

Form **990**

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning **SEP 1, 2015** and ending **AUG 31, 2016**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW YORK SHAKESPEARE FESTIVAL Doing business as THE PUBLIC THEATER; JOE'S PUB Number and street (or P.O. box if mail is not delivered to street address) Room/suite 425 LAFAYETTE STREET City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10003 F Name and address of principal officer: PATRICK WILLINGHAM SAME AS C ABOVE	D Employer identification number 13-1844852 E Telephone number (212) 539-8500 G Gross receipts \$ 35,268,145. H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c)() (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		
J Website: WWW.PUBLICTHEATER.ORG		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1954 M State of legal domicile: NY

Part I Summary

	1	Briefly describe the organization's mission or most significant activities: THROUGH THE PUBLIC THEATER, SHAKESPEARE IN THE PARK AND JOE'S PUB, NYSF IS DEDICATED TO		
Activities & Governance	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	40
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	38
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	1254
	6	Total number of volunteers (estimate if necessary)	6	150
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	5,269.
	7b	Net unrelated business taxable income from Form 990-T, line 34	7b	3,909.
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	27,916,624.	19,140,017.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	10,196,220.	10,237,984.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	622,680.	698,506.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,363,707.	3,352,813.
	12		40,099,231.	33,429,320.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	19,655,573.	21,672,183.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	273,875.	206,667.
	16b	Total fundraising expenses (Part IX, column (D), line 25)	2,998,827.	
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,804,459.	14,345,363.
Net Assets or Fund Balances	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	32,733,907.	36,224,213.
	19	Revenue less expenses. Subtract line 18 from line 12	7,365,324.	-2,794,893.
	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	52,814,083.	49,621,851.
22	Net assets or fund balances. Subtract line 21 from line 20	4,884,754.	5,665,248.	
		47,929,329.	43,956,603.	

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer PATRICIA HUIE, CHIEF FINANCIAL OFFICER Type or print name and title	Date	7-14-2017
Paid Preparer Use Only	Print/Type preparer's name MICHAEL WALLACE	Preparer's signature	Check if self-employed <input type="checkbox"/> PTIN P00881958
	Firm's name LUTZ AND CARR, CPAS LLP	Firm's EIN 13-1655065	
	Firm's address 551 FIFTH AVENUE, SUITE 400 NEW YORK, NY 10176	Phone no. 212-697-2299	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
AS THE NATION'S FOREMOST PRODUCER OF SHAKESPEARE AND NEW WORK, THE PUBLIC THEATER IS DEDICATED TO ACHIEVING ARTISTIC EXCELLENCE WHILE DEVELOPING AN AMERICAN THEATER THAT IS ACCESSIBLE AND RELEVANT TO ALL PEOPLE THROUGH PRODUCTIONS OF CHALLENGING NEW PLAYS, MUSICALS AND

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

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

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 17,756,034. including grants of \$) (Revenue \$ 5,896,107.)
DOWNTOWN SEASON

THE PUBLIC THEATER'S MAINSTAGE SEASON AT 425 LAFAYETTE STREET FEATURES A DIVERSE LINE-UP OF NEW PLAYS AND MUSICALS, AS WELL AS SHAKESPEARE AND OTHER CLASSICS, IN FIVE THEATERS. THE DOWNTOWN PROGRAMMING AIMS TO PRESENT THE MOST PRESSING ISSUES OF THE TIME, AS TOLD BY THE FIELD'S MOST CUTTING-EDGE VOICES, TO THE BROADEST POSSIBLE AUDIENCE. THE PUBLIC THEATER'S 2015-2016 SEASON SPANNED 33 WEEKS WITH OVER 450 PERFORMANCES.

FIVE PLAYS RECEIVED THEIR WORLD PREMIERE - ROBERT O'HARA'S BARBECUE, MICHAEL JOHN LACHIUSA'S FIRST DAUGHTER SUITE, RICHARD NELSON'S HUNGRY,

4b (Code:) (Expenses \$ 5,881,298. including grants of \$) (Revenue \$ 0.)
SHAKESPEARE IN THE PARK

FREE SHAKESPEARE IN THE PARK AT THE DELACORTE THEATER IN CENTRAL PARK EMBODIES THE PUBLIC THEATER'S MISSION TO OFFER THE HIGHEST QUALITY WORK TO EVERYONE, FREE OF CHARGE. SINCE ITS INCEPTION MORE THAN 5 MILLION PEOPLE HAVE ENJOYED PERFORMANCES BY BOTH EMERGING AND WORLD-RENOWNED ARTISTS. CONTINUING A LONG-HELD TRADITION, ALL TICKETS FOR SHAKESPEARE IN THE PARK ARE OFFERED FREE OF CHARGE THROUGH A VARIETY OF DISTRIBUTION METHODS IN ALL FIVE BOROUGHES DESIGNED TO MAXIMIZE ACCESSIBILITY. FOR PATRONS WITH HEARING AND VISION IMPAIRMENTS, THE PUBLIC THEATER OFFERS A SIGN-INTERPRETED, OPEN-CAPTIONED AND AUDIO-DESCRIBED PERFORMANCE FOR EACH PRODUCTION.

4c (Code:) (Expenses \$ 3,939,527. including grants of \$) (Revenue \$ 2,652,791.)
JOE'S PUB

ONE OF NEW YORK CITY'S MOST CELEBRATED VENUES FOR EMERGING AND ESTABLISHED PERFORMANCE ARTISTS, JOE'S PUB IS COMMITTED TO REFLECTING THE DIVERSE COMMUNITY THAT IT REPRESENTS IN ITS AUDIENCE AND ON ITS STAGE BY PROGRAMMING A VARIETY OF HIGH-QUALITY PERFORMANCES, WHILE KEEPING TICKET PRICES AT A MINIMUM. NAMED FOR PUBLIC THEATER FOUNDER JOE PAPP, JOE'S PUB DEBUTED IN 1998 AND PLAYS A VITAL ROLE IN THE PUBLIC THEATER'S MISSION OF SUPPORTING YOUNG ARTISTS WHILE PROVIDING ESTABLISHED ARTISTS WITH AN INTIMATE SPACE TO PERFORM AND DEVELOP NEW WORK. AS PART OF THE PUBLIC THEATER'S 2015-16 PROGRAMMING DOWNTOWN AT 425 LAFAYETTE STREET, JOE'S PUB PRESENTED TALENT FROM ALL OVER THE

4d Other program services (Describe in Schedule O.)
 (Expenses \$ 4,250,519. including grants of \$) (Revenue \$ 1,902,444.)

4e Total program service expenses **31,827,378.**

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
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.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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 assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c 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? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	X	
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 "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
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		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		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		X
29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		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		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I		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	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
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	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2		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		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with columns for question numbers (1a-14b), Yes/No checkboxes, and numerical input fields. Contains questions about Form 1096, Form W-2G, backup withholding, Form W-3, unrelated business gross income, foreign accounts, prohibited tax shelter transactions, annual gross receipts, and sponsoring organizations.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a	40	
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b	38	
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3	X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	X
6	Did the organization have members or stockholders?	6	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	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 reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9	X

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a	X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	X
13	Did the organization have a written whistleblower policy?	13	X
14	Did the organization have a written document retention and destruction policy?	14	X
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
a	The organization's CEO, Executive Director, or top management official	15a	X
b	Other officers or key employees of the organization	15b	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	X

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed **NY, CT, NJ, PA, CA**
- 18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
- 20 State the name, address, and telephone number of the person who possesses the organization's books and records: **DANIEL WILLIAMS, DIR OF FINANCE - 212-539-8500**
425 LAFAYETTE STREET, NEW YORK, NY 10003

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ARIELLE TEPPER MADOVER CHAIR	10.00	X		X				0.	0.	0.
(2) PAT FILI-KRUSHEL VICE CHAIR	5.00	X		X				0.	0.	0.
(3) ANNE CLARKE WOLFF TREASURER	3.00	X		X				0.	0.	0.
(4) ZACH BUCHWALD SECRETARY	1.00	X		X				0.	0.	0.
(5) PATTY BAKER BOARD MEMBER	1.00	X						0.	0.	0.
(6) RENEE BEAUMONT BOARD MEMBER	1.00	X						0.	0.	0.
(7) ANDREA E. BERNSTEIN BOARD MEMBER	1.00	X						0.	0.	0.
(8) GORDON J. DAVIS, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
(9) DAVID DROGA BOARD MEMBER	1.00	X						0.	0.	0.
(10) ERIC ELLENBOGEN BOARD MEMBER	1.00	X						0.	0.	0.
(11) HILARY C. FESHBACH BOARD MEMBER	1.00	X						0.	0.	0.
(12) TOM FINKELPEARL BOARD MEMBER	1.00	X						0.	0.	0.
(13) CANDIA FISHER BOARD MEMBER	1.00	X						0.	0.	0.
(14) FAITH GAY BOARD MEMBER	1.00	X						0.	0.	0.
(15) ANNE HATHAWAY BOARD MEMBER	1.00	X						0.	0.	0.
(16) DEBBY LANDESMAN BOARD MEMBER	1.00	X						0.	0.	0.
(17) ASHLEY LEEDS BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KENNY LEON BOARD MEMBER	1.00	X						0.	0.	0.
(19) BARBARA MANOCHERIAN BOARD MEMBER	1.00	X						0.	0.	0.
(20) LUIS MIRANDA JR. BOARD MEMBER	1.00	X						0.	0.	0.
(21) GAIL MERRIFIELD PAPP BOARD MEMBER	1.00	X						0.	0.	0.
(22) JULIA PERSHAN BOARD MEMBER	1.00	X						0.	0.	0.
(23) JULIO PETERSON BOARD MEMBER	1.00	X						0.	0.	0.
(24) LISA GARCIA QUIROZ BOARD MEMBER	1.00	X						0.	0.	0.
(25) CHARLOTTE RELYEA BOARD MEMBER	1.00	X						0.	0.	0.
(26) WENDI ROSE BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,941,834.	0.	224,638.
d Total (add lines 1b and 1c)								1,941,834.	0.	224,638.

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

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
MASQUE SOUND & RECORDING CORP., 21 EAST UNION AVE, EAST RUTHERFORD, NJ 07073	THEATRICAL EQUIPMENT RENTALS AND PURCHAS	474,108.
WESTERMAN CONSTRUCTION CO, INC. 80 8TH AVENUE, NEW YORK, NY 10011	GENERAL CONTRACTOR	455,559.
PRODUCTION RESOURCE GROUP, LLC PO BOX 5115, NEW YORK, NY 10087	THEATRICAL EQUIPMENT RENTALS AND PURCHAS	367,774.
UNION SQUARE EVENTS LLC, 640 WEST 28TH STREET, 8TH FLOOR, NEW YORK, NY 10001	EVENT CATERING	280,853.
JOE'S PUBLIC, LLC 425 LAFAYETTE STREET, NEW YORK, NY 10003	EVENT CATERING	277,072.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **21**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LIZANNE ROSENSTEIN BOARD MEMBER	1.00	X					0.	0.	0.	
(28) MARK ROSENTHAL BOARD MEMBER	1.00	X					0.	0.	0.	
(29) LIEV SCHREIBER BOARD MEMBER	1.00	X					0.	0.	0.	
(30) ALEXANDRA SHIVA BOARD MEMBER	1.00	X					0.	0.	0.	
(31) JIM STEINBERG BOARD MEMBER	1.00	X					0.	0.	0.	
(32) STEVEN TAUB BOARD MEMBER	1.00	X					0.	0.	0.	
(33) TERESA TSAI BOARD MEMBER	1.00	X					0.	0.	0.	
(34) GRACE LYU-VOLCKHAUSEN BOARD MEMBER	1.00	X					0.	0.	0.	
(35) SAM WATERSTON BOARD MEMBER	1.00	X					0.	0.	0.	
(36) AUDREY WILF BOARD MEMBER	1.00	X					0.	0.	0.	
(37) TIMOTHY WILKINS BOARD MEMBER	1.00	X					0.	0.	0.	
(38) FRANCES WILKINSON BOARD MEMBER	1.00	X					0.	0.	0.	
(39) PATRICK WILLINGHAM EXECUTIVE DIRECTOR	40.00	X	X				370,974.	0.	31,162.	
(40) PAUL J EUSTIS ARTISTIC DIRECTOR	40.00	X	X				508,934.	0.	54,616.	
(41) RACHEL PIVNICK CHIEF FINANCIAL OFFICER	40.00			X			175,643.	0.	15,069.	
(42) RUTH STERNBERG PRODUCTION EXECUTIVE	40.00				X		172,968.	0.	34,939.	
(43) ALEX TONETTA SENIOR DIRECTOR OF DEVELOPMENT	40.00					X	129,550.	0.	12,965.	
(44) THOMAS MCCANN SENIOR DIRECTOR OF MARKETING	40.00					X	168,873.	0.	10,790.	
(45) MANDY HACKETT ASSOCIATE ARTISTIC DIRECTOR	40.00					X	153,910.	0.	27,439.	
(46) MARIA GOYANES ASSOCIATE PRODUCER	40.00					X	140,484.	0.	14,231.	
Total to Part VII, Section A, line 1c										

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) SANDRA KLASS HUESKES DIRECTOR OF INDIVIDUAL AND MAJOR GIF	40.00					X		120,498.	0.	23,427.
Total to Part VII, Section A, line 1c:								1,941,834.		224,638.

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,887,470.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	1,198,033.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	15,054,514.				
	g Noncash contributions included in lines 1a-1f: \$		520,909.				
	h Total. Add lines 1a-1f		19,140,017.				
Program Service Revenue			Business Code				
	2 a BOX OFFICE INCOME		711110	8,548,898.	8,548,898.		
	b CO-PRODUCTION FEES, ENHANCEMENT I		900099	1,667,162.	1,667,162.		
	c WORKSHOPS/EVENTS		900099	21,924.	21,924.		
	d						
	e						
	f All other program service revenue						
g Total. Add lines 2a-2f			10,237,984.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			515,538.		510,269.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties			2,663,657.		2,663,657.	
	6 a Gross rents	(i) Real					
		(ii) Personal					
		b Less: rental expenses		434,358.	0.		
		c Rental income or (loss)		434,358.			
	d Net rental income or (loss)			434,358.		434,358.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities					
		(ii) Other					
		b Less: cost or other basis and sales expenses		1,544,253.	1,361,285.		
		c Gain or (loss)		182,968.			
	d Net gain or (loss)			182,968.		182,968.	
	8 a Gross income from fundraising events (not including \$ 2,887,470. of contributions reported on line 1c). See Part IV, line 18	a			477,540.		
b Less: direct expenses				477,540.			
c Net income or (loss) from fundraising events				0.			
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a			41,440.			
	b Less: cost of goods sold			0.			
	c Net income or (loss) from sales of inventory			41,440.		41,440.	
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS INCOME		900099	213,358.	213,358.			
b							
c							
d All other revenue							
e Total. Add lines 11a-11d			213,358.				
12 Total revenue. See instructions.			33,429,320.	10,451,342.	5,269.	3,832,692.	

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,670,552.	1,491,539.	38,827.	140,186.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	16,289,731.	14,544,156.	378,605.	1,366,970.
8 Pension plan accruals and contributions (include section 401(k) and 403(h) employer contributions)	1,038,014.	926,783.	24,126.	87,105.
9 Other employee benefits	900,261.	803,792.	20,923.	75,546.
10 Payroll taxes	1,773,625.	1,583,567.	41,222.	148,836.
11 Fees for services (non-employees):				
a Management	298,454.	278,557.		19,897.
b Legal	184,568.	155,037.	18,457.	11,074.
c Accounting	72,111.	60,573.	7,211.	4,327.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	206,667.			206,667.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	4,044,732.	3,555,373.	433,106.	56,253.
12 Advertising and promotion	1,167,429.	1,068,320.		99,109.
13 Office expenses	920,199.	762,646.	70,892.	86,661.
14 Information technology	240,940.	193,033.	35,930.	11,977.
15 Royalties	343,736.	343,736.		
16 Occupancy	1,014,214.	889,272.	93,707.	31,235.
17 Travel	1,804,922.	1,194,200.	47,302.	563,420.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	133,220.	101,290.	7,491.	24,439.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	904,825.	723,861.	135,723.	45,241.
23 Insurance	124,663.	92,165.	17,281.	15,217.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION COSTS	2,956,905.	2,951,607.	5,298.	0.
b MISCELLANEOUS	134,445.	107,871.	21,907.	4,667.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	36,224,213.	31,827,378.	1,398,008.	2,998,827.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	1,688,646.	1	122,983.
	2 Savings and temporary cash investments	1,976,988.	2	3,411,653.
	3 Pledges and grants receivable, net	12,765,538.	3	8,925,992.
	4 Accounts receivable, net	643,085.	4	1,396,368.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	762,927.	9	1,854,727.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 19,018,173.		
	b Less: accumulated depreciation	10b 5,881,992.		
	11 Investments - publicly traded securities	13,358,179.	10c	13,136,181.
	12 Investments - other securities. See Part IV, line 11	11,612,512.	11	11,598,005.
	13 Investments - program-related. See Part IV, line 11	7,133,677.	12	7,047,100.
	14 Intangible assets		13	
	15 Other assets. See Part IV, line 11	2,872,531.	14	2,128,842.
16 Total assets. Add lines 1 through 15 (must equal line 34)	52,814,083.	15	49,621,851.	
Liabilities	17 Accounts payable and accrued expenses	1,653,104.	17	1,732,569.
	18 Grants payable		18	
	19 Deferred revenue	1,000,732.	19	1,494,832.
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties	929,600.	23	0.
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,301,318.	25	2,437,847.
	26 Total liabilities. Add lines 17 through 25	4,884,754.	26	5,665,248.
	Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.		
27 Unrestricted net assets		3,436,562.	27	4,903,607.
28 Temporarily restricted net assets		29,071,122.	28	23,631,351.
29 Permanently restricted net assets		15,421,645.	29	15,421,645.
Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
30 Capital stock or trust principal, or current funds			30	
31 Paid-in or capital surplus, or land, building, or equipment fund			31	
32 Retained earnings, endowment, accumulated income, or other funds			32	
33 Total net assets or fund balances	47,929,329.	33	43,956,603.	
34 Total liabilities and net assets/fund balances	52,814,083.	34	49,621,851.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	33,429,320.
2	Total expenses (must equal Part IX, column (A), line 25)	2	36,224,213.
3	Revenue less expenses. Subtract line 2 from line 1	3	-2,794,893.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	47,929,329.
5	Net unrealized gains (losses) on investments	5	87,318.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-1,265,151.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	43,956,603.

Part XII Financial Statements and Reporting

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

		Yes	No
1	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support
Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Attach to Form 990 or Form 990-EZ.

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

Name of the organization NEW YORK SHAKESPEARE FESTIVAL	Employer identification number 13-1844852
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

- The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)
- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
 - 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
 - 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
 - 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
 - 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
 - 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
 - 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
 - 9 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
 - 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
 - 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
 - f Enter the number of supported organizations _____

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	20043794.	17031807.	23983629.	27916624.	19140017.	108115871
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	20043794.	17031807.	23983629.	27916624.	19140017.	108115871
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						1699406.
6 Public support. Subtract line 5 from line 4.						106416465

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	20043794.	17031807.	23983629.	27916624.	19140017.	108115871
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	785,319.	975,357.	1152449.	1322675.	3608284.	7844084.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,529.	1,488.	2,221.	3,140.	3,909.	12,287.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	104,887.	561,303.	282,768.	380,275.	213,358.	1542591.
11 Total support. Add lines 7 through 10						117514833
12 Gross receipts from related activities, etc. (see instructions)					12	41,947,901.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	90.56 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	89.22 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input checked="" type="checkbox"/>	
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization	<input type="checkbox"/>	
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions	<input type="checkbox"/>	

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

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.		
b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.		
4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI , including (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 (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI .		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI .		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI .		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.		
b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)		

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, 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).		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
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 in (a) 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 (a) and (b) 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? 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.			

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

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

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	

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

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

Part VI

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

Lined area for supplemental information.

SCHEDULE D
(Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number
13-1844852

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

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

- Purpose(s) of conservation easements held by the organization (check all that apply).
 - Preservation of land for public use (e.g., recreation or education)
 - Protection of natural habitat
 - Preservation of open space
 - Preservation of a historically important land area
 - Preservation of a certified historic structure
- Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____
- Number of states where property subject to conservation easement is located ▶ _____
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____
- Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?
- In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenue included on Form 990, Part VIII, line 1
 - (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
 - a Revenue included on Form 990, Part VIII, line 1
 - b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items

(check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	18,676,036.	20,007,038.	18,509,281.	17,233,026.	17,302,565.
b Contributions					
c Net investment earnings, gains, and losses	783,908.	-446,002.	2,346,098.	2,175,086.	836,157.
d Grants or scholarships					
e Other expenditures for facilities and programs	-885,000.	-885,000.	-848,341.	-898,831.	-905,696.
f Administrative expenses					
g End of year balance	18,574,944.	18,676,036.	20,007,038.	18,509,281.	17,233,026.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 83.02 %
- c Temporarily restricted endowment 16.98 %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		
3b		

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		15,863,515.	3,654,835.	12,208,680.
d Equipment		2,635,937.	2,041,900.	594,037.
e Other		518,721.	185,257.	333,464.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,136,181.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CANYON VALUE REALIZATION		
(B) FUND (CAYMAN) LTD.	2,231,300.	END-OF-YEAR MARKET VALUE
(C) TACONIC OPPORTUNITY		
(D) OFFSHORE FUND	2,070,295.	END-OF-YEAR MARKET VALUE
(E) HCP PRIVATE EQUITY FUND		
(F) III (CAYMAN), L.P.	279,296.	END-OF-YEAR MARKET VALUE
(G) HCP REAL ASSETS FUND II,		
(H) L.P.	250,964.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	7,047,100.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

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

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
c	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5	

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5	

Part XIII Supplemental Information.

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

PART V, LINE 4:

INCOME FROM THE ENDOWMENTS IS USED TO SUPPORT THE ARTISTIC AND OPERATIONAL ACTIVITIES OF THE ORGANIZATION.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization **NEW YORK SHAKESPEARE FESTIVAL** Employer identification number **13-1844852**

Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part.

- 1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.
- a Mail solicitations
 - b Internet and email solicitations
 - c Phone solicitations
 - d In-person solicitations
 - e Solicitation of non-government grants
 - f Solicitation of government grants
 - g Special fundraising events
- 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? Yes No
- b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
GURA ASSOCIATES LTD - 505 WEST END AVENUE, NEW YORK, NY	MAJOR GIFT CONSULTING		X	0.	206,667.	0.
Total					206,667.	

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.
NY, CT, NJ, PA, CA

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))	
		ANNUAL GALA (event type)	BENEFIT EVENTS (event type)	NONE (total number)		
Revenue	1	2,652,310.	712,700.		3,365,010.	
	2	2,429,089.	458,381.		2,887,470.	
	3	223,221.	254,319.		477,540.	
Direct Expenses	4					
	5					
	6	49,369.	56,747.		106,116.	
	7	169,891.	56,658.		226,549.	
	8					
	9	3,961.	140,914.		144,875.	
	10	Direct expense summary. Add lines 4 through 9 in column (d) ▶				477,540.
	11	Net income summary. Subtract line 10 from line 3, column (d) ▶				0.

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

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Revenue	1					
Direct Expenses	2					
	3					
	4					
	5					
	6	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No		
	7	Direct expense summary. Add lines 2 through 5 in column (d) ▶				
	8	Net gaming income summary. Subtract line 7 from line 1, column (d) ▶				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

11 Does the organization conduct gaming activities with nonmembers? Yes No

12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No

13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%

14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____

Address ▶ _____

15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No

b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____

c If "Yes," enter name and address of the third party:

Name ▶ _____

Address ▶ _____

16 Gaming manager information:

Name ▶ _____

Gaming manager compensation ▶ \$ _____

Description of services provided ▶ _____

Director/officer Employee Independent contractor

17 Mandatory distributions:

a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No

b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also provide any additional information (see Instructions).

SCHEDULE 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

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public Inspection

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number

13-1844852

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. <input type="checkbox"/> First-class or charter travel <input type="checkbox"/> Travel for companions <input checked="" type="checkbox"/> Tax indemnification and gross-up payments <input type="checkbox"/> Discretionary spending account <input type="checkbox"/> Housing allowance or residence for personal use <input type="checkbox"/> Payments for business use of personal residence <input type="checkbox"/> Health or social club dues or initiation fees <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	X
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	X
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III. <input type="checkbox"/> Compensation committee <input checked="" type="checkbox"/> Independent compensation consultant <input checked="" type="checkbox"/> Form 990 of other organizations <input checked="" type="checkbox"/> Written employment contract <input checked="" type="checkbox"/> Compensation survey or study <input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization: a Receive a severance payment or change-of-control payment? b Participate in, or receive payment from, a supplemental nonqualified retirement plan? c Participate in, or receive payment from, an equity-based compensation arrangement? If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	4a 4b 4c	X X X
Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.		
5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? b Any related organization? If "Yes" to line 5a or 5b, describe in Part III.	5a 5b	X X
6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? b Any related organization? If "Yes" on line 6a or 6b, describe in Part III.	6a 6b	X X
7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

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

Schedule J (Form 990) 2015

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK WILLINGHAM EXECUTIVE DIRECTOR	(i)	370,524.	0.	450.	8,212.	22,950.	402,136.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAUL J EUSTIS ARTISTIC DIRECTOR	(i)	507,644.	0.	1,290.	22,867.	31,749.	563,550.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RACHEL PIVNICK CHIEF FINANCIAL OFFICER	(i)	155,643.	20,000.	0.	6,344.	8,725.	190,712.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RUTH STERNBERG PRODUCTION EXECUTIVE	(i)	172,968.	0.	0.	14,540.	20,399.	207,907.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THOMAS MCCANN SENIOR DIRECTOR OF MARKETING	(i)	158,873.	10,000.	0.	3,974.	6,816.	179,663.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MANDY HACKETT ASSOCIATE ARTISTIC DIRECTOR	(i)	148,910.	5,000.	0.	6,680.	20,759.	181,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MARIA GOYANES ASSOCIATE PRODUCER	(i)	130,484.	10,000.	0.	3,527.	10,704.	154,715.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

PART I, LINE 1A:

OSKAR EUSTIS RECEIVED GROSS-UP PAYMENTS TO COVER HIS CONTRACTUAL LIFE
INSURANCE PREMIUM PAYMENTS.

PART I, LINE 4B:

PATRICK WILLINGHAM PARTICIPATED IN A NONQUALIFIED 457(B) PLAN IN FY16 WITH
A CONTRIBUTION OF \$18,790.00.

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

**Open To Public
Inspection**

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

Name of the organization **NEW YORK SHAKESPEARE FESTIVAL** Employer identification number **13-1844852**

Part I	Types of Property	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1	Art - Works of art				
2	Art - Historical treasures				
3	Art - Fractional interests				
4	Books and publications				
5	Clothing and household goods				
6	Cars and other vehicles				
7	Boats and planes				
8	Intellectual property				
9	Securities - Publicly traded	X	32	520,909	FAIR MARKET VALUE
10	Securities - Closely held stock				
11	Securities - Partnership, LLC, or trust interests				
12	Securities - Miscellaneous				
13	Qualified conservation contribution - Historic structures				
14	Qualified conservation contribution - Other				
15	Real estate - Residential				
16	Real estate - Commercial				
17	Real estate - Other				
18	Collectibles				
19	Food inventory				
20	Drugs and medical supplies				
21	Taxidermy				
22	Historical artifacts				
23	Scientific specimens				
24	Archeological artifacts				
25	Other ()				
26	Other ()				
27	Other ()				
28	Other ()				

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) (2015)

Part II

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

SCHEDULE M, LINE 32B:

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

STOCK GIFTS ARE SOLD UPON RECEIPT

SCHEDULE O
(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number

13-1844852

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

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:

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

NEW YORK PREMIERES INCLUDED DANAI GURIRA'S ECLIPSED (2015-16 OUTER
CRITICS' CIRCLE AWARD FOR OUTSTANDING ACTRESS IN A PLAY AND THE 2016
OBIE AWARD FOR PERFORMANCE), GOB SQUAD'S BEFORE YOUR VERY EYES, TARELL
ALVIN MCCRANEY'S HEAD OF PASSES, DAN COLLINS AND JULIANNE WICK DAVIS'
SOUTHERN COMFORT, AND JAMES GRAHAM'S PRIVACY.

THE TWELFTH UNDER THE RADAR FESTIVAL, A PLATFORM FOR US-BASED AND
INTERNATIONAL DEVISED THEATER GROUPS, PRESENTED THE WORK OF 20
CONTEMPORARY THEATER COMPANIES FEATURING OVER 150 ARTISTS FROM ACROSS
THE US AND AROUND THE WORLD. THE 12-DAY FESTIVAL IN JANUARY 2016
ATTRACTED AN AUDIENCE OF 13,000 PEOPLE TO THE PUBLIC THEATER AND ITS
PARTNER VENUES.

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

THE 2016 SHAKESPEARE IN THE PARK SEASON, ITS 54TH SEASON AT THE
DELACORTE, PRESENTED TWO PRODUCTIONS OVER NINE WEEKS, REACHING AN

Name of the organization NEW YORK SHAKESPEARE FESTIVAL	Employer identification number 13-1844852
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AUDIENCE OVER 100,000. THE FIRST PRODUCTION WAS THE TAMING OF THE SHREW, DIRECTED BY TONY-NOMINATED PHYLLIDA LLOYD, FEATURING OLIVIER NOMINEE CUSH JUMBO AND OLIVIER WINNER JANET MCTEER. THE SECOND WAS TROILUS AND CRESSIDA DIRECTED BY TONY-WINNER DANIEL SULLIVAN, FEATURING COREY STOLL AND JOHN DOUGLAS THOMPSON.

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

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

THE MOBILE UNIT, A CONTEMPORARY VERSION OF THE PUBLIC THEATER'S INITIAL TOURING MODEL, NOT ONLY SEEKS OUT DIVERSE AUDIENCES BUT SERVES AUDIENCES WHOSE ACCESS TO ARTS EXPERIENCES ARE SEVERELY INHIBITED BY THEIR ENVIRONMENTS THE MOBILE UNIT FOCUSES ON TOURING PRODUCTIONS TO PRISONS, HALFWAY HOUSES, COMMUNITY CENTERS AND OTHER PLACES WHERE THE MOST CRITICALLY UNDER-SERVED AND OVERLOOKED PARTS OF THE POPULATION ARE CONGREGATED. THESE PRODUCTIONS ARE THEN PRESENTED AS PART OF THE DOWNTOWN SEASON AT 425 LAFAYETTE STREET. OVER THE YEARS, THE MOBILE UNIT HAS SERVED THOUSANDS OF AUDIENCES WITH CRITICALLY ACCLAIMED PRODUCTIONS.

IN THE FALL OF 2015, THE MOBILE UNIT EMBARKED ON A THREE-WEEK, 13 VENUE TOUR OF THE FIVE BOROUGHS, FEATURING FREE PERFORMANCES OF SHAKESPEARE'S COMEDY OF ERRORS. IN THE SPRING OF 2016, A SIMILAR TOUR WAS MOUNTED OF ROMEO AND JULIET. BOTH TOURS WERE FOLLOWED BY DOWNTOWN RUNS AT THE

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number

13-1844852

PUBLIC THEATER THAT OFFERED \$20 TICKETS AND 20 TICKETS FOR EACH PERFORMANCE GIVEN FREE OF CHARGE TO COMMUNITY ORGANIZATIONS. IN ADDITION TO THE TWO FULL SHAKESPEARE TOURS, THE MOBILE UNIT EXPANDED ITS RADICALLY INCLUSIVE PROGRAMMING BY INCLUDING A SPANISH LANGUAGE STAGE READING AND A CONCERT TOUR BY JOE'S PUB ARTIST MARQUES TOLIVER. PUBLIC WORKS PARTNERS WITH SOCIAL SERVICE ORGANIZATIONS SERVING THOSE WHO STAND TO BENEFIT MOST FROM THE TRANSFORMATIVE POWER OF THEATER. OVER THE LAST 4 YEARS, PUBLIC WORKS HAS LED WORKSHOPS WITH ITS PARTNERS, BROUGHT THEM TO THE THEATER MANY TIMES, HELD COMMUNAL POTLUCKS, AND FORMED DEEP AND REAL RELATIONSHIPS WITH THE ORGANIZATIONS AND THEIR CLIENTS. FOR THE 2015-2016 SEASON, PUBLIC WORKS CONTINUED TO WORK WITH FORTUNE SOCIETY (QUEENS), DREAMYARD (THE BRONX), AND THE BROWNSVILLE RECREATION CENTER (BROOKLYN) AS CORE COMMUNITY PARTNERS. THE CHILDREN'S AID SOCIETY (MANHATTAN) AND DOMESTIC WORKERS UNITED (STATEN ISLAND AND CITYWIDE) WERE TRANSITIONED INTO ALUMNI RELATIONSHIPS KEEPING THEM ENGAGED IN THE PUBLIC WORKS COMMUNITY WHILE AT THE SAME TIME MAKING ROOM TO INVITE NEW PRIMARY PARTNERS TO THE TABLE. NEW CORE COMMUNITY PARTNERS IN FY16 WERE THE CENTER FOR FAMILY LIFE AT SUNSET PARK, A NEIGHBORHOOD-BASED ORGANIZATION THAT PROVIDES A COMPREHENSIVE RANGE OF FAMILY AND SOCIAL SERVICES, CASITA MARIA IN THE SOUTH BRONX, WHICH EMPOWERS YOUTH AND THEIR FAMILIES BY CREATING A CULTURE OF LEARNING THROUGH HIGH QUALITY SOCIAL, CULTURAL AND EDUCATIONAL OPPORTUNITIES AND MILITARY RESILIENCE WHICH OFFERS SERVICES TO VETERANS THROUGHOUT THE CITY. THE SEASON CULMINATED WITH A FOUR-NIGHT RUN OF LEAR DEBESSONET AND TODD ALMOND'S MUSICAL ADAPTATION FOR OVER 200 COMMUNITY PLAYERS OF HOMER'S THE ODYSSEY AT THE DELACORTE THEATER.

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number

13 1844852

NEW WORKS DEVELOPMENT AND ANCILLARY PROGRAMS

PUBLIC LAB RESTORES VITAL CONTACT BETWEEN PLAYWRIGHTS AND LIVE AUDIENCES. DEVOTED TO SUPPORTING AND PRESENTING NEW WORKS BY EMERGING AND ESTABLISHED WRITERS, PUBLIC LAB CREATES AN INNOVATIVE PRODUCING MODEL THROUGH LOWER-COST PRODUCTIONS WITH MINIMAL DESIGN, ALONG WITH SHORTER REHEARSAL AND PERFORMANCE PERIODS. THIS PROGRAM OFFERS WRITERS COST-EFFECTIVE OPPORTUNITIES TO PRESENT THEIR WORK WITH THE HELP OF THE PUBLIC'S RESOURCES. HEAVILY SUBSIDIZED TICKETS ATTRACT A DIVERSE RANGE OF AUDIENCES TO EXPERIENCE NEW WORKS BY BOTH YOUNG TALENTS IN THE EARLIEST STAGES OF THEIR CAREERS AND MORE ESTABLISHED WRITERS WHO ARE SEEKING TO TRY NEW MATERIAL.

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

PUBLIC WRITER'S INITIATIVE IS A 3-TIERED PROGRAM THAT SUPPORTS PLAYWRIGHTS AT EVERY STAGE OF THEIR CAREERS. EMERGING WRITERS GROUP OFFERS 2-YEAR FELLOWSHIPS THAT PROVIDES ARTISTIC RESOURCES, COMMUNITY, AND ACCESS TO THE THEATRICAL DEVELOPMENT INDUSTRY. THE PLAYWRIGHTS' WORKS ARE PRESENTED THROUGH 2 WELL-ATTENDED INDUSTRY SHOWCASES, WHICH RESULTED IN 6 OF THE 10 WRITERS BEING SIGNED TO PROFESSIONAL

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

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REPRESENTATION IN 2015-16. MID-CAREER WRITERS PROGRAMMING TAKES THE FORM OF COMMISSIONS, READINGS, WORKSHOPS, FESTIVALS AND PRODUCTION OPPORTUNITIES IN THE PUBLIC LAB AND MAINSTAGE SEASONS. IN 2015-16 OVER 40 READINGS AND WORKSHOPS WERE HELD, OFTEN PRODUCING MULTIPLE READINGS OF A PLAYWRIGHT'S NEW PIECE AND THUS OFFERING MULTIPLE DEVELOPMENT OPPORTUNITIES. SUZAN-LORI PARKS CONTINUED FOR HER SEVENTH YEAR AS MASTER WRITER CHAIR, A FRAMEWORK TO SUPPORT MASTER PLAYWRIGHTS IN NONPROFIT THEATERS.

EXPENSES \$ 4,250,519. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,902,444.

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

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

FORM 990, PART VI, SECTION B, LINE 11:

MANAGEMENT (INCLUDING BUT NOT LIMITED TO THE EXECUTIVE DIRECTOR AND CHIEF FINANCIAL OFFICER) REVIEWS THE FORM 990 WITH THE CHAIR, TREASURER AND AUDIT COMMITTEE BEFORE SUBMISSION.

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

THE AUDIT COMMITTEE OR ITS CHAIR EVALUATES THE DISCLOSURES TO 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

Name of the organization NEW YORK SHAKESPEARE FESTIVAL	Employer identification number 13-1844852
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COMMITTEE, THE INTERESTED BOARD MEMBER MAY BE COUNTED IN DETERMINING THE ESTABLISHMENT OF THE QUORUM AT SUCH A MEETING.

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

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

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

GOVERNING DOCUMENTS, CONFLICTS OF INTEREST POLICIES, AND FINANCIAL STATEMENTS ARE NOT MADE AVAILABLE TO THE PUBLIC.

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

ARTISTIC AND CONSULTING FEES:

PROGRAM SERVICE EXPENSES 3,555,373.

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number

13-1844852

MANAGEMENT AND GENERAL EXPENSES	433,106.
FUNDRAISING EXPENSES	56,253.
TOTAL EXPENSES	4,044,732.
TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	4,044,732.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

PENSION-RELATED CHANGES OTHER THAN PERIODIC PENSION COST	-1,265,151.
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FORM 990, PART VI, LINE 16A-JOINT VENTURE

THE ORGANIZATION'S WHOLLY-OWNED SUBSIDIARY, PUBLIC THEATER PRODUCTIONS, INC., PARTICIPATED IN CO-PRODUCTIONS AS A MANAGING MEMBER OF TWO ENTITIES TAXABLE AS PARTNERSHIPS (SEE SCHEDULE R, PART III) FORMED TO UNDERTAKE COMMERCIAL THEATRICAL PRODUCTIONS OF SHOWS ORIGINALLY PRODUCED BY THE NEW YORK SHAKESPEARE FESTIVAL.

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.

▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **NEW YORK SHAKESPEARE FESTIVAL** Employer identification number **13-1844852**

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

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

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	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AQUARIUS BROADWAY LLC - 26-4049932, 234 WEST 44TH STREET, #800, NEW YORK, NY 10036	THEATRICAL PRODUCTION	NY	PUBLIC THEATER PRODUCTIONS	UNRELATED	2,591.	20,946.		X	N/A	X		15.86%
POPULISM YEA YEA LLC - 13-4078712, 234 WEST 44TH STREET, #800, NEW YORK, NY 10036	THEATRICAL PRODUCTION	NY	PUBLIC THEATER PRODUCTIONS	UNRELATED	265.	2,790.		X	N/A	X		12.85%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PUBLIC THEATER PRODUCTIONS - 26-3803813 425 LAFAYETTE STREET NEW YORK, NY 10003	COMMERCIAL THEATER CO-PRODUCTIONS	NY	N/A	C CORP	7,312.	5,889.	100%	X	

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
1 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?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		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)		X
l 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		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		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 thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
PUBLIC THEATER PRODUCTIONS, INC. - SEE (1) SCHEDULE O	A	5,269.	AMOUNT OF CASH TRANSFERRED
(2)			
(3)			
(4)			
(5)			
(6)			

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) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
	FURNITURE AND EQUIPMENT											
1	EQUIPMENT	VARI	ESSL	5.00	16	1329962.			1329962.	945,691.		66,539.
	* 990 PAGE 10 TOTAL											
	MACHINERY & EQUIPM					1329962.		0.	1329962.	945,691.	0.	66,539.
	OTHER											
	COMPUTER SOFTWARE											
2	AND HARDWARE	VARI	ESSL	5.00	16	1305975.			1305975.	870,194.		159,476.
	LEASEHOLD											
3	IMPROVEMENTS	VARI	ESSL	5.00	16	15863515.			15863515.	3050128.		604,707.
	WEBSITE											
5	WEBSITE	VARI	ESSL	3.00	16	518,721.			518,721.	111,154.		74,103.
	* 990 PAGE 10 TOTAL											
	OTHER					17688211.		0.	17688211.	4031476.	0.	838,286.
	* GRAND TOTAL 990											
	PAGE 10 DEPR					19018173.		0.	19018173.	4977167.	0.	904,825.