	~		Return of Organization Exempt From	Income Tax	OMB No. 1545-0047
Forr	. 9 9	JU	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (e	xcept private foundation	^{ns)} 2015
		the Treasury	Do not enter social security numbers on this form as it may	y be made public.	Open to Public Inspection
Intern	al Revenu	e Service	Information about Form 990 and its instructions is at www. ar year, or tax year beginning SEP 1, 2015 and ending	AUG 31, 2016	inspection
	_		, , , , , , , , , , , , , , , , , , ,	D Employer identific	ation number
B C a	heck if pplicable:	C Name o	forganization		
	Address	NEW	YORK SHAKESPEARE FESTIVAL		
	Name	Doing b	usiness as THE PUBLIC THEATER; JOE'S PUB		844852
	Initial		and street (or 1.6. box in marile not denote the time of the street of t	te E Telephone number)539-8500
	Final return/ termin-		LAFAYETTE STREET	G Gross receipts \$	35,268,145.
_	ated Amende	City or t	own, state or province, country, and ZIP or foreign postal code YORK , NY 10003	H(a) Is this a group re	
	_Ireturn]Applica	INEW E Nome	ind address of principal officer: PATRICK WILLINGHAM	for subordinates	
	Lition pending		AS C ABOVE	H(b) Are all subordinates in	ncluded? Yes No
1	ax-exe	mot status:	X 501(c)(3) 501(c) ()◀ (insert no.) 4947(a)(1) or 5		list. (see instructions)
J	Vebsite	: ► WWW .	PUBLICTHEATER.ORG	H(c) Group exemptio	n number 🕨
KF	orm of	organization;	X Corporation Trust Association Other ▶ L Ye	ar of formation: 1954 N	State of legal domicile: NY
Pa	art i	Summary	be the organization's mission or most significant activities: THROUGH	HE PUBLIC TH	EATER,
e	1 6	Briefly descri	PEARE IN THE PARK AND JOE'S PUB, NYSF I	S DEDICATED	то
Activities & Governance		Chack this h	CEARE IN THE FARM AND OUT D TODY ATDATES OF TODY ATDATES O	ore than 25% of its net as	ssets.
Ver	2 (Jumber of vo	oting members of the governing body (Part VI, line 1a)	3	40
ß	4 1	Number of in	dependent voting members of the governing body (Part VI, line 1b)	4	38
es ô	5 1	Fotal number	of individuals employed in calendar year 2015 (Part V, line 2a)		1254 150
viti	6 1	Fotal number	of volunteers (estimate in pecasealy)		5,269.
Acti	7 a 1	Fotal unrelate	ed business revenue from Part VIII, column (c), line 12	7a 7b	3,909.
_	b	Net unrelated	business taxable income from Form 990-T, line 34	Prior Year	Current Year
			-	27,916,624.	19,140,017.
IUe			s and grants (Part VIII, line 1h) /ice revenue (Part VIII, line 2g)	10,196,220.	10,237,984.
Revenue			ncome (Part VIII, column (A), lines 3, 4, and 7d)	622,680.	698,506.
č	11 0	Other revenu	e (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,363,707.	3,352,813.
	12	Total revenue	e - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	40,099,231.	33,429,320.
			imilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid	to or for members (Part IX, column (A), line 4)	19,655,573.	21,672,183.
enses			er compensation, employee benefits (Part IX, column (A), lines 5-10) fundraising fees (Part IX, column (A), line 11e)	273,875.	206,667.
jen		Protessional Total fundrai	sing expenses (Patr & column (D), line 25) 2,998,827.		
Expe	17	Other excen	ses (Part IX, column (A), lines Ha-11d, 11f-24e)	12,804,459.	
	18	Total expens	ses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,733,907.	
	19	Revenue les	s expenses. Subtract line 18 from line 12	7,365,324.	
Net Assets or	2001			Beginning of Current Year 52,814,083.	End of Year 49,621,851.
Sset	20		(Part X, line 16)	4,884,754.	
etA	21		es (Part X, line 26) Ir fund balances. Subtract line 21 from line 20	47,929,329.	
P	art II	Signatu	re Block		
Un	der nena	Ities of periury	/ I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of n	ny knowledge and belief, it is
tru	e, correc	t, and comple	te. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any knowledge.	
-			9-# <u>-</u>	Date	
Sig	gn	100.000000000			14-2017
He	re	PAT	RICIA HUIE, CHIEF FINANCIAL OFFICER	//	1 2017
		Contractor		Date Check	PTIN
Pa	id		reparer's name Preparer's signature L WALLACE	if self-emplo	yed P00881958
	eparer	Firm's name	LUTZ AND CARR, CPAS LLP	Firm's EIN 🕨	13-1655065
	e Only	Firm's addre	ss 551 FIFTH AVENUE, SUITE 400		0 607 0000
			NEW YORK, NY 10176	Phone no.21	L2-697-2299
	11.0		his actives with the property shown above? (see instructions)		

May the IRS discuss this return with the preparer shown above? (see instructions)

G.

532001 12-16-15 LHA For Paperwork Reduction Act Notice, see the separate instructions. SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

Pa	n 990 (2015) NEW YORK SHAKESPEARE FESTIVAL 13-1844852	Pa
_	art III Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	
1	Briefly describe the organization's mission: AS THE NATION'S FOREMOST PRODUCER OF SHAKESPEARE AND NEW WORK, THE PUBLIC THEATER IS DEDICATED TO ACHIEVING ARTISTIC EXCELLENCE WHILE DEVELOPING AN AMERICAN THEATER THAT IS ACCESSIBLE AND RELEVANT TO A	LL
	PEOPLE THROUGH PRODUCTIONS OF CHALLENGING NEW PLAYS, MUSICALS AND	_
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes	X
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	X
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, revenue, if any, for each program service reported.	
4a		10
ча	DOWNTOWN SEASON	10
	THE PUBLIC THEATER'S MAINSTAGE SEASON AT 425 LAFAYETTE STREET FEATU A DIVERSE LINE-UP OF NEW PLAYS AND MUSICALS, AS WELL AS SHAKESPEARE OTHER CLASSICS, IN FIVE THEATERS. THE DOWNTOWN PROGRAMMING AIMS TO	A
	PRESENT THE MOST PRESSING ISSUES OF THE TIME, AS TOLD BY THE FIELD' MOST CUTTING-EDGE VOICES, TO THE BROADEST POSSIBLE AUDIENCE. THE PUBLIC THEATER'S 2015-2016 SEASON SPANNED 33 WEEKS WITH OVER 450	S
	PERFORMANCES.	
	4 SHAVES	
	FIVE PLAYS RECEIVED THEIR WORLD PREMIERE - ROBERT O'HARA'S BARBECUE MICHAEL JOHN LACHIUSA'S FIRST DAUGHTER SUITE, RICHARD NELSON'S HUNG	
4b	F 0.04 0.00	
	EMBODIES THE PUBLIC THEATER'S MISSION TO OFFER THE HIGHEST QUALITY TO EVERYONE, FREE OF CHARGE. SINCE ITS INCEPTION MORE THAN 5 MILLI PEOPLE HAVE ENJOYED PERFORMANCES BY BOTH EMERGING AND WORLD-RENOWNE ARTISTS. CONTINUING A LONG-HELD TRADITION, ALL TICKETS FOR SHAKESP IN THE PARK ARE OFFERED FREE OF CHARGE THROUGH A VARIETY OF DISTRIBUTION METHODS IN ALL FIVE BOROUGHS DESIGNED TO MAXIMIZE ACCESSIBILITY. FOR PATRONS WITH HEARING AND VISION IMPAIRMENTS, TH PUBLIC THEATER OFFERS A SIGN-INTERPRETED, OPEN-CAPTIONED AND	ON D EA
4c	AUDIO-DESCRIBED PERFORMANCE FOR EACH PRODUCTION. (Code:) (Expenses \$3,939,527. including grants of \$) (Revenue \$)	79
	JOE'S PUB	
	ONE OF NEW YORK CITY'S MOST CELEBRATED VENUES FOR EMERGING AND	
	ESTABLISHED PERFORMANCE ARTISTS, JOE'S PUB IS COMMITTED TO REFLECTI	
	THE DIVERSE COMMUNITY THAT IT REPRESENTS IN ITS AUDIENCE AND ON ITS	NG
	STAGE BY PROGRAMMING A VARIETY OF HIGH-QUALITY PERFORMANCES, WHILE	
	KEEPING TICKET PRICES AT A MINIMUM. NAMED FOR PUBLIC THEATER FOUND	БD
	JOE PAPP, JOE'S PUB DEBUTED IN 1998 AND PLAYS A VITAL ROLE IN THE	GR
	PUBLIC THEATER'S MISSION OF SUPPORTING YOUNG ARTISTS WHILE PROVIDING	-
	LODDIC INDATER O MIDDION OF DUFFORTING TOUNG ARTISTS WHILE PROVIDIN	
		C17.7
	ESTABLISHED ARTISTS WITH AN INTIMATE SPACE TO PERFORM AND DEVELOP N	ÉW
	ESTABLISHED ARTISTS WITH AN INTIMATE SPACE TO PERFORM AND DEVELOP N WORK. AS PART OF THE PUBLIC THEATER'S 2015-16 PROGRAMMING DOWNTOWN	ÉW A'
4	ESTABLISHED ARTISTS WITH AN INTIMATE SPACE TO PERFORM AND DEVELOP N WORK. AS PART OF THE PUBLIC THEATER'S 2015-16 PROGRAMMING DOWNTOWN 425 LAFAYETTE STREET, JOE'S PUB PRESENTED TALENT FROM ALL OVER THE	EW A'
4d	ESTABLISHED ARTISTS WITH AN INTIMATE SPACE TO PERFORM AND DEVELOP N. WORK. AS PART OF THE PUBLIC THEATER'S 2015-16 PROGRAMMING DOWNTOWN 425 LAFAYETTE STREET, JOE'S PUB PRESENTED TALENT FROM ALL OVER THE Other program services (Describe in Schedule O.)	EW A'
	ESTABLISHED ARTISTS WITH AN INTIMATE SPACE TO PERFORM AND DEVELOP N. WORK. AS PART OF THE PUBLIC THEATER'S 2015-16 PROGRAMMING DOWNTOWN 425 LAFAYETTE STREET, JOE'S PUB PRESENTED TALENT FROM ALL OVER THE Other program services (Describe in Schedule O.) (Expenses \$ 4,250,519. including grants of \$) (Revenue \$ 1,902,444.)	ÈW A'
	ESTABLISHED ARTISTS WITH AN INTIMATE SPACE TO PERFORM AND DEVELOP N. WORK. AS PART OF THE PUBLIC THEATER'S 2015-16 PROGRAMMING DOWNTOWN 425 LAFAYETTE STREET, JOE'S PUB PRESENTED TALENT FROM ALL OVER THE Other program services (Describe in Schedule O.) (Expenses 4,250,519. including grants of \$) (Revenue \$ 1,902,444.) Total program service expenses 31,827,378.	A'
	ESTABLISHED ARTISTS WITH AN INTIMATE SPACE TO PERFORM AND DEVELOP N. WORK. AS PART OF THE PUBLIC THEATER'S 2015-16 PROGRAMMING DOWNTOWN 425 LAFAYETTE STREET, JOE'S PUB PRESENTED TALENT FROM ALL OVER THE Other program services (Describe in Schedule O.) (Expenses \$ 4,250,519. including grants of \$) (Revenue \$ 1,902,444.) Total program service expenses 31,827,378. Form 92	A

Form 990 (2015)	NEW	YORK	SHAKESPEARE	FESTIVAL
Part IV Checklist	of Require	d Sched	dules	

Par	Checklist of hequired ochecules		Yes	No
		-	163	NO
	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?	1	x	
	If "Yes," complete Schedule A	2	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	-		
	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		x
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	1	x
-	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
5	similar amounts as defined in Revenue Procedure 98-19? /f "Yes," complete Schedule C, Part III	5		X
•	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
6	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
-	Did the organization receive or hold a conservation easement, including easements to preserve open space,		1	
7	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
0	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
8	Schedule D. Part III	8	-	X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?	9		x
	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х	
	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	8.5		
11		2.3		1.00
	as applicable. Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a		11a	Х	
L	Part VI Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
D	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b	Х	
•	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
C	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
А	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
Ь	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes." and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	X	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)?/(K) Yes, Complete Schedule E	13		X
14a	Did the organization maintain an office, employees, of agents outside of the United States?	14a	i	X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes." complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			1 37
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	47	x	
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		+
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	10	x	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	- ^	+
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	19		x
	complete Schedule G, Part III		-	

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Form 990 (SHAKESPEARE	FESTIVAL
Part IV	Checklist of R	equire	d Sched	dules (continued)	

			Yes	No
	Dld the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	5		
	domestic government on Part IX, column (A), Ilne 1? It "Yes," complete Schedule I, Parts I and II	21		X
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			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		X
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	00	x	1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	-	<u> </u>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1 -
	Schedule K. If "No", go to line 25a	24a		x
b	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?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or		(– E	
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II			v
27	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
~1	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	21		1000
	instructions for applicable filing thresholds, conditions, and exceptions):	14		
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		x
с	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
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? /f "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets?/f "Yes," complete			v
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		<u> </u>
~	sections 301-7701-2 and 301-7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	33	_	- 22
•••	Part V, line 1	34	x	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	x	
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		_	
	Note, All Form 990 filers are required to complete Schedule O	00	Y I	

532004 12-16-15

Form	990 (2015) NEW YORK SHAKESPEARE FESTIVAL		13-1844	852	P	age 5
Par	t V Statements Regarding Other IRS Filings and Tax Compliance					
	Check if Schedule O contains a response or note to any line in this Part V					
					Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	660		int i	0.000
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0			
с	Did the organization comply with backup withholding rules for reportable payments to vendors and r	reporta	able gaming			5
	(gambling) winnings to prize winners?			1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,					1
	filed for the calendar year ending with or within the year covered by this return	2a	1254	- 0	25	
b	If at least one is reported on line 2a, did the organization file all required federal employment tax retu	rns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction					12.7
3a				3a	Х	
h	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0		3b	Х	
42	At any time during the calendar year, did the organization have an interest in, or a signature or other	autho	rity over, a			
-14	financial account in a foreign country (such as a bank account, securities account, or other financial	accou	int)?	4a		X
h	If "Yes," enter the name of the foreign country:			115	-	175
U	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accou	nts (FBAR).		18	1
50	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a	-	X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans-	action	?	5b		X
b	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?			5c		
C C	Does the organization have annual gross receipts that are normally greater than \$100,000, and did t					
ьа	any contributions that were not tax deductible as charitable contributions?			6a		x
	If "Yes," did the organization include with every solicitation an express statement that such contribu					1
b		1013	or girts	6b		
_	were not tax deductible?			0.0		
7	Organizations that may receive deductible contributions under section 170(c).	nvinae	provided to the payor?	7a	x	
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se		provided to the payor :	7b	X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?			-10		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it v			-		x
	to file Form 8282?			7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			Sint.	v
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e		XX
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-	tract?		7f		
9	If the organization received a contribution of qualified intellectual property, did the organization file F	Form 8	899 as required?	7g	-	
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	zation	file a Form 1098-C?	7h	_	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine	d by ti	ne	100	1.1	1.42.6
	sponsoring organization have excess business holdings at any time during the year?			8	_	
9	Sponsoring organizations maintaining donor advised funds.			TA.	1.1	1.4.4
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	The second			9b		
10	Section 501(c)(7) organizations. Enter:			1	125	
a	Initiation fees and capital contributions included on Part VIII, line 12	10a		1	1.0	1.5
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		27	112	22
11	Section 501(c)(12) organizations. Enter:			1,91.04	1	10
		11a		R. T. L	1.1	2.21
a b	(During the set and arrest the during a paid to other courses against			1	1 - 1	
b		11b		here	1.	1.0
	amounts due or received from them.)			12a	1	
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	126			1.0	
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	L120		1811	1.0	1.17
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			13a	1	-
а				IJd	-	
	Note. See the instructions for additional information the organization must report on Schedule O.				1.5	1.
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1	1		1	
	organization is licensed to issue qualified health plans	13b			1.1	
С	Enter the amount of reserves on hand	13c		-	-	X
14a				14a		
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedu	ile O		14b	1	

532005 12-16-15

09480714 759420 13973901

015)

NEW YORK SHAKESPEARE FESTIVAL

13-1844852 Page 6

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 in Schedule O. See instructions.

			Yes	T
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 4	0	E EN	
	If there are material differences in voting rights among members of the governing body, or if the governing	100		1
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		-	1
b	Enter the number of voting members included in line 1a, above, who are independent 1b 3	8		ļ
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other		1	ł
	officer, director, trustee, or key employee?	2		1
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	-	-	1
	of officers, directors, or trustees, or key employees to a management company or other person?	3		
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		-	┥
5	Did the organization become aware during the year of a significant diversion of the organization's assets?			
	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	-	-
6	Did the organization have members or stockholders?	6		4
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			I
	more members of the governing body?	7a		4
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		Pri a	į
а	The governing body?	8a	X	
b	Each committee with authority to act on behalf of the governing body?	8b	X	Τ
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	-		1
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	1
10a	Did the organization have local chapters, branches, or affiliates?	10a	103	
h	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	IVa	-	┥
U		101		
	and branches to ensure their operations are consistent with the organization's exempt purposes?		-	+
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		+
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	1.000	1 17	ł
	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13</i>		X	4
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	4
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		1
13	Did the organization have a written whistleblower policy?	13	X	1
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent		1	
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	X	I
b	Other officers or key employees of the organization	15b	X	t
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			t
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
- 4		16a	x	1
ь	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	BOI		+
U		1100	1.09	I
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	1.00	v	ł
100	exempt status with respect to such arrangements?	16b	X	1
_	tion C. Disclosure		_	_
17	List the states with which a copy of this Form 990 is required to be filed ►NY, CT, NJ, PA, CA			_
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only	availal	ole	
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website X Upon request Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, a	nd finar	ncial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records:			
	DANIEL WILLIAMS, DIR OF FINANCE - 212-539-8500			
			_	_
	425 LAFAYETTE STREET, NEW YORK, NY 10003			

NEW YORK SHAKESPEARE FESTIVAL

13-1844852 Page 7

	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated
	Employees, and Independent Contractors
	Check if Schedule O contains a response or note to any line in this Part VII
1a Comple	te this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year
• Lista	Il of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -O- 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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A)	(B)				C) ition	1		(D)	(E) Reportable	(F) Estimated
Name and Title	Average hours per	box	not cl	heck ss pe	more rson	than is bot pr/trus	h an	Reportable compensation	compensation	amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(1) ARIELLE TEPPER MADOVER CHAIR	10.00	x		x				0.	0.	0.
(2) PAT FILI-KRUSHEL	5.00	Ţ		x				0.	0.	0.
VICE CHAIR	3.00	X		Δ		-	_	0.		0.
(3) ANNE CLARKE WOLFF TREASURER	5.00	x		x				0.	Ο.	0.
(4) ZACH BUCHWALD	1.00									_
SECRETARY		X		Х				0.	0.	0.
(5) PATTY BAKER	1.00									
BOARD MEMBER		X						0.	0.	0.
(6) RENEE BEAUMONT	1.00									0
BOARD MEMBER	_	X						0.	0.	0.
(7) ANDREA E. BERNSTEIN	1.00									0
BOARD MEMBER		X						0.	0.	0.
(8) GORDON J. DAVIS, ESQ.	1.00							0		0.
BOARD MEMBER		X	-		-			0.	0.	0.
(9) DAVID DROGA	1.00	l.,						0.	0.	0.
BOARD MEMBER	1 00	X	-	<u> </u>	┢	-		υ.	0.	0.
(10) ERIC ELLENBOGEN	1.00	l.,	1					0.	0.	0.
BOARD MEMBER	1.00	X	-	<u> </u>	┝	+-		0.	0.	0.
(11) HILARY C. FESHBACH	1.00	x						0.	0.	0.
BOARD MEMBER	1.00	 ▲	-		-		-			
(12) TOM FINKELPEARL	1.00	x						0.	0.	0.
BOARD MEMBER (13) CANDIA FISHER	1.00		┢──	<u> </u>	┢	+	-			
BOARD MEMBER	1.00	x						0.	0.	0.
(14) FAITH GAY	1.00	1	\vdash	\vdash	┢	1				
BOARD MEMBER		1x						0.	0.	0.
(15) ANNE HATHAWAY	1.00	t	\uparrow			1-	1			
BOARD MEMBER		1x						0.	0.	0.
(16) DEBBY LANDESMAN	1.00									
BOARD MEMBER		x						0.	0.	0.
(17) ASHLEY LEEDS	1.00									_
BOARD MEMBER] X [1	1		1	1	0.	0.	0.

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Part VII Section A. Officers, Directors, Truetese, Key Employees, and Highest Comparestated Employees (continued) Name and title Average hours are weeks Comparestation the section are are as in the section of the section are as in the section of the section of the section of the section are as in the section of the section of the section of the section of the section of the section of the section of th	Form 990 (2015) NEW YORK	SHAKES	PE.	AR]	ΞI	FE;	ST:	IV	AL	13-18	4485	2	Page 8
(A) (B) (C) (C) (D) (E) (F) Name and title Average and the port able compensation in the second and the port able compensation in the second and the secon	Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ighe	st C	Compensated Employe	es (continued)			
Indust for organization (W2/1029 MEC) (W2/1029 MEC) (W2/1029 MEC) (W2/1029 MEC) organization and related organization and related and	(A)	(B) Average hours per week	Position (do not check more than or box, unless person is both					one th an	(D) Reportable compensation	(E) Reportable compensation		Estim amou	ated Int of
(13) XENKY LEOK 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		hours for related organizations below		Institutional trustee	Officer	Key em ployee	Highest compensated employee	Former	organization			from the organizati and relate	
BOAD SERSES X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.		1.00	x						0.		υ.		0.
(10) LUTS MTRANDA JR. 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(19) BARBARA MANOCHERIAN	1.00											
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(11) GALL MERRIFIELD PAPP 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(20) LUIS MIRANDA JR.	1.00											
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(12) JULA PERSIAN 1.00 X 0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.0.	(21) GAIL MERRIFIELD PAPP	1.00											
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5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person 5 X Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year. (A) (B) (C) Name and business address Description of services Compensation MASQUE SOUND & RECORDING CORP., 21 EAST THEATRICAL EQUIPMENT 474,108. WESTERMAN CONSTRUCTION CO, INC. 80 8TH AVENUE, NEW YORK, NY 10011 GENERAL CONTRACTOR 455,559. PRODUCTION RESOURCE GROUP, LLC THEATRICAL EQUIPMENT 367,774. 367,774. VIION SQUARE EVENTS LLC, 640 WEST 28TH STREET, 8TH FLOOR, NEW YORK, NY 10001 EVENT CATERING 280,853. JOE 'S PUBLIC, LLC 425 LAFAYETTE STREET, NEW YORK, NY 10003 EVENT CATERING 277,072. 2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization > 21 21 SEE PART VII, SECTION A CONTINUATION SHEETS Entropy 990 (2015) <td></td> <td>V</td> <td>1000</td>												V	1000
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2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ≥ 21 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2015)		V VORV	N٦	r 1	0.0	0.03	2	-			n	77	072
\$100,000 of compensation from the organization ► 21 SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2015)			_		_						4	<u>,,</u>	012.
SEE PART VII, SECTION A CONTINUATION SHEETS Form 990 (2015)				inte	1 10			sted	above) who received m	ore than			
532008 Form 990 (2015)			אדי		TT	_		зня	ETS		Farm	- 00/) (201E)
	532008 12-16-15								an man 199 Bar		FOR	1 330	• (2013)

Form 990 NEW YORK Part VII Section A. Officers, Directors, Tru (A) Name and title	Key En (B) Average hours per week (list any hours for related organizations below line)			s, ar (C Posi all t	;) tion			Compensated Employ (D) Reportable compensation	(E) Reportable	(F) Estimated
(A)	(B) Average hours per week (list any hours for related organizations below	(cł	neck	(C Posi	;) tion			(D) Reportable	(E) Reportable	
Name and title	hours per week (list any hours for related organizations below		neck			app	y)		· · ·	Estimated
	per week (list any hours for related organizations below			all t	hat	app	y)		a second s	
	week (list any hours for related organizations below	al trustee or director	rustee					compensation	compensation	amount of
	(list any hours for related organizations below	al trustee or director	rustee					from	from related	other
	hours for related organizations below	al trustee or directo	rustee			Highest compensated employee		the	organizations (W-2/1099-MISC)	compensation from the
	related organizations below	al trustee or c	rustee			demp		organization (W-2/1099-MISC)	(00-2/1099-00130)	organization
	organizations below	al truste	1 ž l			sale		(1033-11100)		and related
	below	60	E I		yee	шbei				organizations
	line)	idu	ution	5	Key employee	est co	ler			
		Indiv	instil	Officer	Key	High	Former			
(27) LIZANNE ROSENSTEIN	1.00									
BOARD MEMBER		х						0.	0.	0.
(28) MARK ROSENTHAL	1.00									
BOARD MEMBER		Х						0.	0.	0.
(29) LIEV SCHREIBER	1.00									0
BOARD MEMBER		X					_	0.	0.	0.
(30) ALEXANDRA SHIVA	1.00								0	0
BOARD MEMBER		X						0.	0.	0.
(31) JIM STEINBERG	1.00							0.	0.	0.
BOARD MEMBER	1 00	X			_			U.	0.	
(32) STEVEN TAUB	1.00	v						ο.	0.	0.
BOARD MEMBER	1.00	X	-		_		_			
(33) TERESA TSAI	1.00	x						0.	0.	0.
BOARD MEMBER (34) GRACE LYU-VOLCKHAUSEN	1.00				-		-			
BOARD MEMBER	1.00	x						0.	0.	0.
(35) SAM WATERSTON	1.00		-		-	-				
BOARD MEMBER		x						0.	0.	Ο.
(36) AUDREY WILF	1.00									
BOARD MEMBER		x						0.	0.	0.
(37) TIMOTHY WILKINS	1.00									
BOARD MEMBER		X						0.	0.	0.
(38) FRANCES WILKINSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(39) PATRICK WILLINGHAM	40.00									24 4 6 0
EXECUTIVE DIRECTOR		X		X				370,974.	0.	31,162.
(40) PAUL J EUSTIS	40.00							500 024	0.	F4 616
ARTISTIC DIRECTOR	10.00	X		X				508,934.	0.	54,616.
(41) RACHEL PIVNICK	40.00	1						175,643.	0.	15,069.
CHIEF FINANCIAL OFFICER	10 00		-	X	-		-	1/5,045.		15,005.
(42) RUTH STERNBERG	40.00				x			172,968.	0.	34,939.
PRODUCTION EXECUTIVE	40.00			-			-	172,500.		51/5051
(43) ALEX TONETTA SENIOR DIRECTOR OF DEVELOPMENT	40.00	1				x		129,550.	0.	12,965.
(44) THOMAS MCCANN	40.00		-	-				11575501		
SENIOR DIRECTOR OF MARKETING	10100	1				x		168,873.	0.	10,790.
(45) MANDY HACKETT	40.00	-								
ASSOCIATE ARTISTIC DIRECTOR		1			1	x		153,910.	0.	27,439.
(46) MARIA GOYANES	40.00		1							
ASSOCIATE PRODUCER		1				x		140,484.	0.	14,231.
Total to Part VII, Section A, line 1c		1503								

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09480714 759420 13973901

Part VII Section A. Officers, Directors, Tru	stees, Key Er	nple	oyee	es, a	nd I	High	est	Compensated Employ	ees (continued)	
(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per	(cl	hecŀ		ition that		ily)	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	week	Individual trustee or director	Institutional trustes	er e	Key employee	Highest compensated employee	er	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensatio from the organization and related organizations
		Indiv	łnstit	Officer	Keye	High	Former			
47) SANDRA KLASS HUESKES IRECTOR OF INDIVIDUAL AND MAJOR GIF	40.00					x		120,498.	0.	23,427
										20,12,
			-	-		-				
(4										
		-		-	-		-			
								·		
		_								
			_		_					
				_	-					
			—	_			_			
							_			
tal to Part VII, Section A, line 1c								1,941,834.		224,638

04-01-15

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	Check if Schedule O conta	ains a response o	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 a	Federated campaigns	1a			attenden in der	16 25 16 26 2 10	
b	Membership dues	1b		and the state of	I CARRY AND	1.1.1	States and
	Fundraising events		2,887,470.		1.	+ 5 1 W W	24 I I I I I I I
	Related organizations			1	10 - C. 1 - C.	10000	- Angelete
е	Government grants (contributi	ons) 1e	1,198,033.	n san na sa s	C. Tribuilde	A CONTRACTOR	distanting of
	All other contributions, gifts, grant				and the period of the		1000
	similar amounts not included abov	/e 1f	15,054,514.			era Milleri	and the second states of the
g	Noncash contributions included in lines	1a-1f: \$	520,909.		1. 10 2. to 1. N		1.2.1
-	Total. Add lines 1a-1f			19,140,017.	1	1	
			Business Code				
2 a	BOX OFFICE INCOME		711110	8,548,898.	8,548,898.		
b	CO-PRODUCTION FEES, END	HANCEMENT I	900099	1,667,162.	1,667,162.		
6	WORKSHOPS/EVENTS		900099	21,924.	21,924.		
d							
e f	All other program service reve	nue					
	Total. Add lines 2a-2f			10,237,984.			
<u>g</u> 3	Investment income (including			· · ·			
3				515,538.		5,269.	510,269
	other similar amounts) Income from investment of tax						
4				2,663,657.			2,663,657
5	Royalties	6.335 a	(ii) Personal				
		(i) Real 434,358.	(ii) reisonai				A Cardina in
6 a		0.			1 the starting		Distant
	Less: rental expenses	434,358.					1.11.27.20
	Rental income or (loss)	434,556		434,358.			434,358,
	· · · · · · · · · · · · · · · · · · ·			454,550.		1.00	,,
7 a	Gross amount from sales of	(i) Securities	(ii) Other				
	assets other than inventory	1,544,253.			web tooh		
b	Less: cost or other basis				1110 272		
	and sales expenses	1,361,285.			State and State		1.1.2.1.1.2.1
c	Gain or (loss)	182,968.		100.050			182,968
	Net gain or (loss)		>	182,968.		12 1 2 1 2 U T	102,500
8 a	Gross income from fundraisin						
	including \$2,887						
	contributions reported on line	1c). See			a service and		Sector Design
	Part IV, line 18	a	477,540.	13 4 2 4 1 1			1
b	Less: direct expenses	b	477,540.				
c	Net income or (loss) from fund	draising events		0.			
	Gross income from gaming ac						0.512.28
	Part IV, line 19	a			18 Y 44 1 1 4 1 4		and the prove the
Ь	Less: direct expenses			a second real	A CONTRACT		H S. 0 - 001 - 240
	Net income or (loss) from gan		>				
	Gross sales of inventory, less			1 - La star	11. S. D. M.		
	and allowances		41,440.	BENER PART			HANDRALL H
Ь	Less: cost of goods sold		0.		A. B. Solaria		
	Net income or (loss) from sale			41,440.			41,440
—	Miscellaneous Revenu		Business Code			1.1.2.2.2.2.11	
44 .	MISCELLANEOUS INCOME		900099	213,358	213,358.		
				· · · · ·			
6							
C							
d			L	213,358,			
1.000	Total. Add lines 11a-11d		10000000000000000000000000000000000000	33,429,320		5,269	3,832,692
12	Total revenue. See instructions.			55,423,520	10, 101, 012	5,205	

11

NEW YORK SHAKESPEARE FESTIVAL Part IX Statement of Functional Expenses

13-1844852 Page 10

	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respor				X
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
•	and domestic governments. See Part IV, line 21				Same line in
2	Grants and other assistance to domestic			A PROPERTY	
3	individuals. See Part IV, line 22 Grants and other assistance to foreign				the state of the state of the
Ŭ	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	1,670,552.	1,491,539.	38,827.	140,186
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	16,289,731.	14,544,156.	378,605.	1,366,970
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,038,014.		24,126.	87,105
9	Other employee benefits	900,261.		20,923.	75,546
10	Payroll taxes	1,773,625.	1,583,567.	41,222.	148,836
11	Fees for services (non-employees):				
а	Management	298,454.	278,557.		19,897
b		184,568.	155,037.	18,457.	11,074
	Accounting	72,111.	60,573.	7,211.	4,327
	Lobbying	206 667			000 000
e	, . L	206,667.			206,667
f	Investment management fees Other. (If line 11g amount exceeds 10% of line 25,				
g	column (A) amount, list line 11g expenses on Sch 0.)	4,044,732.	3,555,373.	433,106.	56,253
12	Advertising and promotion	1,167,429.	1,068,320.	433,100.	99,109
13	Office expenses	920,199.	762,646.	70,892.	86,661
14	Information technology	240,940.	193,033.	35,930.	11,977.
15	Royalties	343,736.	343,736.		
16	Occupancy	1,014,214.	889,272.	93,707.	31,235.
17	Travel	1,804,922.	1,194,200.	47,302.	563,420.
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	133,220.	101,290.	7,491.	24,439.
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	904,825.	723,861.	135,723.	45,241.
23	Insurance	124,663.	92,165.	17,281.	15,217.
24	Other expenses, Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)		1000 C	Kanster Sector Street a	
я	PRODUCTION COSTS	2,956,905.	2,951,607.	5,298.	0
b	MISCELLANEOUS	134,445.	107,871.	21,907.	4,667.
c			10770710	21,507.	
d	~~~~				
e	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	36,224,213.	31,827,378.	1,398,008.	2,998,827.
6	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here Figure if following SOP 98-2 (ASC 958-720)				

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Form 990 (2015)

NEW YORK SHAKESPEARE FESTIVAL

Form 990 (2015) Part X Balance Sheet

Part	X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	1,688,646.	1	122,983.
	2	Savings and temporary cash investments	1,976,988.	2	3,411,653.
	3	Pledges and grants receivable, net	12,765,538.	3	8,925,992.
	4	Accounts receivable, net	643,085.	4	1,396,368.
	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete		1.00	
		Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under	a da senir no Sano	11	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
έ	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	762,927.	9	1,854,727
	10a	Land, buildings, and equipment: cost or other	jeniči i finem do 1, či	Sec. 1	
		basis. Complete Part VI of Schedule D 10a 19,018,173.	and the second	36	
	ь	Less: accumulated depreciation 10b 5,881,992.	13,358,179.	10c	13,136,181
	11	Investments - publicly traded securities	11,612,512.	11	11,598,005
- 1	12	Investments · other securities. See Part IV, line 11	7,133,677.	12	7,047,100
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,872,531.	15	2,128,842
	16	Total assets. Add lines 1 through 15 (must equal line 34)	52,814,083.	16	49,621,851
	17	Accounts payable and accrued expenses	1,653,104.	17	1,732,569
	18	Grants payable		18	
	19	Deferred revenue	1,000,732.	19	1,494,832
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
- 1	22	Loans and other payables to current and former officers, directors, trustees,	ST I VAL TOPO V CI		
		key employees, highest compensated employees, and disqualified persons.	AND IN THE REAL PROPERTY.	111	e si se si se si
		Complete Part II of Schedule L		22	
1	23	Secured mortgages and notes payable to unrelated third parties	929,600.	23	0
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D	1,301,318.	25	2,437,847
	26	Total liabilities. Add lines 17 through 25	4,884,754.	26	5,665,248
		Organizations that follow SFAS 117 (ASC 958), check here ► X and			CARLS FILLS II
ທູ		complete lines 27 through 29, and lines 33 and 34.		1.1	
Net Assets of Fund balances	27	Unrestricted net assets	3,436,562.	27	4,903,607
	28	Temporarily restricted net assets	29,071,122.	28	23,631,351
	29	Permanently restricted net assets	15,421,645.	29	15,421,645
ŝ		Organizations that do not follow SFAS 117 (ASC 958), check here			
		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
¥	32	Retained earnings, endowment, accumulated income, or other funds		32	
ž	33	Total net assets or fund balances	47,929,329.	33	43,956,603
	34	Total liabilities and net assets/fund balances	52,814,083.	34	49,621,851.

Form 990 (2015)

532011 12-16-1**5**

	990 (2015) NEW YORK SHAKESPEARE FESTIVAL	13	1844852	Pa	ge 12
Pa	rt XI Reconciliation of Net Assets				
-	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)	1	33,429	Э,З	20.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,224	1,2	13.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,794	1,8	93.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,929),3	29.
5	Net unrealized gains (losses) on investments	5	81	7,3	18.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,265	5,1	51.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	43,956	5,6	03.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other		i	1.90	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	t on a	1.00	6.1	1.5
	separate basis, consolidated basis, or both:			1.00	19.0
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis	,		1112
	consolidated basis, or both:		121.00		
	Separate basis X Consolidated basis Both consolidated and separate basis		1	1	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audit		-	-
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule C).		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	9	dit	10	
	Act and OMB Circular A-133?		3a		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired au	dit		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits				

12-16-15

Name of the organization						OMB No. 1545-0047		
Name of the organization	on						Employer	identification number 3-1844852
Part I Reason f		ity Status (All orga			is part.) Se	e instruction		5 1044052
The organization is not a								
1 A church, con 2 A school desc 3 A hospital or a	vention of churches ribed in section 17 a cooperative hospit earch organization o	s, or association of cl O(b)(1)(A)(ii). (Attach tal service organization operated in conjunction	nurches described Schedule E (Forn on described in se	d in sectio 1 990 or 99 ection 170	n 170(b)(1) 90-EZ).) (b)(1)(A)(iii).	.)(iii). Enter t	he hospital's name,
5 An organizatio		benefit of a college o	r university owned	d or operat	ted by a go	vernmental	unit describ	ed in
		ent or governmental	unit described in :	section 17	′0(b)(1)(A)(v).		
7 X An organizatio	on that normally rec	eives a substantial p	art of its support f	rom a gov	ernmental	unit or from	the general	public described in
)(1)(A)(vi). (Comple							
8 A community	trust described in s	ection 170(b)(1)(A)()	/i). (Complete Par	t II.)				- I succe us saists fuom
9 An organizatio	on that normally rec	eives: (1) more than :	33 1/3% of its sup	port from	contributio	ns, member	snip rees, a tits support	nd gross receipts from
activities relat	ed to its exempt fur	axable income (less s	ertain exceptions,	om husine	sses acqui	red by the o	roanization	from gross investment after June 30, 1975.
	509(a)(2). (Complete				0000 0092			,
		perated exclusively to	o test for public sa	afety. See	section 50	9(a)(4).		
11 🔲 An organizatio	on organized and op	perated exclusively for	or the benefit of, to	o perform i	the functio	ns of, or to c	arry out the	purposes of one or
more publicly	supported organiza	ations described in s	ection 509(a)(1) o	r section	509(a)(2) . S	See section	509(a)(3). C	heck the box in
lines 11a thro	ugh 11d that descri	ibes the type of supp	orting organizatio	n and con	plete lines	11e, 11f, ar	id 11g.	
a 🛄 Type I. A su	pporting organizati	on operated, supervi	sed, or controlled	by its sup	ported org	anization(s),	typically by	giving
		he power to regularly		a majority	of the direc	ctors or trust	ees of the s	upporting
organization	n. You must compl	ete Part IV, Section ion supervised or co	s A and B.	tion with it		d organizati	on(s) hv ha	vina
b Type II. A s	upporting organizat	supporting organization	on vested in the s	ame nerso	ons that co	ntrol or man	age the sup	ported
		plete Part IV, Section					-90	
	ctionally integrate	d. A supporting orga	nization operated	in connec	tion with, a	and function	ally integrate	ed with,
its supporte	ed organization(s) (s	ee instructions). You	must complete	Part IV, Se	ections A,	D, and E.		
d 🔲 Type III no	n-functionally integ	grated. A supporting	organization oper	rated in co	nnection w	ith its suppo	orted organi	zation(s)
that is not f	unctionally integrate	ed. The organization	generally must sa	tisfy a dist	ribution red	quirement ar	nd an attent	veness
requiremen	t (see instructions).	You must complete	Part IV, Section	s A and D	, and Part	V.		
e 🛄 Check this	box if the organizat	ion received a writter	n determination fro	om the IRS	5 that it is a	Туре I, Тур	e II, Type III	
		III non-functionally i						· · · · · · · · · · · · · · · · · · ·
f Enter the number								
g Provide the followi (i) Name of supp	orted	ut the supported org (ii) EIN (iii) T	ype of organization		rganization	(v) Amount o	of monetary	(vi) Amount of
organization			cribed on lines 1-9 e (see instructions))	governing	in your document?	suppor	•	other support (see
		above	(See Instructions))	Yes	No	instruc	tions)	instructions)
							_	
-								
	dina.	1999 - 1998 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 - 1999 -		1.100				
Total								
LHA For Paperwork Be	duction Act Notice	e, see the Instructio	ns for			Sche	edule A (Foi	m 990 or 990-EZ) 2015

LHA For Paperwork Reduction Act Notice, see the Instruction Form 990 or 990-EZ. 532021 09-23-15

Schedule A (Form 990 or 990-EZ) 2015 NEW YORK SHAKESPEARE FESTIVAL 13-18448 Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

13-1844852 Page 2

(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	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and				-		
	membership fees received. (Do not						
	include any "unusual grants.")	20043794.	17031807.	23983629.	27916624.	19140017.	108115871
2	Tax revenues levied for the organ-						
	Ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	20043794.	17031807.	23983629.	27916624.	19140017.	108115871
5	The portion of total contributions		artise 1 Arts	inter ministers	and sub-principle	in the second second	
	by each person (other than a	Magnetic Fight	A DESCRIPTION OF THE OWNER		a later to the same	a my desta	
	governmental unit or publicly	2	and the second s		1. Fatheraturates	participation of the	
	supported organization) included			1111 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	12 Part - 1 Part	1000 In 1000 In 10	
	on line 1 that exceeds 2% of the	A Lot and a state of the second	Miner March	Martin Presson	The second second	New Bernstein	
	amount shown on line 11,	Street H	Go - manor i	and the second	a grand fail	A Denne La Cherry	
	column (f)	i da invita	States and the			and the local of	1699406.
	Public support. Subtract line 5 from line 4,					and and and	106416465
-	ction B. Total Support						
	ndar year (or fiscal year beginning in) 🕨		(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	20043794.	17031807.	23983629.	27916624.	19140017.	108115871
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources $_{\rm crit}$	785,319.	975,357.	1152449.	1322675.	3608284.	7844084.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	1,529.	1,488.	2,221.	3,140.	3,909.	12,287.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	104,887.	561,303.	282,768.	380,275.		1542591.
11	Total support. Add lines 7 through 10	Designed and the state	A TOL THE	in the second			117514833
12						1	,947,901.
13	First five years. If the Form 990 is for	the organization's	s first, second, thi	rd, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
Car	organization, check this box and stor ction C. Computation of Publ	here					<u> </u>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				00 50
14	Public support percentage for 2015 (ine 6, column (f) di	ivided by line 11, o	column (f))		14	90.56 %
	Public support percentage from 2014					15	89.22 %
16a	33 1/3% support test - 2015. If the c						
	stop here. The organization qualifies	as a publicly supp	orted organizatior				×
b	33 1/3% support test - 2014. If the c						
	and stop here. The organization qual						
1/a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
b	10% -facts-and-circumstances tes						
	more, and if the organization meets th						
10	organization meets the "facts-and-circ						
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b			
					Sche	aule A (Form 990	or 990-EZ) 2015

532022 09-23-15

Schedule A (Form 990 or 990 EZ) 2015 NEW YORK SHAKESPEARE FESTIVAL

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

(Complete only if you checked the box on line 9 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.)

Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Gifts, grants, contributions, and					+	
	membership fees received. (Do not		l l				
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
I	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	c Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support	A					
	endar year (or fiscal year beginning in) 🕨	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
	Amounts from line 6						
	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					- N	
	c Add lines 10a and 10b						
	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is fo	or the organization	's first, second, th	ird, fourth, or fifth	tax year as a secti	on 501(c)(3) org	anization,
	check this box and stop here						▶∟
Se	ction C. Computation of Pub	lic Support Po	ercentage				
15	Public support percentage for 2015	(line 8, column (f)	divided by line 13,	column (f))		15	%
16		4 Schedule A, Par	rt III, line 15			16	%
Se	ction D. Computation of Inve	stment Incon	ne Percentage	ə			
17	Investment income percentage for 2	015 (line 10c, colu	umn (f) divided by	line 13, column (f))		17	%
18	Investment income percentage from	2014 Schedule A	, Part III, line 17			18	%
19	a 33 1/3% support tests - 2015. If the	e organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and l	ne 17 is not
	more than 33 1/3%, check this box a	and stop here. Th	ne organization qu	alifies as a publicly	supported organi	zation	
	b 33 1/3% support tests - 2014. If the	e organization did	not check a box o	on line 14 or line 19	9a, and line 16 is m	ore than 33 1/3	%, and
	line 18 is not more than 33 1/3%, ch	eck this box and	stop here. The org	ganization qualifies	s as a publicly sup	ported organiza	tion P
20	Private foundation. If the organization	on did not check :	a box on line 14, 1	9a, or 19b, check	this box and see in	structions	
	023 09-23-15				Sci	nedule A (Form	990 or 990-EZ) 2015

17

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Schedule A (Form 990 or 990-EZ) 2015 NEW YORK SHAKESPEARE FESTIVAL Part IV | Supporting Organizations

1

2

За

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9Ь

9c

10a

10b

Yes

No

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If* "Yes," *answer* (*b*) *and* (*c*) *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 11a or 11b in Part I, answer (b) and (c) 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 (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (l) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *If "Yes," provide detail in Part VI.*
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990 or 990-EZ)*.
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If "Yes," provide detail in Part VI.*
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
- **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

532024 09-23-15

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Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990 EZ) 2015 NEW YORK SHAKESPEARE FESTIVAL

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11 Has the organization accepted a gift or contribution from any of the following persons? Person who directly controls, either alone or together with persons described in (b) and (c) below, the governing body of a support of organization? A any member of a person described in (a) above? A any member of a person described in (a) above? A syse, controlled entity of a person described in (a) ot (b) above?/if 'Yes' to a. b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations (alone?/if 'Yes' to a. b, or c, provide detail in Part VI. To bid the directors, trustees, or membership of one or more supported organizations have the power to mean the organization's directors or trustees at all times during the tax year? If Wo'. describe in Part VI how basported organization's directors or trustees at all times during the supported organization's directors or trustees were allocated among the supported organization during the support of organization and what conditions or estructons, if any, applied to such powers fouring the support of organization and what a conditions or estructons, if any, applied to such powers fouring the support of organization and what conditions or estructons, if any, applied to such powers during the support of organization and what conditions or estructons at the purposes of the support of any support of organization of the support of any support of organization and who control any applied organization and what the support of a granization's directors or trustees of each of the organization's support of any support organization and what the support of a granization's directors or trustees are all times and organization and what applied any applied and ap	a	Supporting Organizations (continued)		Yes	No
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			2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.	3	Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1.2.	1	1023
trustees of each of the supported organizations? Provide details in <i>Part VI.</i>	-		3a		
 b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 	ь	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	8-00 E		1.411.2
of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard. 3b	5	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		
532025 09-23-15 Schedule A (Form 990 or 990-E	53200	Sahadula A (Farm	990 or 9	90-EZ) 2015

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Schedule A (Form 990 or 990-EZ) 2015 NEW YORK SHAKESPEARE FESTIVAL Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non functionally integrated supporting organizations must complete Sections A through E.

Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see		the state of the	A MARK AND A STATE
	instructions for short tax year or assets held for part of year):			A State of the second
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other		and the second second	THE R. L. LEWIS
	factors (explain in detail in Part VI):			القرر ويتحد التحاوي
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	Č.		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		1
3	Minimum asset amount for prior year (from Section B, line B, Column A)	3	ener martely	
4	Enter greater of line 2 or line 3	4	TE structure and the	
5	Income tax imposed in prior year	5	State State State and	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to		and the second second	
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	v-integrate	d Type III supporting ord	anization (see
	instructions)	,	VIET	,

Schedule A (Form 990 or 990-EZ) 2015

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Schedule A (Form 990 or 990 EZ) 2015 NEW YORK SHAKESPEARE FESTIVAL

Par	t V Type III Non-Functionally Integrated 50	9(a)(3) Supporting Orga	anizations (continued)	a ministeria .
	on D - Distributions			Current Year
	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exer	mpt purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpo	oses of supported organization	S	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.			10 C
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which	the organization is responsive)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 from Section C, line 6			
0	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
		Excess Distributions	Underdistributions	Distributable
ecti	on E - Distribution Allocations (see instructions)		Pre-2015	Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			
~	(reasonable cause required see instructions)			
3	Excess distributions carryover, if any, to 2015:		A STATE OF CONTRACT	
а	Excess distributions can yord, in any, to Estor			
b				
	the set of the set of the set of the set of the set			
C	From 2012			
_	From 2013			
_	From 2014			
_	Total of lines 3a through e	We set the second		
_	Applied to underdistributions of prior years			
_	Applied to 2015 distributable amount			Contraction of the
1	Carryover from 2010 not applied (see instructions)			
1	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2015 from Section D,	and the second sec		
_	line 7: \$			
	Applied to underdistributions of prior years		Contraction of the state of the second	
	Applied to 2015 distributable amount	Notice And Party President		The second s
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if			THE WARRAN
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).		the second s	
6	Remaining underdistributions for 2015. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see		1 (M) 18 To Star	
	instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а		「「「「「」」を「正正		
b				
	Excess from 2013			
	Excess from 2014			
	Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

532027 09-23-15

Provide the explanations required by Pa 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 1 3; Part IV, Section E, lines 1c, 2a, 2b, 3a t V, Section E, lines 2, 5, and 6. Also con	art II, line 10; Part II, line 17a or 17b; Part III, line 12; 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, nplete this part for any additional information.
I 3; Part IV, Section E, lines 1c, 2a, 2b, 3a t V, Section E, lines 2, 5, and 6. Also con	a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V nplete this part for any additional information.
	Schedule A (Form 990 or 990-EZ)
22	
	22 2015.05080 NEW YOI

SCH	IEDULE D	Supplementa	al Financial Statement	S	OMB No. 1	1545-0047
(Form	990)	Part IV line 6. 7. 8. 9. 10	anization answered "Yes" on Form 990 , 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12	2b.	Open t	o Public
	ent of the Treasury Revenue Service	Information about Schedule D (For	Attach to Form 990. rm 990) and its instructions is at www.l	rs.gov/forr	m990. Inspec	
_	of the organizati	ion			Employer identification	
		NEW VODY CUNKECDEN	RE FESTIVAL	o or Ac		
Part	I Organiz	ations Maintaining Donor Advise	ed Funds or Other Similar Fund	S OF ACC	counts.Complete in	uie
	organizatio	on answered "Yes" on Form 990, Part IV, lir	ne 6. (a) Donor advised funds	(b)	Funds and other acco	ounts
				(-)		
		end of year				
		of contributions to (during year)				
		of grants from (during year)				
4	Aggregate value a	at end of year ion inform all donors and donor advisors in	writing that the assets held in donor advi	ised funds	6	
5	Did the organizati	ion's property, subject to the organization's	s exclusive legal control?		Yes	No No
6	Did the organizati	ion inform all grantees, donors, and donor	advisors in writing that grant funds can b	e used on	ly	
0	for charitable pur	poses and not for the benefit of the donor	or donor advisor, or for any other purpose	e conferrir	ng	
	impormissible priv	vate benefit?			res	No No
Par	t II Conserv	vation Easements. Complete if the or	ganization answered "Yes" on Form 990,	Part IV, li	ne 7.	
1	Purpose(s) of cor	nservation easements held by the organization	tion (check all that apply).			
	Preservatio	on of land for public use (e.g., recreation or	education)			
	Protection	of natural habitat	Preservation of a ce	rtified hist	coric structure	
	Preservatio	on of open space		1	exection encompation	a the last
2	Complete lines 2a	a through 2d if the organization held a qual	lified conservation contribution in the form	n of a con	Held at the End of	the Tax Year
	day of the tax yea	ar.		-	2a	Internation.
а	Total number of c	conservation easements		0.00000	2b	
b	Total acreage res	stricted by conservation easements			2c	
С	Number of conse	ervation easements on a certified historic st	ructure included in (a)			
d	Number of conse	ervation easements included in (c) acquired	Taiter of 17700, and not on a matoric struct		2d	
-	listed in the Natio	onal Register ervation easements modified, transferred, r	eleased extinguished, or terminated by t			
3	2.1	ervation easements modified, transferred, r		5		
	year	s where property subject to conservation e	asement is located	_		
4 5	Does the organiz	zation have a written policy regarding the p	eriodic monitoring, inspection, handling o	of		
5	deletione and ex	afergement of the conservation easements	it holds?		Yes	No
6	Staff and volunte	eer hours devoted to monitoring, inspecting	g, handling of violations, and enforcing co	onservation	n easements during th	e year
Ŭ						
7	Amount of exper	nses incurred in monitoring, inspecting, har	ndling of violations, and enforcing conser	vation eas	sements during the yea	ar
	S					
8	Does each conse	ervation easement reported on line 2(d) ab	ove satisfy the requirements of section 1	70(h)(4)(B)		
	and section 170	(h)(4)(B)(ii)?			Yes	
9	In Part XIII, desc	cribe how the organization reports conserva-	ation easements in its revenue and expen	ise statem	ent, and balance shee	for
		cable, the text of the footnote to the organiz	ration's financial statements that describe	es the orga	anization's accounting	
-	conservation eas	sements. zations Maintaining Collections	of Art Historical Treasures, or	Other S	Similar Assets.	
Pa	rt III Organi	e if the organization answered "Yes" on For	m 990 Part IV line 8			
<u>.</u>	Complete	on elected, as permitted under SFAS 116 (ASC 958) not to report in its revenue stat	tement an	d balance sheet works	s of art,
1a	If the organizatio	res, or other similar assets held for public e	whibition education or research in furthe	erance of p	public service, provide	, in Part XIII,
	historical treasul	potnote to its financial statements that des	cribes these items.			
	the text of the fo	on elected, as permitted under SFAS 116 (ASC 958), to report in its revenue stateme	ent and ba	alance sheet works of	art, historical
D	traceuros or oth	ner similar assets held for public exhibition,	education, or research in furtherance of	public ser	vice, provide the follov	ving amounts
	relating to these					
	(i) Revenue inc	cluded on Form 990, Part VIII, line 1			▶ \$	
	(iii) Accets inclu	ided in Form 990, Part X	5R	000000000	Þ	
2	If the organizatio	on received or held works of art, historical t	treasures, or other similar assets for finan	cial gain, p	provide	
-	the following an	nounts required to be reported under SFAS	116 (ASC 958) relating to these items:			
а	Revenue include	ed on Form 990, Part VIII, line 1			► \$	
b	Assets included	d in Form 990, Part X			► \$	
LHA	For Paperwork	Reduction Act Notice, see the Instruction	ons for Form 990.		Schedule D (Fo	rm 990) 2015
53205 11-02	51 15		27			

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2015.05080 NEW YORK SHAKESPEARE FESTIV 13973902

- 4	edule D (Form 990) 2015 NEW YOF	K SHAKESPE	WUR LEGIT		13-1	844852 Page
~	eiganzations mannaning	Collections of A	rt, Historical T	reasures, or O	ther Similar Ass	sets(continued)
3	Using the organization's acquisition, access	ion, and other recor	ds, check any of the	e following that are a	a significant use of i	ts collection items
	(check all that apply):					
a		(Loan or exc	change programs		
b			Other			
C						
4	Provide a description of the organization's of	ollections and expla	in how they further t	the organization's e	xempt purpose in P	art XIII.
5	During the year, did the organization solicit of	or receive donations	of art, historical trea	sures, or other sim	ilar assets	
	to be sold to raise funds rather than to be m	aintained as part of	the organization's o	ollection?	C	Yes 🗆 N
8	rt IV Escrow and Custodial Arran reported an amount on Form 990, Pa	igements. Compl	ete if the organizatio	on answered "Yes"	on Form 990, Part IV	/, line 9, or
la	Is the organization an agent, trustee, custod	lian or other intermed	diary for contribution	ns or other assets n	ot included	
	on Form 990, Part X?					Yes 🗆 N
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:			
						Amount
Ċ	Beginning balance		+++++++++++++++++++++++++++++++++++++++		1c	
a	Additions during the year				1d	
e	Distributions during the year	*****			1e	
	Ending balance				11	
a	Did the organization include an amount on F	orm 990, Part X, line	21, for escrow or ci	ustodial account lia	bility?	Yes N
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been	provided on Part X	10000000000000000000000000000000000000	
a	rt V Endowment Funds. Complete i	f the organization an	swered "Yes" on Fo	orm 990, Part IV, line	ə 10.	
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years bad
a	Beginning of year balance	18,676,036.	20,007,038.	18,509,281		
C	Contributions					
C	Net investment earnings, gains, and losses	783,908.	-446,002.	2,346,098	2,175,086	. 836_15
đ	Grants or scholarships					1
e	Other expenditures for facilities					1
	and programs	-885,000.	-885,000.	-848,341	-898,831	-905,69
F	Administrative expenses					
9	Fed af a sub at			20 007 020	10 500 004	17 000 00
	End of year balance	18,574,944.	18,676,036.	20,007,038,	1 10 509 201	-L I/ 211 U2-
9	End of year balance Provide the estimated percentage of the curr			20,007,038.)) held as:	18,509,281	17,233,02
	Provide the estimated percentage of the curr Board designated or quasi-endowment				18,509,281	17,233,02
3	Provide the estimated percentage of the curr	ent year end balanc	e (line 1g, column (a		18,509,281	17,233,02
3	Provide the estimated percentage of the curr Board designated or quasi-endowment ► Permanent endowment ► 83.02	ent year end balanc • 0 0	e (line 1g, column (a		18,509,281	. 17,233,02
3	Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment 83.02	rent year end balanc 00 % 5.98 %	e (line 1g, column (a		18,209,281	. 17,233,021
a >	Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c show	ent year end balanc .00 	e (line 1g, column (a _%)) held as:		. 17,233,021
	Provide the estimated percentage of the curr Board designated or quasi-endowment ► Permanent endowment ► 83.02 Temporarily restricted endowment ► 10 The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses by:	ent year end balanc .00 .00 .00 .00 .00 .00 .00 .0	e (line 1g, column (a _% tion that are held ar)) held as: nd administered for	the organization	Vas
	Provide the estimated percentage of the curr Board designated or quasi-endowment ► Permanent endowment ► 83.02 Temporarily restricted endowment ► 10 The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses by:	ent year end balanc .00 .00 .00 .00 .00 .00 .00 .0	e (line 1g, column (a _% tion that are held ar)) held as: nd administered for	the organization	Vos Me
	Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Mathematical Structure and State Comporarily restricted endowment The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses by: (i) unrelated organizations	rent year end balanc 00 6.98 % Juld equal 100% ssion of the organiza	e (line 1g, column (a _%)) held as: nd administered for	the organization	Yes No 3a(i) X
	Provide the estimated percentage of the curr Board designated or quasi-endowment Permanent endowment Mathematical Structure and State Comporarily restricted endowment The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses by: (i) unrelated organizations	rent year end balanc 00 6.98 % Juld equal 100% ssion of the organiza	e (line 1g, column (a _%)) held as: nd administered for	the organization	Yes No 3a(i) X
	Provide the estimated percentage of the curr Board designated or quasi-endowment ► Permanent endowment ► 83.02 Temporarily restricted endowment ► 10 The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the	rent year end balanc .00 .00 .00 .00 .00 .00 .00 .0	e (line 1g, column (a _% tion that are held ar)) held as: nd administered for	the organization	Yes No 3a(i) X
	Provide the estimated percentage of the curr Board designated or quasi-endowment ► Permanent endowment ► 83.02 Temporarily restricted endowment ► 10 The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(ii), are the related organizations U escribe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm	ent year end balanc 00 % 5.98 % wild equal 100%. ssion of the organization tions listed as required organization's endow ent.	e (line 1g, column (a % tion that are held ar ed on Schedule R? wment funds.)) held as:	the organization	Yes No 3a(i) X
	Provide the estimated percentage of the curr Board designated or quasi-endowment ► Permanent endowment ► 83.02 Temporarily restricted endowment ► 10 The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(ii), are the related organizations U escribe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm	ent year end balanc 00 % 5.98 % wild equal 100%. ssion of the organization tions listed as required organization's endow ent.	e (line 1g, column (a % tion that are held ar ed on Schedule R? wment funds.)) held as:	the organization	Yes No 3a(i) X
	Provide the estimated percentage of the curr Board designated or quasi-endowment ► Permanent endowment ► 83.02 Temporarily restricted endowment ► 10 The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the	ent year end balanc .00 .00 .00 .00 .00 .00 .00 .0	e (line 1g, column (a _% tion that are held ar ed on Schedule R? wment funds.)) held as: nd administered for ee Form 990, Part >	the organization	Yes No 3a(i) X 3a(ii) X 3b
	Provide the estimated percentage of the curr Board designated or quasi-endowment ► Permanent endowment ► 83.02 Temporarily restricted endowment ► 10 The percentages on lines 2a, 2b, and 2c short Are there endowment funds not in the posses by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm Complete if the organization answered	ent year end balanc 00 % 5.98 % wild equal 100%. ssion of the organization tions listed as required organization's endow ent.	e (line 1g, column (a _%)) held as: nd administered for ee Form 990, Part X or other (c) A	the organization	Yes No 3a(i) X
	Provide the estimated percentage of the curr Board designated or quasi-endowment ► Permanent endowment ► 83.02 Temporarily restricted endowment ► 10 The percentages on lines 2a, 2b, and 2c shou Are there endowment funds not in the posser by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm Complete if the organization answered Description of property	tions listed as require organization's endor ent. (a) Cost or ot basis (investm	e (line 1g, column (a _% tion that are held ar ed on Schedule R? wment funds. Part IV, line 11a. Scher)) held as: nd administered for ee Form 990, Part X or other (c) A	the organization	Yes No 3a(i) X 3a(ii) X 3b
	Provide the estimated percentage of the curr Board designated or quasi-endowment ▶ Permanent endowment ▶ 83.02 Temporarily restricted endowment ▶ 10 The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posser by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the t VI Land, Buildings, and Equipm Complete if the organization answered Description of property Land	rent year end balanc .00 .00 .00 .00 .00 .00 .00 .0	e (line 1g, column (a _% tion that are held ar ed on Schedule R? wment funds. Part IV, line 11a. Scher)) held as: nd administered for ee Form 990, Part X or other (c) A	the organization	Yes No 3a(i) X 3a(ii) X 3b
	Provide the estimated percentage of the curr Board designated or quasi-endowment ► Permanent endowment ► 83.02 Temporarily restricted endowment ► 10 The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm Complete if the organization answered Description of property Land Buildings	rent year end balanc .00 .00 .00 .00 .00 .00 .00 .0	e (line 1g, column (a _% ttion that are held ar ed on Schedule R? wment funds. . Part IV, line 11a. Scher ent) basis (d)) held as: nd administered for ee Form 990, Part > or other (c) A other) de	the organization (, line 10. Accumulated spreciation	Yes No 3a(i) X 3a(ii) X 3b (d) Book value
	Provide the estimated percentage of the curr Board designated or quasi-endowment ► Permanent endowment ► 83.02 Temporarily restricted endowment ► 10 The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm Complete if the organization answered Description of property Land Buildings Leasehold improvements	rent year end balanc .00 .00 .00 .00 .00 .00 .00 .0	e (line 1g, column (a _% tion that are held ar ed on Schedule R? <u>wment funds.</u> Part IV, line 11a. Sc her ent) basis (c basis (c 15, 86)) held as: nd administered for the Form 990, Part X pr other (c) A other) de 3 , 515 . 3 ,	the organization (, line 10. Accumulated spreciation 654,835,1	Yes No 3a(i) X 3a(ii) X 3b (d) Book value 2,208,680
	Provide the estimated percentage of the curr Board designated or quasi-endowment ► Permanent endowment ► 83.02 Temporarily restricted endowment ► 10 The percentages on lines 2a, 2b, and 2c show Are there endowment funds not in the posses by: (i) unrelated organizations (ii) related organizations If "Yes" on line 3a(ii), are the related organizations If "Yes" on line 3a(ii), are the related organization Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm Complete if the organization answered Description of property Land Buildings	rent year end balanc .00 .00 .00 .00 .00 .00 .00 .0	e (line 1g, column (a _% tion that are held ar ed on Schedule R? <u>wment funds.</u> Part IV, line 11a. Scher ent) basis (c)) held as: nd administered for be Form 990, Part X pr other other) de 3,515.3, 5,937.2,	the organization (, line 10. Accumulated spreciation	Yes No 3a(i) X 3a(ii) X 3b

532052 09-21-15

	KESPEARE FEST	TVAL 15-1044052 P
Part VII Investments - Other Securities.		
Complete if the organization answered "Yes" of		1b. See Form 990, Part X, line 12,
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
1) Financial derivatives		
2) Closely-held equity interests		
3) Other		
(A) CANYON VALUE REALIZATION		THE OF WEND WIDE WILLIE
(B) FUND (CAYMAN) LTD.	2,231,300.	END-OF-YEAR MARKET VALUE
(C) TACONIC OPPORTUNITY		
(D) OFFSHORE FUND	2,070,295.	END-OF-YEAR MARKET VALUE
(E) HCP PRIVATE EQUITY FUND		
(F) III (CAYMAN), L.P.	279,296.	END-OF-YEAR MARKET VALUE
(G) HCP REAL ASSETS FUND II,	0.5.0 0.6.1	
(н) L.P.	250,964.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) 🕨	7,047,100.	
Part VIII Investments - Program Related.		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1c. See Form 990, Part X, line 13.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) 🕨		
Part IX Other Assets.		
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15. (b) Book value
(a)	Description	(b) BOOK Value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	
Part X Other Liabilities.		
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.

(b) Book value (a) Description of liability 1. Federal income taxes (1) 2,437,847. ACCRUED PENSION LIABILITY (2) (3) (4) (5) (6) (7) (8) (9) 2,437,847. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the

organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2015

532053 09-21-15

SEE PART XIII FOR CONTINUATIONS 29 1 2015.05080 NEW YORK SHAKESPEARE FESTIV 13973902

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Contraction	edule D (Form 990) 2015 NEW YORK SHAKESPEARE FES		13-1844852 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Stat	ements With Rever	nue per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.	
1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b		2b	
С	Recoveries of prior year grants	2c	
d		1227 G23 - 5	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	rt XII Reconciliation of Expenses per Audited Financial Sta	tements With Expe	nses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, line		
1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	100
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	a. a	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)		
	Add lines 4a and 4b		4c
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Par	rt XIII Supplemental Information.		

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

PART V, LINE 4:

INCOME	FROM	\mathbf{THE}	ENDOWMENTS	IS	USED	то	SUPPORT	THE	ARTISTIC	AND	OPERATIONAL	
--------	------	----------------	------------	----	------	----	---------	-----	----------	-----	-------------	--

ACTIVITIES OF THE ORGANIZATION.

532054 09-21-15

Schedule D (Form 990) 2015

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NEW YORK SHAKESPEARE FESTIVAL

Part XIII Supplemental Information (continued)

art VII Investments - Other Securities. See Form 990, Part X, lin (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market valu
CP VARDE FUND IX INVESTORS, L.P.	464,136.	FMV
CP WPPE XII	62,414.	FMV
JE WITH ATT		
IR TREE INTERNATIONAL	1,688,695.	FMV

532421 04-01-15

Uepartment of the Treasury Internal Revenue Service	ental Information Regarding te organization answered "Yes" on organization entered more than \$ Attach to Form 99 about Schedule G (Form 990 or 990-E2	Form 15,000 0 or Fo	990, F on Fa rm 99	Part IV, lines 17, 18, rm 990-EZ, line 6a. 90-EZ.	or 1!	9, or if the	OMB No. 1545-0047
Name of the organization NEW YO	RK SHAKESPEARE FES	TIVA	L			Employer ide	entification number 852
	S. Complete if the organization answ			n Form 990, Part IV,	line ⁻		
 Indicate whether the organization rate a X Mail solicitations b X Internet and email solicitation c X Phone solicitations d X In-person solicitations 2 a Did the organization have a written 	ised funds through any of the follow e X Solicita f Solicita g X Specia or oral agreement with any individua Part VII) or entity in connection with dividuals or entities (fundraisers) pure	ation of ation of I fundra al (inclue profess	non-g gover lising ling o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees	X Yes	
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundr have ci or con contribu	trol of	(iv) Gross receipts from activity	to (c	Amount paid or retained by) fundraiser ted in col. (i)	(vi) Amount paid to (or retained by) organization
GURA ASSOCIATES LTD - 505 WEST END AVENUE, NEW YORK, NY	MAJOR GIFT CONSULTING	Yes	No X	٥.		206,667.	0.
3 List all states in which the organizati	on is registered or licensed to solicit		▶ utions	or has been notified	1 it is	206,667. exempt from re	gistration
or licensing. NY , CT , NJ , PA , CA							
LHA For Paperwork Reduction Act Not SEE PART IV 09-14-15	ice, see the Instructions for Form FOR CONTINUATIONS	990 or :	990-E	Z. S	chec	dule G (Form 9	90 or 990-EZ) 2015

Schedule G (Form 990 or 990 EZ) 2015 NEW YORK SHAKESPEARE FESTIVAL

13-1844852 Page 2

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

 (a) Event #1
 (b) Event #2
 (c) Other events

 BENEFIT
 NONE
 (d) Total events

 (event type)
 (event type)
 (total number)

an an		(event type)	(event type)	(total number)	
Revenue	1 Gross receipts	2,652,310.	712,700.		3,365,010.
	2 Less: Contributions	2,429,089.	458,381.		2,887,470.
	3 Gross income (line 1 minus line 2)	223,221.	254,319.		477,540.
	4 Cash prizes				
(0	5 Noncash prizes				
Expenses	6 Rent/facility costs	49,369.	56,747.		106,116.
Direct Exp	7 Food and beverages	169,891.	56,658.		226,549.
	8 Entertainment	3,961.	140,914.		144,875.
	9 Other direct expenses		140,914.		477,540.
	10 Direct expense summary. Add lines 4 thro				1,7,540.
	11 Net income summary. Subtract line 10 from	m line 3, column (d)			0.

Part III | Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than

\$15,000 on Form 990-EZ, line 6a.

nue		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue					
_	1 Gross revenue				
ses	2 Cash prizes				
Direct Expenses	3 Noncash prizes				
Direct	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor	Yes % No	Yes%	Yes%	
	7 Direct expense summary. Add lines 2 through	5 in column (d)			
_	8 Net gaming income summary. Subtract line 7 f	from line 1, column (d)		Þ	
9 a	Enter the state(s) in which the organization conduct I Is the organization licensed to conduct gaming ac	cts gaming activities: _ tivities in each of these	states?		Yes No
b	lf "No," explain:				
10a	Were any of the organization's gaming licenses rev	voked, suspended or te	erminated during the tax	year?	Yes No
b	o If "Yes," explain:				

Schedule G (Form 990 or 990-EZ) 2015

532082 09-14-15

Schedule G (Form 990 or 990 EZ) 2015 NEW YORK S		13-1844852 Page 3
11 Does the organization conduct gaming activities with no	onmembers?	
12 Is the organization a grantor, beneficiary or trustee of a		d
13 Indicate the percentage of gaming activity conducted in	ו:	
a The organization's facility		13a %
b An outside facility		13b %
14 Enter the name and address of the person who prepare	s the organization's gaming/special events books and r	ecords:
Name 🕨		
Address 🕨		
15a Does the organization have a contract with a third party	from whom the organization receives gaming revenue?	Yes No
b If "Yes," enter the amount of gaming revenue received b	by the organization > \$ and the a	amount
of gaming revenue retained by the third party $ ightarrow$ \$		
c If "Yes," enter name and address of the third party:		
Name 🕨		
Address 🕨		
16 Gaming manager information:		
Norma		
Name 🕨		
Gaming manager compensation 🕨 💲		
Description of services provided		
Director/officer Employee		
Director/officer Employee	Independent contractor	
17 Mandatory distributions:		
a Is the organization required under state law to make cha	ritable distributions from the gaming proposed to	
		Yes No
retain the state gaming license? b Enter the amount of distributions required under state la		Ves L_ No
organization's own exempt activities during the tax year	w to be distributed to other exempt organizations or spe	ent in the
15c, 16, and 17b, as applicable. Also provide an	nations required by Part I, line 2b, columns (iii) and (v); ar ny additional information (see Instructions).	nd Part III, lines 9, 9b, 10b, 15b,
SCHEDULE G, PART I, LINE 2B, LI	IST OF TEN HIGHEST PAID FUND	RAISERS:
(I) NAME OF FUNDRAISER: GURA AS	SSOCIATES LTD	
		NR 10004
(1) ADDRESS OF FUNDRAISER: 505	WEST END AVENUE, NEW YORK, I	NY 10024
32083 09-14-15		Ile G (Form 990 or 990-EZ) 2015
	34	

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Schedule G	G (Form 990 or 990-EZ)	NEW	YORK	SHAKESPEARE	FESTIVAL	13 - 1844852	Page 4
Part IV	G (Form 990 or 990-EZ) Supplemental Info	rmation	(continue	ed)			
							_
_							
			1				
						 Schedule G (Form 990 d	or 990-E
32084 4-01-15							
,, 01-10					35		

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SCHEDULE J	Compensation Information	ОМ	B No, 1	545-00	47			
(Form 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest	6	n	15				
	Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		0	U	<u>. </u>			
Department of the Treasury	Department of the Treasury							
Internal Revenue Service	and its wish determines of the set of the se							
rianio or ano organiz	NEW YORK SHAKESPEARE FESTIVAL	Employer identif 13-1844			mber			
Part I Quest	ons Regarding Compensation	10-1044	:0.0.2	4				
			1	Yes	No			
1a Check the appr	opriate box(es) if the organization provided any of the following to or for a person listed on Form	1990.		143				
	A, line 1a. Complete Part III to provide any relevant Information regarding these items.			-				
	or charter travel Housing allowance or residence for perso	nal use						
	companions Payments for business use of personal re							
	nification and gross-up payments Health or social club dues or initiation fee			1.5				
Discretion	ary spending account Personal services (e.g., maid, chauffeur, c	hef)	1.5	- 1				
b If any of the bo	tes on line 1a are checked, did the organization follow a written policy regarding payment or		100	77				
2 Did the organiz	or provision of all of the expenses described above? If "No," complete Part III to explain ation require substantiation prior to reimbursing or allowing expenses incurred by all directors,		1b	X				
	ficers, including the CEO/Executive Director, regarding the items checked in line 1a?		2	x				
trustees, and o	needs, including the OLO/Executive Director, regarding the items theored in line 1a?		2	Δ	12/11			
3 Indicate which,	if any, of the following the filing organization used to establish the compensation of the organiza	tion's		9				
	Director. Check all that apply. Do not check any boxes for methods used by a related organizat				170			
	ensation of the CEO/Executive Director, but explain in Part III.		12	2.8	-16			
	tion committee							
	nt compensation consultant I Compensation survey or study		2.1					
X Form 990	of other organizations I Approval by the board or compensation c	ommittee		7.5				
	did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing	8						
	a related organization:	1	4a		х			
 a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? 								
c Participate in, o	receive payment from, an equity-based compensation arrangement?		4b 4c	X	Х			
If "Yes" to any o	f lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		46		**			
-				in a				
Only section 5)1(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.							
5 For persons list	ed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	in l						
contingent on th			Circl.					
a The organization			5a		X			
b Any related orga	inization?		5b		x			
	a or 5b, describe in Part III.		1.18					
	ed on Form 990, Part VII, Section A, line 1a, dld the organization pay or accrue any compensation ne net earnings of:	n 📔	24					
-	5	10	-		v			
b Any related organization	i?inization?	=	6a 6b	-	X			
If "Yes" on line (sa or 6b, describe in Part III.							
	ed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments	, I	-	-				
not described o	lines 5 and 6? If "Yes," describe in Part III		7		х			
8 Were any amou	nts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the	ne			240			
initial contract e	cception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		х			
9 If "Yes" to line 8	, did the organization also follow the rebuttable presumption procedure described in	11						
Regulations sec	tion 53.4958-6(c)?		9					
LHA For Paperwork	Reduction Act Notice, see the Instructions for Form 990.	Schedule J (I	Form	990)	2015			

Schedule J (Form 990) 2015

NEW YORK SHAKESPEARE FESTIVAL

13-1844852

Page 2

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

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

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

	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)	
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denema		reported as deferred on prior Form 990
(1) PATRICK WILLINGHAM	(i)	370,524.	0.	450.	8,212.	22,950.		0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.		0.
(2) PAUL J EUSTIS	(i)	507,644.	0.	1,290.	22,867.	31,749.		0.
ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RACHEL PIVNICK	(i)	155,643.	20,000.	0.	6,344.	8,725.		0.
CHIEF FINANCIAL OFFICER	(ii)	0.	0.	0.	0.	0.	- 2	0.
(4) RUTH STERNBERG	(i)	172,968.	0.	0.	14,540.	20,399.		0.
PRODUCTION EXECUTIVE	(ii)	0.	0.	0.	0.	0.		0.
(5) THOMAS MCCANN	(i)	158,873.	10,000.	0.	3,974.	6,816.		0.
SENIOR DIRECTOR OF MARKETING	(ii)	0.	0.	0.	0.	0.		0.
(6) MANDY HACKETT	(i)	148,910.	5,000.	0.	6,680.	20,759.		0.
ASSOCIATE ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m 1 m	
(7) MARIA GOYANES	(i)	130,484.	10,000.	0.	3,527.	10,704.		
ASSOCIATE PRODUCER	(ii)	0.	0.	0.	0.	0.	. 0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2015

Schedule J (Form 990) 2015 NEW YORK SHAKESPEARE FESTIVAL	13-1844852 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 acditional information.
PART I, LINE 1A:	
OSKAR EUSTIS RECEIVED GROSS-UP PAYMENTS TO COVER	HIS CONTRACTUAL LIFE
INSURANCE PREMIUM PAYMENTS.	
PART I, LINE 4B:	
PATRICK WILLINGHAM PARTICIPATED IN A NONQUALIFIE	457(B) PLAN IN FY16 WITH
A CONTRIBUTION OF \$18,790.00.	
532113 10-14-15	Schedule J (Form 990) 2015 3 8

SCHEDULE M

Noncash Contributions

OMB No. 1545-0047

(Form 990)

Part I

1

2

3

4

5

6 7

8

9 10

11

12

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

Attach to Form 990. Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Department of the Treasury Internal Revenue Service Name of the organization

form990.	Open To Public Inspection
Employer	identification numb

5

NEW YORK	SHAKESPEA	RE FESTIV	AL		13-1844852
Types of Property			/		
	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g		(d) Method of determining cash contribution amounts
Art - Works of art					
Art - Historical treasures				·	
Art - Fractional interests					
Books and publications					
Clothing and household goods					
Cars and other vehicles					
Boats and planes					
ntellectual property Securities - Publicly traded		32	520,909.	FAIR	MARKET VALUE
Securities - Closely held stock					
Securities - Partnership, LLC, or					
trust interests					
Securities - Miscellaneous	the second se				

13	Qualified conservation contribution -			
	Historic structures	 		
14	Qualified conservation contribution - Other	 		
15	Real estate - Residential			
16	Real estate - Commercial			
17	Real estate - Other			
18	Collectibles	 		
1 9	Food inventory	 		
20	Drugs and medical supplies			
21	Taxidermy			
22	Historical artifacts	 	 	
23	Scientific specimens			
24	Archeological artifacts			
25	Other 🕨 ()			
26	Other 🕨 ()			
27	Other 🕨 ()			
28	Other ► ()		 94	

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

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?	at it 30a		x
b 31 32a	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash	31	x	
b 33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.			
		Sebadula M (Forn	0001	(20

Schedule M (Form 99

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Schedule M (Form 990) (2015)) NEW	YORK	SHAKESPEARE	FESTIVAL
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Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

SIGNATURE BANK HOLDS NYSF'S BROKERAGE ACCOUNT TO RECEIVE STOCK GIFTS.

STOCK GIFTS ARE SOLD UPON RECEIPT

Schedule M (Form 990) (2015)

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532142 08-21-15

SCHEDULE O (Form 990 or 990-EZ) Department of the Treasury Internal Revenue Service	Supplemental Information to Form 990 or 990- 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
Name of the organizatio		Employer identification number 13-1844852
FORM 990, PA	RT I, LINE 1, DESCRIPTION OF ORGANIZATION MISS	SION:
DEVELOPING A	N AMERICAN THEATER THAT IS ACCESSIBLE AND RELE	EVANT TO ALL

PEOPLE.

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

INNOVATIVE STAGINGS OF THE CLASSICS.

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

SARAH BURGESS' DRY POWDER, AND THE TOTAL BENT BY STEW AND HEIDI

RODEWALD.

NEW YORK PREMIERES INCLUDED DANAI GURIRA'S ECLIPSED (2015-16 OUTER CRITICS' CIRCLE AWARD FOR OUTSTANDING ACTRESS IN A PLAY AND THE 2016 OBIE AWARD FOR PERFORMANCE), GOB SQUAD'S BEFORE YOUR VERY EYES, TARELL ALVIN MCCRANEY'S HEAD OF PASSES, DAN COLLINS AND JULIANNE WICK DAVIS' SOUTHERN COMFORT, AND JAMES GRAHAM'S PRIVACY. THE TWELFTH UNDER THE RADAR FESTIVAL, A PLATFORM FOR US-BASED AND INTERNATIONAL DEVISED THEATER GROUPS, PRESENTED THE WORK OF 20 CONTEMPORARY THEATER COMPANIES FEATURING OVER 150 ARTISTS FROM ACROSS THE US AND AROUND THE WORLD. THE 12-DAY FESTIVAL IN JANUARY 2016 ATTRACTED AN AUDIENCE OF 13,000 PEOPLE TO THE PUBLIC THEATER AND ITS PARTNER VENUES.

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

THE 2016 SHAKESPEARE IN THE PARK SEASON, ITS 54TH SEASON AT THE

 DELACORTE, PRESENTED TWO PRODUCTIONS OVER NINE WEEKS, REACHING AN

 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.
 Schedule O (Form 990 or 990-EZ) (2015)

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Schedule O (Form 990 or 990-EZ) (2015)	Page 2
he organization NEW YORK SHAKESPEARE FESTIVAL Employer identification 13-1844852 NCE OVER 100,000. THE FIRST PRODUCTION WAS THE TAMING OF THE T, DIRECTED BY TONY-NOMINATED PHYLLIDA LLOYD, FEATURING OLIVIER EE CUSH JUMBO AND OLIVIER WINNER JANET MCTEER. THE SECOND WAS	Employer identification number
AUDIENCE OVER 100,000. THE FIRST PRODUCTION WAS THE TAMIN	G OF THE
SHREW, DIRECTED BY TONY-NOMINATED PHYLLIDA LLOYD, FEATURI	NG OLIVIER
NOMINEE CUSH JUMBO AND OLIVIER WINNER JANET MCTEER. THE	SECOND WAS
TROILUS AND CRESSIDA DIRECTED BY TONY-WINNER DANIEL SULLI	VAN, FEATURING
COREY STOLL AND JOHN DOUGLAS THOMPSON.	

FORM 990, PART 111, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: WORLD, HOSTING APPROXIMATELY 800 SHOWS AND SERVING OVER 100,000 AUDIENCE MEMBERS. THE DIVERSE ROSTER OF PROGRAMMING FEATURED TOP PERFORMERS FROM BROADWAY, CABARET, DANCE, WORLD, SINGER-SONGWRITER, JAZZ, COUNTRY AND INDIE GENRES.

FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:

COMMUNITY PROGRAMS

THE MOBILE UNIT, A CONTEMPORARY VERSION OF THE PUBLIC THEATER'S INITIAL

TOURING MODEL, NOT ONLY SEEKS OUT DIVERSE AUDIENCES BUT SERVES

AUDIENCES WHOSE ACCESS TO ARTS EXPERIENCES ARE SEVERELY INHIBITED BY

THEIR ENVIRONMENTS THE MOBILE UNIT FOCUSES ON TOURING PRODUCTIONS TO

PRISONS, HALFWAY HOUSES, COMMUNITY CENTERS AND OTHER PLACES WHERE THE

MOST CRITICALLY UNDER-SERVED AND OVERLOOKED PARTS OF THE POPULATION ARE

CONGREGATED. THESE PRODUCTIONS ARE THEN PRESENTED AS PART OF THE

DOWNTOWN SEASON AT 425 LAFAYETTE STREET. OVER THE YEARS, THE MOBILE

UNIT HAS SERVED THOUSANDS OF AUDIENCES WITH CRITICALLY ACCLAIMED

PRODUCTIONS.

IN THE FALL OF 2015, THE MOBILE UNIT EMBARKED ON A THREE-WEEK, 13 VENUE TOUR OF THE FIVE BOROUGHS, FEATURING FREE PERFORMANCES OF SHAKESPEARE'S COMEDY OF ERRORS. IN THE SPRING OF 2016, A SIMILAR TOUR WAS MOUNTED OF ROMEO AND JULIET. BOTH TOURS WERE FOLLOWED BY DOWNTOWN RUNS AT THE 532212 09-02-15 Schedule O (Form 990 or 990-EZ) (2015) 42

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2015.05080 NEW YORK SHAKESPEARE FESTIV 13973902

Schedule O (Form 990 or 990-EZ) (2015) Name of the organization NEW YORK SHAKESPEARE FESTIVAL	Page 2 Employer identification number 13-1844852
PUBLIC THEATER THAT OFFERED \$20 TICKETS AND 20 TICKETS FO	R EACH
PERFORMANCE GIVEN FREE OF CHARGE TO COMMUNITY ORGANIZATIO	
ADDITION TO THE TWO FULL SHAKESPEARE TOURS, THE MOBILE UN	IT EXPANDED
ITS RADICALLY INCLUSIVE PROGRAMMING BY INCLUDING A SPANIS	H LANGUAGE
STAGE READING AND A CONCERT TOUR BY JOE'S PUB ARTIST MARQ	UES TOLIVER.
PUBLIC WORKS PARTNERS WITH SOCIAL SERVICE ORGANIZATIONS S	ERVING THOSE
WHO STAND TO BENEFIT MOST FROM THE TRANSFORMATIVE POWER O	F THEATER.
OVER THE LAST 4 YEARS, PUBLIC WORKS HAS LED WORKSHOPS WIT	H ITS
PARTNERS, BROUGHT THEM TO THE THEATER MANY TIMES, HELD CO	MMUNAL
POTLUCKS, AND FORMED DEEP AND REAL RELATIONSHIPS WITH THE	ORGANIZATIONS
AND THEIR CLIENTS.	
FOR THE 2015-2016 SEASON, PUBLIC WORKS CONTINUED TO WORK	
SOCIETY (QUEENS), DREAMYARD (THE BRONX), AND THE BROWNSVI	
CENTER (BROOKLYN) AS CORE COMMUNITY PARTNERS. THE CHILDR	
SOCIETY (MANHATTAN) AND DOMESTIC WORKERS UNITED (STATEN I	
CITIWIDE) WERE HERDITIONED INTO INCLUSION	TEEPING THEM
ENGAGED IN THE PUBLIC WORKS COMMUNITY WHILE AT THE SAME T	DRE COMMUNITY
ROOM TO INVITE NEW PRIMARY PARTNERS TO THE TABLE. NEW CO PARTNERS IN FY16 WERE THE CENTER FOR FAMILY LIFE AT SUNSE	
NEIGHBORHOOD-BASED ORGANIZATION THAT PROVIDES A COMPREHEN	
FAMILY AND SOCIAL SERVICES, CASITA MARIA IN THE SOUTH BRO	
EMPOWERS YOUTH AND THEIR FAMILIES BY CREATING A CULTURE O	
THROUGH HIGH QUALITY SOCIAL, CULTURAL AND EDUCATIONAL OPP	
MILITARY RESILIENCE WHICH OFFERS SERVICES TO VETERANS THE	
CITY. THE SEASON CULMINATED WITH A FOUR-NIGHT RUN OF LEA	
AND TODD ALMOND'S MUSICAL ADAPTATION FOR OVER 200 COMMUNI	
HOMER'S THE ODYSSEY AT THE DELACORTE THEATER.	

532212 09-02-15

Schedule O (Form 990 or 990-EZ) (2015)

Schedule O (Form 990 or 990-FZ) (2015)	Page 2
Name of the organization NEW YORK SHAKESPEARE FESTIVAL	Employer identification number 13 1844852
NEW WORKS DEVELOPMENT AND ANCILLARY PROGRAMS	
PUBLIC LAB RESTORES VITAL CONTACT BETWEEN PLAYWRIGHTS AND	LIVE
AUDIENCES. DEVOTED TO SUPPORTING AND PRESENTING NEW WORK	S BY EMERGING
AND ESTABLISHED WRITERS, PUBLIC LAB CREATES AN INNOVATIVE	PRODUCING
MODEL THROUGH LOWER-COST PRODUCTIONS WITH MINIMAL DESIGN,	ALONG WITH
SHORTER REHEARSAL AND PERFORMANCE PERIODS. THIS PROGRAM	OFFERS WRITERS
COST-EFFECTIVE OPPORTUNITIES TO PRESENT THEIR WORK WITH T	HE HELP OF THE
PUBLIC'S RESOURCES. HEAVILY SUBSIDIZED TICKETS ATTRACT A	DIVERSE RANGE
OF AUDIENCES TO EXPERIENCE NEW WORKS BY BOTH YOUNG TALENT	S IN THE
EARLIEST STAGES OF THEIR CAREERS AND MORE ESTABLISHED WRI	TERS WHO ARE
SEEKING TO TRY NEW MATERIAL.	

PUBLIC STUDIO IS DEDICATED EXCLUSIVELY TO DEVELOPING THE WORK OF EMERGING WRITERS. IT PROVIDES A LABORATORY ENVIRONMENT IN WHICH PLAYWRIGHTS CAN REHEARSE WITH ACTORS AND A DIRECTOR, INCORPORATE BARE BONES DESIGN ELEMENTS, AND OPEN THE PROCESS TO AN AUDIENCE OVER A SERIES OF PERFORMANCES. MORE THAN A READING OR WORKSHOP BUT NOT A FULL PRODUCTION, THIS MIDDLE STEP AFFORDS EARLY CAREER WRITERS THE IMPORTANT OPPORTUNITY TO DEEPEN THEIR EXPERIENCE OF WORKING COLLABORATIVELY OVER AN EXTENDED REHEARSAL PERIOD AND TO SEE THEIR WORK STAGED IN FRONT OF AN AUDIENCE.

 PUBLIC WRITER'S INITIATIVE IS A 3-TIERED PROGRAM THAT SUPPORTS

 PLAYWRIGHTS AT EVERY STAGE OF THEIR CAREERS. EMERGING WRITERS GROUP

 OFFERS 2-YEAR FELLOWSHIPS THAT PROVIDES ARTISTIC RESOURCES, COMMUNITY,

 AND ACCESS TO THE THEATRICAL DEVELOPMENT INDUSTRY. THE PLAYWRIGHTS'

 WORKS ARE PRESENTED THROUGH 2 WELL-ATTENDED INDUSTRY SHOWCASES, WHICH

 RESULTED IN 6 OF THE 10 WRITERS BEING SIGNED TO PROFESSIONAL

 ⁵³²²¹² 09-02-15

 Schedule O (Form 990 or 990-EZ) (2015)

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Schedule O (Form 990 or 990 EZ) (2015)	Page 2
Name of the organization NEW YORK SHAKESPEARE FESTIVAL	Employer identification number 13-1844852
REPRESENTATION IN 2015-16. MID-CAREER WRITERS PROGRAMMIN	G TAKES THE
FORM OF COMMISSIONS, READINGS, WORKSHOPS, FESTIVALS AND P	RODUCTION
OPPORTUNITIES IN THE PUBLIC LAB AND MAINSTAGE SEASONS. I	N 2015-16 OVER
40 READINGS AND WORKSHOPS WERE HELD, OFTEN PRODUCING MULT	IPLE READINGS
OF A PLAYWRIGHT'S NEW PIECE AND THUS OFFERING MULTIPLE DE	VELOPMENT
OPPORTUNITIES. SUZAN-LORI PARKS CONTINUED FOR HER SEVENT	H YEAR AS
MASTER WRITER CHAIR, A FRAMEWORK TO SUPPORT MASTER PLAYWR	IGHTS IN
NONPROFIT THEATERS.	
EXPENSES \$ 4,250,519. INCLUDING GRANTS OF \$ 0. REVENU	E \$ 1,902,444.

FORM 990, PART VI, SECTION A, LINE 1:

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIR, OTHER OFFICERS OF THE BOARD, THE CHAIRS OF THE AUDIT, FINANCE AND NOMINATING COMMITTEES, AND SUCH ADDITIONAL TRUSTEES AS MAY BE ELECTED BY THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE POWERS OF THE BOARD PERMITTED BY LAW WHEN THE BOARD IS NOT IN SESSION, EXCEPT FOR CERTAIN SPECIFIC MATTERS PURSUANT TO THE ORGANZIATION'S BY-LAWS.

FORM 990, PART VI, SECTION B, LINE 11: MANAGEMENT (INCLUDING BUT NOT LIMITED TO THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER) REVIEWS THE FORM 990 WITH THE CHAIR, TREASURER AND AUDIT COMMITTEE BEFORE SUBMISSION.

FORM 990, PART VI, SECTION B, LINE 12C:THE AUDIT COMMITTEE OR ITS CHAIR EVALUATES THE DISCLOSURES TO DETERMINEWHETHER THEY INVOLVE MATERIAL CONFLICTS AND MAKES A RECOMMENDATION.INTERESTED BOARD MEMBERS RECUSE THEMSELVES FROM DISCUSSION AND VOTINGRELATING TO ANY CONFLICTED MATTER. HOWEVER, AS A MEMBER OF THE BOARD OR532212 09-02-15Schedule O (Form 990 or 990-EZ) (2015)4509480714 759420 139739012015.05080 NEW YORK SHAKESPEARE FESTIV 13973902

lame of the organization	NEW YORF	SHAKESPE	ARE FES	TIVAL			Employer identifica 13-18448	
COMMITTEE, THE	INTERES	TED BOARD	MEMBER	MAY BE	COUNTED	IN	DETERMINING	THE
STABLISHMENT	OF THE Ç	UORUM AT	SUCH A	MEETING	•			

DRAFTED TO REQUIRE THE SAME OF OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15:

THE ARTISTIC DIRECTOR'S CONTRACT WAS RENEWED IN JUNE 2015 AND RUNS THROUGH MAY 2018. THE EXECUTIVE DIRECTOR'S CONTRACT WAS RENEWED IN NOVEMBER 2014 AND RUNS THROUGH AUGUST 2019. THE EXECUTIVE COMMITTEE RECEIVED A REPORT FROM AN INDEPENDENT CONSULTANT WITH COMPARATIVE DATA FROM PEER CULTURAL INSTITUTIONS IN BUDGET AND PROGRAM SIZE IN NEW YORK CITY AND ACROSS THE COUNTRY. USING THIS DATA, THE COMMITTEE DETERMINED A COMPARABLE COMPENSATION LEVEL.

FOR THE KEY POSITIONS OF PRODUCTION EXECUTIVE, CHIEF ADVANCEMENT OFFICER, CHIEF FINANCIAL OFFICER AND SENIOR DIRECTOR OF MARKETING, THE HUMAN RESOURCES DIRECTOR AND/OR INDEPENDENT CONSULTANT GARNERS INFORMATION USING COMPARATIVE DATA FROM SIMILARLY-SIZED, NONPROFIT ARTS INSTITUTIONS. THE INFORMATION IS CULLED FROM FORM 990S AND FROM INDUSTRY SURVEYS. USING THIS DATA, THE EXECUTIVE DIRECTOR AND HR DIRECTOR DETERMINE COMPENSATION.

FORM 990, PART VI, SECTION C, LINE 19:

GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICIES, AND FINANCIAL

STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G, OTHER FEES:

ARTISTIC AND CONSULTING FEES:

PROGRAM SERVICE EXPENSES

532212 09-02-15

3,555,373.

Schedule O (Form 990 or 990-EZ) (2015)

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Aame of the organization NEW YORK SHAKESPEARE FESTIVAL	Employer identification number 13-1844852
	433,106.
IANAGEMENT AND GENERAL EXPENSES	
UNDRAISING EXPENSES	56,253.
COTAL EXPENSES	4,044,732.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,044,732.
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION-RELATED CHANGES OTHER THAN PERIODIC PENSION CO	ST -1,265,151.
FORM 990, PART VI, LINE 16A-JOINT VENTURE	
THE ORGANIZATION'S WHOLLY-OWNED SUBSIDIARY, PUBLIC THE	ATER PRODUCTIONS,
INC., PARTICIPATED IN CO-PRODUCTIONS AS A MANAGING MEM	BER OF TWO
ENTITIES TAXABLE AS PARTNERSHIPS (SEE SCHEDULE R, PART	III) FORMED TO
PRODUCED BY THE NEW YORK SHAKESPEARE FESTIVAL.	
PRODUCED BY THE NEW YORK SHAKESPEARE FESTIVAL.	
PRODUCED BY THE NEW YORK SHAKESPEARE FESTIVAL.	
PRODUCED BY THE NEW YORK SHAKESPEARE FESTIVAL.	

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2015.05080 NEW YORK SHAKESPEARE FESTIV 13973902

Department Internal Reve	JLE R 00) of the Treasury enue Service	Complete if the	ne organization answere	ns and Unrelated ed "Yes" on Form 990, Par ttach to Form 990. m 990) and its instruction	rt IV, lir	ne 33, 34, 35b, 3				20 Open to Inspe	15 Public
Name of	the organization NEW YOR		ARE FESTIVAL							dentification 844852	numbe
Part I	Identification of Disregarded Enti	i ties Complete if the c	organization answered "Ye	es" on Form 990, Part IV, li	ne 33.						
	(a) Name, address, and EIN (if applicat of disregarded entity	ble)	(b) Primary activity	(c) Legal domicile (st foreign count		(d) Total incor		(e) ear asse	ts D	(f) Direct control entity	ling
Part II	Identification of Related Tax-Exer organizations during the tax year.	mpt Organizations Co		n answered "Yes" on Form	990, F	Part IV, line 34 be	cause t had or	ne or mor	re related ta	x-exempt	(g) netrolled noticed noticed
	(a) Name, address, and EIN of related organization		(b) Primary activity	(c) Legal domicile (state foreign country)	or	(d) Exempt Code section	(e) Public charty status (if section		(f) rect control entity	ing _{co}	(g) on 512(b) ontrolled enticy?
							501(c)(3))			Yes	i Na
								-			

Schedule R (Form 990) 2015 NEW YORK SHAKESPEARE FESTIVAL

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

(a)	(b)	(c)	(d)	(e)	(f)	(g)	1)	ר)	(i)	(i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling entity	Predominant income (related_unrelated.	Share of total income	Share of end-of-year		ortionate	Code V-UBI amount in box	managing	Percentage ownership
of related organization		(state or foreign	entity	(related, unrelated, excluded from tax under	moonio	assets	ailoca		20 of Schedule	portifier (-
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	
AQUARIUS BROADWAY LLC -											
26-4049932, 234 WEST 44TH											
STREET, #800, NEW YORK, NY	THEATRICAL		PUBLIC THEATER								
10036	PRODUCTION	NY	PRODUCTIONS	UNRELATED	2,591.	20,946.		X	N/A	X	15.86%
POPULISM YEA YEA LLC -											
13-4078712, 234 WEST 44TH											
STREET, #800, NEW YORK, NY	THEATRICAL		PUBLIC THEATER						/-		
10036	PRODUCTION	NY	PRODUCTIONS	UNRELATED	265.	2,790.		X	N/A	X	12,85%

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		(e) Type of entity	(f) Share of total		(h) Percentage	5 12(t contr ent	i) tion b)(13) rolled
of related organization		rimary activity Legal domicile (state or foreign country) Direct controlling entity Direct controlling entity or function country) Direct controlling entity (C corp, S corp, or trust) Share of total income Share of end-of-year assets Percentage ownership Ye		ity? No					
PUBLIC THEATER PRODUCTIONS - 26-3803813 425 LAFAYETTE STREET	COMMERCIAL THEATER								
NEW YORK, NY 10003	CO-PRODUCTIONS	NY	N/A	C CORP	7,312.	5,889,	100%	X	
				-					
	-								
	-								
	-								

Schedule R (Form 990) 2015 NEW YORK SHAKESPEARE FESTIVAL

Part V	Transactions With Related Organizations Complete if the organization ans	wered "Yes" on Forr	n 990, Part IV, line 34, 35b,	or 36.			
Note.	Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No
	uring the tax year, did the organization engage in any of the following transaction						11
a R	eceipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entit	ty variation of the second second			1a	X	
bG	ift, grant, or capital contribution to related organization(s)				1b		X
c G	ift, grant, or capital contribution from related organization(s)				10	1	X
d L	pans or loan guarantees to or for related organization(s)				1d	X	1
e Lo	pans or loan guarantees by related organization(s)				1e	1	X
			in i				1
f D	ividends from related organization(s)						X
g S	ale of assets to related organization(s)				1g	1	X
h P	urchase of assets from related organization(s)				1h		X
I E	xchange of assets with related organization(s)				11		X
j L	ease of facilities, equipment, or other assets to related organization(s)			*****	1	-	X
				***************************************			-
k L	ease of facilities, equipment, or other assets from related organization(s)				1k	-	X
ΙP	erformance of services or membership or fundraising solicitations for related org					+	X
	erformance of services or membership or fundraising solicitations by related orga						X
	haring of facilities, equipment, mailing lists, or other assets with related organizat						X
	having of paid employees with related organization(s)					-	X
00			******		10		-
pR	aimbursement haid to related organization(s) for expenses					1.	x
	eimbursement paid to related organization(s) for expenses				<u>1p</u>	X	⊢ ^
9.11	eimbursement paid by related organization(s) for expenses				1q		
r 0	ther transfer of each or property to related exception(a)					1	
	ther transfer of cash or property to related organization(s)	********					X
3 U	the transfer of cash or property from related organization(s)		6	·····	1s	-	A
2 11	the answer to any of the above is "Yes," see the instructions for information on v	1	nis line, including covered r	elationships and transaction thresholds.			
	(a) Name of related organization	(b) Transaction	(c) Amount involved	(d)			
	Hame of related organization	type (a-s)	Amount involved	Method of determining amount	involved		
PII	BLIC THEATER PRODUCTIONS, INC SEE	37-1-57					
	HEDULE O	А	5 260 7	MOUNT OF CASH TRANSFE			
(1) DC			5,209.4	MOUNT OF CASH TRANSFE	RRED		_
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(2)							
(0)							
(3)							
(4)							_
(5)							
(6)						- 110-	
532163 09	9-08-15	50		Schedu	le R (For	m 990) 201

Schedule R (Form 990) 2015 NEW YORK SHAKESPEARE FESTIVAL

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)	(b)	(c)	(d)	(e) Are a partners 501 (c) oros)	(f)	(g)	(h)	(i)	(i)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Predominant income	Are a partners	all s sec.	Share of	Share of	Dispro	-10q	Code V-UBI	General	or Percenta
of entity		(state or foreign	(related, unrelated,	501(c)	(3)	total	end-of-year	allocati	ons?	of Schedule K-1	partne	ownersh
of officially		country)	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Yes	No	income	assets	Yes	No	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Yes N	0
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Schedule R (Form 990) 2015

2015 DEPRECIATION AND AMORTIZATION REPORT

FORM 990 PAGE 10

99C

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	ACHINERY &				1							
	EQUIPMENT FURNITURE AND	-			-			-				
1		VARIES	SL	5.00	16	1329962.			1329962.	945,691.		66,53
	ACHINERY & EQUIPM	No.				1329962.		0.	1329962.	945,691.	0.	66,53
	DTHER			1123								
	COMPUTER SOFTWARE											
	AND HARDWARE JEASEHOLD	VARIES	SL	5.00	16	1305975.			1305975.	870,194.		159,47
		VARIES	SL	5.00	16	15863515.	201		15863515.	3050128.		604,70
5	VEBSITE 990 PAGE 10 TOTAL	VARIES	SL	3.00	16	518,721.			518,721.	111,154.		74,10
c	OTHER			Barte :		17688211.		0.	17688211.	4031476.	0.	838,28
*	GRAND TOTAL 990						0					050,20
F	PAGE 10 DEPR				-	19018173.	of the section	0.	19018173.	4977167.	0.	904,82
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