For	<b>"</b> 9	<b>90</b> Return of Organization Exempt Fron Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code		OMB No. 1545-0047						
Depa	Department of the Treasury									
Dependent of readury       ► Go to www.irs.gov/Form990 for instructions and the latest information.         A For the 2021 calendar year, or tax year beginning       SEP 1, 2021 and ending AUG 31, 2022										
			D Employer identified	ation number						
	beck if pplicat	le:								
	Addr chan Nam chan		13-18448	52						
	Initia returi		uite E Telephone number							
	Final		(212)539							
	termi ated Amer	City or town, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	78,414,254.						
	returi ]Appli	$\mathbf{M} = \mathbf{M} \mathbf{M} \mathbf{M} \mathbf{M} \mathbf{M} \mathbf{M} \mathbf{M} \mathbf{M}$	H(a) Is this a group re							
	tion pend	F Name and address of principal officer: FAIRICK WIDDINGHAM	for subordinates							
<u> </u>			527 H(b) Are all subordinates in If "No." attach a	cluded? Yes No						
		ite: WWW.PUBLICTHEATER.ORG	H(c) Group exemption							
			rear of formation: 1954							
	art I									
_	1	Briefly describe the organization's mission or most significant activities: SEE SCHE	DULE O							
nce										
Governance	2	Check this box      if the organization discontinued its operations or disposed of n	nore than 25% of its net as	sets.						
ove	3			45						
Ğ	4	Number of voting members of the governing body (Part VI, line 1a)       3         Number of independent voting members of the governing body (Part VI, line 1b)       4								
8 8	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)								
Activities &	6	Total number of volunteers (estimate if necessary)		45						
çti	7 a	Total unrelated business revenue from Part VIII, column (C), line 12		0.						
◄		Net unrelated business taxable income from Form 990-T, Part I, line 11		0.						
			Prior Year	Current Year						
Ð	8	Contributions and grants (Part VIII, line 1h)	45,014,557.	43,288,819.						
Revenue	9	Program service revenue (Part VIII, line 2g)	217,358.	8,492,625.						
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	977,038.	967,212.						
£	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,212,360.	17,795,340.						
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	47,421,313.	70,543,996.						
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,004,634.	486,359.						
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.						
ŝ	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	23,830,381.	36,506,887.						
nse	16a	Professional fundraising fees (Part IX, column (A), line 11e)	291,875.	747,769.						
Expenses	b	Total fundraising expenses (Part IX, column (D), line 25) <b>5</b> , 928, 126.								
Ш	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,754,117.	25,674,188.						
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	37,881,007.	63,415,203.						
	19	Revenue less expenses. Subtract line 18 from line 12	9,540,306.	7,128,793.						
Net Assets or Fund Balances			Beginning of Current Year	End of Year						
sets alan	20	Total assets (Part X, line 16)	141,889,359.	136,486,072.						
it As	21	Total liabilities (Part X, line 26)	24,746,464.	11,324,703.						
		Net assets or fund balances. Subtract line 21 from line 20	117,142,895.	125,161,369.						
Pa	art II									
		alties of perjury, I declare that I have examined this return, including accompanying schedules and sta		/ knowledge and belief, it is						
true,	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which prep	arer has any knowledge.							

Sign	Signature of officer			Date								
Here												
	Type or print name and title											
	Print/Type preparer's name Preparer's signature Date Check PTIN											
Paid	Paid MICHAEL WALLACE											
Preparer	Firm's name 🕨 LUTZ AND CARR, C			Firm's EIN 13-1655065								
Use Only	Jse Only Firm's address 551 FIFTH AVENUE, SUITE 400											
	NEW YORK, NY 10176 Phone no.212-697-2299											
May the II	May the IRS discuss this return with the preparer shown above? See instructions											

132001 12-09-21 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2021)

Part III         Statement of Program Service Accomplishments           Check Schedule Conduction a response on one to any line in the Part III.           1         Dirth Schedule Conduction 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 ALL PEOPLE THROUGH PRODUCTIONS OF CHALLENGING NEW PLAYS, MUSICALS AND           2         Dd the organization undertake any significant program services during the year which were not listed on the pirt form \$300 of 800 627         Ves [X II "fes; describe these new services on Schedule 0.           2         Dd the organization regord on the significant charges in how it conducts, any program services, as measured by expenses. Socton 501(5)3 and 501(5)40 organizations are required to report the amount of grants and allocations to others, the total expenses. Socton 501(5)3 and 501(5)40 organizations are organized to approach revenue, any for each program service accomplishments for each of its three largest program services, as measured by expenses. Socton 501(5)3 and 501(5)40 organizations are organed to report the amount of grants and allocations to others, the total expenses. Socton 501(5)3 and 501(5)40 organizations are required to report the amount of grants and allocations to others, the total expenses. Socton 501(5)3 and 501(6)40 organizations are required to report the amount of grants and allocations to others, the total expenses. Socton 501(5)3 and 501(6)40 organizations are organized to provide the amount of grants and allocations to others, the total expenses. Socton 501(5)3 and 501(6)40 organizations are required to report the amount of grants and allocations to others, the tother A DIVERSE LINE-UP	Check if Schedule Contains a response or note to any line in this Part III.  The Provide the organization whether is DEDICATED TO ACHEVING ARTISTIC EXCELLENCE WHILE FUELIC THEATER IS DEDICATED TO ACHEVING ARTISTIC EXCELLENCE WHILE DEVELOPING AN AMERICAN THEATER THAT IS ACCESSIBLE AND RELEVANT TO 7 PEOPLE THROUGH PRODUCTIONS OF CHALLENGING NEW PLAYS, MUSICALS AND D Dd the organization underlaw any significant changes in how it conducts, any program services of importance and the any significant operations of the any significant changes in how it conducts, any program services of the organization underlaw any significant changes in how it conducts, any program services of the organization acease conducting, or make significant changes in how it conducts, any program services of the organization acease conducting, or make significant changes in how it conducts, any program services of the organization acease conducting, or make significant changes in how it conducts, any program services of the organization acease conducting, or make significant changes in how it conducts, any program services of the organization acease conducting, or make significant changes in how it conducts, any program services of the organization acease conducting, or make significant changes in how it conducts, any program services of the organization acease conducting or organization acease conducting or organization acease conducting or organization acease and allocations to others, the total exponses revenue, if any, for each program service sported to prove the conduction of the acease of the acease of the another organization acease organization acease or organization acease and program services accomplements for each of a start of the acease of t	rm	NEW YORK SHAKESPEARE FESTIVAL	13-1844852	Pa
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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 980 or 590 E27         □ Yes [X]           11 'Yes,' describe these here services on Schedule 0.         □ Yes [X]         □ Yes [X]           11 'Yes,' describe these changes on Schedule 0.         □ Yes [X]         □ Yes [X]           12 'Yes,' describe these changes on Schedule 0.         □ Yes,' describe these changes on Schedule 0.         □ Yes [X]           14 'Yes,' describe these changes on Schedule 0.         □ Yes,' describe these changes on Schedule 0.         □ Yes [X]           15 Users the the organization's program service accomplaintents for each of its three largest program services, as measured by expenses.         Schedule 0.         0 Schedule 0.           16 (Cock         ) (Bowenus 1         6,873,92:         0 OWNTOWN SEASON         0 Schedule 0.         0 Schedule 0.           17 HE PUBLIC THEATER'S MAINSTAGE SEASON AT 425 LAFAYETTE STREET FEATURE A DIVERSE LINE-UP OF NEW PLAYS AND MUSICALS. AS WELL AS SHAKESPEARE A)         0 THES CLASSICS.         1 OWNTOWN SEASON           0 OWNTOWN SEASON         THE DUBLIC THEATER'S MAINSTAGE SEASON AT 425 LAFAYETTE STREET FEATURE.         A DIVERSE LINE-UP OF NEW PLAYS AND MUSICALS. AS WELL AS SHAKESPEARE A)           0 OTHER CLASSICS.         N FILE STAKESPEARE IN THE PARK         THE DOWNTOWN FRORAMMING AIMS TO PRESENT THE MONTOWN FRORAMINGS AND AND ST INNOVATIV	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 proof Form 800 or 980-627 If 'tes,' describe these new services on Schedule 0. 3 Did the organization coase conducting, or make significant changes in how it conducts, any program services as measured by expense Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and adlocations to others, the total expenses revenue, If any, for each program service accomplainments for each of its three largest program services, as measured by expenses revenue, If any, for each program service accomplainments for each of its three largest program services are required to report the amount of grants and adlocations to others, the total expenses revenue, If any, for each program service accomplainments for each of its three largest program services. THE PUBLIC THEATER'S MAINSTAGE SEASON AT 425 LAFAYETTE STREET FEART A DIVERSE LINE-UP OF NEW PLAYS AND MUSICALS, AS WELL AS SHAKESPEARI OTHER CLASSICS, IN FIVE THEATERS. THE DOWNTOWN PROGRAMMING AIMS TO RESEMPT THE MOST PRESSING ISSUES OF THE TIME, AS TOLD BY THE FIELD MOST CUTTING-EDGE VOICES, TO THE BROADEST POSSIBLE AUDIENCE. THE 2021-22 SEASON MARKED THE RETURN OF LIVE PERFORMANCES AT 425 LAFAYETTE STREET, FEATURING WORKS CANCELED DUE TO THE PANDENTC AND PRODUCTIONS - ALL FROM SOME OF THE BOLDEST AND MOST INNOVATIVE ART. WORKING IN THE AMERICAN THEATER. FIVE PRODUCTIONS RECEIVED THEIR W 40 (come   features] FREE SHAKESPEARE IN THE PARK AT THE DELACORTE THEATER IN CENTRAL PJ EMBODIES THE PUBLIC THEATER'S MISSION TO OFFER THE HIGHEST QUALITY FO EVENCHE, FREE OF CHARGE. SINCE ITS INCEPTION MORE THAN 6 MILL: PEOPLE HAVE ENJOYED PERFORMANCES BY BOTH EMERGING AND WORLD-RENOWNIN ARTISTS. CONTINUE A LONG-HELD THADITION, ALL TICKETS FOR SHAKES IN THE PARK ARE OFFERED FREE OF CHARGE THROUGH A VARIETY OF DISTRIBUTION METHODS IN ALL FIVE BOROUCTION. ALL TICKETS FOR SHAKES IN THE P		PUBLIC THEATER IS DEDICATED TO ACHIEVING ARTISTIC EX	CELLENCE WHILE	
<ul> <li>2 Different Sector and the organization undertake any significant program services during the year which were not listed on the prior Form 900 or 900 £27</li></ul>	2 Did the organization undertake any significant program services a during the year which were not fisted on the prior form 980 or 980 E27 in 'Ves' describe these new services on Schedule 0		DEVELOPING AN AMERICAN THEATER THAT IS ACCESSIBLE AN	ND RELEVANT TO AI	LL
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<ul> <li>4 Describe the organization's program services accomplishments for each of its three largest program services, measured by expenses. Section 501(c)(3) and 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, farly, for each program service required to report the amount of grants and allocations to others, the total expenses, and revenue, farly, for each program service, reported.</li> <li>44 (code ) (Resentes 24, 399, 111. mctuding gents of ) (newnets 6, 6, 873, 92 DOWNTOWN SEASON</li> <li>THE PUBLIC THEATER'S MAINSTAGE SEASON AT 425 LAFAYETTE STREET FEATURE A DIVERSE LINE UP OF NEW PLAYS AND MUSICALS, AS WELL AS SHAKESPEARE AN OTHER CLASSICS, IN FIVE THEATERS. THE DOWNTOWN PROGRAMMING AIMS TO FRESENT THE MOST PRESSING ISSUES OF THE TIME, AS TOLD BY THE FIELD'S MOST CUTTING-EDGE VOICES, TO THE BROADEST POSSIBLE AUDIENCE.</li> <li>THE 2021-22 SEASON MARKED THE RETURN OF LIVE PERFORMANCES AT 425 LAFAYETTE STREET, FEATURING WORKS CANCELED DUE TO THE PANDEMIC AND NE PRODUCTIONS - ALL FROM SOME OF THE BOLDEST AND MOST INNOVATIVE ARTIST WORKING IN THE AMERICAN THEATER. FIVE PRODUCTIONS RECEIVED THEIR WORL</li> <li>focume 13, 562, 275. mcdufta gent of ) (newns 1, 10, 00, 11, 10, 10, 10, 10, 10, 10,</li></ul>	<ul> <li>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.</li> <li>4a (Code:</li></ul>				
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WORLD, SINGER-SONGWRITER, JAZZ, COUNTRY AND INDIE GENRES, TODAY'S         RISING STARS, AND GRAMMY AWARD-WINNERS.         4d       Other program services (Describe on Schedule O.) (Expenses \$ 4,160,156. including grants of \$ 486,359.) (Revenue \$ 138,704.)         4e       Total program service expenses ▶ 46,967,183.         Form 990         SEE SCHEDULE O FOR CONTINUATION(S)	WORLD, SINGER-SONGWRITER, JAZZ, COUNTRY AND INDIE GENRES, TODAY'S         RISING STARS, AND GRAMMY AWARD-WINNERS.         4d       Other program services (Describe on Schedule O.) (Expenses \$ 4,160,156. including grants of \$ 486,359.) (Revenue \$ 138,704.)         4e       Total program service expenses ▶ 46,967,183.				
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(Expenses \$ 4,160,156. including grants of \$ 486,359.) (Revenue \$ 138,704.)         4e       Total program service expenses ▶ 46,967,183.         Form 990 (SEE SCHEDULE O FOR CONTINUATION(S)	(Expenses \$ 4,160,156. including grants of \$ 486,359.) (Revenue \$ 138,704.)         4e       Total program service expenses ▶ 46,967,183.         Form				
4e Total program service expenses ►       46,967,183.         Form 990 (         32002 12-09-21       SEE SCHEDULE O FOR CONTINUATION(S)	4e Total program service expenses ►       46,967,183.         Form <sup>1</sup> CEE COMPTNUMPTON (C)		Other program services (Describe on Schedule O.)		
4e Total program service expenses ►       46,967,183.         Form 990 (         32002 12-09-21       SEE SCHEDULE O FOR CONTINUATION(S)	4e Total program service expenses ►       46,967,183.         Form <sup>1</sup> CEE COMPTNUMPTON (C)		(Expenses \$ 4,160,156 • including grants of \$ 486,359 • ) (Revenue \$	138,704. <sub>)</sub>	
Form 990 ( SEE SCHEDULE O FOR CONTINUATION(S)		e			
	32002 12-09-21 SEE SCHEDULE O FOR CONTINUATION(S)				90 (
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	3		-		
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Form 990 (2021)

Part IV Checklist of Required Schedules

NEW YORK SHAKESPEARE FESTIVAL

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	~		x
4	public office? If "Yes," complete Schedule C, Part I	3		
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Rev. Proc. 98-19? <i>If</i> "Yes," <i>complete Schedule C, Part III</i>	5		x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		x
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete Schedule D, Part III</i>	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? If "Yes," complete Schedule D, Part IV	9		x
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X, as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a	x	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	114		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
с	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			v
10-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
iza	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		x
b	Was the organization included in consolidated, independent audited financial statements for the tax year?		v	
40	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	x
13 14a	Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		X
	Did the organization maintain an office, employees, or agents outside of the United States?	140		- 23
5	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			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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,		v	
40	column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> . See instructions	17	Х	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If</i> "Yes," <i>complete Schedule G, Part II</i>	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If</i> "Yes," <i>complete Schedule G, Part III</i>	19		x
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
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		37	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
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Form 990 (2021) NEW YORK SHAKESPEARE FESTIVAL													
Part IV Ch	ecklist of Requi	ired Scho	edules (continued)										

			v					
			Yes	No				
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on		v					
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X					
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current							
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		х					
	Schedule J	23						
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the							
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete							
	Schedule K. If "No," go to line 25a	24a		X				
	id the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?							
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 or 22, for receivables from or payables to any current							
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%							
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X				
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,							
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled							
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X				
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,							
	instructions for applicable filing thresholds, conditions, and exceptions):							
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If							
	"Yes," complete Schedule L, Part IV	28a		X				
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X				
с	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If							
	"Yes," complete Schedule L, Part IV	28c		X				
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х					
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation							
	contributions? If "Yes," complete Schedule M	30		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? If "Yes," complete							
	Schedule N, Part II	32		X				
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			l				
	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							
	Part V, line 1	34	X					
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х					
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity							
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b	Х					
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?							
	If "Yes," complete Schedule R, Part V, line 2	36		X				
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization							
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X				
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?		37					
De	Note: All Form 990 filers are required to complete Schedule O	38	Х					
Pa								
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>						
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No				
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable <b>1b</b>	-						
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	х					
13200	(gambing) winnings to prize winners?			L (2021)				
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Part V

					Yes	No				
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		1374							
	filed for the calendar year ending with or within the year covered by this return	2a			x					
	If at least one is reported on line 2a, did the organization file all required federal employment tax returned in the sum of lines 1a and 2a is greater than 250, you may be required to a <i>file</i> . See instruction			2b						
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> . See instructions.         a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?									
	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
а	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		X				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter trans	action?	)	5b		X				
с	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c						
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did									
	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		•							
	were not tax deductible?			6b						
	Organizations that may receive deductible contributions under section 170(c).									
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se				X	_				
	If "Yes," did the organization notify the donor of the value of the goods or services provided?			7b	X	<u> </u>				
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w	-				- v				
	to file Form 8282?	1		7c		X				
	If "Yes," indicate the number of Forms 8282 filed during the year		-10			x				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit			7e 7f		X				
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit con-									
	If the organization received a contribution of qualified intellectual property, did the organization file F If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organiz			7g 7h						
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintaine			- 11						
				8						
	Sponsoring organizations maintaining donor advised funds.			-						
				9a						
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		<u> </u>				
	Section 501(c)(7) organizations. Enter:									
	Initiation fees and capital contributions included on Part VIII, line 12	10a								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b								
	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders	11a								
	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)	11b								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	1041	?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b								
3	Section 501(c)(29) qualified nonprofit health insurance issuers.									
а	Is the organization licensed to issue qualified health plans in more than one state?			13a						
	<b>Note:</b> See the instructions for additional information the organization must report on Schedule O.									
	Enter the amount of reserves the organization is required to maintain by the states in which the									
		13b		_						
	Enter the amount of reserves on hand					<b>.</b>				
	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X				
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Sched			14b		<u> </u>				
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remun									
	excess parachute payment(s) during the year?			15		X				
	If "Yes," see the instructions and file Form 4720, Schedule N.			10		x				
5	Is the organization an educational institution subject to the section 4968 excise tax on net investme	nt inco	me?	16						
	If "Yes," complete Form 4720, Schedule O.									
7	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in			47						
7				17						

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

	tion A. Governing Body and Management					
	non A. doverning body and Management				Yes	;
12	Enter the number of voting members of the governing body at the end of the tax year	1a	4	5	165	+
iu	If there are material differences in voting rights among members of the governing body at the end of the tax year		-	-		
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	4	3		
	Did any officer, director, trustee, or key employee have a family relationship or a business relationsh			Ä		
2						
2				2		_
3	Did the organization delegate control over management duties customarily performed by or under t		-			
	of officers, directors, trustees, or key employees to a management company or other person?					_
	Did the organization make any significant changes to its governing documents since the prior Form					_
	Did the organization become aware during the year of a significant diversion of the organization's as					_
	Did the organization have members or stockholders?			6		_
7a	Did the organization have members, stockholders, or other persons who had the power to elect or a	•••				
	more members of the governing body?			7a	<u> </u>	_
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,					
	persons other than the governing body?			7b		_
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	-	-			
	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re					
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O			9		
ec	tion B. Policies (This Section B requests information about policies not required by the Internal F	Revenu	e Code.)			
					Yes	;
0a	Did the organization have local chapters, branches, or affiliates?			10a		
b	If "Yes," did the organization have written policies and procedures governing the activities of such o	chapter	rs, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
1a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	dy befo	ore filing the form?	11a		
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
2a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give ris			12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "	Yes," d	escribe			
	on Schedule O how this was done			12c	X	
3	Did the organization have a written whistleblower policy?			13	X	
	Did the organization have a written document retention and destruction policy?			14	X	
	Did the process for determining compensation of the following persons include a review and approv					
•	persons, comparability data, and contemporaneous substantiation of the deliberation and decision					
а	The organization's CEO, Executive Director, or top management official			15a	x	
	Other officers or key employees of the organization			15b	x	
N	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			100		
6-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrange	mont	with a			
Ua	Du the organization invest in, contribute assets to, or participate in a joint venture or similar analys			160		
	toxable entity during the year?			16a		
	taxable entity during the year?					
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu	ate its	participation			
	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization of the organi	ate its	participation	40		
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization status with respect to such arrangements?	ate its   anizatic	participation on's	16b		
b ect	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? tion C. Disclosure	ate its   anizatic	participation on's			T
b ect	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed NY, NJ, PA, CA, C	ate its   anizatic GA , F	participation on's 'L,IL,MA,M	I, MN		
b ect	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization to evalu exempt status with respect to such arrangements? tion C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶NY, NJ, PA, CA, C Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	ate its   anizatic GA , F	participation on's 'L,IL,MA,M	I, MN		
b ect	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>NY</u> , NJ, PA, CA, O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply	ate its   anizatic <b>GA , F</b> and 99	participation on's 'L , IL , MA , M 0-T (section 501(c)(	I, MN		
b ect	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ▶ <u>NY</u> , NJ, PA, CA, O Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply.	ate its p anizatio <b>GA , F</b> and 99 <i>n on So</i>	participation on's <b>'L , IL , MA , M</b> 0-T (section 501(c)( chedule O)	I <b>, MN</b> 3)s only	/) avai	
b ect	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>NY</u> , NJ, PA, CA, C Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a for public inspection. Indicate how you made these available. Check all that apply.	ate its p anizatio <b>GA , F</b> and 99 <i>n on So</i>	participation on's <b>'L , IL , MA , M</b> 0-T (section 501(c)( chedule O)	I <b>, MN</b> 3)s only	/) avai	
b iect 17 18	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>NY</u> , NJ, PA, CA, C Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection. Indicate how you made these available. Check all that apply.	ate its p anizatio GA , F and 99 n on So conflict	participation on's <b>'L,IL,MA,M</b> 0-T (section 501(c)( chedule O) of interest policy, a	I <b>, MN</b> 3)s only	/) avai	
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b <b>Sec</b> : 17 18 19 20	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalue in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization <b>C. Disclosure</b> List the states with which a copy of this Form 990 is required to be filed ► <u>NY</u> , NJ, PA, CA, C Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, if for public inspection. Indicate how you made these available. Check all that apply. Own website X Another's website X Upon request Other ( <i>explai</i> ) Describe on Schedule O whether (and if so, how) the organization made its governing documents, or statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's b MARK ROWAN - 212-539-8500	ate its p anizatio GA , F and 99 n on So conflict	participation on's <b>'L,IL,MA,M</b> 0-T (section 501(c)( chedule O) of interest policy, a	<b>I</b> , <b>MN</b> 3)s only and fina	/) avai	ila

Part VII	Compensation of Officers,	Directors,	Trustees,	Key Emplo	oyees, Hig	ghest C	Compensa	ated
	<b>Employees, and Independe</b>	ent Contrac	ctors					

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year. • List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

List all of the organization's current key employees, if any. See the instructions for definition of "key employee."

• List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

 List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

• List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See the instructions for the order in which to list the persons above.

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

(A)	(B)			((				(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	than (	one	Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week		cer an		recic	or/trus	lee)	from	from related	other
	(list any hours for	Individual trustee or director						the organization	organizations (W-2/1099-MISC/	compensation from the
	related	e or c	stee			Isatec		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	truste	al tru:		yee	nper		1099-NEC)		and related
	below	/id ual	Institutional trustee	er	Key employee	iest co loyee	ner			organizations
	line)	Indiv	Insti	Officer	Key	Highest compensated employee	Former			
(1) ARIELLE TEPPER MADOVER	7.00									_
CHAIR		Х		Х				0.	0.	0.
(2) PAT FILI-KRUSHEL	7.00									_
VICE CHAIR		Х		Х				0.	0.	0.
(3) REGGIE VAN LEE	1.00									_
TREASURER		Х		Х				0.	0.	0.
(4) KWAME ANTHONY APPIAH	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(5) ANDREA E. BERNSTEIN	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(6) JASON BLUM	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(7) ZACH BUCHWALD	2.00									_
BOARD MEMBER		Х						0.	0.	0.
(8) LEE DANIELS	1.00									_
BOARD MEMBER		Х						0.	0.	0.
(9) GORDON J. DAVIS, ESQ.	4.00									
BOARD MEMBER		Х						0.	0.	0.
(10) SUSAN EDELSTEIN	1.00									•
BOARD MEMBER		Х						0.	0.	0.
(11) ERIC ELLENBOGEN	1.00									•
BOARD MEMBER	1 00	Х						0.	0.	0.
(12) HILARY C. FESHBACH	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(13) CANDIA FISHER	1.00									0
BOARD MEMBER		X						0.	0.	0.
(14) YRTHYA DINZEY-FLORES	2.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(15) FAITH GAY	1.00									0
BOARD MEMBER	1 00	X						0.	0.	0.
(16) DANAI GURIRA	1.00								<u> </u>	<u>^</u>
BOARD MEMBER	1 00	X						0.	0.	0.
(17) ANNE HATHAWAY	1.00								_	<u>^</u>
BOARD MEMBER		Х						0.	0.	0.
132007 12-09-21						~				Form <b>990</b> (2021)

8

Form 990 (2	2021)		
Part VII	Contion	^	04:

NEW YORK SHAKESPEARE FESTIVAL 13-1844852 Page 8 rs. Directors. Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B)												
Name and the	Average			<b>(C</b> Posi	tion			<b>(D)</b> Reportable	<b>(E)</b> Reportable		Fa	(F) stimate	be
	hours per		not c	heck r	nore ti son is			compensation	compensatio			nount	
	week				rector			from	from related		a	other	
	(list any	ctor						the	organization		com	pensa	
	hours for	ır dire			100	EG		organization	(W-2/1099-MIS	SC/	fr	om th	e
	related	stee c	rustee			Densa		(W-2/1099-MISC/	1099-NEC)		Ŭ Ŭ	anizat	
	organizations below	ual tru	onal t		ployee	ee com		1099-NEC)				d relat	
	line)	Individual trustee or director	In stitutional trustee	Officer	Key employee	нідпезт сотпреп sated em ployee	Former				orga	anizat	ons
(18) MYCHAL HARRISON	1.00		_				_						
SOARD MEMBER		Х						0.		0.			0
(19) ASHLEY LEEDS	1.00							_					_
BOARD MEMBER		Х						0.		0.			0
(20) KENNY LEON	2.00												
BOARD MEMBER	1 00	х						0.		0.			0
(21) JAYNE LIPMAN	1.00							0		•			~
BOARD MEMBER	1 00	х				_		0.		0.			0
(22) LUIS MIRANDA JR.	1.00							0		•			~
BOARD MEMBER	1 00	X			-+			0.		0.			0
23) GAIL MERRIFIELD PAPP	1.00							•		0			^
OARD MEMBER	1.00	X			-+			0.		0.			0
24) HANS MORRIS BOARD MEMBER	1.00	x						0.		Ο.			0
25) JAMES MURDOCH	1.00	Δ			_	_		0.		0.			0
SOARD MEMBER	1.00	x						0.		0.			0
26) JULIA PERSHAN	1.00	~			-	_		0•		0.			0
BOARD MEMBER	1.00	x						0.		0.			C
								0.		0.			
1b Subtotal c Total from continuation sheets to Part V								3,352,350.		0.	64	2,8	
d Total (add lines 1b and 1c)								3,352,350.		0.		$\frac{2}{2}, 8$	
2 Total number of individuals (including but r							o re		000 of reportab	• •		_/-	
compensation from the organization			nore		,,,,,		1010						1
												Yes	N
<b>3</b> Did the organization list any <b>former</b> officer,	director, trust	ee, k											
line 1a? If "Yes," complete Schedule J for s	uch individual		cy c	empl	oyee	, or	hig	hest compensated emp	oloyee on				
	aon manada							hest compensated emp			3		
4 For any individual listed on line 1a, is the su	um of reportab	le co	omp	ensa	tion	and	d oth	ner compensation from			3		
and related organizations greater than \$15	um of reportab 0,000? <i>If "Yes,</i>	le cc " <i>coi</i>	ompo mple	ensa ete S	tion Scheo	and dule	d oth e J fo	ner compensation from	the organization		3	X	
<ul><li>and related organizations greater than \$15</li><li>5 Did any person listed on line 1a receive or</li></ul>	um of reportab 0,000? <i>If "Yes,</i> accrue comper	le cc " <i>coi</i> nsati	ompo mple on f	ensa ete S rom	tion Scheo any	and dule unre	l oth e <i>J fo</i> elate	ner compensation from or such individual ed organization or indiv	the organization		4		x
<ul> <li>and related organizations greater than \$15</li> <li>Did any person listed on line 1a receive or rendered to the organization? <i>If "Yes," corr</i></li> </ul>	um of reportab 0,000? <i>If "Yes,</i> accrue comper	le cc " <i>coi</i> nsati	ompo mple on f	ensa ete S rom	tion Scheo any	and dule unre	l oth e <i>J fo</i> elate	ner compensation from or such individual ed organization or indiv	the organization		_		X
and related organizations greater than \$15 5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," corr</i> <b>Section B. Independent Contractors</b>	um of reportab 0,000? <i>If "Yes,</i> accrue comper aplete Schedul	le co " <i>coi</i> nsati e J fe	ompo mple on f	ensa ete S rom uch µ	tion Scheo any perso	and dule unre on .	d oth e <i>J fo</i> elate	ner compensation from or such individual ed organization or indiv	the organization		4	X	x
<ul> <li>and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," con</i></li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest construction</li> </ul>	um of reportab 0,000? <i>If "Yes,</i> accrue comper aplete Scheduk mpensated inc	le cc " <i>coi</i> nsati <u>e J fo</u> depe	ompe mple on f or su	ensa ete S rom <u>uch p</u> ent ce	tion Scheo any Derso	anc dule unre on _	d oth e J fo elate	ner compensation from or such individual ed organization or indiv nat received more than	the organization idual for services \$100,000 of corr		4	X	x
<ul> <li>and related organizations greater than \$15</li> <li>5 Did any person listed on line 1a receive or a rendered to the organization? <i>If "Yes," com</i></li> <li>Section B. Independent Contractors</li> <li>1 Complete this table for your five highest conthe organization. Report compensation for</li> </ul>	um of reportab 0,000? <i>If "Yes,</i> accrue comper aplete Scheduk mpensated inc	le cc " <i>coi</i> nsati <u>e J fo</u> depe	ompe mple on f or su	ensa ete S rom <u>uch p</u> ent ce	tion Scheo any Derso	anc dule unre on _	d oth e J fo elate	ner compensation from or such individual ed organization or indiv hat received more than the organization's tax	the organization idual for services \$100,000 of corr		<b>4</b> <b>5</b> ation 1	X	X
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			Jyee			lign	est	Compensated Employ		
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi				Reportable	Reportable	Estimated
	hours	(C	heck	allt	hat	app	ly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensation
	(list any	for				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	(11 2) 1000 11100)	organization
	related	tee or	ustee			en sate		, , ,		and related
	organizations	al trus	nal tri		loyee	dwo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
	line)	hd	Ins	0ff	Key	Hig	For			
(27) JULIO PETERSON	1.00									
BOARD MEMBER		X						0.	0.	0.
(28) MATTHEW PINCUS	1.00									
BOARD MEMBER		х						0.	0.	0.
(29) JULIE RICE	1.00									
BOARD MEMBER		х						0.	0.	0.
(30) JANICE COOK ROBERTS	1.00									
BOARD MEMBER		х						0.	0.	0.
(31) WENDI ROSE	1.00									
BOARD MEMBER		X						0.	0.	0.
(32) JOSH SAPAN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(33) ALEXANDRA SHIVA	1.00									
BOARD MEMBER		Х						0.	0.	0.
(34) JIM STEINBERG	1.00									
BOARD MEMBER		Х						0.	0.	0.
(35) LAURE SUDREAU	1.00									
BOARD MEMBER	1 0 0	X						0.	0.	0.
(36) STEVEN TAUB	1.00								0	0
BOARD MEMBER	1 0 0	X						0.	0.	0.
(37) TERESA TSAI	1.00								0	0
BOARD MEMBER	1 0 0	X						0.	0.	0.
(38) ALEX VOLCKHAUSEN	1.00	.,,							0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(39) SAM WATERSTON	1.00	.,,							0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(40) AUDREY WILF	1.00							_	0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(41) FRANCES WILKINSON	1.00							0	0	0
BOARD MEMBER	1 00	X						0.	0.	0.
(42) ANNE CLARKE WOLFF	1.00								^	_
BOARD MEMBER	2 00	X						0.	0.	0.
(43) ALISA AMAROSA WOOD	2.00								^	_
BOARD MEMBER	10 00	X						0.	0.	0.
(44) PAUL J EUSTIS	40.00			v				000 606	^	220 200
ARTISTIC DIRECTOR	10 00	X		Х				898,606.	0.	238,389.
(45) PATRICK WILLINGHAM	40.00			v				110 010	^	24 222
EXECUTIVE DIRECTOR	40.00	X		Х				448,046.	0.	34,322
(46) LAURENCE JAHNS	40.00				х			403,860.	0.	8,765
CHIEF ADVANCEMENT OFFICER					X			. //⊔⊀ ×6()	()	. x / h h

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Part VII Section A. Officers, Directors, T		nplo	byee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(C	heck	alli	that	app	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	ы				loyee		the	organizations	compensation
	(list any hours for	lirect				emp		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	related	e or c	stee			sated		(00-2/1099-0000)		and related
	organizations	ruste	l trus		/ee	npen				organizations
	below	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee	-			organizationio
	line)	ndivic	nstitu	Officer	ey er	lighe:	Former			
(47) DANIEL WILLIAMS	40.00	_	=		Ť	-	ш			
SENIOR DIRECTOR OF FINANCE				x				166,109.	0.	32,349.
(48) JEREMY ADAMS	40.00									
MANAGING DIRECTOR					x			184,838.	Ο.	46,156.
(49) THOMAS MCCANN	40.00									
CHIEF MARKETING OFFICER					x			190,221.	Ο.	32,434.
(50) KRISTINA HOGE	40.00									
SENIOR DIRECTOR OF DEVELOPMENT						x		225,919.	0.	47,099.
(51) KELLI PAYNE	40.00							-		-
SENIOR DIRECTOR, ADVANCEMENT						x		224,132.	Ο.	53,912.
(52) MANDY HACKETT	40.00									
ASSOCIATE ARTISTIC DIR.						x		189,174.	Ο.	61,531.
(53) SAHEEM ALI	40.00									
ASSOCIATE ARTISTIC DIR.						X		224,978.	Ο.	19,880.
(54) RUTH STERNBERG	40.00									
PRODUCTION EXECUTIVE						X		196,467.	0.	68,013.
										-
	_									
	+									
	-		-		-	-				
	1	I		L		L	L			
Total to Part VII, Section A, line 1c								3,352,350.		642,850

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Form 990 (2	
Part VIII	

#### NEW YORK SHAKESPEARE FESTIVAL Statement of Revenue

		Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
		Check if Schedule O contains a response		<b>(A)</b> Total revenue	(B) Related or exempt function revenue	Unrelated	Revenue excluded
nts	1 a	Federated campaigns 1a					
our		Membership dues 1b					
Å,		Fundraising events 1c	2,093,447.				
ar J		Related organizations 1d					
ini,		Government grants (contributions) 1e	12,596,288.				
rior S	f	All other contributions, gifts, grants, and					
ibu		similar amounts not included above 1f	28,599,084.				
Contributions, Gifts, Grants and Other Similar Amounts	g	Noncash contributions included in lines 1a-1f	3,827,949.				
a C	h	Total. Add lines 1a-1f	►	43,288,819.			
			Business Code				
e	2 a	BOX OFFICE INCOME	711110	5,663,594.			
Program Service Revenue	b	CO-PRODUCTION FEES, ENHANCEMENT I	900099	2,710,171.	2,710,171.		
n S	с	WORKSHOPS/EVENTS	900099	118,860.	118,860.		
lev Rev	d						
loc	е						
ц.	f	All other program service revenue					
	g	Total. Add lines 2a-2f		8,492,625.			
	3	Investment income (including dividends, intere		000 072			000 073
		other similar amounts)		998,973.			998,973
	4	Income from investment of tax-exempt bond p	r i i i i i i i i i i i i i i i i i i i	17 422 000			17432008
	5	Royalties	(ii) Personal	17,432,008.			1/432008
	6		(ii) i eisonai				
		Less: rental expenses 6b 0. Rental income or (loss) 6c 165,600.					
			▶	165,600.			165,600
		Gross amount from sales of (i) Securities	(ii) Other				
	<i>1</i> a	assets other than inventory <b>7a</b> 7,496,485.	(,				
	h	Less: cost or other basis					
e	~	and sales expenses					
Revenue	с	Gain or (loss) 7c -31,761.					
Re		Net gain or (loss)		-31,761.			-31,761
ler		Gross income from fundraising events (not		,			,
đ		including \$ 2,093,447. of					
		contributions reported on line 1c). See					
		Part IV, line 18	342,012.				
	b	Less: direct expenses 8b	342,012.				
	с	Net income or (loss) from fundraising events	►	0.			
	9 a	Gross income from gaming activities. See					
		Part IV, line 19 9a					
		Less: direct expenses9b					
	С	Net income or (loss) from gaming activities	🕨				
	10 a	Gross sales of inventory, less returns					
		and allowances 10a					
		Less: cost of goods sold10b					
	С	Net income or (loss) from sales of inventory					
sn		NT GOEL & NEOLIG THOOVE	Business Code	110 010	117 010		
Miscellaneous Revenue	11 a	MISCELLANEOUS INCOME	900099	117,018.	117,018.		
ven	b	CONCESSION	900099	80,714.	80,714.		
Be	ר ה	All other revenue	├				
Ξ	d	All other revenue		197,732.			
		Total. Add lines 11a-11d	····· <b>P</b>	70,543,996.	8,690,357.	0.	18564820
	12	Total revenue. See instructions		,0,0=0,000.	5,000,007.	U.	Form <b>990</b> (2021

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Part IX Statement of Functional Expenses Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a respo	nse or note to any line in	this Part IX		
Do not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
7b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations			general expenses	скреньее
and domestic governments. See Part IV, line 21	476,359.	476,359.		
2 Grants and other assistance to domestic				
individuals. See Part IV, line 22	10,000.	10,000.		
<b>3</b> Grants and other assistance to foreign				
organizations, foreign governments, and foreign				
individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors,				
trustees, and key employees	2,371,162.	1,860,241.	303,531.	207,390
6 Compensation not included above to disqualified	2/3/2/2020	1,000,211,	505,5510	2077550
persons (as defined under section 4958(f)(1)) and				
persona described in section $40E0(a)(D)(D)$				
	26,678,314.	20,929,865.	3,415,070.	2,333,379
<ul> <li>7 Other salaries and wages</li> <li>8 Pension plan accruals and contributions (include</li> </ul>			5, 415, 0700	2,555,5196
	2,664,312.	2,090,225.	341,057.	233,030
section 401(k) and 403(b) employer contributions)	2,629,473.		336,597.	229,983
9 Other employee benefits	2,029,473.	1,697,424.	276,964.	189,238
10 Payroll taxes	4,103,040.	±,031,444•	410,904.	109,430
<b>11</b> Fees for services (nonemployees):	2,023,983.	3,922.	2,007,460.	12,601.
a Management	488,546.	276,759.	2,007,400.	4,048
b Legal	105,822.	270,759.	105,822.	4,040
c Accounting	180,000.		176,256.	3,744
d Lobbying	747,769.		1/0,230.	747,769
e Professional fundraising services. See Part IV, line 17			101 006	/4/,/09
f Investment management fees	101,096.		101,096.	
g Other. (If line 11g amount exceeds 10% of line 25,	2 700 070	2 227 640	405 070	140 101
column (A), amount, list line 11g expenses on Sch 0.)	3,788,879.	3,237,648.	405,070.	146,161
<b>12</b> Advertising and promotion	1,035,219.	907,528.	8,642.	119,049
<b>13</b> Office expenses	1,303,643.	928,415.	239,118.	136,110
14 Information technology	1,050,966.	634,829.	269,387.	146,750
15 Royalties	369,299.	369,049.	198.	52.
16 Occupancy	4,881,357.	3,261,503.	1,280,688.	339,166.
17 Travel	2,420,214.	1,555,756.	79,682.	784,776.
<b>18</b> Payments of travel or entertainment expenses				
for any federal, state, or local public officials $\dots$				
<b>19</b> Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates	0 001 005			100 400
<b>22</b> Depreciation, depletion, and amortization	2,231,925.	1,406,943.	652,576.	172,406
23 Insurance	393,721.	240,623.	106,778.	46,320.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If				
line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a PRODUCTION COSTS	4,874,098.	4,855,553.	17,771.	774
b MISCELLANEOUS	276,964.	109,853.	139,757.	27,354
c PROFESSIONAL DEVELOPMEN	135,916.	51,795.	36,095.	48,026
d BAD DEBT	12,540.		12,540.	,020
e All other expenses	,		,	
<b>25</b> Total functional expenses. Add lines 1 through 24e	63,415,203.	46,967,183.	10,519,894.	5,928,126
<b>26 Joint costs.</b> Complete this line only if the organization				-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
reported in column (B) joint costs from a combined				
educational campaign and fundraising solicitation.				
Check here $\blacktriangleright$ if following SOP 98-2 (ASC 958-720)				
132010 12-09-21	L	1		Form <b>990</b> (2021

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Form **990** (2021)

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NEW YORK SHAKESPEARE FESTIVAL

13-1844852 Page 11

Pa	rt X	Balance Sheet					
		Check if Schedule O contains a response or not	e to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			1,151,990.	1	1,788,413.
	2	Savings and temporary cash investments			22,956,007.	2	12,880,379.
	3	Pledges and grants receivable, net			24,218,323.	3	20,484,828.
	4	Accounts receivable, net			6,691,380.	4	10,859,808.
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial o	contributor, or 35%			
		controlled entity or family member of any of thes	e pers	ons		5	
	6	Loans and other receivables from other disqualit	fied pe	rsons (as defined			
		under section 4958(f)(1)), and persons described	d in sec	tion 4958(c)(3)(B)		6	
ts	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
◄	9	Prepaid expenses and deferred charges			1,192,274.	9	1,166,330.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D		41,147,833.			
	b	Less: accumulated depreciation		11,164,619.		10c	29,983,214.
	11	Investments - publicly traded securities			45,798,532.	11	44,864,212.
	12	Investments - other securities. See Part IV, line 1			3,648,001.	12	5,789,183.
	13	Investments - program-related. See Part IV, line	11			13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11			5,149,654.	15	8,669,705.
	16	Total assets. Add lines 1 through 15 (must equa			141,889,359.	16	136,486,072.
	17	Accounts payable and accrued expenses			4,862,674.	17	4,671,482.
	18	Grants payable			010 720	18	
	19	Deferred revenue			812,732.	19	777,964.
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F				21	
ies	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subst					
Lia		controlled entity or family member of any of thes				22	
	23	Secured mortgages and notes payable to unrela			2,000,000.	23 24	0.
	24 25	Unsecured notes and loans payable to unrelated Other liabilities (including federal income tax, pay			2,000,000.	24	
	25	parties, and other liabilities not included on lines					
		of Schedule D	17-24)		17,071,058.	25	5,875,257.
	26				24,746,464.	26	11,324,703.
	20	Organizations that follow FASB ASC 958, che		e 🕨 X		20	
Ses		and complete lines 27, 28, 32, and 33.					
ano	27				65,214,112.	27	72,507,676.
Bal	28	Net assets with donor restrictions			51,928,783.	28	52,653,693.
pu		Organizations that do not follow FASB ASC 9					
ц,		and complete lines 29 through 33.	,	-			
s 0	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or eq				30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated in				31	
Net	32	Total net assets or fund balances			117,142,895.	32	125,161,369.
	33	Total liabilities and net assets/fund balances			141,889,359.	33	136,486,072.
							Form <b>990</b> (2021)

Form 990 (2021) Part X Balance Sheet

Form	990 (2021) NEW YORK SHAKESPEARE FESTIVAL	13-	-18448	52	Pag	je <b>12</b>
Pa	t XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u></u>				X
					_	
1	Total revenue (must equal Part VIII, column (A), line 12)	1	70,			
2	Total expenses (must equal Part IX, column (A), line 25)	2	63,4			
3	Revenue less expenses. Subtract line 2 from line 1	3	7,1			
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	117,1			
5	Net unrealized gains (losses) on investments	5	-3,	517	,96	53.
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8			_	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	4,4	107	,64	<u> 44.</u>
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
_	column (B))	10	125,	L61	,36	59.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>				
			_	Y	es	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule					
2a	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	on a				
	separate basis, consolidated basis, or both:					
	Separate basis Consolidated basis Both consolidated and separate basis					
b	Were the organization's financial statements audited by an independent accountant?			2b -	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis	s,			
	consolidated basis, or both:					
	Separate basis X Consolidated basis Both consolidated and separate basis					
с	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the				.,	
	review, or compilation of its financial statements and selection of an independent accountant?			2c	x	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch					
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au			.,	
	Act and OMB Circular A-133?			Ba -	x	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi				.	
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits	<u></u>			X	
			Fo	orm <b>9</b>	90 (2	2021)

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Department of the Treasury

Internal Revenue Service

(Form 990)

# Public Charity Status and Public Support Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust. Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047
2021
Open to Public Inspection

Employer identification number

Name of the organization
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NEW	VORK	CHAKECDEARE	FESTIVAL.

	NEW	YORK SHAKE	SPEARE FESTI	VAL			1	3-1844852
Part I	Reason for Public	Charity Status.	(All organizations must c	omplete th	nis part.) S	See instruction	IS.	
The orga	nization is not a private found	dation because it is: (	(For lines 1 through 12, o	heck only	one box.)			
1	A church, convention of ch	urches, or associatio	on of churches describe	d in sectio	n 170(b)( <sup>.</sup>	1)(A)(i).		
2	A school described in sect							
3	A hospital or a cooperative				(b)(1)(A)(i	ii).		
4	A medical research organiz						)(iii). Enter	the hospital's name,
	city, and state:	·	, ,				. ,	· · ·
5	An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted bv a d	overnmental u	unit descrik	bed in
	section 170(b)(1)(A)(iv). (C		0 ,		, ,			
6	A federal, state, or local go		nental unit described in	section 17	70(b)(1)(A)	(v).		
7 X							he general	public described in
	section 170(b)(1)(A)(vi). (C			5			5	,
8	A community trust describe		(1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org				ed in coniu	unction with a	land-grant	college
	or university or a non-land-g	-			-		-	-
	university:		· · · · · · · · · · · · · · · · · · ·		· · ·			
10	An organization that norma	ally receives (1) more	than 33 1/3% of its sup	port from o	contributio	ons, members	hip fees, a	nd gross receipts from
	activities related to its exen							
	income and unrelated busir							-
	See section 509(a)(2). (Cor		. ,		•	-	•	
11	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organization organized a	and operated exclus	ively for the benefit of, to	perform	the function	ons of, or to ca	arry out the	e purposes of one or
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section &	509(a)(3). (	Check the box on
	lines 12a through 12d that	describes the type of	of supporting organizatio	n and com	nplete line	s 12e, 12f, an	d 12g.	
a 🗌	<b>Type I.</b> A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported org	ganization(s), t	typically by	/ giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority (	of the dire	ctors or truste	es of the s	supporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b 🗌	<b>Type II.</b> A supporting org	anization supervised	d or controlled in connec	tion with it	s support	ed organizatio	on(s), by ha	aving
	control or management o	of the supporting org	anization vested in the s	ame perso	ons that co	ontrol or mana	ige the sup	oported
_	organization(s). You mus	t complete Part IV,	Sections A and C.					
c 🗋	Type III functionally inte	grated. A supportin	g organization operated	in connec	tion with,	and functiona	lly integrate	ed with,
_	its supported organizatio	n(s) (see instructions	s). You must complete l	Part IV, Se	ections A,	D, and E.		
d	Type III non-functionally	<b>y integrated.</b> A supp	oorting organization oper	ated in co	nnection v	with its suppo	rted organi	ization(s)
	that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	d an attent	iveness
_	requirement (see instruct	tions). <b>You must con</b>	nplete Part IV, Sections	s A and D,	and Part	۷.		
e	Check this box if the orga	anization received a	written determination fro	om the IRS	that it is a	а Туре I, Туре	II, Type III	
	functionally integrated, or	r Type III non-functio	nally integrated support	ing organi:	zation.			
f Ent	ter the number of supported of	organizations						
<b>g</b> Pro	ovide the following information				ninghing links d			
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	(iv) Is the orga in your governi	ng document?	(v) Amount of support (see ir	,	(vi) Amount of other support (see instructions)
	organization		above (see instructions))	Yes	No	support (see il	istructionsj	support (see instructions)
Total								

Schedule A	Earm	000	202
Schedule A	FOILI	990)	202

Part II

NEW YORK SHAKESPEARE FESTIVAL

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(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
faile to supplify under the tests listed below, places example Devt III.)

fails to qualify under the tests listed below, please complete Part III.)

260	ction A. Public Support							
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total	
1	Gifts, grants, contributions, and							
	membership fees received. (Do not							
	include any "unusual grants.")	33560688.	45866012.	33473363.	45014557.	43288819.	201203439	
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	22560699	45966010	22472262		42200010	201203439	
_	Total. Add lines 1 through 3	22200000.	43806012.	554/5565.	43014337.	43200019.	201203439	
5	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included on line 1 that exceeds 2% of the							
	amount shown on line 11,							
	I						3080745.	
6	Public support, Subtract line 5 from line 4.						198122694	
_	ction B. Total Support						190122094	
-	ndar year (or fiscal year beginning in)	(a) 2017	<b>(b)</b> 2018	(c) 2019	(4) 2020	(a) 2021	(f) Total	
	Amounts from line 4	33560688	45866012	33473363	45014557	43288819	(f) Total 201203439	
8	Gross income from interest,				1001100/0	101000191		
Ŭ	dividends, payments received on							
	securities loans, rents, royalties,							
	and income from similar sources	21358077.	25700833.	10597975.	1677193.	18596581.	77930659.	
9	Net income from unrelated business							
	activities, whether or not the							
	business is regularly carried on	10,806.	11,591.				22,397.	
10	Other income. Do not include gain							
	or loss from the sale of capital							
	assets (Explain in Part VI.)	612,504.	298,381.	201,252.	11,193.	197,732.	1321062.	
11	Total support. Add lines 7 through 10						280477557	
12	Gross receipts from related activities	, etc. (see instructi	ons)			12 47	,686,803.	
13	First 5 years. If the Form 990 is for the	he organization's fi	irst, second, third,	fourth, or fifth tax	year as a section s	501(c)(3)		
	organization, check this box and stop							
-	ction C. Computation of Publ							
	Public support percentage for 2021 (					14	70.64 %	
	Public support percentage from 2020					15	70.13 %	
<b>16</b> a	33 1/3% support test - 2021. If the							
	stop here. The organization qualifies as a publicly supported organization							
b	<b>b 33 1/3% support test - 2020.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization							
47								
1/8	17a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more,							
	and if the organization meets the facts-and-circumstances test, check this box and <b>stop here.</b> Explain in Part VI how the organization							
	meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization <b>b</b> 10% -facts-and-circumstances test - 2020. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or							
D						-	1070 01	
	more, and if the organization meets to organization meets the facts-and-circ							
18	Private foundation. If the organization		•	•	,			
			20/ 01 10 10, 10	., 100, 174, 01 17			(Form 990) 2021	

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

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

Sec	ction A. Public Support				_	-	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and	ſ					
	membership fees received. (Do not	ſ					
	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						
2	Gross receipts from activities that						
3	are not an unrelated trade or bus-	ſ					
		ſ					
1	Tax revenues levied for the organ						
4	ization's benefit and either paid to	ſ					
		ſ					
5	The value of services or facilities						
5	furnished by a governmental unit to	ſ					
	the organization without charge	ſ					
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and						
10	3 received from disqualified persons	ſ					
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Sec	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	<b>(b)</b> 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses	ſ					
	acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3) organiza	tion,
	check this box and stop here	<u></u>	<u></u>				<b>)</b>
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2021 (	line 8, column (f), c	livided by line 13,	column (f))		15	%
16	Public support percentage from 2020	) Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage				
17	Investment income percentage for 20	<b>)21</b> (line 10c, colur	nn (f), divided by l	ine 13, column (f))	)	17	%
18	Investment income percentage from	2020 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2021. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box a	nd <b>stop here.</b> The	organization quali	fies as a publicly	supported organiza	ation	
b	33 1/3% support tests - 2020. If the	organization did r	ot check a box or	n line 14 or line 19	a, and line 16 is mo	ore than 33 1/3%,	and
	line 18 is not more than 33 1/3%, che	eck this box and <b>st</b>	<b>op here.</b> The orga	nization qualifies	as a publicly suppo	orted organization	
20	Private foundation. If the organization						
	23 01-04-22						A (Form 990) 2021
				18			•

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

# Part IV Supporting Organizations

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

# Section A. All Supporting Organizations

- 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 lines 3b and 3c below.*
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If* "Yes," *describe in* **Part VI** *when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," *and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.*
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If* "Yes," *explain in* **Part VI** *what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer lines 5b and 5c below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? *If* "Yes," *complete Part I of Schedule L (Form 990).*
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? If "Yes," complete Part I of Schedule L (Form 990).
- **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 on 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 on line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? *If* "*Yes*," *provide detail in* **Part VI.**
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer line 10b below.* 
  - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Schedule A (Form 990) 2021

### Schedule A (Form 990) 2021 NEW YORK SHAKESPEARE FESTIVAL

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Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in <b>Part VI.</b>	11c		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? <i>If</i> " <i>No</i> ," <i>describe in</i> <b>Part VI</b> <i>how the supported organization</i> (s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported	-		
2	organization (s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			

**Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.

Section C. Type II Supporting Organizations	
---	--

			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		

Section D. /	All Type III Supporting Organizations

			res	INO
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		

#### Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).
- a The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c \_\_\_\_\_ The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" *provide details in* **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If* "Yes," *describe in* **Part VI** *the role played by the organization in this regard*.
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Schedule A (Form 990) 2021

2a

2b

За

3b

Yes No

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Schedule A (Form 990) 2021 Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

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Section A - Ad	justed Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short	-term capital gain	1		
2 Recoveri	es of prior-year distributions	2		
3 Other gro	oss income (see instructions)	3		
4 Add lines	1 through 3.	4		
5 Deprecia	tion and depletion	5		
6 Portion o	f operating expenses paid or incurred for production or			
collectior	of gross income or for management, conservation, or			
maintena	nce of property held for production of income (see instructions)	6		
7 Other exp	penses (see instructions)	7		
8 Adjusted	I Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Mi	nimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregat	e fair market value of all non-exempt-use assets (see			
instructio	ns for short tax year or assets held for part of year):			
a Average	monthly value of securities	1a		
<b>b</b> Average	monthly cash balances	1b		
<b>c</b> Fair mark	et value of other non-exempt-use assets	1c		
d Total (ad	d lines 1a, 1b, and 1c)	1d		
e Discoun	t claimed for blockage or other factors			
(explain ii	n detail in <b>Part VI</b> ):			
2 Acquisitio	on indebtedness applicable to non-exempt-use assets	2		
3 Subtract	line 2 from line 1d.	3		
4 Cash dee	emed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
see instru	uctions).	4		
5 Net value	e of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply I	ine 5 by 0.035.	6		
7 Recoveri	es of prior-year distributions	7		
8 Minimun	n Asset Amount (add line 7 to line 6)	8		
Section C - Di	stributable Amount			Current Year
1 Adjusted	net income for prior year (from Section A, line 8, column A)	1		
2 Enter 0.8	5 of line 1.	2		
3 Minimum	asset amount for prior year (from Section B, line 8, column A)	3		
4 Enter gre	ater of line 2 or line 3.	4		
5 Income ta	ax imposed in prior year	5		
6 Distribut	able Amount. Subtract line 5 from line 4, unless subject to			
emergen	cy temporary reduction (see instructions).	6		

7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2021

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Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	Section E - Distribution Allocations (see instructions)       (i)       (ii)         Underdistribut       Pre-2021				(iii) Distributable Amount for 2021
_1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
c	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i	Carryover from 2016 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
c	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in Part VI. See instructions.				
6	Remaining underdistributions for 2021. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
	Excess from 2018				
	Excess from 2019				
d	Excess from 2020				
е	Excess from 2021				

Schedule A (Form 990) 2021

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Part VI	(Form 990) 2021			SHAKESPEA					13-184	
	Supplemental Part IV, Section A, I	lines 1, 2, 3b, 3c, 4b	), 4c, 5	5a, 6, 9a, 9b, 9c, 1	1a, 11b,	and 11c;	Part IV, Section	B, lines <sup>-</sup>	1 and 2; Part IV	<ol> <li>Section C.</li> </ol>
	line 1; Part IV, Sect Section D, lines 5, 6	ion D, lines 2 and 3; 6, and 8; and Part V	Part , Sect	IV, Section E, lines ion E, lines 2, 5, an	1c, 2a, 2 d 6. Also	2b, 3a, and complete	d 3b; Part V, line e this part for ar	e 1; Part \ ny additio	V, Section B, lir anal information	ne 1e; Part V n.
	(See instructions.)		,	,,,,,,,				.,		
	20								Sobodula A	(Eorm 000)
32028 01-04-2	22				23				Schedule A	(Form 990)
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SCHEDULE C (Form 990)	Po	olitical Campaign a	nd Lobbying	g Activities		OMB No. 1545-0047		
For Organizations Exempt From Income Tax Under section 501(c) and section 527						ΖυΖ Ι		
Department of the Treasury Complete if the organization is described below. Attach to Form 990 or Form 990-EZ.								
Internal Revenue Service		Go to www.irs.gov/Form990 for in	nstructions and the la	atest information.		Inspection		
If the organization ans	wered "Yes," or	n Form 990, Part IV, line 3, or For	m 990-EZ, Part V, line	e 46 (Political Campa	ign Activ	vities), then		
	-	nplete Parts I-A and B. Do not com	•					
<ul> <li>Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.</li> </ul>								
• Section 527 organizations: Complete Part I-A only. If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then								
		have filed Form 5768 (election und						
		have NOT filed Form 5768 (election dric		-	-			
	-	n Form 990, Part IV, line 5 (Proxy	. ,	· ·		•		
Tax) (See separate inst				,	,	, ( <b>,</b>		
<ul> <li>Section 501(c)(4), (5)</li> </ul>	), or (6) organiza <sup>.</sup>	tions: Complete Part III.						
Name of organization				E		identification number		
		K SHAKESPEARE FES				3-1844852		
Part I-A Comple	ete if the org	panization is exempt unde	r section 501(c) o	or is a section 52	7 orgai	nization.		
		ation's direct and indirect political			• •			
2 Political campaign	, ,				►\$			
3 Volunteer hours for	political campai	gn activities						
Part I-B Compl	ete if the ord	anization is exempt unde	r section 501(c)(3	3).				
		incurred by the organization unde		-	►\$			
		incurred by organization manager						
		n 4955 tax, did it file Form 4720 fo				Yes No		
						Yes No		
<b>b</b> If "Yes," describe ir	n Part IV.							
Part I-C Comple	ete if the org	panization is exempt unde	r section 501(c),	except section 5	01(c)(3			
		d by the filing organization for sect			►\$			
		ization's funds contributed to othe						
exempt function ac					►\$			
		s. Add lines 1 and 2. Enter here an			•			
		<b>1120-POL</b> for this year?			►\$	Yes No		
00		nployer identification number (EIN)		tical organizations to v				
		tion listed, enter the amount paid						
	-	omptly and directly delivered to a				-		
political action com	mittee (PAC). If	additional space is needed, provic	le information in Part I	V.				
( <b>a)</b> Name	(a) Name(b) Address(c) EIN(d) Amount paid from filing organization's funds. If none, enter -0(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. 							
For Paperwork Reduct	ion Act Notice,	see the Instructions for Form 99	0 or 990-EZ.		Schee	dule C (Form 990) 2021		

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( )			AKESPEARE F			844852 Page 2		
	Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under							
section 501(h)).								
A Check 🕨 🛄 if the filing organiza	tion belon	gs to an affi	liated group (and list ir	n Part IV each affiliated	d group member's nam	e, address, EIN,		
expenses, and shar	e of exce	ss lobbying	expenditures).					
B Check 🕨 📃 if the filing organiza	tion checl	ked box A ar	nd "limited control" pro	ovisions apply.				
Limit	ts on Loh	bying Expe	nditures		(a) Filing	(b) Affiliated group		
			ints paid or incurred.)	)	organization's totals	totals		
<b>1a</b> Total lobbying expenditures to influ	lence pub	lic opinion (	grassroots lobbying)					
<b>b</b> Total lobbying expenditures to influ	=				180,000.			
c Total lobbying expenditures (add li	nes 1a an	d 1b)			180,000.			
d Other exempt purpose expenditure					53,544,141.			
e Total exempt purpose expenditure	s (add line	es 1c and 1c	d)		53,724,141.			
f Lobbying nontaxable amount. Ente					1,000,000.			
If the amount on line 1e, column (a) o	r (b) is:	The lob	bying nontaxable am	ount is:				
Not over \$500,000		20% of	the amount on line 1e.					
Over \$500,000 but not over \$1,000	0,000	\$100,00	0 plus 15% of the exc	ess over \$500,000.				
Over \$1,000,000 but not over \$1,5	00,000	\$175,00	0 plus 10% of the exc	ess over \$1,000,000.				
Over \$1,500,000 but not over \$17,	000,000	\$225,00	0 plus 5% of the exce	ess over \$1,500,000.				
Over \$17,000,000		\$1,000,	000.					
g Grassroots nontaxable amount (en	ter 25% c	of line 1f)			250,000.			
h Subtract line 1g from line 1a. If zero	o or less,	enter -0			0.			
i Subtract line 1f from line 1c. If zero	or less, e	enter -0			0.			
j If there is an amount other than ze	ro on eith	er line 1h or	line 1i, did the organiz	ation file Form 4720	_			
reporting section 4911 tax for this	year?				L	Yes No		
			eraging Period Under	• • •				
(Some organizations the			• •		of the five columns b	elow.		
		•	ate instructions for li					
	Lob	bying Expei	nditures During 4-Yea	ar Averaging Period	1	i		
Calendar year (or fiscal year beginning in)	(a)	2018	<b>(b)</b> 2019	(c) 2020	( <b>d)</b> 2021	<b>(e)</b> Total		
2a Lobbying nontaxable amount					1,000,000.	1,000,000.		
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>						1,500,000.		
						1,500,000.		
c Total lobbying expenditures					180,000.	180,000.		
d Grassroots nontaxable amount					250,000.	250,000.		
e Grassroots ceiling amount								
(150% of line 2d, column (e))						375,000.		
f Grassroots lobbying expenditures								

Schedule C (Form 990) 2021

132042 11-03-21

# Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	For each "Yes" response on lines 1a through 1i below, provide in Part IV a detailed description			(b)	
of th	e lobbying activity.	Yes	No	Ame	ount
1 a	During the year, did the filing organization attempt to influence foreign, national, state, or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of: Volunteers?				
b c	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? Media advertisements?				
d	Mailings to members, legislators, or the public?				
е	Publications, or published or broadcast statements?				
f	Grants to other organizations for lobbying purposes?				
g	Direct contact with legislators, their staffs, government officials, or a legislative body?				
	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means? Other activities?				
	Total. Add lines 1c through 1i				
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?				
	If "Yes," enter the amount of any tax incurred under section 4912				
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)(	5), or se	ction	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the				
Par	t III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."	on 501(c)( "No" OR	5), or se (b) Part		ie 3, is
1	Dues, assessments and similar amounts from members		1		
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic	cal			
	expenses for which the section 527(f) tax was paid).				
	Current year				
b	Carryover from last year		<b>2</b> b		
С	Total				
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues		3		
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc	cess			
	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p	olitical			
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures. See instructions	<u></u>	5		
	t IV Supplemental Information				
Prov	ide the descriptions required for Part I.A. line 1: Part I.B. line 4: Part I.C. line 5: Part II.A (affiliated group	list): Part II-/	A. lines 1 a	and 2 (See	

instructions); and Part II-B, line 1. Also, complete this part for any additional information.

Schedule C (Form 990) 2021

132043 11-03-21

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 9	990)
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Supplemental Financial Statements ► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b. ► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

13-1844852

Name of the organization

#### NEW YORK SHAKESPEARE FESTIVAL

Par	t I Organizations Maintaining Donor Advise organization answered "Yes" on Form 990, Part IV, lin		imilar Funds or A	ccounts.Complete if the
		(a) Donor advised	l funds (	<b>b)</b> Funds and other accounts
1	Total number at end of year			
	Aggregate value of contributions to (during year)			
	Aggregate value of grants from (during year)			
	Aggregate value at end of year			
	Did the organization inform all donors and donor advisors in	writing that the assets he	ld in donor advised fun	nds
	are the organization's property, subject to the organization's	-		
	Did the organization inform all grantees, donors, and donor a			
	for charitable purposes and not for the benefit of the donor of			
	impermissible private benefit?		· · ·	
Par	t II Conservation Easements. Complete if the org			
1	Purpose(s) of conservation easements held by the organizat			
	Preservation of land for public use (for example, recrea	ation or education)	Preservation of a histo	prically important land area
	Protection of natural habitat		Preservation of a certi	ified historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribu	ition in the form of a co	onservation easement on the last
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
	Total acreage restricted by conservation easements			2b
	Number of conservation easements on a certified historic str			2c
	Number of conservation easements included in (c) acquired			
	listed in the National Register			2d
	Number of conservation easements modified, transferred, re			nization during the tax
	year 🕨			
4	Number of states where property subject to conservation ea	sement is located 🕨		
5	Does the organization have a written policy regarding the pe	riodic monitoring, inspect	ion, handling of	
	violations, and enforcement of the conservation easements i	t holds?		YesNo
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, an	d enforcing conservati	on easements during the year
	▶			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enf	orcing conservation ea	asements during the year
	►\$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirement	s of section 170(h)(4)(E	3)(i)
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	ion easements in its rever	ue and expense stater	ment and
	balance sheet, and include, if applicable, the text of the foot	note to the organization's	financial statements th	nat describes the
	organization's accounting for conservation easements.			
Par		-	asures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form			
	If the organization elected, as permitted under FASB ASC 95	•		
	of art, historical treasures, or other similar assets held for pul			nce of public
	service, provide in Part XIII the text of the footnote to its final			
	If the organization elected, as permitted under FASB ASC 95			
	art, historical treasures, or other similar assets held for public	c exhibition, education, or	research in furtheranc	e of public service,
	provide the following amounts relating to these items:			
	(i) Revenue included on Form 990, Part VIII, line 1			
	If the organization received or held works of art, historical tre			provide
	the following amounts required to be reported under FASB A	-		
	Revenue included on Form 990, Part VIII, line 1			
	Assets included in Form 990, Part X			
	For Paperwork Reduction Act Notice, see the Instruction	s for Form 990.		Schedule D (Form 990) 2021
132051	10-28-21	32		

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	chedule D (Form 990) 2021       NEW YORK SHAKESPEARE FESTIVAL       13-1844852       Page 2         Part III       Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets(continued)								
Par								nued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the	following that m	ake sign	ificant use o	of its		
	collection items (check all that apply):								
a	Public exhibition	d		hange program					
b	Scholarly research	e	Other						
с	Preservation for future generations								
4	Provide a description of the organization's co						n Part XIII.		
5	During the year, did the organization solicit of		,	,			<b>—</b>		٦
De	to be sold to raise funds rather than to be ma						Yes		No
Fai	<b>t IV</b> Escrow and Custodial Arran reported an amount on Form 990, Pa		te if the organizatio	on answered "Ye	s" on Foi	rm 990, Par	rt IV, line 9, c	r	
1a	Is the organization an agent, trustee, custod	ian or other intermed	ary for contributior	ns or other asset	s not inc	luded			_
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
							Amour	nt	
С	Beginning balance					1c			
d	Additions during the year					1d			
е	Distributions during the year					1e			
f	Ending balance					1f			_
2a	Did the organization include an amount on F	orm 990, Part X, line :	21, for escrow or c	ustodial account	liability?		. Ves		No
	If "Yes," explain the arrangement in Part XIII.							<u>.                                    </u>	
Par	t V Endowment Funds. Complete i					<u>-</u> , ,			<del></del>
		(a) Current year	<b>(b)</b> Prior year	(c) Two years ba	`,	-	. ,	ır years	
	Beginning of year balance	29,277,354.	20,519,005.	19,782,6	94.	20,436,2	220. 19	9,870,	,203.
b	Contributions 5,950,000. 5,000,000.								
С	c Net investment earnings, gains, and losses -2,773,840. 4,643,349. 1,621,311. 231,474. 1,451,01							,017.	
d	grants or scholarships								
е	Other expenditures for facilities								
	and programs	-885,000.	-885,000.	-885,0	00.	-885,0	000.	-885,	,000.
f	Administrative expenses								
g	End of year balance	31,568,514.	29,277,354.	20,519,0	05.	19,782,6	594. 20	),436,	,220.
2	Provide the estimated percentage of the cur		e (line 1g, column (a	a)) held as:					
	Board designated or quasi-endowment	.0000	_%						
b	Permanent endowment ► 84.4880	%							
с	Term endowment ► 15.5120	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered	for the c	organizatior	ו		
	by:							Yes	No
	(i) Unrelated organizations						3a(i)		Х
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organization	ations listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the	e organization's endo	wment funds.						
Par	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	See Form 990, Pa	art X, line	e 10.			
	Description of property	(a) Cost or ot	her (b) Cost	or other	(c) Accu	mulated	(d) Boo	ok valu	е
		basis (investm	ent) basis	(other)	depred	ciation			
1a	Land								
	Buildings								
	Leasehold improvements					6,518.		2,3	67.
d	Equipment			1,433.		4,821.		6,6	
	Other		1,76	7,515.	1,39	3,280.		4,2	
Tota	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part )	K, column (B), line :	10c.)		►	29,98	3,2	14.
						Sche	dule D (For	m 990)	2021

	AKESPEARE FES	STIVAL 13	-1844852 Page 3
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
	(b) BOOK Value	(c) Method of Valuation. Cost of en	u-or-year market value
<ol> <li>Financial derivatives</li> <li>Closely held equity interests</li> </ol>			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ►			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" (a) Description of investment	on Form 990, Part IV, line (b) Book value	(c) Method of valuation: Cost or en	d of yoor market yolyo
	(b) BOOK Value	(c) Method of Valuation. Cost of en	u-oi-year market value
(1)			
(2)			
(3)			
<u>(4)</u> (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"	on Form 990, Part IV, line	e 11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) CONSTRUCTION COST REIMBUR	SEMENT DUE FI	ROM THE CITY OF NEW	
(2) YORK			517,393.
(3) BONDS, DEPOSITS AND OTHER	ASSETS		298,808.
(4) CONSTRUCTION IN PROGRESS			7,853,504.
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	e 15.)	•	8,669,705.
Part X Other Liabilities. Complete if the organization answered "Yes"	on Form 000 Dart IV line	110 or 11f Soo Form 000 Port V line 26	-
	on Form 990, Part IV, Inte	e Te of TTI. See Form 990, Part X, line 23	b. (b) Book value
(1) Federal income taxes (2) ACCRUED PENSION LIABILITY			3,834,554.
(3) DEFERRED RENT			2,040,703.
(-)			2,040,7030
(4) (5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.)	•	5,875,257.
<ol> <li>Liability for uncertain tax positions. In Part XIII, provide</li> </ol>			
organization's liability for uncertain tax positions under		-	

Schedule D (Form 990) 2021

132053 10-28-21

Sche	edule D (Form 990) 2021 NEW YORK SHAKESPEARE FE	STIVAL	13-1844852 Page 4
-	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ie 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с			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 St	atements With Expe	enses per Return.
	Complete if the organization answered "Yes" on Form 990, Part IV, lir	ie 12a.	
1	Total expenses and losses per audited financial statements		
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		
d	Other (Describe in Part XIII.)	2d	
е	Add lines <b>2a</b> through <b>2d</b>		2e
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1		
Pa	rt XIII Supplemental Information.		
Drout	ide the descriptions required for Dort II, lines 2, 5, and 0; Dort III, lines 1, and	1. Dort IV lines the and Oh	Part V, line 4: Part V, line 2: Part VI

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 THE ENDOWMENTS IS USED TO SUPPORT THE ARTISTIC AND OPERATIONAL

# ACTIVITIES OF THE ORGANIZATION.

132054 10-28-21

SCHEDULE G	Suppleme	ental Information Regarding	g Fun	drais	ing or Gaming	Activities	OMB No. 1545-0047
(Form 990)	Complete if th	or 19, or if the	2021				
Department of the Treasury Internal Revenue Service		Attach to Form 99				ion	Open to Public Inspection
Name of the organization		o to www.irs.gov/Form990 for inst	ructior	is and	the latest informat		identification number
name en me engamzanen		K SHAKESPEARE FEST	TIVA	L		13-18	
	ng Activities	Complete if the organization answ t.	rered "\	es" o	n Form 990, Part IV,	line 17. Form 990	)-EZ filers are not
<ul> <li>Indicate whether the</li> <li>a X Mail solicitation</li> <li>b X Internet and a</li> <li>c X Phone solicitation</li> <li>d X In-person solicitation</li> <li>key employees lister</li> </ul>	e organization rais ons email solicitations ations icitations n have a written o ed in Form 990, P highest paid indi	sed funds through any of the follow e X Solicita s f X Solicita g X Specia pr oral agreement with any individua Part VII) or entity in connection with viduals or entities (fundraisers) purs	ation of ation of I fundra al (inclu profess	non-g gover aising ding o ional f	overnment grants nment grants events fficers, directors, tru undraising services?	stees, or	
(i) Name and address or entity (fund	of individual	(ii) Activity	have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount pa to (or retained b fundraiser listed in col. (i	by) to (or retained by)
GURA ASSOCIATES, LT	'D - 505		Yes	No			
WEST END AVENUE, NE		MAJOR GIFT CONSULTING		x	٥.	315,0	0.
CCS FUNDRAISING -		CAPITAL CAMPAIGN					
MADISON AVE, NEW YO SD&A TELESERVICES -		CONSULTANTS		X	0.	236,0	<u>14.</u> 0.
CENTURY BLVD #300,		TELESALES SUPPORT		x	0.	196,7	25. 0.
or licensing.	Ū.	m is registered or licensed to solicit	contrik	. <b>&gt;</b>	s or has been notified	747 ,7 d it is exempt fro	

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132081 10-21-21

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.F7 lines 1 and 6b. List events with gross receipts greater than \$5,000

2001 2001 2001		(a) Event #1	<b>(b)</b> Event #2	(c) Other events NONE	(d) Total events
		ANNUAL GALA			(add col. (a) through
		(event type)	(event type)	(total number)	col. (c))
	1 Gross receipts	2,435,459.			2,435,459
	Less: Contributions	2,093,447.			2,093,447
		342,012.			342,012
	3 Gross income (line 1 minus line 2)	542,012.			
4	4 Cash prizes				
	5 Noncash prizes	22,720.			22,720
2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	6 Rent/facility costs				
	7 Food and beverages	312,042.			312,042
_	8 Entertainment				
S S	9 Other direct expenses	7,250.			7,250
	<b>10</b> Direct expense summary. Add lines 4 through			►	342,012
	11 Net income summary. Subtract line 10 from li				
an	t III Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	1 990, Part IV, line 19, or	reported more than	
Т	\$10,000 011 0111 000 EZ, inc ba.		(b) Pull tabs/instant		(d) Total gaming (ad
		<b>(a)</b> Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (
	1 Gross revenue				
2	2 Cash prizes				
2 2	3 Noncash prizes				
	4 Rent/facility costs				
E	5 Other direct expenses				
		<b>Yes</b> %	└── Yes %	Yes%	
6	6 Volunteer labor	Νο	Νο	Νο	
7	7 Direct expense summary. Add lines 2 through	n 5 in column (d)			
	8 Net gaming income summary. Subtract line 7	from line 1 column (d)		•	
	• Net gaming income summary. Subtract line /				
) F	Enter the state(s) in which the organization condu	icts gaming activities:			
	s the organization licensed to conduct gaming ac				
	f "No," explain:				
_					
_					
	Nere any of the organization's gaming licenses re			year?	🗌 Yes 🛄 N
<b>b</b> If	f "Yes," explain:				
_					
_					
2082	10-21-21			Sche	edule G (Form 990) 20

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12300512 759420 13973901 2021.05080 NEW YORK SHAKESPEARE FESTIV 13973902

Does the organization conduct gaming activities with nonmembers?       Yes         Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed       Yes         Indicate the percentage of gaming activity conducted in:       13a         The organization's facility       13a         Enter the name and address of the person who prepares the organization's gaming/special events books and records:       Name         Address	
to administer charitable gaming? Yes   Indicate the percentage of gaming activity conducted in: 13a   a The organization's facility 13a   Enter the name and address of the person who prepares the organization's gaming/special events books and records:   Name ▶	
Indicate the percentage of gaming activity conducted in: a The organization's facility	
a The organization's facility	
b An outside facility	
Enter the name and address of the person who prepares the organization's gaming/special events books and records:          Name	
Address ▶	
Address ▶	
a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
b If "Yes," enter the amount of gaming revenue received by the organization ▶\$ and the amount of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Description of services provided ▶ Description of services provided ▶ Director/officer  Employee  Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes	
of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Gaming manager compensation ▶ \$ Description of services provided ▶  Description of services provided ▶  Description of services provided ▶  Description of services provided ▶  Description of services provided ▶  Bescription of services provided ▶  Description of services provided ▶  b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
c If "Yes," enter name and address of the third party:   Name     Address     Gaming manager information:     Name     Gaming manager compensation     \$	
Address  Gaming manager information: Name  Gaming manager compensation  \$ Description of services provided  \$ Description of services prov	
Address  Gaming manager information: Name  Gaming manager compensation  \$ Description of services provided  \$ Description of services prov	
Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Description of services provided ▶ Director/officer □ Employee □ Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
Name ▶	
Gaming manager compensation ► \$ Description of services provided ► Director/officer □ Employee □ Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
Description of services provided ▶	
Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
Director/officer Employee Independent contractor Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
Mandatory distributions: <ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the</li> </ul>	
Mandatory distributions: <ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the</li> </ul>	
Mandatory distributions: <ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the</li> </ul>	
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the</li> </ul>	
<ul> <li>a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license?</li> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the</li> </ul>	
retain the state gaming license? Yes <b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
<b>b</b> Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
even en institue de la companya esté dition de viene de la traverse N	
organization's own exempt activities during the tax year <b>s</b> art IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines s	9h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	, 00,
CHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	
I) NAME OF FUNDRAISER: GURA ASSOCIATES, LTD	
I) ADDRESS OF FUNDRAISER: 505 WEST END AVENUE, NEW YORK, NY 10024	
ADDRESS OF FUNDRAISER: SUS WEST END AVENUE, NEW TORR, NI 10024	
I) NAME OF FUNDRAISER: CCS FUNDRAISING	
I) ADDRESS OF FUNDRAISER: 527 MADISON AVE, NEW YORK, NY 10022	
I) NAME OF FUNDRAISER: SD&A TELESERVICES	
083 10-21-21 Schedule G (Forn 38	· 990)

(I)	ADDRES	S OF	FUNDRAISE	ER: 575	7 W	CENT	URY	BLVD	#300,	LOS	ANGELES	3,	CA	90045
												`ohoo		(Form 000)
32084	11-18-21						39				2	schet	uue G	(Form 990)
005	12 7594	120	13973901	202	21.(	05080			SHAK	ESPEA	RE FEST	IV	139	73902

CHEDULE I Grants and Other Assistance to Organizations, Gorm 990) Governments, and Individuals in the United States Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.									
Department of the Treasury									
Internal Revenue Service		Go to www.ir	rs.gov/Form990 fo	r the latest inforr	nation.		Inspection		
Name of the organization NEW YORK	SHAKESPEA	RE FESTIVAL					Employer identification number 13-1844852		
Part I General Information on Grants	and Assistance								
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's p</li> </ol>	sistance?						tion X Yes No		
Part II Grants and Other Assistance to recipient that received more than	Domestic Organi	izations and Domesti	i <b>c Governments.</b> C	omplete if the org	anization answered "	es" on Form 990, Par	t IV, line 21, for any		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance		
BASELINE THEATRICAL 1501 BROADWAY, 24TH FLOOR NEW YORK, NY 10036	46-4079204		25,000.	0.			PASSTHROUGH GRANT		
JAINSOUNDS, LLC 223 PROSPECT AVE, APT1									
BROOKLYN, NY 11215 THE SHAKESPEARE SOCIETY OF AMERICA, INC 425 LAFAYETTE STREET - NEW YORK, NY 10003	27-3125435	501(C)(3)	10,000.	0.			PASSTHROUGH GRANT GENERAL OPERATING SUPPORT FOR THE PERFORMANCE, COMMENTARY, AND EDUCATIONAL ACTIVITIES		
<ul> <li>2 Enter total number of section 501(c)(3)</li> <li>3 Enter total number of other organization</li> </ul>			ne line 1 table				1.		

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Schedule I (Form 990) 2021

13-1844852

Page 2

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	<b>(c)</b> Amount of cash grant	(d) Amount of non- cash assistance	<b>(e)</b> Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance			
FREELANCE THEATERMAKER	10	10,000.	0.					
Part IV Supplemental Information. Provide the information req	uired in Part I, lir	ne 2; Part III, column	(b); and any other a	dditional information.				
PART I, LINE 2:								
GRANTEE IS REQUIRED TO SUBMIT A BU	DGET FOR	APPROVAL.	ONCE APP	ROVED, NYSF				
MAINTAINS THE BUDGET AND MONITORS GRANT EXPENSES AGAINST IT. PAYMENT TO								
THE GRANTEE IS USUALLY IN THE FORM OF REIMBURSEMENT. GRANTEE IS REQUIRED								
TO SUBMIT RECEIPTS AND SUPPORTING DOCUMENTATION IN ORDER TO BE REIMBURSED.								

DEPENDING ON THE PROJECT, INTERIM PROGRESS REPORTS MAY BE REQUIRED. A

FINAL REPORT AND ACCOUNTING STATEMENT IS REQUIRED AT THE END OF THE

PROJECT.

Schedule I (Form 990) NEW YORK SHAKESPEARE FESTIVAL	13-1844852 Page 2
Part IV Supplemental Information	
A MULTI-YEAR BUDGET HAS BEEN INCORPORATED INTO THE AFFILIATI	ON AGREEMENT
BETWEEN NYSF AND THE SHAKESPEARE SOCIETY OF AMERICA, INC. NY	SF REVIEWS THE
BUDGET AND EXPENSES DURING THE YEAR. INTERIM FINANCIAL REPOR	TS ARE REVIEWED
REGULARLY. A FINAL REPORT AND ACCOUNTING STATEMENT IS REQUIR	ED AT THE END
OF THE YEAR.	

PART II

FREELANCE THEATER MAKER RELIEF:

GRANTEE IS REQUIRED TO SUBMIT A BUDGET FOR APPROVAL. GRANTEE REPORTS ON

THE ACTIVITIES AND, IF REQUIRED, SUBMITS A FINAL REPORT AND ACCOUNTING

STATEMENT AT THE END OF THE PROJECT.

SC	HEDULE J		1545-00	47		
(Fo	rm 990)	<b>Compensation Information</b> For certain Officers, Directors, Trustees, Key Employees, and Highest		20	21	
•		Compensated Employees		ZU		i
Depa	tment of the Treasury	<ul> <li>Complete if the organization answered "Yes" on Form 990, Part IV, line 23.</li> <li>Attach to Form 990.</li> </ul>		Open to	Publ	ic
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspe		
Nam	e of the organizatio		Employer id			mber
_		NEW YORK SHAKESPEARE FESTIVAL	13-1	84485	2	
Pa	rt I Question	s Regarding Compensation				
					Yes	No
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,			
		line 1a. Complete Part III to provide any relevant information regarding these items.				
	X First-class or o					
	Travel for com	sidence				
	X Tax indemnification and gross-up payments Health or social club dues or initiation fees					
	Discretionary	spending account Personal services (such as maid, chauffer	ur, chef)			
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or		1b	х	
~	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain					
2	2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,				х	
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2	<u> </u>	
~	la dia sta subista da 16 a	_				
3		ny, of the following the organization used to establish the compensation of the organization'				
		ector. Check all that apply. Do not check any boxes for methods used by a related organizat ation of the CEO/Executive Director, but explain in Part III.	Ion to			
	Compensation committee       X       Written employment contract         X       Independent compensation consultant       X					
	Independent compensation consultant       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey or study         Image: Compensation survey or study       Image: Compensation survey o					
			committee			
4	During the year di	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing				
-	organization or a re					
а				4a	х	
b		e payment or change-of-control payment? eive payment from a supplemental nonqualified retirement plan?			X	
		eive payment from an equity-based compensation arrangement?				x
Ŭ		hes 4a-c, list the persons and provide the applicable amounts for each item in Part III.				
	Only section 501(	:)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.				
5		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r					
а						X
		ation?				X
		or 5b, describe in Part III.				
6	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on			
	contingent on the r	net earnings of:				
а	The organization?	· · · · · · · · · · · · · · · · · · ·		6a		X
b		ation?				X
		or 6b, describe in Part III.				
7	For persons listed	on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment	s			
		nes 5 and 6? If "Yes," describe in Part III		7		X
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to				
	initial contract exce	ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X
9	If "Yes" on line 8, d	id the organization also follow the rebuttable presumption procedure described in				
	Regulations section	1 53.4958-6(c)?		9		
LHA		eduction Act Notice, see the Instructions for Form 990.		ule J (Forr	n 990)	) 2021

132111 11-02-21

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

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

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

	(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(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			reported as deferred on prior Form 990
(1) PAUL J EUSTIS	(i)	877,126.	0.	21,480.	210,078.	28,311.	1,136,995.	39,903.
ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATRICK WILLINGHAM	(i)	427,856.	0.	20,190.	33,822.	500.	482,368.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LAURENCE JAHNS	(i)	164,493.	0.	239,367.	0.	8,765.	412,625.	0.
CHIEF ADVANCEMENT OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DANIEL WILLIAMS	(i)	147,936.	5,000.	13,173.	18,971.	13,378.	198,458.	0.
SENIOR DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEREMY ADAMS	(i)	181,063.	0.	3,775.	32,879.	13,277.	230,994.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THOMAS MCCANN	(i)	186,375.	0.	3,846.	22,984.	9,450.	222,655.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) KRISTINA HOGE	(i)	221,111.	0.	4,808.	18,533.	28,566.	273,018.	0.
SENIOR DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KELLI PAYNE	(i)	219,324.	0.	4,808.	17,675.	36,237.	278,044.	0.
SENIOR DIRECTOR, ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) MANDY HACKETT	(i)	185,251.	0.	3,923.	30,459.	31,072.	250,705.	0.
ASSOCIATE ARTISTIC DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SAHEEM ALI	(i)	194,162.	27,163.	3,653.	7,110.	12,770.	244,858.	0.
ASSOCIATE ARTISTIC DIR.	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) RUTH STERNBERG	(i)	192,385.	0.	4,082.	39,925.	28,088.	264,480.	0.
PRODUCTION EXECUTIVE	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Schedule J (Form 990) 2021

#### Part III Supplemental Information

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

#### PART I, LINE 1A:

THE ARTISTIC DIRECTOR AND EXECUTIVE DIRECTOR ARE PERMITTED TO BOOK UPGRADED

SEATING ON OVERNIGHT FLIGHTS THAT ARE SIX HOURS OR LONGER.

PAUL EUSTIS RECEIVED GROSS-UP PAYMENTS TO COVER IMPUTED INCOME ON CASH

ALLOWANCES PROVIDED FOR HIS CONTRACTUAL LIFE INSURANCE PREMIUM PAYMENTS.

PAUL EUSTIS, PATRICK WILLINGHAM, AND LAURENCE JAHNS RECEIVED GROSS-UP

PAYMENTS TO COVER IMPUTED INCOME ON CASH ALLOWANCES FOR THEIR 403B

ACCOUNTS.

PART I, LINES 4A-B:

PURSUANT TO HIS EMPLOYMENT AGREEMENT, PAUL J. EUSTIS PARTICIPATES IN AN

NONQUALIFIED DEFERRED COMPENSATION ARRANGEMENT UNDER SECTION 457(F) OF THE

INTERNAL REVENUE CODE, WHICH IS DESIGNED TO PROVIDE A NONQUALIFIED

RETIREMENT BENEFIT UPON COMPLETION OF THE CONTRACT TERM, AND IS SUBJECT TO

A SUBSTANTIAL RISK OF FORFEITURE. THE RETIREMENT BENEFIT IS BEING ACCRUED

RATABLY OVER THE CONTRACT TERM. \$159,493 WAS VESTED DURING THE 2021

CALENDAR YEAR AND THE ACCRUAL IS BEING REPORTED AS DEFERRED COMPENSATION.

\$39,903 WAS PAID DURING THE 2021 CALENDAR YEAR AND REPORTED AS REPORTABLE

### Part III Supplemental Information

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

### COMPENSATION.

### LAURENCE JAHNS RECEIVED A SEVERANCE PAYMENT OF \$200,000 DURING CALENDAR

### YEAR 2021

Schedule J (Form 990) 2021

### **SCHEDULE M** (Form 990)

## **Noncash Contributions**

OMB No. 1545-0047 

**Open to Public** 

Inspection

ſ

Employer identification number

21 l

Department of the Treasury Internal Revenue Service

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

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

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

	NEW YORK SHA	KESPEA	RE FESTIV	AL	13-1	844	852	
Pa	rt I Types of Property							
		<b>(a)</b> Check if applicable	<b>(b)</b> Number of contributions or items contributed	<b>(c)</b> Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contrib	etermir	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	Х	2,943	3,827,949.	FAIR MARKET	'VA	LUE	
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or							
	trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ► ()							
26	Other ()							
27	Other ► ()							
28	Other ► ( )							
29	Number of Forms 8283 received by the organ	zation durin	g the tax year for o	contributions				
	for which the organization completed Form 82	83, Part V, I	Donee Acknowledg	gement 29				
							Yes	No
30a	During the year, did the organization receive b	y contributio	on any property re	ported in Part I, lines 1 throug	gh 28, that it			
	must hold for at least three years from the dat	e of the initia	al contribution, and	d which isn't required to be u	sed for			
	exempt purposes for the entire holding period	?				30a		X
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance	policy that r	equires the review	of any nonstandard contribu	itions?	31	X	
32a	Does the organization hire or use third parties	or related or	rganizations to soli	cit, process, or sell noncash				
	contributions?					32a	X	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in o	column (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.							

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132141 11-17-21

12300512 759420 13973901

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 SECURITIES HOLDS NYSF'S BROKERAGE ACCOUNT TO RECEIVE STOCK

#### GIFTS. STOCK GIFTS ARE SOLD UPON RECEIPT.

Schedule M (Form 990) 2021

13-1844852

Page 2

132142 11-17-21

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

EZ
OMB No. 1545-0047
2021
Open to Public
Inspection
Employer identification number

13 - 1844852

NEW YORK SHAKESPEARE FESTIVAL

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

THROUGH THE PUBLIC THEATER, SHAKESPEARE IN THE PARK AND JOE'S PUB, NYSF

IS DEDICATED TO DEVELOPING AN AMERICAN THEATER THAT IS ACCESSIBLE AND

RELEVANT 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: PREMIERES THIS SEASON: TOM KITT, KWAME KWEI-ARMAH, & BRIAN YORKEY'S THE VISITOR; ERIKA DICKERSON-DESPENZA'S CULLUD WATTAH; JACLYN BACKHAUS, SAMANTHA CHANSE, MIA CHUNG, NAOMI IIZUKA, AND ANNA MOENCH'S OUT OF TIME; SHAINA TAUB'S SUFFS; AND DANIEL ALEXANDER JONES' ALTAR NO. 1 -ATEN. NEW YORK PREMIERE PRODUCTIONS INCLUDED: LLOYD SUH'S THE CHINESE LADY; MONA MANSOUR'S THE VAGRANT TRILOGY; AND JAMES IJAMES' PULITZER PRIZE-WINNING FAT HAM.

THE PUBLIC WAS SLATED TO CELEBRATE THE 18TH ITERATION OF THE UNDER THE RADAR FESTIVAL FROM JANUARY 12 THROUGH 30, 2022, PROVIDING A PLATFORM FOR GLOBAL ARTISTS TO DEVELOP THEIR WORKS, BUILD RELATIONSHIPS, AND EXPLORE TOURING OPPORTUNITIES. DESPITE ROBUST COVID-19 PROTOCOLS, MULTIPLE DISRUPTIONS NECESSITATED THE CANCELLATION OF THE FESTIVAL, INCLUDING ARTIST AND STAFF AVAILABILITY, ARTIST AND AUDIENCE CANCELLATIONS, MAJOR TRAVEL INTERRUPTIONS, AND VISA PROCESSING DELAYS. THE DECISION TO DO SO WAS BOTH HEARTBREAKING AND NECESSARY; WE HONORED LHA FOR Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 132211 11-11-21 249

12300512 759420 13973901

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Schedule O (Form 990) 202	Page <b>2</b>							
Name of the organization	NEW	YORK	SHAKESI	PEARI	E FESTIVAL			Employer identification number $13 - 1844852$
	г то	OUR	ARTISTS	BY (	COMPENSATING	THEIR	гяоячя	·S .

FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS: PRODUCTION OF MERRY WIVES, IN WHICH THE PUBLIC CAME ROARING BACK TO FULL AND VIVID LIFE AFTER NEARLY TWO YEARS OF CLOSURES, WE WERE PROUD TO CONTINUE THIS CELEBRATION WITH TWO NEW PRODUCTIONS FOR THE 2022 SEASON OF FREE SHAKESPEARE IN THE PARK SEASON: RICHARD III, LED BY THE INCOMPARABLE DANAI GURIRA, AND THE ACCLAIMED, JOYFUL MUSICAL ADAPTATION OF AS YOU LIKE IT FROM OUR PUBLIC WORKS PROGRAM THAT FEATURED 75 COMMUNITY MEMBERS ONSTAGE FOR EVERY PERFORMANCE.

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

IN THE 2021-22 SEASON, JOE'S PUB WELCOMED BACK ARTISTS AND AUDIENCES FOR IN-PERSON PERFORMANCES FOR THE FIRST TIME SINCE MARCH 2020. BEGINNING IN FALL 2021, NIGHTLY PROGRAMMING FEATURED A MIX OF FAMILIAR AND NEW FACES SUCH AS JUSTIN VIVIAN BOND, BRIDGET EVERETT, TOSHI REAGON, TAYLOR MAC, AND VANGUARD RESIDENCY ALUMNA NONA HENDRYX. IN OCTOBER 2021, THE PUB WELCOMED THE FIRST EVER HABIBI FESTIVAL, A WEEK-LONG CELEBRATION OF GROUNDBREAKING ARTISTS FROM THROUGHOUT THE MIDDLE EAST/NORTH AFRICAN REGIONS. WE ALSO HELD THREE FREE OUTDOOR EVENTS AT THE ASTOR PLACE PLAZA IN PARTNERSHIP WITH VILLAGE ALLIANCE: SATURDAY NIGHT CABARET, A JUNETEENTH CELEBRATION, AND A PERFORMANCE BY DAKHABRAKHA.

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

COMMUNITY PROGRAMS INCLUDE:

132212 11-11-21

50

Name of the organization NEW YORK SHAKESPEARE FESTIVAL	Employer identification number 13-1844852
MOBILE UNIT	
PUBLIC WORKS	
PUBLIC SHAKESPEARE INITIATIVE	
EARLY CAREER WORKING GROUPS	
EMERGING WRITERS GROUP	
DEVISED THEATER WORKING GROUP	
JOE'S PUB WORKING GROUP	
NEW YORK VOICES	
ARTISTS-IN-RESIDENCE EXPENSES \$ 4,160,156. INCLUDING GRANTS OF \$ 486,359. F	REVENUE \$ 138.704.
FORM 990, PART VI, SECTION A, LINE 1A:	
THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE CONSISTING OF	THE CHAIR OTHER
OFFICERS OF THE BOARD, THE CHAIRS OF THE AUDIT, FINANCE A	
COMMITTEES AND SUCH ADDITIONAL TRUSTEES AS MAY BE ELECTEI	
THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL	
BOARD PERMITTED BY LAW WHEN THE BOARD IS NOT IN SESSION,	EXCEPT FOR CERTAIN
SPECIFIC MATTERS PURSUANT TO THE ORGANIZATION'S BY-LAWS.	
FORM 990, PART VI, SECTION B, LINE 11B:	
132212 11-11-21 <b>51</b>	Schedule O (Form 990) 20

12300512 759420 13973901 2021.05080 NEW YORK SHAKESPEARE FESTIV 13973902

Name of the organization	Employer identification number
NEW YORK SHAKESPEARE FESTIVAL	13-1844852
MANAGEMENT (INCLUDING BUT NOT LIMITED TO THE EXECUTIVE DI	RECTOR) REVIEWS
THE FORM 990 WITH THE AUDIT COMMITTEE. AFTER THAT EVALUAT	ION, THE DRAFT 990
IS CIRCULATED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND A	PPROVAL. THE
PUBLIC VERSION OF THE 990 IS THEN CIRCULATED TO THE FULL	BOARD FOR COMMENTS
AND QUESTIONS PRIOR TO FILING.	

FORM 990, PART VI, SECTION B, LINE 12C:

THROUGHOUT THE FISCAL YEAR, BOARD MEMBERS ARE REMINDED TO DISCLOSE ANY CONFLICTS THEY MAY HAVE TO MANAGEMENT OR THE AUDIT COMMITTEE. AT THE END OF EACH FISCAL YEAR, CONFLICT OF INTEREST FORMS ARE FILLED OUT BY TRUSTEES, AND THE AUDIT COMMITTEE OR ITS CHAIR EVALUATES THE DISCLOSURES TO DETERMINE WHETHER THEY INVOLVE MATERIAL CONFLICTS AND MAKES A RECOMMENDATION. INTERESTED BOARD MEMBERS RECUSE THEMSELVES FROM DISCUSSION AND VOTING RELATING TO ANY CONFLICTED MATTER. HOWEVER, AS A MEMBER OF THE BOARD OR COMMITTEE, THE INTERESTED BOARD MEMBER MAY BE COUNTED IN DETERMINING THE ESTABLISHMENT OF THE QUORUM AT SUCH A MEETING.

AT THIS TIME, ONLY TRUSTEES ARE REQUIRED TO DISCLOSE. A POLICY IS BEING 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 EFFECTIVE JUNE 2018 AND RUNS THROUGH JULY 2028. THE EXECUTIVE DIRECTOR'S CONTRACT WAS RENEWED IN JANUARY 2018 AND RUNS THROUGH DECEMBER 2025. 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. 132212 11-11-21

12300512 759420 13973901

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021	Page <b>2</b>
Name of the organization NEW YORK SHAKESPEARE FESTIVAL	Employer identification number 13-1844852
FOR THE KEY POSITIONS OF PRODUCTION EXECUTIVE, CHIEF ADVA	NCEMENT OFFICER,
CHIEF FINANCIAL OFFICER, MANAGING DIRECTOR AND CHIEF MARK	ETING OFFICER, THE
SENIOR DIRECTOR OF HUMAN RESOURCES AND/OR INDEPENDENT CON	ISULTANT GARNERS
INFORMATION USING COMPARATIVE DATA FROM SIMILARLY-SIZED,	NONPROFIT ARTS
INSTITUTIONS. THE INFORMATION IS CULLED FROM FORM 990S AN	ID FROM INDUSTRY
SURVEYS. USING THIS DATA, THE EXECUTIVE DIRECTOR AND HR I	ETERMINE
COMPENSATION.	
FORM 990, PART VI, SECTION C, LINE 19:	
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FI	NANCIAL STATEMENTS
ARE NOT MADE AVAILABLE TO THE PUBLIC.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION-RELATED CHANGES OTHER THAN PERIODIC PENSION COST	4,407,644.

Schedule O (Form 990) 2021 53 12300512 759420 13973901 2021.05080 NEW YORK SHAKESPEARE FESTIV 13973902

SCH	EDULE R	
-		

### (Form 990)

### Related Organizations and Unrelated Partnerships

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

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

OMB No. 1545-0047

2021 Open to Public Inspection

Employer identification number

13-1844852

Department of the Treasury Internal Revenue Service Name of the organization

### NEW YORK SHAKESPEARE FESTIVAL

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controlling entity
or disregarded entity		foreign country)			entity

# Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	<b>(e)</b> Public charity status (if section	<b>(f)</b> Direct controlling entity	cont	<b>g)</b> 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE SHAKESPEARE SOCIETY OF AMERICA, INC	INCREASING ENJOYMENT,						
13-3974836, 425 LAFAYETTE STREET, NEW YORK,	UNDERSTANDING, AND						
NY 10003	APPRECIATION OF	NEW YORK	501(C)(3)	509(A)(2)	YES	X	
	-						
	-						
	-						

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

Schedule R (Form 990) 2021

### Schedule R (Form 990) 2021 NEW YORK SHAKESPEARE FESTIVAL

13-1844852 Page 2

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)	ł)	ו)	(i)		(j)		k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	(related, unrelated, excluded from tax under						-year allocation		roportionate locations? Code V-UB amount in be 20 of Schedu		ieneral or nanaging partner?	owne	ntaç ershi
		country)		sections	s 512-514)					Yes	No	K-1 (Form 10	65) <b>Y</b>	'es No		
	_															
	-															
	-															
	-															
	-															
	_															
	_															
	-															
art IV Identification of Related C	 )rganizations Tayabl		cration or Trust C		bo organizat	ion anei	worod "Vos	n" on Eor	m 000 D	ort IV	lino 3	L 4. bocquso it b	ad on		oro rol	lato
organizations treated as a c	corporation or trust du	ring the tax	year.	ompiete ii t	ne organizat	1011 41151	weled les		ш ээо, га	art iv,	inie J.	4, Decause It H	au on			ale
(a)			(b)	(c)	(d)		(e)		(f)			(g)	(	h)	(i Sec	i)
Name, address, and		Prim	ary activity	Legal domicile			Type of		Share o			Share of	Perce	entage	512(b	b)(13
of related organizat	ion			(state or foreign	entity	/	(C corp, S or tru		incor	ne		end-of-year assets	owne	ership	contr enti	ity?
				country)				,							Yes	N
UBLIC THEATER PRODUCTIONS - 26-3803813																
5 LAFAYETTE STREET			L THEATER	NT37								52 680		1000	v	ĺ
W YORK, NY 10003		CO-PRODUC	TIONS	NY	N/A		C CORP			(	).	53,679.		100%		⊢
																⊢

				-

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### Schedule R (Form 990) 2021 NEW YORK SHAKESPEARE FESTIVAL

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 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
<ol> <li>During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?</li> </ol>		163	
	1a	-	x
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity			
<b>b</b> Gift, grant, or capital contribution to related organization(s)	<u>di</u>		<u> </u>
c Gift, grant, or capital contribution from related organization(s)		_	- 37
d Loans or loan guarantees to or for related organization(s)			X
e Loans or loan guarantees by related organization(s)	1e		X
f Dividends from related organization(s)	1f		X
g Sale of assets to related organization(s)	1g		X
h Purchase of assets from related organization(s)			X
i Exchange of assets with related organization(s)			X
j Lease of facilities, equipment, or other assets to related organization(s)			X
k Lease of facilities, equipment, or other assets from related organization(s)	1k		X
I Performance of services or membership or fundraising solicitations for related organization(s)		X	
m Performance of services or membership or fundraising solicitations by related organization(s)			X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X	
o Sharing of paid employees with related organization(s)		X	
p Reimbursement paid to related organization(s) for expenses	1p		X
q Reimbursement paid by related organization(s) for expenses		X	
r Other transfer of cash or property to related organization(s)	1r		X
s Other transfer of cash or property from related organization(s)	1s		X
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshol	ds.	•	-

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	(d) Method of determining amount involved					
(1) THE SHAKESPEARE SOCIETY OF AMERICA, INC.	В	441,359.	AMOUNT OF GRANT TO THE SOCIETY					
(2) THE SHAKESPEARE SOCIETY OF AMERICA, INC.	Q	441,359.	REIMBURSEMENT FROM THE SOCIETY					
(3)								
_(4)								
(5)								
<u>(6)</u>	56							

### Schedule R (Form 990) 2021 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) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.	) all s sec. )(3) .?	<b>(f)</b> Share of total income	<b>(g)</b> Share of end-of-year assets	() Dispr tior alloca	n) opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Gener mana partn	al or F ging ier?	<b>(k)</b> Percentage ownership
			30000113 3 12 3 14)	Yes I	No			Yes	No	(101111003)	Yes	NO	
												+	
												+	
												+	
												+	
												_	

Schedule R (Form 990) 2021

Part VII Supplemental Information

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

### PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:

### NAME OF RELATED ORGANIZATION:

THE SHAKESPEARE SOCIETY OF AMERICA, INC.

### PRIMARY ACTIVITY: INCREASING ENJOYMENT, UNDERSTANDING, AND APPRECIATION OF

### SHAKESPEARE'S WORKS

132165 11-17-21

#### 2021 DEPRECIATION AND AMORTIZATION REPORT

#### FORM 990 PAGE 10

ORM J.	90 PAGE 10							990							
Asset No.	Description	Date Acquired	Method	Life	C o n v	Line No.	Unadjusted Cost Or Basis	Bus % Excl	Section 179 Expense	* Reduction In Basis	Basis For Depreciation	Beginning Accumulated Depreciation	Current Sec 179 Expense	Current Year Deduction	Ending Accumulated Depreciation
	MACHINERY & EQUIPMENT														
1	FURNITURE AND EQUIPMENT	VARIOUS	SL	5.00		16	791,433.				791,433.	402,355.		62,466.	464,821.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPMENT						791,433.				791,433.	402,355.		62,466.	464,821.
	OTHER														
2	COMPUTER SOFTWARE AND HARDWARE	VARIOUS	SL	5.00		16	1,767,515.				1,767,515.	1,207,486.		185,794.	1,393,280.
3	LEASEHOLD IMPROVEMENTS	VARIOUS	SL	5.00		16	38588885.				38588885.	7,322,853.		1,983,665.	9,306,518.
	* 990 PAGE 10 TOTAL OTHER						40356400.				40356400.	8,530,339.		2,169,459.	10699798.
	* GRAND TOTAL 990 PAGE 10 DEPR						41147833.				41147833.	8,932,694.		2,231,925.	11164619

128111 04-01-21

Form <b>4562</b>	
Department of the Treasury Internal Revenue Service	(99)
Name(s) shown on return	

# Depreciation and Amortization (Including Information on Listed Property)

990

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information. Business or activity to which this form relates

Attachment Sequence No. **179** Identifying number

ZUZ

OMB No. 1545-0172

NE	V YORK SHAKESPEARE						PAGE 10		13-1844852
Pa	rt I Election To Expense Certain Prope	erty Under Section 1	79 Note: If you hav	ve any lis	ted pro	perty,	complete Part	V before y	-
1 1	Maximum amount (see instructions)							1	1,050,000.
2	Total cost of section 179 property place	ced in service (see	instructions)					2	
3 1	Threshold cost of section 179 property	3	2,620,000.						
4 F	Reduction in limitation. Subtract line 3	4							
5	Oollar limitation for tax year. Subtract line 4 from lin	ne 1. If zero or less, enter	-0 If married filing sepa	arately, see	instructio	ons		5	
6	(a) Description of p	roperty	(b) (	Cost (busine	ess use o	nly)	(c) Elected	cost	
	isted property. Enter the amount fron					7			
	Total elected cost of section 179 prop								
9 1	Fentative deduction. Enter the <b>smalle</b>	<b>r</b> of line 5 or line 8						9	
10 (	Carryover of disallowed deduction fror	m line 13 of your 2	020 Form 4562					10	
11 E	Business income limitation. Enter the s	smaller of busines	s income (not less	than zer	o) or lin	e5.		11	
<b>12</b> S	Section 179 expense deduction. Add	lines 9 and 10, bu	t don't enter more	than line	11			12	
	Carryover of disallowed deduction to 2				►	13			
	: Don't use Part II or Part III below for	r listed property. Ir	nstead, use Part V.						
Pa	rt II Special Depreciation Allowa	ance and Other D	epreciation (Don <sup>3</sup>	' <b>t</b> include	listed	prope	rty. <b>)</b>		
<b>14</b> S	Special depreciation allowance for qua	alified property (ot	her than listed pro	perty) pla	aced in	servic	e during		
t	he tax year							14	
15 F	Property subject to section 168(f)(1) el	lection						15	
16 (	Other depreciation (including ACRS)							16	2,231,925.
Ра	rt III MACRS Depreciation (Don"	<b>t</b> include listed pro	perty. See instruc	tions.)					
	MACRS deductions for assets placed you are electing to group any assets placed in set Section B - Assets (a) Classification of property	rvice during the tax year	into one or more general	asset acco <b>x Year L</b> ciation ent use	ounts, che <b>Jsing t</b> (d) R	ck here	<b>&gt;</b>		em (g) Depreciation deduction
19a	3-year property								
b	5-year property								
 c	7-year property								
d	10-year property								
 e	15-year property								
f	20-year property								
g	25-year property				25	yrs.		S/L	
		/				5 yrs.	ММ	S/L	
h	Residential rental property	/				5 yrs.	MM	S/L	
		/				yrs.	MM	S/L	
i	Nonresidential real property	/				y10.	MM	S/L	
	Section C - Assets	Placed in Service	During 2021 Tax	Year Us	ing the	e Altei			stem
20a	Class life				•			S/L	
<u></u> b	12-year							S/L	
 c	30-year	/				yrs.	ММ	S/L	
d	40-year	/				yrs.	MM	S/L	
	rt IV Summary (See instructions.)	,	I		.0	J. 2.		-, -	
	isted property. Enter amount from lin	e 28						21	
22 1	<b>Fotal.</b> Add amounts from line 12, lines	14 through 17, lir		olumn (g)	, and li				2,231,925.
	For assets shown above and placed in	-	-				••••		_,,200
	portion of the basis attributable to sec	-	•			23			

For	m 4562 (2021)	<u>NEW</u>	YORK S	<u>HAKE</u>	SPEA	<u>RE</u> F	<u>'EST</u> I	VAL				<u>13</u> -	1844	<u>852</u>	Page 2
Pa	Listed Proper entertainment,				ner vehic	les, cer	tain aircı	aft, an	id propert	y used fo	or				
	Note: For any				standar	d milea	ae rate c	r dedu	ucting leas	e expen	se. com	iplete <b>on</b>	<b>lv</b> 24a.		
	24b, columns	(a) through (c	c) of Śection A,	all of S	ection B	, and Se	ection C	if appl	icable.	•		-			
			on and Other I			ution: S	See the i	_						)	
24a	Do you have evidence to	1		nt use cla	aimed?	<u> </u>	es 🗋	_ No	24b If "Y			nce writ	ten?	_ Yes ∟	<u>No</u>
	<b>(a)</b> Type of property	(b) Date	<b>(c)</b> Business/		(d)	Bas	(e) sis for depre	eciation	(f)	-	g)		h)	Flé	(i) ected
	(list vehicles first)	placed in	investment	1 of	Cost or her basis		siness/inve use only	stment	Recovery period		hod/ ention		eciation uction	secti	on 179
	· · · · · · · · · ·	service	use percentag	e			,	,		<u> </u>				C	ost
	Special depreciation all								,						
	used more than 50% in						<u></u>				25				
26	Property used more that	an 50% in a c 1								ı —		r – – –		i	
		1 1 1	%	-											
			%	_											
	Dreneutry yeard 500/ ard		%												
27	Property used 50% or l	ess in a quai		-						0/		<u> </u>			
			%	-		_				S/L -					
			%	_						S/L - S/L -					
	Add amounts in columr	(h) lince 25		-	o and an	lino 21	nogo 1				28				
	Add amounts in column												29		
29	Add amounts in column	1 (I), III le 20. E			B - Infori								. 29		
Con	nplete this section for ve	obieles used								or rolator	1 porcor	lfvou	providor	lvobiele	
	our employees, first ans		, , ,	· •	,				,		•		•		55
10 y	our employees, mist ans	swer the ques			see ii you	i meer a	anexcep		completi	ng tins s	ection		venicies	5.	
				(;	a)	(	b)		(c)	6	d)	6	e)		(f)
30	Total business/investment	miles driven d	uring the	Vehicle		-		l v	'ehicle	Veh	-		nicle	(f) Vehicle	
	year ( <b>don't</b> include commu		ů.												
	Total commuting miles														
	Total other personal (no		-												
	driven	-													
	Total miles driven during														
	Add lines 30 through 32	• •													
	Was the vehicle availab			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
	during off-duty hours?														
35	Was the vehicle used p														
	than 5% owner or relate														
	Is another vehicle availa														
	use?														
			- Questions for	or Empl	loyers W	ho Pro	vide Vel	nicles t	for Use b	y Their E	Employe	es	•		
Ans	wer these questions to												ren't		
mor	e than 5% owners or re	lated person	S.												
37	Do you maintain a writte	en policy stat	tement that pro	ohibits a	all persor	al use o	of vehicle	es, incl	luding cor	nmuting	, by you	r		Yes	No
	employees?														
38	Do you maintain a writte	en policy stat	ement that pro	phibits p	personal	use of \	/ehicles,	excep	t commut	ing, by y	our				
	employees? See the ins	structions for	vehicles used	by corp	orate of	ficers, c	directors	, or 1%	or more	owners					
	Do you treat all use of v														
40	Do you provide more th	an five vehic	les to your em	oloyees	, obtain i	nformat	tion from	ı your e	employee	s about					
	the use of the vehicles,														
41	Do you meet the require	ements conc	erning qualified	d autom	obile der	nonstra	ation use	?						. L	
	Note: If your answer to	37, 38, 39, 4	0, or 41 is "Ye	s," don'	t comple	te Sect	ion B for	the co	overed vel	nicles.					
Pa	art VI Amortization														
	(a) Description o	of costs	Date a	(b) mortization		(c) Amortizat	ole		<b>(d)</b> Code		(e) Amortiza		Ar	<b>(f)</b> nortization	ı
				pegins		amoun	t		section		period or per		fc	r this year	
42	Amortization of costs th	nat begins du	ring your 2021	tax yea	ar:										
				: :											
				: :								-+			
	Amortization of costs th											43			
44	Total. Add amounts in o	column (f). Se	ee the instructi	ons for	where to	report						44			
1162	52 12-21-21												F	orm <b>456</b>	<b>2</b> (2021)

12300512 759420 13973901

60 2021.05080 NEW YORK SHAKESPEARE FESTIV 13973902