1/3% support test - 2022. 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			<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2023. 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			<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2022. 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			<input type="checkbox"/>
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			<input type="checkbox"/>

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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(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 on line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First 5 years. If the Form 990 is for the 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 2023 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2022 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2022 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2023. 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 - 2022. 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 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

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined on line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
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)? <i>If "Yes," answer line 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <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 officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.</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>		
1		
2		

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>		
1		

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 on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		
1		
2		
3		

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 governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b 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>	Yes	No	
b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <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 lines 3a and 3b 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>If "Yes" or "No" 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>			
2a			
2b			
3a			
3b			

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):		
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 (<i>explain in detail in Part VI</i>):		
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	

Section 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	<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).		

Schedule A (Form 990) 2023

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	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - <i>provide details in Part VI</i>)	5
6	Other distributions (<i>describe in Part VI</i>). 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 (<i>provide details in Part VI</i>). See instructions.	8
9	Distributable amount for 2023 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2023	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2023 (reasonable cause required - <i>explain in Part VI</i>). See instructions.		
3	Excess distributions carryover, if any, to 2023		
a	From 2018		
b	From 2019		
c	From 2020		
d	From 2021		
e	From 2022		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2023 distributable amount		
i	Carryover from 2018 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2023 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2023 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2023, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
6	Remaining underdistributions for 2023. Subtract lines 3h and 4b from line 1. For result greater than zero, <i>explain in Part VI</i> . See instructions.		
7	Excess distributions carryover to 2024. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2019		
b	Excess from 2020		
c	Excess from 2021		
d	Excess from 2022		
e	Excess from 2023		

Schedule A (Form 990) 2023

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.

OMB No. 1545-0047

2023

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose of easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and non-certified historic structures), and questions about monitoring, expenses, and reporting requirements.

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting requirements for art and historical treasures, and a table for revenue and assets included.

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule D (Form 990) 2023

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 make 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 program
 - 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 | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 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	4,546,206.	4,339,445.	5,620,530.	4,786,529.	4,457,274.
b Contributions	847,607.	29,329.	84,198.	38,568.	50,572.
c Net investment earnings, gains, and losses	799,442.	311,441.	-836,837.	822,788.	354,047.
d Grants or scholarships					
e Other expenditures for facilities and programs	411,593.	134,009.	528,446.	27,355.	75,364.
f Administrative expenses					
g End of year balance	5,781,662.	4,546,206.	4,339,445.	5,620,530.	4,786,529.

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment 35.9993 %
 - b Permanent endowment 64.0010 %
 - c Term endowment .0000 %
- 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? | | X |
| (ii) Related organizations? | | X |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | | |
- 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		74,758,369.	19,870,487.	54,887,882.
c Leasehold improvements				
d Equipment		2,945,403.	2,209,262.	736,141.
e Other		272,039.	53,230.	218,809.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				58,645,131.

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. (Col. (b) must equal Form 990, Part X, line 12, col. (B))		

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. (Col. (b) must equal Form 990, Part X, line 13, col. (B))		

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, line 15, col. (B))	

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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) EXECUTIVE RETIREMENT PLAN	78,888.
(3) FACILITY RENTAL SECURITY DEPOSITS	51,560.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, line 25, col. (B))	130,448.

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

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	44,726,425.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a	726,532.	
b	Donated services and use of facilities	2b	81,049.	
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d	718,848.	
e	Add lines 2a through 2d		2e	1,526,429.
3	Subtract line 2e from line 1		3	43,199,996.
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	38,776.	
b	Other (Describe in Part XIII.)	4b	-364,915.	
c	Add lines 4a and 4b		4c	-326,139.
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	42,873,857.

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	23,996,709.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a	81,049.	
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	1,083,763.	
e	Add lines 2a through 2d		2e	1,164,812.
3	Subtract line 2e from line 1		3	22,831,897.
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	38,776.	
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	38,776.
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	22,870,673.

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.

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

Part XIII Supplemental Information (continued)

BOARD OF TRUSTEES.

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 ORGANIZATION HAS EVALUATED ITS CURRENT TAX POSITIONS AND HAS CONCLUDED THAT AS OF AUGUST 31, 2024, THE ORGANIZATION DOES NOT HAVE ANY SIGNIFICANT UNCERTAIN TAX POSITIONS FOR WHICH A RESERVE WOULD BE NECESSARY.

PART XI, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 718,848.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

SPECIAL EVENTS EXPENSES -364,915.

PART XII, LINE 2D - OTHER ADJUSTMENTS:

RENTAL EXPENSES 718,848.

SPECIAL EVENTS EXPENSES 364,915.

TOTAL TO SCHEDULE D, PART XII, LINE 2D 1,083,763.

**SCHEDULE G
(Form 990)**

Supplemental Information Regarding Fundraising or Gaming Activities

OMB No. 1545-0047

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.

2023

Department of the Treasury
Internal Revenue Service

Attach to Form 990 or Form 990-EZ.

**Open to Public
Inspection**

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

Name of the organization <p style="text-align: center;">BERKELEY REPERTORY THEATRE</p>	Employer identification number <p style="text-align: center;">94-1679756</p>
---	---

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.
- | | |
|---|---|
| <p>a <input type="checkbox"/> Mail solicitations</p> <p>b <input type="checkbox"/> Internet and email solicitations</p> <p>c <input type="checkbox"/> Phone solicitations</p> <p>d <input type="checkbox"/> In-person solicitations</p> | <p>e <input type="checkbox"/> Solicitation of non-government grants</p> <p>f <input type="checkbox"/> Solicitation of government grants</p> <p>g <input type="checkbox"/> Special fundraising events</p> |
|---|---|
- 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.

(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			
Total						

- 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.
- _____
- _____
- _____
- _____
- _____
- _____
- _____
- _____

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.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		GALA (event type)	NY TRIP (event type)	NONE (total number)	
Revenue	1	Gross receipts	773,471.	169,618.	943,089.
	2	Less: Contributions	659,563.	36,000.	695,563.
	3	Gross income (line 1 minus line 2)	113,908.	133,618.	247,526.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	65,861.	53,825.	119,686.
	7	Food and beverages	68,000.	25,106.	93,106.
	8	Entertainment	41,301.	14,802.	56,103.
	9	Other direct expenses	91,546.	4,474.	96,020.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			364,915.
11	Net income summary. Subtract line 10 from line 3, column (d)			-117,389.	

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.

		(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	13a	%
b An outside facility	13b	%
- 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 to be 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.

SCHEDULE I
(Form 990)

Department of the Treasury
Internal Revenue Service

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**
Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.
Attach to Form 990.
Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2023

Open to Public
Inspection

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.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance

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 non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
SCHOLARSHIP	7	0.	4,100.	FMV	DIRECTLY CREDITED TO STUDENT ACCOUNT
GRANTS TO THE GROUND FLOOR SUMMER LAB RESIDENT ARTISTS	51	44,045.	0.		
CHARLES DEAN AWARD	2	20,000.	0.		

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

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 TAX RETURN IS REQUIRED. APPLICATIONS

REMAIN ON FILE. SCHOOL OF THEATRE DIRECTOR, ASSOCIATE DIRECTOR, AND

ADMINISTRATOR EVALUATE REQUESTS AND SCALE AWARD IN RELATION TO AII,

ADJUSTING FOR EXTENUATING CIRCUMSTANCES, PREVIOUS AWARDS, AND PARTICIPATION

IN SCHOOL OF THEATRE.

Part IV Supplemental Information

GRANTS TO THE GROUND FLOOR SUMMER LAB RESIDENT ARTISTS ARE MADE IN SUPPORT

OF THE ARTISTIC PRACTICE OF THE PLAYWRIGHTS, COMPOSERS, DIRECTORS AND OTHER

ARTISTS WHO ARE CHOSEN TO PARTICIPATE IN A ONE- OR TWO-WEEK RESIDENCY TO

FURTHER DEVELOP THEIR THEATRICAL PROJECT. PARTICIPATION IS BASED ON A

SELECTIVE APPLICATION PROCESS.

ADMINISTERED BY BERKELEY REP, THE CHARLES DEAN AWARD IS GIVEN TO A LOCAL

ACTOR WHO HAS MADE A SIGNIFICANT CONTRIBUTION TO THE BAY AREA THEATRE

COMMUNITY AS SELECTED BY A PANEL OF BAY AREA ARTISTIC LEADERS.

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

BERKELEY REPERTORY THEATRE

Employer identification number

94-1679756

Part I Questions Regarding Compensation

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.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (such as maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?

3 Indicate which, if any, of the following the organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|---|---|
| <input checked="" type="checkbox"/> Compensation committee | <input checked="" type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input checked="" type="checkbox"/> Compensation survey or study |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

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:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

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

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2023

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC and/or 1099-NEC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) JOHANNA PFAELZER ARTISTIC DIRECTOR	(i)	423,782.	0.	0.	10,200.	19,397.	453,379.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) TOM PARRISH MANAGING DIRECTOR	(i)	350,234.	0.	0.	0.	11,096.	361,330.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) SARA DANIELSEN GENERAL MANAGER	(i)	156,413.	0.	0.	0.	9,246.	165,659.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) AUDREY HOO PRODUCTION MANAGER	(i)	139,703.	0.	0.	4,017.	10,187.	153,907.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MODESTA TAMAYO DIR OF HUMAN RESOURCES & DIVERISTY	(i)	138,453.	0.	0.	5,250.	10,187.	153,890.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) JARED HAMMOND FINANCE DIRECTOR	(i)	136,291.	0.	0.	4,017.	23,118.	163,426.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART II, LINE 1:

BASE COMPENSATION FOR JOHANNA PFAELZER INCLUDES COMPENSATION FOR

REDUCTIONS IN COMPENSATION DURING PREVIOUS TAX YEARS DUE TO THE

PANDEMIC.

Supplemental Information on Tax-Exempt Bonds
Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,
explanations, and any additional information in Part VI.
Attach to Form 990. Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **BERKELEY REPERTORY THEATRE** Employer identification number **94-1679756**

	(a) Issuer name	(b) Issuer EIN	(c) CUSIP #	(d) Date issued	(e) Issue price	(f) Description of purpose	(g) Defeased		(h) On behalf of issuer		(i) Pooled financing	
							Yes	No	Yes	No	Yes	No
A	CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY	35-2273601	NONE	03/22/19	32,910,239.	CONSTRUCTION/CAPITAL PROJECTS		X		X		X
B												
C												
D												

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Amount of bonds retired		2,220,322.						
2 Amount of bonds legally defeased								
3 Total proceeds of issue		33,711,336.						
4 Gross proceeds in reserve funds								
5 Capitalized interest from proceeds		326,749.						
6 Proceeds in refunding escrows								
7 Issuance costs from proceeds		481,627.						
8 Credit enhancement from proceeds								
9 Working capital expenditures from proceeds								
10 Capital expenditures from proceeds		32,902,960.						
11 Other spent proceeds								
12 Other unspent proceeds								
13 Year of substantial completion		2022						
14 Were the bonds issued as part of a refunding issue of tax-exempt bonds (or, if issued prior to 2018, a current refunding issue)?		X						
15 Were the bonds issued as part of a refunding issue of taxable bonds (or, if issued prior to 2018, an advance refunding issue)?		X						
16 Has the final allocation of proceeds been made?	X							
17 Does the organization maintain adequate books and records to support the final allocation of proceeds?	X							

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

Schedule K (Form 990) 2023

Part III Private Business Use

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Was the organization a partner in a partnership, or a member of an LLC, which owned property financed by tax-exempt bonds?		X						
2 Are there any lease arrangements that may result in private business use of bond-financed property?		X						
3a Are there any management or service contracts that may result in private business use of bond-financed property?		X						
b If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside counsel to review any management or service contracts relating to the financed property?								
c Are there any research agreements that may result in private business use of bond-financed property?		X						
d If "Yes" to line 3c, does the organization routinely engage bond counsel or other outside counsel to review any research agreements relating to the financed property? ...								
4 Enter the percentage of financed property used in a private business use by entities other than a section 501(c)(3) organization or a state or local government		%		%		%		%
5 Enter the percentage of financed property used in a private business use as a result of unrelated trade or business activity carried on by your organization, another section 501(c)(3) organization, or a state or local government		%		%		%		%
6 Total of lines 4 and 5		%		%		%		%
7 Does the bond issue meet the private security or payment test?		X						
8a Has there been a sale or disposition of any of the bond-financed property to a non-governmental person other than a 501(c)(3) organization since the bonds were issued?		X						
b If "Yes" to line 8a, enter the percentage of bond-financed property sold or disposed of		%		%		%		%
c If "Yes" to line 8a, was any remedial action taken pursuant to Regulations sections 1.141-12 and 1.145-2?								
9 Has the organization established written procedures to ensure that all nonqualified bonds of the issue are remediated in accordance with the requirements under Regulations sections 1.141-12 and 1.145-2?		X						

Part IV Arbitrage

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
1 Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and Penalty in Lieu of Arbitrage Rebate?		X						
2 If "No" to line 1, did the following apply?								
a Rebate not due yet?		X						
b Exception to rebate?		X						
c No rebate due?	X							
If "Yes" to line 2c, provide in Part VI the date the rebate computation was performed								
3 Is the bond issue a variable rate issue?		X						

Part IV Arbitrage (continued)

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
4a Has the organization or the governmental issuer entered into a qualified hedge with respect to the bond issue?		X						
b Name of provider								
c Term of hedge								
d Was the hedge superintegrated?								
e Was the hedge terminated?								
5a Were gross proceeds invested in a guaranteed investment contract (GIC)?		X						
b Name of provider								
c Term of GIC								
d Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
6 Were any gross proceeds invested beyond an available temporary period?		X						
7 Has the organization established written procedures to monitor the requirements of section 148?		X						

Part V Procedures To Undertake Corrective Action

	A		B		C		D	
	Yes	No	Yes	No	Yes	No	Yes	No
Has the organization established written procedures to ensure that violations of federal tax requirements are timely identified and corrected through the voluntary closing agreement program if self-remediation isn't available under applicable regulations?		X						

Part VI Supplemental Information. Provide additional information for responses to questions on Schedule K. See instructions.

SCHEDULE K, PART IV, ARBITRAGE, LINE 2C:

(A) ISSUER NAME: CALIFORNIA ENTERPRISE DEVELOPMENT AUTHORITY

DATE THE REBATE COMPUTATION WAS PERFORMED: 03/07/2024

SCHEDULE K, PART II, LINE 3:

TOTAL PROCEEDS OF ISSUE INCLUDES \$801,097 OF CUMULATIVE INTEREST EARNED ON PROCEEDS HELD IN AN INTEREST-BEARING ACCOUNT.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2023

Open to Public Inspection

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.

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	16	275,591.	PUBLICLY TRADED EXCHANGE
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	X	8	46,113.	COMPARABLE SALES
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other (EQUIPMENT)	X	2	843.	COMPARABLE SALES
26 Other ()				
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 V, Donee Acknowledgement **29** 0

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 3 years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** X

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? **31** X

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** X

b If "Yes," describe in Part II.

33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a	X	
31	X	
32a	X	

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

Schedule M (Form 990) 2023

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.

SCHEDULE M, PART I, COLUMN (B):

THIS NUMBER REPRESENTS THE NUMBER OF CONTRIBUTIONS, NOT THE NUMBER OF ITEMS CONTRIBUTED.

SCHEDULE M, LINE 32B:

AUTO DONATIONS ARE PROCESSED VIA CHARITABLE ADULT RIDES & SERVICES, A NONPROFIT SOCIAL ENTERPRISE OWNED BY A NONPROFIT SUPPORTING ONLY NONPROFITS THROUGH VEHICLE DONATIONS.

**SCHEDULE O
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

OMB No. 1545-0047

2023

Open to Public
Inspection

Name of the organization

BERKELEY REPERTORY THEATRE

Employer identification number

94-1679756

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

BERKELEY REPERTORY THEATRE CREATES AMBITIOUS THEATRE THAT ENTERTAINS
AND CHALLENGES ITS AUDIENCES, PROVOKES CIVIC ENGAGEMENT, AND INSPIRES
PEOPLE TO EXPERIENCE THE WORLD IN NEW AND SURPRISING WAYS. KNOWN FOR
ITS CORE VALUES OF STORYTELLING, RIGOR, INNOVATION, EQUITY, DISCOVERY,
AND SUSTAINABILITY, BERKELEY REP DRAWS THEATRE ARTISTS FROM AROUND THE
COUNTRY AND THE WORLD TO PRODUCE AN ANNUAL SEVEN-PLAY SEASON AND UP TO
FOUR ADDITIONAL SPECIAL EVENT PRESENTATIONS THAT INVITE AUDIENCES TO
ENJOY AN ECLECTIC RANGE OF THEATRICAL EXPERIENCES FEATURING DIVERSE
ARTISTIC VOICES, THEMES, AND PERSPECTIVES.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

WRITTEN BY TWO-TIME EMMY WINNER DANNY STRONG WITH MUSIC AND LYRICS BY
MICHAEL WEINER AND ZOE SARNAK, DIRECTED BY TONY AWARD WINNER MICHAEL
MAYER, AND STARRING FOUR-TIME TONY AWARD NOMINEE RALESPARZA. THE SEASON
CLOSED WITH OCTAVIO SOLIS' MYTHIC "MOTHER ROAD", A 21ST-CENTURY TALE
INSPIRED BY JOHN STEINBECK'S "THE GRAPES OF WRATH". ALONGSIDE THESE
PRODUCTIONS, BERKELEY REP PRESENTED THREE SPECIAL COMEDY ENGAGEMENTS:
ALEX EDELMAN'S "JUST FOR US", "THE BEST OF THE SECOND CITY", AND "W.
KAMAU BELL GETS HIS ACT TOGETHER". AUDIENCE REGROWTH FOLLOWING THE
PANDEMIC CONTINUES TO BE A PRIORITY FOR THE ORGANIZATION, AND WE
ACHIEVED 18% GROWTH OVER THE 2022/23 SEASON WITH 124,508 TICKETS ISSUED
IN 2023/24. THROUGHOUT 2023/24, WE EXPERIMENTED WITH STRATEGIES TO
INCREASE ACCESS AND CREATE MULTIPLE ENTRY POINTS INTO OUR WORK AND TO
RAISE AWARENESS OF BERKELEY REP'S WORK THROUGH NEW CHANNELS. EARLY

PROMOTION, ACCESSIBLE PRICING, AND PARTNERSHIPS WITH LEADERS AND

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

Schedule O (Form 990) 2023

LHA 332211 11-14-23

Name of the organization BERKELEY REPERTORY THEATRE	Employer identification number 94-1679756
--	--

INFLUENCERS ROOTED IN THE COMMUNITY HAVE BEEN HELPING INCREASE OUR REACH AND WELCOME NEW THEATREGOERS INTO OUR VENUES. THE ORGANIZATION'S SUBSCRIBER BASE STABILIZED, AND SUBSCRIPTION REVENUE HAS GROWN 35% SINCE THE 2021/22 SEASON. OUR ONGOING WORK WILL BE INFORMED BY THE VALUABLE INSIGHTS GAINED FROM EFFORTS IN 2023/24, WITH A GOAL TO EXPAND OUR AUDIENCE BASE WHILE CONTINUING TO FOSTER LOYALTY AND RETENTION.

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:

CONTINUE TO EMPOWER YOUNG PEOPLE IN LEADERSHIP AND ADVOCACY THROUGH THE ARTS AND INCREASE ARTS ACCESS TO BAY AREA HIGHSCHOOLERS. THE TEEN LEADERSHIP COUNCIL HOSTED 444 OF THEIR PEERS AT TEEN NIGHTS FOR SIX SHOWS DURING THE 2023/24 SEASON, WHICH BROUGHT TEENS TOGETHER IN COMMUNITY TO TALK DEEPLY ABOUT THE THEMES OF THE PRODUCTIONS AND ENGAGE WITH SOME OF THE INDUSTRY'S LEADING ARTISTS. OUR NEXT GENERATION FELLOWSHIP PROGRAM ENGAGED 12 EARLY CAREER ARTS PROFESSIONALS WITH TRAINING AND MENTORSHIP THROUGHOUT THE 2023/24 SEASON, AND MANY OF OUR FELLOWS WERE ABLE TO SECURE EMPLOYMENT BY THE CONCLUSION OF THEIR FELLOWSHIP, WITH A FEW ENDING THEIR FELLOWSHIPS EARLY TO PURSUE PAID POSITIONS IN THE ARTS (INCLUDING AT BERKELEY REP). THE BERKELEY REP SCHOOL OF THEATRE IN PARTNERSHIP WITH THE FORMERLY INCARCERATED PEOPLE'S PERFORMANCE PROJECT (FIPPP) LED STORYTELLING WORKSHOPS WITH INCARCERATED INDIVIDUALS AT THE SAN FRANCISCO SAN BRUNO JAIL AND DOWNTOWN SAN FRANCISCO JAIL FACILITIES. THESE WORKSHOPS HELPED PROGRAM PARTICIPANTS CRAFT ORIGINAL DEVISED THEATRE PIECES WHICH THEY SHARED DURING A CULMINATING PERFORMANCE WITHIN THE FACILITY.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS:

DURING THE 2023/24 SEASON, WE HOSTED TWO WORKSHOPS WITH PLAYWRIGHT

Name of the organization BERKELEY REPERTORY THEATRE	Employer identification number 94-1679756
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RICHARD MONTOYA FOR HIS COMMISSIONED PLAY "SUICIDE ON TELEGRAPH". THE
GROUND FLOOR ALSO SUPPORTED THE WORLD PREMIERE MUSICAL "GALILEO" AS THE
PENULTIMATE PRODUCTION OF THE ORGANIZATION'S 2023/24 SEASON. IN
ADDITION, THE PROGRAM SUPPORTED THE CONTINUED DEVELOPMENT OF THREE
PLAYS IN OUR 2023/24 SEASON WITH THE PLAYWRIGHTS IN RESIDENCE TO
CONTINUE WORK ON THEIR SCRIPTS INCLUDING LESLYE HEADLAND ("CULT OF
LOVE"), LLOYD SUH ("THE FAR COUNTRY"), AND OCTAVIO SOLIS ("MOTHER
ROAD").

BERKELEY REPERTORY THEATRE'S IN DIALOGUE PROGRAM PARTNERED WITH 40
COMMUNITY ORGANIZATIONS, ARTISTS, COMMUNITY LEADERS, AND SMALL
BUSINESSES IN 2023/24. THROUGHOUT THE SEASON, WE ENGAGED AUDIENCES AND
COMMUNITY MEMBERS THROUGH EVENTS AND ACTIVATIONS IN CONVERSATION WITH
OUR MAINSTAGE PRODUCTIONS. OUR SIX COMMUNITY CELEBRATION NIGHTS DURING
THE 2023/24 SEASON FILLED OUR SPACES WITH MUSIC, FOOD, COMMUNITY, AND
JOY. THESE FREE, PUBLIC EVENTS INCLUDED PRE-SHOW PERFORMANCES FEATURING
LOCAL ARTISTS AND PERFORMERS WITH REFRESHMENTS FROM LOCAL ASIAN-,
BLACK-, INDIGENOUS-, AND LATINE-OWNED BUSINESSES; POST-SHOW
CONVERSATIONS; AND DISCOUNTED TICKETS. WE PARTNERED WITH COMMUNITY
LEADERS AND ORGANIZATIONS TO ENGAGE IN PRE- AND POST-SHOW DIALOGUES
THAT CONNECTED THE THEMES EXPLORED IN OUR ONSTAGE PRODUCTIONS TO
REAL-LIFE ISSUES AFFECTING OUR LOCAL COMMUNITY. WE CONTINUED
RELATIONSHIPS WITH ONGOING PARTNERS TO OFFER STORYTELLING WORKSHOPS AND
TO MAKE OUR SPACES AVAILABLE AS REHEARSAL AND PERFORMANCE VENUES.

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

Name of the organization BERKELEY REPERTORY THEATRE	Employer identification number 94-1679756
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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.

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 THEIR 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 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. IF A CONFLICT OF INTEREST FAILS TO BE DISCLOSED, THE BOARD WILL INVESTIGATE THE SITUATION AND TAKE APPROPRIATE DISCIPLINARY AND CORRECTIVE ACTION AS NECESSARY.

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.

Name of the organization BERKELEY REPERTORY THEATRE	Employer identification number 94-1679756
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FORM 990, PART VI, SECTION C, LINE 19:

BERKELEY REPERTORY THEATRE'S FINANCIAL STATEMENTS FOR THE MOST RECENTLY
 COMPLETED FISCAL YEAR ARE AVAILABLE ON OUR WEBSITE AND UPON REQUEST.