# Form **990**

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

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

▶ Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Α	For th	ne 2020	calendar year, or tax year beginning 07/01, 2020, a	and endin	g		03/30	) <b>, 20</b> 21	
_			C Name of organization			D Employer ide	ntification	number	
В	Check if	applicable:	BARBIERI CENTER			51-018	0636		
	Add	ress nae	Doing business as						
	7	ne change	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite		E Telephone nu	mber	N	
	Initi	al return	VIA RAIMONDO DA CAPUA 20			(860) 29	7-4210	)	
Х	Fina	il return/	City or town, state or province, country, and ZIP or foreign postal code			, , ,	······		
	Ame	ninated ended	ROME ITALY 00153			G Gross receipts	s \$		
$\vdash$		lication	F Name and address of principal officer: STEPHEN MARTH			H(a) Is this a gro		Yes	XN
L	l pen-	ding	VIA RAIMONDO DA CAPUA 20 ROME IT 00153			subordinates H(b) Are all subord	i?		HN
1	Taylo	xempt st	1	.	27	1 ''	ttach a list. Se	L	
÷		site:		1 1 2	21				2
<u></u> К				I Vaca	-6 6	H(c) Group exem tion: 1975 M			CT
	art l			L Year	or format	tion: 1979 W	State of leg	al domicile:	C1
	1		immary v describe the organization's mission or most significant activities: EDUCATI	די מי די	THE	COLLECTAT	E 1575	T TNI	
41	1		y describe the organization's mission or most significant activities:	LON AI	1111	COHDEGIAL	E DEVE	73 714	
Governance		1(011	u, man						
Ë			W W						
ove.	2		this box $\blacktriangleright$ $X$ if the organization discontinued its operations or disposed				1 1		2.5
	ı		er of voting members of the governing body (Part VI, line 1a)				3		35.
es S	4		er of independent voting members of the governing body (Part VI, line 1b)				4		34.
Activities &	5		number of individuals employed in calendar year 2020 (Part V, line 2a)				5		0.
访	6		number of volunteers (estimate if necessary)				6		0.
⋖			unrelated business revenue from Part VIII, column (C), line 12				7a		0.
	b	Net ur	nrelated business taxable income from Form 990-T, Part I, line 11				7b		0.
						Prior Year		Current Y	'ear
ā	8	Contri	butions and grants (Part VIII, line 1h)				0.		0.
en	9	Progra	am service revenue (Part VIII, line 2g)			1,996,77	4.		0.
Revenue	10	Invest	ment income (Part VIII, column (A), lines 3, 4, and 7d),				0.		0.
Œ	11	Other	revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)				0.		0.
	12	Total	revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			1,996,77	4.		0.
	13	Grants	s and similar amounts paid (Part IX, column (A), lines 1-3)				0.		0.
	14	Benef	its paid to or for members (Part IX, column (A), line 4)				0.		0.
Ś	15		es, other compensation, employee benefits (Part IX, column (A), lines 5-10)			457,65	5.	292	,462.
Expenses	16 a		ssional fundraising fees (Part IX, column (A), line 11e)				0.	***************************************	0.
g	b		undraising expenses (Part IX, column (D), line 25) ▶ 0						
யி	17		expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			1,181,84	2.	170	,590.
	18		expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			1,639,49	7.		,052.
	19		ue less expenses. Subtract line 18 from line 12			357,27			,052.
or						ning of Current Y		End of Yea	
ets	20	Total	assets (Part X, line 16)			226,85			0.
Net Assets or Fund Balances	21		iabilities (Part X, line 26)		ļ	225,85			0.
und	22		sets or fund balances. Subtract line 21 from line 20		-	1,00			0.
	rt II		nature Block	<u></u>					
			f perjury, I declare that I have examined this return, including accompanying schedules	s and state	ments. a	nd to the best of	my knowle	dge and bi	elief it is
true	corre	ect, and	complete. Declaration of preparer (other than officer) is based on all information of which	preparer h	as any kn	owledge.			
Sig	n	$\overline{s}$	ignature of officer			Date			
Hei		-	GUY DRAPEAU AVP FINA	NCE					
		_	ype or print name and title	MCE					
	1	······································	Type preparer's name Preparer's stanature	Date		I a T I	: PTIN		
Paid	ı	GWEN		2/12/2	2	Check	"	064146	- 2
Prep	oarer	<b>———</b>	/ Comments	211212		self-employe		064146	) <u>3</u>
Use	Only	Firm's		00010		Firm's EIN ▶ 1			
N 4 -	, <u>.</u> L -			02210			17-530	T	
			scuss this return with the preparer shown above? (see instructions).	• • • • •	· · · ·		X	Yes	No
For	Pape	rwork f	Reduction Act Notice, see the separate instructions.					Form <b>990</b>	(2020)

# Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

# Application for Automatic Extension of Time To File an Exempt Organization Return

► File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filling of this form, visit www.irs.gov/e-file-providers/e-file-for-charities-and-non-profits.

ming or	this form, visit www.iis.gov/c-inc-providers/t	5-Ine-Ioi-Charlin	s-and-non-proms.				
Autom	atic 6-Month Extension of Time. Only	submit origina	I (no copies needed).				
	orations required to file an income tax return e Form 7004 to request an extension of time			filers), partners	hips	, REMICs, a	and trusts
				ypayar idantifica	tion n	umbar (TIM)	
Type or print	Barbieri Center	see manuchons.			fication number (TIN) 51-0180636		
	Number street and room or suite no. If a P	O. box. see instr	uctions	3	1-016	0030	
File by the due date t	; <b>]</b>						
filing your	City town as and efficient state and 710 and			······			
return. Se instruction	~ 1 · · · · · · · · · · · · · · · · · ·						
	riartiola et 00100						
Enter th	e Return Code for the return that this applica	ation is for (file a	separate application for ea	ach return) .			0 1
Applic	ation	Return	Application				Return
Is For		Code	Is For				Code
Form 9	90 or Form 990-EZ	01	Form 990-T (corporation)	,			07
Form 9	90-BL	02	Form 1041-A				08
	720 (individual)	03	Form 4720 (other than inc	lividual)			09
Form 9	The state of the s	04	Form 5227				10
	90-T (sec. 401(a) or 408(a) trust)	05	Form 6069				11
Form 9	90-T (trust other than above)	06	Form 8870	·····			12
• If this if for the v	organization does not have an office or place s for a Group Return, enter the organization' /hole group, check this box	s four digit Grou ] . If it is for part	up Exemption Number (GEI	V)		If this is	. ▶□ s ch
ti •	request an automatic 6-month extension of the organization named above. The extension of the calendar year 20 or 7/1	is for the organ	nization's return for:	3/30			
	Change in accounting period				2111	Γ	
	this application is for Forms 990-BL, 990-Iny nonrefundable credits. See instructions.	PF, 990-1, 4720	), or 6069, enter the tenta	tive tax, less	За	Code 07 08 09 10 11 12 . If this is and attach . a \$ 0.00 b \$ 0.00 c \$ 0.00	
	this application is for Forms 990-PF, 990 stimated tax payments made. Include any pr		•	credits and	3b	\$	0.00
c B	alance due. Subtract line 3b from line 3a. sing EFTPS (Electronic Federal Tax Payment	Include your p	payment with this form, if	required, by	3с	\$	
	If you are going to make an electronic funds withd			m 8453-EO and		Т	
instruction		(	,				paymont

BARBIERI CENTER 51-0180636

For	m 990 (202	20)			Page <b>2</b>
P	art III	Statement of Program Service	e Accomplishments a response or note to any line in this Pa	rt III	X
1		escribe the organization's missic			
	FDUCAI	TON (SEE SCHEDULE O)			
	D'LU.				
2	prior Fo	rm 990 or 990-EZ?	nificant program services during the y		Yes X No
3		describe these new services on organization cease conducting	Schedule O. g, or make significant changes in	how it conducts, any program	
	services'	?			X Yes No
4		describe these changes on Sche	dule O. ervice accomplishments for each of	ite three largest program services	as measured by
7	expense	s. Section 501(c)(3) and 501(c	)(4) organizations are required to report each program service reported.		
			311,649. including grants of \$		)
	EDUCAT	'ION AT THE COLLEGIATE	LEVEL IN ROME, ITALY. SEE	SCHEDULE O.	
	-	<del></del>			
	***				
			· · · · · · · · · · · · · · · · · · ·	·····	
4b	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
				· · · · · · · · · · · · · · · · · · ·	****
4c	(Code:	) (Expenses \$	including grants of \$	) (Revenue \$	)
					***************************************
		North Control of the			
4d	Other pro	ogram services (Describe on Sch	edule O.)		<del></del>
	(Expense	-		÷\$ )	
	Total pro	gram service expenses >	311,649.		
JSA 0E10	20 1.000	IL U509	V 20-7.14		Form <b>990</b> (2020)
	4002	TT 0000	v 20-1.14		

Form 990 (2020) Page 3

	t IV Checklist of Required Schedules		Yes	П
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			1
	complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors See instructions?	2		t
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			t
	candidates for public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			t
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		l
5	Is the organization a section $501(c)(4)$ , $501(c)(5)$ , or $501(c)(6)$ organization that receives membership dues,	- ·		$^{\dagger}$
-	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors	_		t
_	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			t
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"			t
•	complete Schedule D, Part III	8		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a	"		t
•	custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			l
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		
0	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments	-		H
-	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		
1	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,	"		$\vdash$
•	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
u	complete Schedule D, Part VI	11a		
h	Did the organization report an amount for investments-other securities in Part X, line 12, that is 5% or more	114		-
~	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		
c	Did the organization report an amount for investments-program related in Part X, line 13, that is 5% or more	110		H
·	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets	110		-
-	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		H
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	116		ŀ
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		
2 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	111	**********	ŀ
<b></b> u	Schedule D, Parts XI and XII.	12a		
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If	120		L
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	X	ŀ
	Did the organization maintain an office, employees, or agents outside of the United States?	14a	X	L
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	144		_
S	fundraising, business, investment, and program service activities outside the United States, or aggregate			
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	Х	
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or	140		-
	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	15		
U	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		
7	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on	16		_
	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I See instructions	47		
		17		•••
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	40		
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?	18		_
		40		
۸ -	If "Yes," complete Schedule G, Part III	19		
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		1	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		

Part IV Checklist of Required Schedules (continued) Page 4

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the		1	
	organization's current and former officers, directors, trustees, key employees, and highest compensated			
	employees? If "Yes," complete Schedule J	23	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than	20	<u> </u>	
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b			
		04-		Х
	through 24d and complete Schedule K. If "No," go to line 25a	24a		^
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	-	
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year			
	to defease any tax-exempt bonds?	24c		
d	$$ Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? $\dots$	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior			
	year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ?			
	If "Yes," complete Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II.</i>	26		Х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key	20		
2.1	employee, creator or founder, substantial contributor or employee thereof, a grant selection committee			
	member, or to a 35% controlled entity (including an employee thereof) or family member of any of these			17
	persons? If "Yes," complete Schedule L, Part III	27	1	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,			
	Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			
	conservation contributions? If "Yes," complete Schedule M	30		Χ
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	Х	
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Χ
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III,			
•	or IV, and Part V, line 1	34	Х	
35.2	Did the organization have a controlled entity within the meaning of section 512(b)(13)?			X
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		
D		0.51		
20	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable			17
	related organization? If "Yes," complete Schedule R, Part V, line 2	36		_X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treatèd as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and			
	19? Note: All Form 990 filers are required to complete Schedule O.	38	X	
Part				
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 .		:.]	
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
	Did the organization comply with backup withholding rules for reportable payments to vendors and		İ	
	reportable gaming (gambling) winnings to prize winners?	1c		
JSA 0E1030			990 (	2020)
550	4832IL U509 V 20-7.14		•	,

P	aq	е	5

Par	tV Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			344
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0.			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3,575		350
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a	Х	
b	If "Yes," enter the name of the foreign country ▶ <a href="ITALY">ITALY</a>			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Χ
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		1.11
	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	872.52		
	and services provided to the payor?	7a		X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	_		37
	required to file Form 8282?	7с	100	X
	If "Yes," indicate the number of Forms 8282 filed during the year			V
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		$\frac{X}{X}$
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		
_	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g	$\dashv$	
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	70.7	
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Ţ,
	Sponsoring organizations maintaining donor advised funds.	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b	-+	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?  Section 501(c)(7) organizations. Enter:	30	54,413	1. 1. 1. 1.
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year [12b]		48.50	
	Section 501(c)(29) qualified nonprofit health insurance issuers.	ACA		
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	***	1,111	
		14a		X
		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			_
	excess parachute payment(s) during the year?	15		X
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		X
	If "Yes," complete Form 4720, Schedule O.			

Form 990 (2020) 51-0180636 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 Section A. Governing Body and Management No 35 1a Enter the number of voting members of the governing body at the end of the tax year . . . . . 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O. Enter the number of voting members included on line 1a, above, who are independent . . . . . Did any officer, director, trustee, or key employee have a family relationship or a business relationship with Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.... 4 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?.... Х 5 5 Did the organization become aware during the year of a significant diversion of the organization's assets?.... X 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint 7a Are any governance decisions of the organization reserved to (or subject to approval by) members, 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8a Each committee with authority to act on behalf of the governing body?................ 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.) Yes No 10a b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, 10b affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? . . . 11a 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 in Schedule O the process, if any, used by the organization to review this Form 990. b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." 12c 13 13 14 14 Did the organization have a written document retention and destruction policy?....... 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? 15a 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement 16a 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 cor	by of this Form	990 is red	quired to be filed I	•
	Liot the states	With Willow a Co	py or this i office		quired to be incu i	

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 Another's website X Upon request Other (explain on Schedule O)

Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, 19 and financial statements available to the public during the tax year.

State the name, address, and telephone number of the person who possesses the organization's books and records 

GUY DRAPEAU ACCT. SERVICES TRINITY COLLEGE 300 SUMMIT STREET HARTFORD, CT 860-297-4210 20

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

		Ot	11			and the second second
- 1		Check this box if neither	the organization nor an	ny related organization com	ipensated any current office	er, director, or trustee.

(A) Name and title	(B) Average hours per week	box,	unle	(C) Position not check more than one unless person is both an r and a director/trustee)			an	(D) Reportable compensation from the	(E)  Reportable compensation from related organizations	(F) Estimated amount of other compensation
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	from the organization and related organizations
(1) JOANNE BERGER-SWEENEY	1.00									
PRESIDENT	40.00	Х		Х				0.	601,636.	350,223.
(2) DANNY HITCHELL	1.00									
VP FINANCE	40.00			Х				0.	355,272.	59,706.
(3) STEPHEN MARTH	40.00									
DIRECTOR OF THE ROME CAMPUS	0.			Х				95,115.	0.	36,144.
(4) CHRISTINE E. ELIA	1.00						<b> </b>			
TRUSTEE	1.00	Х						0.	0.	0.
(5) JOHN S. GATES, JR.	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(6) H. SUSANNAH HESCHEL	1.00									0.000
TRUSTEE	1.00	Χ						0.	0.	0.
(7)MICHAEL J. KLUGER	1.00									
TRUSTEE	1.00	X						0.	0.	0.
(8) KEVIN J. MALONEY	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(9) CORNELIA PARSONS THORNBURGH	1.00									
CHAIR - BOARD OF TRUSTEES	1.00	Х						0.	0.	0.
(10) RHEA PINCUS TURTELTAUB	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(11) JEAN M. WALSHE	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(12) WILLIAM E. CUNNINGHAM, JR.	1.00									
TRUSTEE	1.00	Х						0.	0.	0.
(13) ERIC R. FOSSUM	1.00			-			j			
TRUSTEE	1.00	Х						0.	0.	0.
(14) KATHRYN GEORGE TYREE	1.00		ļ			1				
TRUSTEE	1.00	Х						0.	0.	<u> </u>

Part VII Section A. Officers, Directors, Tr	ustees, Ke	y En	nplo	oye	es,	and l	Hig	hest Compensat	ed Employees	(continued)
(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	box,	unle	Pos heck ss pe	erson	e than of the state of the stat	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation fr related organizations (W-2/1099-MIS	other compensation
		tee	ustee			ensated				
15) LING S. KWOK TRUSTEE	1.00	X						0.		).
16) KATHLEEN FOYE MACLENNAN TRUSTEE	1.00	Х						0.		).
17) DANIEL MEYER TRUSTEE	1.00	Х						0.	(	).
18) JAMES W. CUMINALE TRUSTEE	$\frac{1.00}{1.00}$	X						0.		).
19) NANCY M. DAVIS	1.00	_^						0.		'•
TRUSTEE 20) STEVEN A. ELMENDORF	1.00	X						0.	(	).
TRUSTEE	1.00	Х						0.	C	).
21) ELIZABETH ELTING	1.00									
TRUSTEE 22) LISA BISACCIA	1.00	X						0.	C	).
TRUSTEE	1.00	Х						0.	C	).
23) MICHAEL GARY	1.00	.,,								
TRUSTEE 24) CRAIG VOUGHT	1.00	X						0.	C	).
TRUSTEE	1.00	Х						0.	C	).
25) PETER S. DUNCAN	1.00									
TRUSTEE	1.00	Х						95,115.	956,90	8. 446,073
1b Sub-total	ection A			• •			<b>&gt;</b>	93,113.	······	0. 446,073
d Total (add lines 1b and 1c)							•	95,115.	956,90	8. 446,073
Total number of individuals (including but not reportable compensation from the organization      Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo	0 . r, or	tru	stee	e, l	key e	mp	loyee, or highest	compensated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	sum of rep eater than	ortab \$15	le c 0,00	om <sub>l</sub> 00?	pen <i>If</i>	satior <i>"Yes</i>	ar ," c	nd other compens complete Schedul	ation from the	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Yes	accrue cor	npen	satio	on f	rom	any	unr	elated organizatio	n or individual	5 X
Section B. Independent Contractors										
<ol> <li>Complete this table for your five highest com compensation from the organization. Report c year.</li> </ol>	pensated in ompensation	ndepe on for	nde the	nt c	cont end	ractor ar yea	rs th ar e	nat received more nding with or with	than \$100,000 in the organiza	of tion's tax
(A) Name and business add	ress							(B) Description of ser	vices	(C) Compensation
								Mark Brown Annual Addition Annual		
2 Total number of independent contractors (in more than \$100,000 in compensation from the							e lis	sted above) who	received	

Part VII Section A. Officers, Directors, Tru	ustees. Ke	v En	olan	ve	es.	and I	lia	hest Compensat	ed Emplo	vees (	Page Continued)
(A) Name and title	(B) Average hours per week (list any hours for related	(do box, office	not cl unles	Pos heck ss pe d a d	C) sition more erson lirect	e than c is both or/trust	ne an	(D) Reportable compensation from the organization	(E) Reporta compensati relate organiza (W-2/1099	able on from d tions	(F) Estimated amount of other compensation from the
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	(W-2/1099-MISC)	(** 271000		organization and related organizations
26) ERIC SCOTT ESTES TRUSTEE	1.00	Х						0		0.	
27) WALTER H. HARRISON TRUSTEE	1.00	Х						0		0.	
28) JEFFREY BROOKS HAWKINS TRUSTEE	1.00	X						0		0.	
29) ADRIAN LO TRUSTEE	1.00	X						0		0.	
30) N. LOUIS SHIPLEY TRUSTEE	1.00							0.		0.	
31) DOUGLAS TANSILL TRUSTEE	1.00	X									
32) KELLI HARRINGTON TOMLINSON	1.00	X						0.		0.	
TRUSTEE 33) ROSS J. BUCHMUELLER	1.00	X						0.		0.	
TRUSTEE AS OF 7/1/20 34) HENRY S. D'AURIA	1.00	X						0.		0.	
TRUSTEE AS OF 7/1/20 35) SUSANNAH SMETANA KAGAN	1.00	X						0.		0.	
TRUSTEE AS OF 7/1/20 36) DAVID L. SCHNADIG TRUSTEE AS OF 7/1/20	1.00 1.00 1.00	X						0.		0.	***
1b Sub-total	ection A	X	 				<b>&gt;</b>	0.		0.	
d Total (add lines 1b and 1c)	limited to the		liste				re	ceived more than	\$100,000	of	IV IV
3 Did the organization list any former offic employee on line 1a? If "Yes," complete Schedu	er, directo ule J for suc	r, or chind	tru ividu	stee	e, k	key e	mp	loyee, or highest	compens	ated	Yes No
4 For any individual listed on line 1a, is the sorganization and related organizations greindividual	eater than	\$15	0,00	00?	lf	"Yes,	." (	complete Schedui	e J for a	such	4 X
5 Did any person listed on line 1a receive or for services rendered to the organization? If "Ye	accrue cor	npen	satio	on f	rom	any	uni	related organization	n or indivi	dual	5 X
Section B. Independent Contractors		**********									
<ol> <li>Complete this table for your five highest com compensation from the organization. Report c year.</li> </ol>											
(A) Name and business add	ress							(B) Description of se	rvices	С	(C) ompensation
Total number of independent contractors (in more than \$100,000 in compensation from the contractors)				ited	l to	those	e lis	sted above) who	received		

⊃ao	е	8

Part VII Section A. Officers, Directors, T	rustees, Ke	y En	nplo	oye	es,	and	Hig	hest Compensat	ed Emplo	yees (	continued)
(A) Name and title	(B) Average hours per week (list any hours for	Average Position hours per week (list any hours for Position (do not check more th box, unless person is lofficer and a director/			(do not check more than one box, unless person is both an officer and a director/trustee) the			Reportable Reportable compensation report the compensation report to the compensation repo		) table tion from ed ations	(F) Estimated amount of other compensation
	organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099	9-MISC)	from the organization and related organizations
37) DAMIAN W. WILMOT	1.00	<u> </u>	-			<u>.</u>					
TRUSTEE AS OF 7/1/20	1.00	Х						0.		0.	
										- n	
										***************************************	
										********	
										***************************************	
1b Sub-total	Section A .						* * *	0.		0.	0
Total number of individuals (including but no reportable compensation from the organization)	t limited to th						ге	ceived more than s	\$100,000	of	
3 Did the organization list any former off employee on line 1a? If "Yes," complete Schee	icer, directo	r, or	tru	stee	e, k	ey e	mp	loyee, or highest	compens	sated	Yes No
4 For any individual listed on line 1a, is the organization and related organizations gindividual	sum of rep reater than	ortab \$15	le c 0,00	om <sub> </sub> 00?	pen:	satior <i>"Yes</i>	ar ," c	nd other compens	ation from	the such	3 X
5 Did any person listed on line 1a receive o for services rendered to the organization? If "	r accrue cor	npens	satio	on f	rom	any	unr	elated organizatio	n or indiv	idual	5 X
Section B. Independent Contractors		<del></del>				00011				<u> </u>	
<ol> <li>Complete this table for your five highest cor compensation from the organization. Report year.</li> </ol>	mpensated ir compensatio	ndepe on for	nde the	nt c cal	end.	ractor ar yea	rs th ar e	nat received more nding with or with	than \$100 in the orga	0,000 o anizatio	f n's tax
(A) Name and business ac	ddress							(B) Description of ser	vices	С	(C) ompensation
2 Total number of independent contractors ( more than \$100,000 in compensation from the	including bu he organizati	t not	lim	ited	to	thos	e lis	sted above) who	received		

Form 990 (2020) BARBIERI CENTER Part VIII Statement of Revenue

b Membership dues				
c Fundraising events				
d Related organizations				
e Government grants (contributions) 1e  f All other contributions, gifts, grants, and similar amounts not included above . g  Noncash contributions included in lines 1a-1f 1g \$  h Total. Add lines 1a-1f				
f All other contributions, gifts, grants, and similar amounts not included above .  g Noncash contributions included in lines 1a-1f				
and similar amounts not included above .  g Noncash contributions included in lines 1a-1f				
g Noncash contributions included in lines 1a-1f				
lines 1a-1f				
h Total. Add lines 1a-1f				
Business Code  d  d  e				· · · · · · · · · · · · · · · · · · ·
b c d				
b c d				
c d		1		
е				
е				
f All other program contine revenue				
f All other program service revenue				
g Total. Add lines 2a-2f	0.			
Investment income (including dividends, interest, and				
other similar amounts)	0.			
Income from investment of tax-exempt bond proceeds .				
Royalties	<u>0.</u>			
a Gross rents 6a	-			
b Less: rental expenses 6b				
c Rental income or (loss) 6c d Net rental income or (loss)	• 0.			
a Gross amount from (i) Securities (ii) Other	NOTE NOT	Date Street St		PROFESSION :
sales of assets				
other than inventory 7a				
b Less: cost or other basis				
and sales expenses 7b				
c Gain or (loss) 7c				
d Net gain or (loss)	0.			
a Gross income from fundraising				
events (not including \$				
of contributions reported on line				
icj. See Faitiv, line to	<del> </del> :-			
b Less, direct expenses				<u> </u>
	• 0.			14.11.6.48.881.1914.1.
D Less, direct expenses				
	o.			
		eng sere in a in		
c Net income or (loss) from sales of inventory.	. 0.			
o met meeme er (rece) nem sales er miemer)				
Business Code				
Business Code				
Business Code  a  b  c  d All other revenue				
Business Code  b c	. 0.			
cd a bca bca	and sales expenses . 7b  Gain or (loss) 7c  Net gain or (loss)	and sales expenses	and sales expenses	and sales expenses . Gain or (loss)

Page 9

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 resp	oonse or note to any lin	e in this Part IX		
	not include amounts reported on lines 6b, 7b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	0.	4411		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	0.			
3	Grants and other assistance to foreign				
	organizations, foreign governments, and				
	foreign individuals. See Part IV, lines 15 and 16	0.			India Co. S. Barbarasa
4	Benefits paid to or for members	0.			a abytika simple sibili
5	Compensation of current officers, directors,				
	trustees, and key employees	82,855.	69,598.	13,257.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	0.			
7	Other salaries and wages	151,889.	63,785.	88,104.	
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	0.			
9	Other employee benefits	57,718.	24,239.	33,479.	
10	Payroll taxes	0.			
11	Fees for services (nonemployees):				
а	Management	0.			
	Legal	39.	39.		
c	Accounting	36,847.	30,951.	5,896.	
	Lobbying	0.			
е	Professional fundraising services. See Part IV, line 17.	0.			
1	Investment management fees	0.			
g	Other. (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O.)	30,158.	25,333.	4,825.	
12	Advertising and promotion	0.			
13	Office expenses	28,392.	23,849.	4,543.	
14	Information technology	195.	195.		
15	Royalties	0.			
16	Occupancy	3,265.	2,743.	522.	
17	Travel	842.	707.	135.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials	0.			
19	Conferences, conventions, and meetings	0.			
20	Interest	0.			
21	Payments to affiliates	0.			
22	Depreciation, depletion, and amortization	0.			
23	Insurance	0.			
24	Other expenses. Itemize expenses not covered				
	above (List miscellaneous expenses on line 24e. If				
	line 24e amount exceeds 10% of line 25, column				
	(A) amount, list line 24e expenses on Schedule O.)				
а	TAXES - OTHER	64,908.	64,908.		
	ROOM AND BOARD	1,605.	1,605.		
С	MEALS	328.	328.		
d	INSTRUCTION MATERIALS	81.	81.		
е	All other expenses	3,930.	3,288.	642.	
	Total functional expenses. Add lines 1 through 24e	463,052.	311,649.	151,403.	
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraing solicitation. Check here				
	fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	0.			

Form 990 (2020) Page **11** 

## Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this F	Part X		
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	211,843.	1	0.
	2	Savings and temporary cash investments	0.	2	0.
	3	Pledges and grants receivable, net	0.	3	0.
	4	Accounts receivable, net	0.	4	0.
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
		controlled entity or family member of any of these persons	0.	5	0.
	6	Loans and other receivables from other disqualified persons (as defined	the form of the Child Street,	£255.5	And the most specifical information
		under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).	0.	_	0.
ets	7	Notes and loans receivable, net	0.	7	0.
Assets	8	Inventories for sale or use	0.	8	0.
⋖	9	Prepaid expenses and deferred charges	15,007.	9	0.
	10 a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a			
	b	Less: accumulated depreciation	0.	10c	0.
	11	Investments - publicly traded securities	0.	11	0.
	12	Investments - other securities. See Part IV, line 11	0.	12	0.
	13	Investments - program-related. See Part IV, line 11	0.	13	0.
	14	Intangible assets	0.	14	0.
	15	Other assets. See Part IV, line 11	0.	, , ,	0.
	16	Total assets. Add lines 1 through 15 (must equal line 33)	226,850.	16	0.
	17	Accounts payable and accrued expenses	225,850.	17	0.
	18	Grants payable	0.	18	0.
	19	Deferred revenue	0.	19	0.
	20	Tax-exempt bond liabilities	0.	20	0.
	21	Escrow or custodial account liability. Complete Part IV of Schedule D	0.	21	0.
S	22	Loans and other payables to any current or former officer, director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%		11.5	
abi		controlled entity or family member of any of these persons	0.	22	0.
≔	23	Secured mortgages and notes payable to unrelated third parties	0.	23	0.
	24	Unsecured notes and loans payable to unrelated third parties	0.	24	0.
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X			
		of Schedule D	0.	25	0.
	26	Total liabilities. Add lines 17 through 25	225,850.	26	0.
Saor		Organizations that follow FASB ASC 958, check here ► X and complete lines 27, 28, 32, and 33.			
<u>a</u>	27	Net assets without donor restrictions	1,000.	27	0.
m	28	Net assets with donor restrictions	0.	28	0.
Net Assets or Fund Balanc		Organizations that do not follow FASB ASC 958, check here ▶ and complete lines 29 through 33.			
0	29	Capital stock or trust principal, or current funds		29	
sets	30	Paid-in or capital surplus, or land, building, or equipment fund	**************************************	30	
455	31	Retained earnings, endowment, accumulated income, or other funds		31	
et,	32	Total net assets or fund balances	1,000.	32	0.
z	33	Total liabilities and net assets/fund balances	226,850.	33	0.
					- 000

Form 9	90 (2020)		P	age <b>12</b>
Part				
	Check if Schedule O contains a response or note to any line in this Part XI			. X
1	Total revenue (must equal Part VIII, column (A), line 12)			0.
2	Total expenses (must equal Part IX, column (A), line 25)		463,	
3	Revenue less expenses. Subtract line 2 from line 1	-	463,	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4		1,	000.
5	Net unrealized gains (losses) on investments			0.
6	Donated services and use of facilities			0.
7	Investment expenses			0.
8	Prior period adjustments	****		0.
9	Other changes in net assets or fund balances (explain on Schedule O)		462,	052.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line			
	32, column (B))			0.
Part	<del></del>			
	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: Cash X Accrual Other	_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in	n		
	Schedule O.			
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled o	r		
	reviewed on a separate basis, consolidated basis, or both:			
	Separate basis Consolidated basis Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?		X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a	a		
	separate basis, consolidated basis, or both:			
	Separate basis X Consolidated basis Both consolidated and separate basis			
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of	f		
	the audit, review, or compilation of its financial statements and selection of an independent accountant?	. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain or	n		
	Schedule O.			
3 a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the			
	Single Audit Act and OMB Circular A-133?	. 3a		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	3h	1	l

#### **SCHEDULE A** (Form 990 or 990-EZ)

# **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ. ▶ Go to www.irs.gov/Form990 for instructions and the latest information. OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

BAI	RBIE	RI CENTER					51-01806	36
Pa	rt I	Reason for Public Cha	arity Status. (All	organizations must	comple	te this p	art.) See instruction	S.
The	orgai	nization is not a private fou	ındation because i	t is: (For lines 1 throu	gh 12, cl	heck only	one box.)	
1		A church, convention of ch	urches, or associa	ition of churches desc	ribed in s	section 1	170(b)(1)(A)(i).	
2	X /	A school described in <b>sect</b>	ion 170(b)(1)(A)(ii	). (Attach Schedule E	(Form 9	90 or 990	0-EZ).)	
3		A hospital or a cooperative	hospital service o	organization described	in section	on 170(b	)(1)(A)(iii).	
4		A medical research organi	zation operated in	conjunction with a ho	spital de	escribed i	n section 170(b)(1)(A	)(iii). Enter the
		hospital's name, city, and s	tate:					
5		An organization operated section 170(b)(1)(A)(iv). (0		a college or universi	ty owne	d or ope	erated by a governme	ental unit described ir
6		A federal, state, or local go	•	rnmental unit describe	d in sec	tion 170	(b)(4)(A)(y)	
7	ACDICAL SOURCE	An organization that norm	•					om the general nublic
•		described in section 170(b	=	· ·	apport ii	om a go	verninental and of it	om me general public
8		A community trust describe			Dort II \	١		
9		An agricultural research or					t in conjunction with a	land grant college
J		or university or a non-land-						-
		university:	grant college of a	griculture (see instruc	tions). E	mer me	name, city, and state c	it the college of
10		An organization that norma	ulty rocoiyos (1) my	are then 334/20/ of ite	cupport	from co	ntributions momborsh	vin food and arong
		eceipts from activities rela support from gross investn acquired by the organizatio	ited to its exempt in nent income and u on after June 30, 1	functions, subject to c nrelated business tax 975. See <b>section 509</b>	certain e: able inco (a)(2). (0	xception: ome (les Complete	s; and (2) no more tha s section 511 tax) from e Part III.)	n 331/3 % of its
11		An organization organized	•	·	-			
12		An organization organized	· ·		•			
		of one or more publicly su						
	(	Check the box in lines 12a t						· · · · · · · · · · · · · · · · · · ·
а		Type I. A supporting org	anization operated	, supervised, or contr	olled by	its supp	orted organization(s),	typically by giving
		the supported organization	on(s) the power to	regularly appoint or e	lect a m	ajority of	f the directors or truste	es of the
		supporting organization.	You must complet	te Part IV, Sections A	and B.			
b		Type II. A supporting org	anization supervis	ed or controlled in co	nnection	n with its	supported organizati	on(s), by having
		control or management of	of the supporting o	organization vested in	the sam	ne persor	ns that control or mar	nage the supported
		organization(s). You must	complete Part IV	, Sections A and C.				
C		Type III functionally inte	grated. A supporti	ng organization opera	ated in c	onnectio	n with, and functiona	lly integrated with,
		its supported organization	n(s) (see instruction	is). You must comple	te Part I	IV, Section	ons A, D, and E.	
d		Type III non-functionally	integrated. A sup	porting organization o	perated	in conn	ection with its suppor	ted organization(s)
		that is not functionally into	egrated. The organ	nization generally mus	st satisfy	a distrib	oution requirement and	d an attentiveness
		requirement (see instruct	ions). You must co	omplete Part IV, Sect	ions A a	ind D, an	d Part V.	
е		Check this box if the orga						II, Type III
		functionally integrated, or						
f	Ente	r the number of supported						
		ride the following information						-
	(i) Nan	ne of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the	organization	.(v) Amount of monetary	(vi) Amount of
				(described on lines 1-10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
			:	above (see manuchons))	Yes	No	manuciona)	mstructions)
· A \								
(A)								
B)	-							
C)								
D)								
E)								
Γota	ı							

	•
age	_

Pa	Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)  (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)						
Sec	tion A. Public Support	····· · · · · · · · · · · · · · · · ·				,	
	endar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the 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	1 1111 1114 1		1.8. 4.2.5.50786			
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)				white this dije	aver-site of Alfredia	
6	Public support. Subtract line 5 from line 4	A HELD AND DAMES OF					
	tion B. Total Support	1	Υ		1		
Cale	ndar year (or fiscal year beginning in)	(a) 2016	<b>(b)</b> 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 8	Amounts from line 4						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities, etc. (s	see instructions) .				12	
13	First 5 years. If the Form 990 is for	the organization	on's first, second	, third, fourth,	or fifth tax yea	ar as a section	501(c)(3)
	organization, check this box and stop here			· · · · · · · · · · · · · · · · · · ·			🕨 📗
Sec	tion C. Computation of Public Sup	<b></b>	×				
14	Public support percentage for 2020 (li					14	<u>%</u>
15	Public support percentage from 2019						<u>%</u>
16a	331/3% support test - 2020. If the org						
	box and stop here. The organization quality						
D	331/3% support test - 2019. If the org						
170	this box and stop here. The organization						
17a	a 10%-facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization						
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the organiz	2019. If the org	janization did no e facts-and-circo	ot check a box umstances test,	on line 13, 16, check this box	a, 16b, or 17a, and <b>stop here</b>	and line . Explain
19	in Part VI how the organization meets organization						▶ □
18	instructions						

## Part III

Support Schedule for Organizations Described in Section 509(a)(2)
(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Sec	tion A. Public Support					V-V-1-1-1	
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1	Gifts, grants, contributions, and membership fees						
	received. (Do not include any "unusual grants.")		-				
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
2							
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513.  Tax revenues levied for the						
4							
	organization's benefit and either paid to						
_	or expended on its behalf				-		
5	The value of services or facilities						I
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7 a	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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from						
	line 6.)						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9	Amounts from line 6						3170
10 a	Gross income from interest, dividends,						
	payments received on securities loans, rents, royalties, and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business			***************************************			
• •	activities not included in line 10b, whether						
	or not the business is regularly carried on.						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12.)				L		
14	First 5 years. If the Form 990 is for						
	organization, check this box and stop here.						<u> ▶                             </u>
	tion C. Computation of Public Supp	····	·				***
15	Public support percentage for 2020 (line 8,					15	%
16	Public support percentage from 2019 Sche	dule A, Part III, line	e 15			16	%
Sec	tion D. Computation of Investment						
17	Investment income percentage for 2020 (lin	ne 10c, column (f	), divided by line 1	3, column (f))		17	%
18	Investment income percentage from 2019 S	Schedule A, Part I	II, line 17		[	18	%
19 a	331/3% support tests - 2020. If the or					ore than 331/3%,	and line
	17 is not more than 331/3 %, check this						
b	331/3% support tests - 2019. If the orga						
	line 18 is not more than 331/3%, check						
20	Private foundation. If the organization of						
JSA						chedule A (Form 99	
0E122	1.000 4832IL U509		V 20-7.14			,	,

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Yes No

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

1		
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
3a		
3b 3c		
4a		
4b		
4c		
5a	-	
5b 5c		
		:
7		
8		***************************************
9a		
9b		
9c		
10a		
406		

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Part	Supporting Organizations (continued)		***************************************					
			Yes	No				
11	Has the organization accepted a gift or contribution from any of the following persons?							
а	A person who directly or indirectly controls, either alone or together with persons described in lines 11b and	100						
	11c below, the governing body of a supported organization?							
b	b A family member of a person described in line 11a above?							
С	A 35% controlled entity of a person described in line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide	A North	1994					
	detail in <b>Part VI.</b>	11c						
Secti	on 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? 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		NA					
	organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the							
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1						
2	Did the organization operate for the benefit of any supported organization other than the supported							
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part							
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	17.75.55	HEALT					
	supervised, or controlled the supporting organization.	2		<u> </u>				
Secti	on C. Type II Supporting Organizations							
			Yes	No				
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors							
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control							
	or management of the supporting organization was vested in the same persons that controlled or managed		K. 1184					
	the supported organization(s).	1		<u> </u>				
Secti	on D. All Type III Supporting Organizations			T				
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No				
•	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	43.74	10.33	11.00				
	the organization's governing documents in effect on the date of notification, to the extent not previously provided?		1 1 1 1					
_		1						
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in <b>Part VI</b> how	2.51						
	the organization maintained a close and continuous working relationship with the supported organization(s).							
•		2						
3	By reason of the relationship described in line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's							
	income or assets at all times during the tax year? If "Yes," describe in <b>Part VI</b> the role the organization's							
	supported organizations played in this regard.	3						
Section	on E. Type III Functionally Integrated Supporting Organizations	3						
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see ins	tructio	ane)					
a	The organization satisfied the Activities Test. Complete <b>line 2</b> below.	auca	J113 <sub>)</sub> .					
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>							
c	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (se	e instr	uctions	s)				
•		1	- 1	·				
2	Activities Test. Answer lines 2a and 2b below.							
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			1				
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify							
	those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined							
	that these activities constituted substantially all of its activities.	2a						
	· ·							
b	Did the activities described in line 2a, above, constitute activities that, but for the organization's involvement,							
	one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in		.					
	these activities but for the organization's involvement.	2b						
•		-10						
3	Parent of Supported Organizations. <i>Answer lines 3a and 3b below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or							
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? If "Yes" or "No," provide details in <b>Part VI.</b>	3a						
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ja						
b	of its supported organizations? If "Yes," describe in <b>Part VI</b> the role played by the organization in this regard.	3b	1					
	i	i						

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	anizatio	ns					
1 Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust o	n Nov. 20, 1970 (explain	in Part VI). See				
instructions. All other Type III non-functionally integrated supporting organ							
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)				
1 Net short-term capital gain							
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 (explain in detail in Part VI):	1e						
2 Acquisition indebtedness applicable to non-exempt-use assets	2						
3 Subtract line 2 from line 1d.	3						
4 Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount, see instructions).	4						
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5						
6 Multiply line 5 by 0.035.	6						
7 Recoveries of prior-year distributions	7						
8 Minimum Asset Amount (add line 7 to line 6)	8						
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 Check here if the current year is the organization's first as a non-functional (see instructions).		ated Type III supporting o	organization				

Part	V Type III Non-Functionally Integrated 509(a)(3)	Supporting Organiza	tions (continued)		
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish e		1		
2	Amounts paid to perform activity that directly furthers exe				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organ	izations	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - p	provide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which	the organization is resp	oonsive		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2020 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2020	าร	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6			1. 1	
2	Underdistributions, if any, for years prior to 2020				
	(reasonable cause required - explain in Part VI). See				
	instructions.				
3	Excess distributions carryover, if any, to 2020	and the state of the state of			
a	From 2015				
b	From 2016				
C	From 2017				
d	From 2018				
<u>e</u>	From 2019		11 11 11 11 11 11 11 11 11 11 11 11 11		
f	Total of lines 3a through 3e			11.5	
<u>g</u>	Applied to underdistributions of prior years				
<u>h</u>	Applied to 2020 distributable amount				
_ <u>i</u>	Carryover from 2015 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2020 from				
4	Section D, line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2020 distributable amount			14.1	
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2020, if	340,64 (2.344,25)			
-	any. Subtract lines 3g and 4a from line 2. For result				
	greater than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2020. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.			Alte	
7 .	Excess distributions carry over to 2021. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -		
а	Excess from 2016				
b	Excess from 2017	1, <sup>1</sup> 11 - 1	·		
С	Excess from 2018				
d	Excess from 2019				
e	Excess from 2020				

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

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

**Schools** 

► Complete if the organization answered "Yes" on Form 990, Part IV, line 13, or Form 990-EZ, Part VI, line 48.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization BARBIERI CENTER

Department of the Treasury Internal Revenue Service

Employer identification number 51-0180636

Pá	art I			
			YES	NO
1	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter,			
	bylaws, other governing instrument, or in a resolution of its governing body?	1	Х	
2	Does the organization include a statement of its racially nondiscriminatory policy toward students in all its	TA THE NOTE:		
	brochures, catalogues, and other written communications with the public dealing with student admissions,		v	
•	programs, and scholarships?	2	X	- 1
3	Has the organization publicized its racially nondiscriminatory policy on its primarily publicly accessible Internet homepage at all times during its taxable year in a manner reasonably expected to be noticed by visitors to the			
	homepage at all times during its taxable year in a mainter reasonably expected to be noticed by visitors to the homepage, or through newspaper or broadcast media during the period of solicitation for students, or during the			
	registration period if it has no solicitation program, in a way that makes the policy known to all parts of the			
	general community it serves? If "Yes," please describe. If "No," please explain. If you need more space, use Part II	3		Х
	• • • • • • • • • • • • • • • • • • • •			
	SEE SUPPLEMENTAL PAGE			
		1.5%		
4	Does the organization maintain the following?		.,	
а	Records indicating the racial composition of the student body, faculty, and administrative staff?	4a	Х	-
b		4.	Х	
С	nondiscriminatory basis?	4b	^	
U	with student admissions, programs, and scholarships?	4c	х	
d	Copies of all material used by the organization or on its behalf to solicit contributions?	4d	Х	
_	If you answered "No" to any of the above, please explain. If you need more space, use Part II.		Į ži je	- 1.
	The second of th			
5	Does the organization discriminate by race in any way with respect to:		14.3	
а	Students' rights or privileges?	5a		X
1	Admissions policies?			Х
D	Admissions policies?	5b		
С	Employment of faculty or administrative staff?	5c		Х
·	Employment of faculty of administrative state: 1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.1.	130		
d	Scholarships or other financial assistance?	5d		Х
	•			
е	Educational policies?	5e		Χ
f	Use of facilities?	5f		X
				3.7
g	Athletic programs?	5g		X
h	Other extracurricular activities?	en	Ì	Х
h	If you answered "Yes" to any of the above, please explain. If you need more space, use Part II.	5h		
	if you answered Tes to any of the above, please explain. If you need more space, use farth.			
6a	Does the organization receive any financial aid or assistance from a governmental agency?	6a		X
b	Has the organization's right to such aid ever been revoked or suspended?	6b		X
_	If you answered "Yes" on either line 6a or line 6b, explain on Part II.			
7	Does the organization certify that it has complied with the applicable requirements of sections 4.01 through			
	4.05 of Rev. Proc. 75-50, 1975-2 C.B. 587, covering racial nondiscrimination? If "No," explain on Part II	7	X	

age 2

**Supplemental Information.** Provide the explanations required by Part I, lines 3, 4d, 5h, 6b, and 7, as applicable. Also provide any other additional information (see instructions).

PART I LINE 3

THE BARBIERI CENTER HAS PUBLISHED ITS RACIALLY NONDISCRIMINATORY POLICY
AND MAKES IT AN INTEGRAL PART OF ALL ITS LITERATURE, DISTRIBUTED BY THE
CENTER TO THE PUBLIC, INCLUDING FACULTY, STAFF AND STUDENTS.

THE BARBIERI CENTER WAS A WHOLLY OWNED SUBSIDIARY OF TRINITY COLLEGE,
HARTFORD, CT. TRINITY COLLEGE AND THE BARBIERI CENTER MEET THE
REQUIREMENTS OF SECTIONS 4.01 THROUGH 4.05 OF REV. PROC 75-50, COVERING
RACIAL DISCRIMINATION, BECAUSE THEY DRAW A SUBSTANTIAL PERCENTAGE OF
THEIR STUDENTS FROM AROUND THE U.S. AND WORLD, ENROLL STUDENTS OF RACIAL
MINORITY GROUPS IN MEANINGFUL NUMBERS, AND FOLLOW A RACIALLY
NONDISCRIMINATORY POLICY AS TO STUDENTS.

#### **SCHEDULE F** (Form 990)

## **Statement of Activities Outside the United States**

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization BARBIERI CENTER

Employer identification number

51-0180636

Par	General Information of Form 990, Part IV, line 14		Outside the	United States. Compl	ete if the organization a	inswered "Yes" or
1	For grantmakers. Does the or other assistance, the grantees' award the grants or assistance?	ganization mai eligibility for	the grants or	assistance, and the select	ction criteria used to	Yes No
2	For grantmakers. Describe in outside the United States.	Part V the org	janization's pr	ocedures for monitoring	the use of its grants and	d other assistance
3	Activities per Region. (The follow	ving Part I, line		e duplicated if additional sp	ace is needed.)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in the region	(d) Activities conducted in the region (by type) (such as, fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in the region	(f) Total expenditures for and investments in the region
_(1)	EUROPE	1.	20.	PROGRAM SERVICES	STUDY ABROAD	463,052.
(2)						
(3)						
_(4)						
(5)						
_(6)						
_(7)						
(8)						
(9)						
(10)						
(11)						
(12)			-	·		
(13)						
(14)						
(15)						
(16)						
(17)						
3a b	Subtotal	1.	20.			463,052.
С	Totals (add lines 3a and 3b)	1.	20.			463,052.

For Paperwork Reduction Act Notice, see the Instructions for Form 990. JSA 0E1274 1.000 4832IL U509

Schedule F (Form 990) 2020

BARBIERI CENTER 51-0180636

Part II	Grants and Other Assist Part IV, line 15, for any re							ered "Yes" on	Page : 1 Form 990
1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of noncash assistance	(h) Description of noncash assistance	(i) Method of valuation (book, FMV, appraisal, othe
(1)									
(2)									
(3)									
(4)									
(5)									
(6)									
(7)						200			
(8)									
(9)									
(10)									
(11)									
(12)									
(40)									

2	Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as a tax
	exempt 501(c)(3) organization by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter 🕨
3	Enter total number of other organizations or entities

Schedule F (Form 990) 2020

(14) (15) (16) BARBIERI CENTER 51-0180636

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16.

Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1)							
(2)							
(3)			···········				
(4)							
(5)							
(6)							
(7)							
(8)							
(9)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)					VII.V		
(17)							
(18)							

Schedule F (Form 990) 2020

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Page 4

Part	V Foreign Forms	····			
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)		Yes	X	No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)		Yes	X	No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)		Yes	X	No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)		Yes	X	No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)		Yes	X	No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)		Yes	X	No

Schedule F (Form 990) 2020

Schedule F (Form 990) 2020 Page 5

Part V

Supplemental Information
Provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE F, PART I, COLUMN F

TRINITY COLLEGE TRACKED THE BARBIERI CENTER'S EXPENDITURES USING A UNIQUE

DEPARTMENT NUMBER IN THE COLLEGE'S GENERAL LEDGER SYSTEM.

### **SCHEDULE J** (Form 990)

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public

Name of the organization BARBIERI CENTER

Department of the Treasury Internal Revenue Service

Employer identification number

51-0180636

Par	Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form			
	990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel  Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account  Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to			
2	explain	1b		
2	directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line			
	1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the			
	organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
				44.3
	Independent compensation consultant Form 990 of other organizations  Compensation survey or study Approval by the board or compensation committee			No
				Nat
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	X	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	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	4.4		
	compensation contingent on the net earnings of:			
a	The organization?	6a		X
b	Any related organization?	6b		X
•	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	_		
0	payments not described on lines 5 and 6? If "Yes," describe in Part III.	7		X
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject			
	to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III			Х
9	in Part III	8		
J	Regulations section 53.4958-6(c)?	9		
		ם	1	

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

Schedule J (Form 990) 2020

BARBIERI CENTER 51-0180636

Schedule J (Form 990) 2020

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

(A) Name and Title		(B) Breakdown o	f W-2 and/or 1099-MI	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(B)(i)-(D)	in column (8) reported as deferred on prior Form 990
JOANNE BERGER-SWEENEY	(i)	0.	0.	0.	0.	0.	0.	0.
1PRESIDENT	(ii)	504,070.	0.	97,566.	264,562.	85,661.	951 <b>,</b> 859.	42,054.
DANNY HITCHELL	(i)	0.	0.	0.	0.	0.	0.	0.
2VP FINANCE	(ii)	316,554.	0.	38,718.	31,822.	27,884.	414,978.	9,193.
	(i)		·					
3	(ii)							
	(i)							
4	(ii)							
	(i)							
5	(ii)							
	(i)							
6	(ii)							
	(i)							
7	(ii)							
	(i)							
8	(ii)							
	(i)			····				
9	(ii)							
	(i) (ii)							
10	(ii)							***************************************
44	(ii)							
	(i)							
12	(ii)							***************************************
12	(i)	······						
13	(ii)							
	(i)							
14	(ii)							
	(i)							
15	(ii)							
•	(i)							
16	(ii)							
<del></del>		<u>'</u>					F-L	edule 1 (Form 990) 2020

Schedule J (Form 990) 2020

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51-0180636 BARBIERI CENTER

Schedule J (Form 990) 2020

Page 3

#### 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.

SCHEDULE J, PART I, LINE 4B

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN WITH TRINITY COLLEGE, THE PRESIDENT IS ENTITLED TO CERTAIN DEFERRED COMPENSATION BENEFITS WHICH VEST THE EARLIEST OF (1) AGREED UPON DATE; (2) DEATH; (3) DISABILITY; OR (4) INVOLUNTARY TERMINATION OF EMPLOYMENT FROM THE COLLEGE. A CREDIT OF \$243,539 WAS MADE IN 2020 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). IN 2020, AMOUNTS UNDER THE PLAN BECAME VESTED AND WERE PAID TO THE PRESIDENT. THE AMOUNTS PAID ARE REFLECTED IN SCHEDULE J, PART II, COLUMN (B) (III).

PURSUANT TO THE TERMS OF A SECTION 457(F) DEFERRED COMPENSATION PLAN WITH TRINITY COLLEGE, THE VP FINANCE IS ENTITLED TO CERTAIN DEFERRED COMPENSATION BENEFITS WHICH VEST THE EARLIEST OF (1) AGREED UPON DATE, (2) DEATH, (3) DISABILITY, OR (4) INVOLUNTARY TERMINATION OF EMPLOYMENT FROM THE COLLEGE. A CREDIT OF \$9,032 WAS MADE IN 2020 AND IS INCLUDED IN SCHEDULE J, PART II, COLUMN (C). IN 2020, AMOUNTS UNDER THE PLAN BECAME VESTED AND WERE PAID TO THE VP FINANCE. THE AMOUNTS ARE REFLECTED IN SCHEDULE J, PART II, COLUMN (B) (III).

Schedule J (Form 990) 2020

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SCHE	:DU	LE	N
(Form	990	or	990-EZ)

Department of the Treasury

Internal Revenue Service
Name of the organization

## Liquidation, Termination, Dissolution, or Significant Disposition of Assets

Complete if the organization answered "Yes" on Form 990, Part IV, lines 31 or 32, or Form 990-EZ, line 36.
 Attach certified copies of any articles of dissolution, resolutions, or plans.

Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

Employer identification number

BARBI	ERI CENTER					51-0	0180636		
Part I	Liquidation, Termination, Part I can be duplicated if	or Dissolution. C additional space	omplete this part i is needed.	f the organization ans	swered "Yes" on	Form 990, Part IV, line 31, or	Form 990-EZ	, line	36.
1	(a) Description of asset(s) distributed or transaction expenses paid	(b) Date of distribution	(c) Fair market value of asset(s) distributed or amount of transaction expenses	(d) Method of determining FMV for asset(s) distributed or transaction expenses	(e) EIN of recipient	(f) Name and address of recipient	rec tax-ex	RC section ipient(s) cempt) of entity	(if r type
						TRUSTEES OF TRINITY COLLEGE			
NET ASSE	TS .	03/30/2021	1,000.	CASH VALUE	06-0646927	300 SUMMIT STREET HARTFORD, CT 0610	06 501(C)	(3)	
		A-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1							
				: :					
								***************************************	
									····
							***************************************	Yes	No
2 Die	d or will any officer, director, truste	ee, or key employee of t	he organization:					103	140
a Be	come a director or trustee of a succ	cessor or transferee org	anization?				2a	X	
b Be	come an employee of, or independ	ient contractor for, a su	ccessor or transferee or	rganization?			2b	X	Х
e Be	come a direct or indirect owner of the commercial control of the commercial control of the commercial control of the commercial control of the control of th	a successor or transfer	ee organization?	ult of the organization's liquid	tation termination or	dissolution?	2c	<del> </del>	X
u ne	ceive, or become entitled to, comp	consensus or ource SHIII	noi paymento ao a test	ant or the organization's liquit	Janon, termination, or	uissolution?	<u>2d</u>	{	L^

e If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III. For Paperwork Reduction Act Notice, see the Instructions for Form 990 or Form 990-EZ.

Schedule N (Form 990 or 990-EZ) 2020

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BARBIERI CENTER 51-0180636

Note: If the organization distributed all of its assets during the tax year, then Form 990, Part X, column (B), line 16 (Total assets), and line 26

Page 2

Yes No

4 a	Is the organization required to notify the attorney general or other appropriate state official of its intent to dissolve, liquidate, or terminate?	. 4a	X	
b	If "Yes," did the organization provide such notice?	. 4b	Х	T
5	Did the organization discharge or pay all of its liabilities in accordance with state laws?	. 5	Х	T
6 a	Did the organization have any tax-exempt bonds outstanding during the year?			X
	If "Yes" to line 6a, did the organization discharge or defease all of its tax-exempt bond liabilities during the tax year in accordance with the Internal Revenue Code and state laws?			1
	If "Yes" on line 6b, describe in Part III how the organization defeased or otherwise settled these liabilities. If "No" on line 6b, explain in Part III.	•	<b></b>	
Par		ation a	nsw	ered
	"Yes" on Form 990, Part IV, line 32, or Form 990-EZ, line 36. Part II can be duplicated if additional space is needed.			,,,,,
1	(a) Description of asset(s) distributed or transaction expenses paid  (b) Date of distribution  (c) Fair market value of asset(s) distributed or amount of transaction expenses  (d) Method of determining FMV for asset(s) distributed or asset(s) distributed or transaction expenses  (e) EIN of recipient (f) Name and address of recipient determining FMV for asset(s) distributed or transaction expenses	tax-exe	ient(s	) (if or type
***************************************				*************
			Yes	Ne
2 a	Did or will any officer, director, trustee, or key employee of the organization:  Become a director or trustee of a successor or transferee organization?	. 2a	162	140
b	Become an employee of, or independent contractor for, a successor or transferee organization?			
С	Become a direct or indirect owner of a successor or transferee organization?	. 2c		
d	Receive, or become entitled to, compensation or other similar payments as a result of the organization's significant disposition of assets?	. 2d		T
	If the organization answered "Yes" to any of the questions on lines 2a through 2d, provide the name of the person involved and explain in Part III			

Schedule N (Form 990 or 990-EZ) 2020

(Total liabilities), should equal -0-.

Part I Liquidation, Termination, or Dissolution (continued)

Part III Supplemental Information. Provide the information required by Part I, lines 2e and 6c, and Part II, line 2e. Also complete this part to provide any additional information.

SCHEDULE N PART 1, LINE 2A AND 2B

EFFECTIVE 3/30/2021, THE BARBIERI CENTER WAS DISSOLVED. PRIOR TO THE DISSOLUTION, THE BARBIERI CENTER WAS A WHOLLY OWNED SUBSIDIARY AND RELATED ORGANIZATION OF TRINITY COLLEGE, AN IRC 501(C)(3) ORGANIZATION.

THE INDIVIDUALS LISTED IN FORM 990, PART VII AS TRUSTEES OF THE BARBIERI CENTER ARE ALSO TRUSTEES OF TRINITY COLLEGE, AND ARE NOT COMPENSATED OTHER THAN JOANNE BERGER-SWEENEY AND DANNY HITCHELL.

JOANNE BERGER-SWEENEY WAS A TRUSTEE AND OFFICER OF THE BARBIERI CENTER

AND TRINITY COLLEGE. SHE IS COMPENSATED BY TRINITY COLLEGE FOR SERVICES

PERFORMED AS PRESIDENT TO TRINITY COLLEGE, AND DOES NOT EXPECT ANY

COMPENSATION OR SIMILAR PAYMENTS FROM THE DISSOLUTION OF BARBIERI CENTER.

DANNY HITCHELL WAS AN OFFICER OF THE BARBIERI CENTER AND TRINITY COLLEGE.

HE IS COMPENSATED BY TRINITY COLLEGE FOR SERVICES PERFORMED AS VP FINANCE

TO TRINITY COLLEGE, AND DOES NOT EXPECT ANY COMPENSATION OR SIMILAR

PAYMENTS FROM THE DISSOLUTION OF BARBIERI CENTER.

STEPHEN MARTH WAS AN OFFICER AND EMPLOYEE OF BARBIERI CENTER. UPON DISSOLUTION, HE BECAME AN EMPLOYEE OF TRINITY COLLEGE AND DOES NOT EXPECT ANY COMPENSATION OR SIMILAR PAYMENTS FROM THE DISSOLUTION OF BARBIERI CENTER.

#### **SCHEDULE O** (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection Employer identification number

Name of the organization BARBIERI CENTER

51-0180636

PART I, LINE 19

TRINITY COLLEGE CEASED BARBIERI CENTER OPERATIONS, AND ITS ACTIVITIES ARE NOW OPERATED BY THE TRINITY COLLEGE ROME CAMPUS. ALL EMPLOYMENT FUNDS, LIABILITIES AND PROPERTY HELD BY THE BARBIERI CENTER WERE TRANSFERRED TO TRINITY COLLEGE.

THE BARBIERI CENTER WAS A WHOLLY OWNED SUBSIDIARY OF TRINITY COLLEGE, HARTFORD, CT, AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. TRINITY COLLEGE WAS THE SOLE MEMBER OF THE BARBIERI CENTER. WHILE THE ORGANIZATION WAS OPERATED AS A SEPARATE AND INDEPENDENT ENTITY, ANY OPERATING EXCESSES OR DEFICITS WERE ABSORBED BY TRINITY COLLEGE. ALL 2020 - 2021 ACADEMIC YEAR PROGRAMS WERE CANCELLED DUE TO CORONAVIRUS (COVID-19), AND THE BARBIERI CENTER DID NOT RECOGNIZE REVENUES DURING THE PERIOD. BARBIERI CENTER STAFF AND FACILITIES EXPENSES WERE MAINTAINED. THE DEFICIT OF \$463,052 WAS ABSORBED BY TRINITY COLLEGE. THE NET ASSETS OF \$1,000 AT JULY 1, 2020 WERE ABSORBED BY TRINITY COLLEGE WHEN THE BARBIERI CENTER WAS DISSOLVED ON 3/30/21.

PART III, LINES 1, 3, 4A

THE BARBIERI CENTER CEASED OPERATIONS, AND DISSOLVED EFFECTIVE 3/30/2021. AFTER THE DISSOLUTION, OPERATIONS WERE CONDUCTED BY THE TRINITY COLLEGE ROME CAMPUS. ALL EMPLOYMENT FUNDS, LIABILITIES AND PROPERTY HELD BY THE BARBIERI CENTER WERE TRANSFERRED TO TRINITY COLLEGE.

PRIOR TO THE DISSOLUTION, THE BARBIERI CENTER WAS A WHOLLY OWNED SUBSIDIARY OF TRINITY COLLEGE, HARTFORD, CT, AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. TRINITY COLLEGE WAS THE SOLE MEMBER OF THE BARBIERI CENTER. WHILE THE ORGANIZATION WAS OPERATED AS A SEPARATE AND INDEPENDENT ENTITY, ANY OPERATING EXCESSES OR DEFICITS WERE ABSORBED BY TRINITY COLLEGE. ALL 2020 - 2021 ACADEMIC YEAR PROGRAMS WERE CANCELLED DUE TO CORONAVIRUS (COVID-19), AND THE BARBIERI CENTER DID NOT RECOGNIZE REVENUES DURING THE PERIOD. BARBIERI CENTER STAFF AND FACILITIES EXPENSES WERE MAINTAINED. THE DEFICIT OF \$463,052 WAS ABSORBED BY TRINITY COLLEGE. THE NET ASSETS OF \$1,000 AT JULY 1, 2020 WERE ABSORBED BY TRINITY COLLEGE WHEN THE BARBIERI CENTER WAS DISSOLVED, EFFECTIVE 3/30/21.

PART VI, SECTION A, LINE 6 EFFECTIVE 3/30/2021, BARBIERI CENTER FILED A CERTIFICATE OF DISSOLUTION WITH THE STATE OF CONNECTICUT AND CEASED OPERATIONS.

PRIOR TO THE DISSOLUTION, THE BARBIERI CENTER PROVIDED EDUCATIONAL OPPORTUNITIES IN ITALY TO STUDENTS AT THE COLLEGE LEVEL. A VARIETY OF ART, HISTORY, LITERATURE, ARCHITECTURAL, POLITICAL, SCIENCE, STUDIO ARTS AND LANGUAGE COURSES IN A SEMESTER LONG PROGRAM OF STUDY WERE OFFERED TO STUDENTS FROM ACCREDITED COLLEGES AND UNIVERSITIES. THE BARBIERI CENTER'S PROGRAMS FOR THE 2020 - 2021 ACADEMIC YEAR WERE CANCELLED DUE TO THE CORONAVIRUS (COVID-19). PROGRAMS WERE OFFERED DURING THE 2021- 2022 ACADEMIC YEAR BY THE TRINITY COLLEGE ROME CAMPUS.

Employer identification number 51-0180636

PART VI, SECTION B, ITEM 11A

THE BARBIERI CENTER PREPARED THE RETURN FOR REVIEW BY AN OUTSIDE

PAID PREPARER AND SENIOR MANAGEMENT OF TRINITY COLLEGE. THE RETURN IS

SIGNED BY THE TRINITY COLLEGE AVP FINANCE AND THE PAID PREPARER.

PART VI, SECTION B, ITEMS 12-14

WITH THE EXCEPTION OF THE PROGRAM DIRECTOR, OFFICERS AND TRUSTEES OF THE BARBIERI CENTER WERE ALSO OFFICERS AND TRUSTEES OF TRINITY COLLEGE. THESE INDIVIDUALS WERE SUBJECT TO THE CONFLICT OF INTEREST, WHISTLEBLOWER, AND DOCUMENT RETENTION AND DESTRUCTION POLICIES ADOPTED BY TRINITY COLLEGE.

PART VI, SECTION B, ITEM 15A

THE BARBIERI CENTER WAS A WHOLLY OWNED SUBSIDIARY OF TRINITY COLLEGE IN HARTFORD, CT, DESCRIBED WITHIN SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE PRESIDENT AND VP FOR FINANCE WERE COMPENSATED BY TRINITY COLLEGE. THEIR COMPENSATION WAS REVIEWED AND APPROVED BY THE COMPENSATION COMMITTEE OF TRINITY COLLEGE.

PART VI, SECTION B, ITEM 19

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY AND FINANCIAL STATEMENTS ARE POSTED ON TRINITY COLLEGE'S WEBSITE.

PART XI, LINE 9

THE BARBIERI CENTER WAS A WHOLLY OWNED SUBSIDIARY OF TRINITY COLLEGE,
HARTFORD, CT, AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3) OF THE
INTERNAL REVENUE CODE. TRINITY COLLEGE WAS THE SOLE MEMBER OF THE
BARBIERI CENTER. WHILE THE ORGANIZATION WAS OPERATED AS A SEPARATE AND

Name of the organization Employer identification number BARBIERI CENTER 51-0180636

INDEPENDENT ENTITY, ANY OPERATING EXCESS OR DEFICITS WERE ABSORBED BY TRINITY COLLEGE. FOR THE PERIOD JULY 1, 2020 - MARCH 30, 2021, THE DEFICIT OF \$463,052 WAS ABSORBED BY THE COLLEGE. THE NET ASSETS OF \$1,000 AS OF JULY 1, 2020 WERE ABSORBED BY TRINITY COLLEGE WHEN THE BARBIERI CENTER DISSOLVED AS OF 3/30/21.

51-0180636

SCHEDULE R (Form 990)

#### **Related Organizations and Unrelated Partnerships**

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

Open to Public

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Name of the organization
BARBIERI CENTER

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

Employer identification number 51-0180636

Part I	Identification of Disregarded Entities. Complete if the organization	answered "Yes" on	Form 990, Part I	/, line 33.		
	(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1)						
(2)						
(3)						
(4)					,	
(5)						
(6)						
					·	

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year. Part II (a)
Name, address, and EIN of related organization (c) Legal domicile (state (e) Public charity status (g) Section 512(b)(13) controlled entity? Primary activity Direct controlling Exempt Code section or foreign country) (if section 501(c)(3)) entity No Yes (1) TRUSTEES OF TRINITY COLLEGE 300 SUIDHIT STREET 06-0646927 HARTFORD, CT 06106 EDUCATION CT 501 (C) (3) N/A Х (2) (3) (4) (5) (6) (7)

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

Schedule R (Form 990) 2020

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Part III Identification of Relabecause it had one or	ted Organizations more related org	s Taxabl anizatior	e as a Partners as treated as a p	<b>hip.</b> Complete if the partnership during th	e organization a le tax year.	inswered "Yes	on '	Forn	n 990, Part IV,	line	34,							
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	Legal Direct controlling omicile entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512 - 514)	(f) Share of total income	(g) Share of end-of- year assets	Dispro	h) portonate atons?	(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		General or managing		General or managing		General or managing		(k) Percentage ownership
		Country)		000000000000000000000000000000000000000			Yes	No		Yes	No							
(1)																		
(2)																		
(3)																		
(4)			***************************************															
(5)																		
(6)																		
(7)							$\vdash$											

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)		(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13 controller entity?
								Yes No
(1) POOLED INCOME FUND (1)								
	SUPPORT	CT CT	N/A	TRUST				х
(2) CHARITABLE REMAINDER UNITRUSTS (18)								
	SUPPORT	CT	N/A	TRUST				×
(3)								
(4)								
(5)								
(6)								
(7)	·			,				

Schedule R (Form 990) 2020

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BARBIERI CENTER

Sched	ule K (i olin 990) 2020					ra	ge 🗸			
Par	V Transactions With Related Organizations. Complete if the organization answered "Yes	es" on Form 990, Pa	rt IV, line 34, 35b, or 36							
Not	e: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No			
1	During the tax year, did the organization engage in any of the following transactions with one or more	related organizations li	sted in Parts II-IV?							
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х			
b	Gift, grant, or capital contribution to related organization(s)				1b	Х				
c	Gift, grant, or capital contribution from related organization(s),				1c	Х				
d	Loans or loan guarantees to or for related organization(s)				1d		X			
е	Loans or loan guarantees by related organization(s)				1e		X			
	Dividends from related exempiration(s)				1f					
f	Dividends from related organization(s)			• • • • •	1g		X			
y h	Sale of assets to related organization(s)				1h		— <u>:</u>			
;	Purchase of assets from related organization(s)				11		X			
;	Lease of facilities, equipment, or other assets to related organization(s).				1j	$\dashv$	X			
,	Lease of radifices, equipment, of other assets to related organization(s)									
k	Lease of facilities, equipment, or other assets from related organization(s)				1k	l	Х			
ì	Performance of services or membership or fundraising solicitations for related organization(s)									
m	m Performance of services or membership or fundraising solicitations by related organization(s)									
	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)									
	Sharing of paid employees with related organization(s)				10	Х				
р	Reimbursement paid to related organization(s) for expenses				1p		Х			
q	Reimbursement paid by related organization(s) for expenses				1q		X			
	Other transfer of cash or property to related organization(s)				1r	X				
	Other transfer of cash or properly from related organization(s)				1s	X				
2	If the answer to any of the above is "Yes," see the instructions for information on who must complete (a)	this line, including cover	· · · · · · · · · · · · · · · · · · ·	saction thre	(d)	S.				
	Name of related organization	Transaction type (a-s)	(c) Amount involved	Method amou			g			
(1)										
(2)										
(3)						***************************************				
(4)										
(5)										
			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1						

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Schedule R (Form 990) 2020

BARBIERI CENTER

51-0180636 Schedule R (Form 990) 2020

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

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

(a) Name, address, and EIN of entity	(b) (c) Primary activity Legal domic (state or forei country)		state or foreign   income (related,		e) partners tion (c)(3) tations?	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V - UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		lownership	
			sections 512 - 514)	Yes	No			Yes	No	(1 51111 1 0 0 0)	Yes	No		
(1)							-							
(2)														
(3)														
(4)														
(5)														
(6)														
(7)														
(8)														
(9)														
(10)														
(11)	***************************************													
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(13)														
(14)														
(15)														
(16)														
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Schedule R (Form 990) 2020

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Schedule R (Form 990) 2020

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#### Part VII Supplemental Information

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

PART IV, LINE 3, COLUMN (C)

THE TRUSTS ARE DOMICILED IN CT AND THE FOLLOWING STATES - VA, NY, MD, AND

FL.