Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

Open to Public

OMB No. 1545-0047

Inspection

A For the 2018 calendar year, or tax year beginning SEP 1, 2018 and ending AUG 31, 2019 C Name of organization D Employer identification number Address change NEW YORK SHAKESPEARE FESTIVAL Name change Doing business as THE PUBLIC THEATER: JOE'S PUB 13-1844852 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final 425 LAFAYETTE STREET <u>(212)539-8500</u> termin-ated City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 93,835,973. Amended return NEW YORK, NY 10003 H(a) Is this a group return Applica-F Name and address of principal officer: PATRICK WILLINGHAM for subordinates? Yes X No pending SAME AS C ABOVE H(b) Are all subordinates included? Yes No 1 Tax-exempt status: X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) or 527 If "No," attach a list. (see instructions) J Website: ► WWW.PUBLICTHEATER.ORG H(c) Group exemption number K Form of organization: X Corporation Trust Association Other > L Year of formation: 1954 M State of legal domicile: NY Part I | Summary Briefly describe the organization's mission or most significant activities: SEE SCHEDULE O Activities & Governance Check this box > if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 47 Number of independent voting members of the governing body (Part VI, line 1b) 45 Total number of individuals employed in calendar year 2018 (Part V, line 2a) 1566 Total number of volunteers (estimate if necessary) 95 7 a Total unrelated business revenue from Part VIII, column (C), line 12 12,591. b Net unrelated business taxable income from Form 990-T, line 38 10,891. Prior Year Current Year 8 Contributions and grants (Part VIII, line 1h) 34,253,715. 45,866,012. Revenue Program service revenue (Part VIII, line 2g) 11,029,374. 14,820,130. 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 1,280,634. 2,979,404. 11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 25,057,264. 21,564,698. 12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) ........ 68,128,421. 88,722,810. 13 Grants and similar amounts paid (Part IX, column (A), lines 1-3) 861,577. 769,950. 14 Benefits paid to or for members (Part IX, column (A), line 4) 0. 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 34,919,176. 29,261,143. 16a Professional fundraising fees (Part IX, column (A), line 11e) 518,092. 628,451. b Total fundraising expenses (Part IX, column (D), line 25) > 5,018,162. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 18,141,217. 20,612,926. 48,782,029. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 56,930,503. 19,346,392. 19 Revenue less expenses. Subtract line 18 from line 12 31,792,307. Assets or | Balances Beginning of Current Year End of Year 20 Total assets (Part X, line 16) 85,134,061. 115,535,167. 21 Total liabilities (Part X, line 26) 11,491,835 15,609,820. Net / 22 Net assets or fund balances. Subtract line 21 from line 20 ...... 73,642,226. 99,925,347. 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. Departing of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature (Notice) Date/ Sign PATRICK WILLINGHAM, EXECUTIVE DIRECTOR Here Type or print name and title Print/Type preparer's name Preparer's signature Michael 7/6/20 Paid MICHAEL WALLACE P00881958 self-employed Preparer Firm's name LUTZ AND CARR, CPAS LLP Firm's EIN 13-1655065 Use Only Firm's address ▶ 551 FIFTH AVENUE, SUITE 400 NEW YORK, NY 10176 Phone no. 212-697-2299 X Yes May the IRS discuss this return with the preparer shown above? (see instructions)

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 2018-19 PROGRAMMING DOWNTOWN AT 425 LAFAYETTE STREET, JOE'S PUB PRESENTED TALENT FROM ALL OVER THE

10,542,456. including grants of \$ 769,950.) (Revenue's 463,459.)

4e Total program service expenses ► 44,176,674.

Form 990 (2018)

832002 12-31-18

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

NEW YORK SHAKESPEARE FESTIVAL Form 990 (2018) 13-1844852 Page 4 Part IV | Checklist of Required Schedules (continued) Yes No 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 22 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 23 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 Х 24a b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 24c d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I X 25a 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 25b X 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 26 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 27 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 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28b 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 28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 29 Х Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 Х Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X 31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I 33 Х Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Х 34 Х 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 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 36 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 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O Х Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V Yes No 1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable

b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable

С	Did the organization comply with backup withholding rules for reportable payments to vendors and	reportable gaming
	(gambling) winnings to prize winners?	

Form 990 (2018)

(gambling) winnings to prize winners?

# NEW YORK SHAKESPEARE FESTIVAL Statements Regarding Other IRS Filings and Tax Compliance (continued)

	· · · · · · · · · · · · · · · · · · ·		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 1566	5		
þ	The state of the s	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	3 The same area area in the same of the same and the same area same area.	3a	X	
þ	y == 1 to the only provided air original and it is derived to o	3b	X	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
р	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	y and the state of	5a		X
b	y y y y y y y y y y y y y y y y y y y	5b		X
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		ļ
6a	5 Service and the organization Solich			
la.	any contributions that were not tax deductible as charitable contributions?	<u>6a</u>		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
7	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	X	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?			37
A	1	7c		X
e	If "Yes," indicate the number of Forms 8282 filed during the year  Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			177
f	Did the appropriation device the construction districts of the state o	7e		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7f		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	///		
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.		·	
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
0	Section 501(c)(7) organizations. Enter:	- 55		
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
1	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
3	Section 501(c)(29) qualified nonprofit health insurance issuers.	İ		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.		1	
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand			
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<del></del>
5	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		<u>X</u> _
	If "Yes," see instructions and file Form 4720, Schedule N.			
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<u>X</u>
	If "Yes," complete Form 4720, Schedule O.			

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			X							
Sec	tion A. Governing Body and Management										
		,	Yes	No							
la	Enter the number of voting members of the governing body at the end of the tax year 1a 4	7									
	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.										
b	The state of the s										
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	ļ	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?											
6	Did the organization have members or stockholders?	6	ļ	X							
7a											
	more members of the governing body?	7a	ļ	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	ļ	X							
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:										
	The governing body?	8a	X								
	Each committee with authority to act on behalf of the governing body?	86	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							
sec.	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)										
			Yes	No							
	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		***********							
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		<u>X</u>							
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.										
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X								
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		<u>X</u>							
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe										
	in Schedule O how this was done	12c	X								
	Did the organization have a written whistleblower policy?	13	X								
14	Did the organization have a written document retention and destruction policy?	14	Х	······································							
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?		\ <u>.</u> ,								
	The organization's CEO, Executive Director, or top management official Other officers or key employees of the organization	15a	X	····							
Ø	Other officers or key employees of the organization	15b	X								
IG.	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).										
	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	10-	v								
	taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	16a	X								
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's										
	and state and the second state	406		v							
	exempt status with respect to such arrangements? ion C. Disclosure	16b	l	<u>X</u>							
	List the states with which a copy of this Form 990 is required to be filed ►NY, CT, NJ, PA, CA, GA, CO Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)	e anti-l	availe.	blo							
	for public inspection. Indicate how you made these available. Check all that apply.	is UHIY)	avalla	DIE							
0		d finan	nia!								
	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	ı Hrand	Jiai								
	statements available to the public during the tax year.										
	State the name, address, and telephone number of the person who possesses the organization's books and records   DANTEL WILLIAMS SP DIP OF FINANCE AND ADMINISTRATION - 212-5	30	Q E A :	<u> </u>							
	DANIEL WILLIAMS, SR. DIR. OF FINANCE AND ADMINISTRATION - 212-5 425 LAFAYETTE STREET, NEW YORK, NY 10003	37-	000	<u>J</u>							
	425 LAFAYETTE STREET, NEW YORK, NY 10003										

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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 an	v 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.

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

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

(A)  Name and Title	(B) Average			(e Pos	C) itior	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	kod	, unle cer ar	SS D6	erson	is bo	th an	compensation	compensation	amount of
	week (list any hours for related organizations	stee or director	institutional trustee			Highest compensated employee		from the organization (W·2/1099·MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related
	below line)	Individu	Instituti	Officer	Key employee	Highest	Former			organizations
(1) ARIELLE TEPPER MADOVER CHAIR	7.00	Х		х				0.	0.	0.
(2) PAT FILI-KRUSHEL	4.00									
VICE CHAIR		X		X				0.	0.	0.
(3) ANNE CLARKE WOLFF	4.00									
TREASURER		X		Х				0.	0.	0.
(4) MATTHEW PINCUS	2.00									
SECRETARY		X		X				0.	0.	0.
(5) KWAME ANTHONY APPIAH	1.00								_	_
BOARD MEMBER	1 00	X						0.	0.	0.
(6) PATTY BAKER	1.00									•
BOARD MEMBER	1 00	Х				<del> </del>		0.	0.	0.
(7) RENEE BEAUMONT	1.00	3,0						0	_	•
BOARD MEMBER	2 00	X						0.	0.	0.
(8) ANDREA E. BERNSTEIN	2.00	Х						0.	٨	0
BOARD MEMBER	1.00	Δ						V .	0.	0.
(9) JASON BLUM	1.00	X						0.	ο.	0.
BOARD MEMBER	2.00	Δ				-		0.	0.	<u> </u>
(10) ZACH BUCHWALD	2.00	х						0.	0.	0.
BOARD MEMBER (11) GORDON J. DAVIS, ESQ.	3.00	72						<u> </u>	<u> </u>	
BOARD MEMBER	3.00	х						0.	0.	0.
(12) DAVID DROGA	1.00								<u> </u>	
BOARD MEMBER		Х						0.	0.	0.
(13) SUSAN EDELSTEIN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(14) ERIC ELLENBOGEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(15) HILARY C. FESHBACH	1.00									
BOARD MEMBER		X			.,			0.	0.	0.
(16) TOM FINKELPEARL	1.00			ŀ						
BOARD MEMBER		Х						0.	0.	0.
(17) CANDIA FISHER	1.00									
BOARD MEMBER		X						0.1	0.	0.
922007 10-21-10										Form 990 (2018)

Part VII Section A. Officers, Directors, Tre	ustees, Key En	plo	/ees	, an	d Hi	ghe	st (	Compensated Employee	es (continued)			<del></del>
(A) (B)				((	C)			(D)	(E)		(F)	
Name and title Average			nat c	Pos heck			one	Reportable	Reportable	E	stimat	ed
	hours per week	box	k, unle	ss pe	erson	is bot	h an	•	compensation	a	mount	
	(list any		T	T		T		from the	from related organizations		other	
	hours for	direc				-		t i	(W-2/1099-MISC)	i	npens: from th	
	related	tee on	ustee			ensati		(W-2/1099-MISC)	(** = * * * * * * * * * * * * * * * * *	l .	ganiza	
	organizations	al tres	nal tr		loyee	dwoo				ar	nd rela	ted
	below line)	Individual trustee or director	institutional trustee	Officer	Key employee	Highest compensated employee	TITLE			org	janizat	ions
(18) FAITH GAY	1.00	Ē	Ë	5	\$	産島	22		Paul III - 411 - 411 - 411 - 411 - 411 - 411 - 411 - 411 - 411 - 411 - 411 - 411 - 411 - 411 - 411 - 411 - 411			******
BOARD MEMBER	1.00	X						0.	0.			0
(19) DANAI GURIRA	1.00	Δ.		_	-	├─		U.	0.			0.
BOARD MEMBER	1.00	X						0.	0.			0.
(20) ANNE HATHAWAY	1.00	Δ						0.	V •			<u> </u>
BOARD MEMBER	1.00	Х						0.	0.			0.
(21) DEBBY LANDESMAN	1.00	1							0+			<u> </u>
BOARD MEMBER		X						0.	0.			0.
(22) ASHLEY LEEDS	1.00								<u> </u>			
BOARD MEMBER		Х						0.	0.			0.
(23) KENNY LEON	1.00											
BOARD MEMBER		Х						0.	0.			0.
(24) LUIS MIRANDA JR.	2.00											
BOARD MEMBER		X						0.	0.			0.
(25) GAIL MERRIFIELD PAPP	1.00										-	
BOARD MEMBER		X						0.	0.		****************	0.
(26) HANS MORRIS	1.00											
BOARD MEMBER		X						0.	0.			0.
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Part \								3,247,615.	0.		7,0	
d Total (add lines 1b and 1c)								3,247,615.	0.	47	7,0	<u>33.</u>
2 Total number of individuals (including but	not limited to th	ose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable			
compensation from the organization						<del></del>		· · · · · · · · · · · · · · · · · · ·			1.	40
											Yes	No
3 Did the organization list any former office				-	•			•	' '	_		7.5
line 1a? If "Yes," complete Schedule J for										3		X
4 For any individual listed on line 1a, is the s								-	- 1		100	i
and related organizations greater than \$15  Did any person listed on line 1a receive or										4	X	
5 Did any person listed on line 1a receive or rendered to the organization? If "Yes," cor								_		e		Х
removed to the organizations if Tee, CO	npiere ochedun	. U ((	<i>u</i>	U11 /	1013	<i></i>		Andreas and an Adres of the Conference of the Co		5	L	

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

(A)	(B)	(C)
Name and business address	Description of services	Compensation
SHAWMUT DESIGN AND CONSTRUCTION	DESIGN AND	
560 HARRISON AVENUE, BOSTON , MA 02118	CONSTRUCTION SERVICE	5,183,217.
ZUBATKIN OWNER REPRESENTATION, LLC, 333	OWNERS	
WEST 52ND STREET, 6TH FLOOR, NEW YORK, NY	REPRESENTATION SERVI	737,105.
CSS SECURITY, 2753 NORTH JERUSALEM AVENUE	FACILITY SECURITY	
SUITE D, EAST MEADOW, NY 11554	SERVICES	679,356.
MASQUE SOUND & RECORDING CORP., 21 EAST	THEATRICAL EQUIPMENT	
UNION AVENUE, EAST RUTHERFORD, NJ 07073	RENTALS AND PURCHAS	649,795.
BIG ARCHITECHTURE D.P.C., 45 MAIN STREET,	ARCHITECTURE AND	
SUITE 900, BROOKLYN, NY 11201	DESIGN SERVICES	627,283.
2 Total number of independent contractors (including but not limited to those liste	d above) who received more than	
\$100,000 of compensation from the organization > 42		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2018)

Section B. Independent Contractors

Part VII Section A. Officers, Directors,	Trustees, Key E	mple	oyee	s, a	nd F	High	est	Compensated Employ	ees (continued)	
(A)	(B)		. 4	((				(D)	(E)	(F)
Name and title	Average hours	(c	Position (check all that apply)					Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) JULIA PERSHAN	1.00	X						0	^	^
BOARD MEMBER	2 00	Δ						0.	0.	0
(28) JULIO PETERSON	2.00	4,						_	•	
BOARD MEMBER		X						0.	0.	0
(29) CHARLOTTE RELYEA	1.00								_	_
BOARD MEMBER		X						0.	0.	0
(30) JULIE RICE	1.00							_		
BOARD MEMBER		X						0.	0.	0
(31) JANICE COOK ROBERTS	1.00									
BOARD MEMBER		Х						0.	0.	0
(32) WENDI ROSE	1.00									
BOARD MEMBER		X						0.	0.	0
(33) LIZANNE ROSENSTEIN	1.00									
BOARD MEMBER		X						0.	0.	0
(34) MARK ROSENTHAL	1.00									
BOARD MEMBER		Х						0.	0.	0 .
(35) ALEXANDRA SHIVA	2.00									
BOARD MEMBER		Х						0.	0.	0 .
(36) JIM STEINBERG	1.00									
BOARD MEMBER		X						0.	0.	0 .
(37) LAURE SUDREAU	1.00									
BOARD MEMBER		Х						0.	0.	0 .
(38) STEVEN TAUB	1.00									
BOARD MEMBER		X						0.	0.	0
(39) TERESA TSAI	1.00									
BOARD MEMBER		X						0.	0.	0
(40) GRACE LYU-VOLCKHAUSEN	1.00									
BOARD MEMBER		Х						0.	0.	0.
(41) SAM WATERSTON	1.00		1							
BOARD MEMBER		X						0.	0.	0.
(42) AUDREY WILF	1.00									
BOARD MEMBER		X						0.	0.	0.
(43) TIMOTHY WILKINS	2.00									
BOARD MEMBER		Х				]		0.	0.	0.
(44) FRANCES WILKINSON	1.00									
BOARD MEMBER		Х						0.	0.	0.
(45) ALISA AMAROSA WOOD	1.00									
BOARD MEMBER		X						0.	0.	0.
(46) PATRICK WILLINGHAM	40.00		T		T					
EXECUTIVE DIRECTOR		Х		x				442,702.	0.	26,947.

Part VII Section A. Officers, Directors, Tre		mple	oyee			High	est			
(A) Name and title	(B) Average hours	(c	(C) Position (check all that ap					(D) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Offices	Key amplayee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(47) PAUL J EUSTIS	40.00							0.55		
ARTISTIC DIRECTOR	40 00	X	ļ	X		-		855,594.	0.	<u>155,138</u>
(48) PATRICIA HUIE	40.00							010 020		06.40=
CHIEF FINANCIAL OFFICER	40.00			X		<u> </u>		210,038.	0.	26,187
(49) THOMAS MCCANN	40.00							450 500	•	4.5.000
SENIOR DIRECTOR OF MARKETING	40 00				X			172,503.	0.	16,090
(50) SHANNON S. THAKE-KRIEGSMANN	40.00				v			161 100	<b>A</b>	20 225
SENIOR DIRECTOR OF ARTISTIC PROGRAMS	40.00				X			161,189.	0.	38,736
(51) LAURENCE JAHNS	40.00				х			201 240	0.	26 276
CHIEF ADVANCEMENT OFFICER	40.00				Λ			381,249.	U.	26,276
(52) JEREMY ADAMS MANAGING DIRECTOR	40.00				х			164,383.	0.	24,097
53) RUTH STERNBERG	40.00				23			104,303.	0.	24,031
PRODUCTION EXECUTIVE	10.00					Х		199,776.	0.	49,377
(54) MANDY HACKETT	40.00					-				
ASSOCIATE ARTISTIC DIRECTOR						Х		176,893.	0.	38,514
(55) ALEX TONETTA	40.00									
ARTISTIC CONTENT CURATOR						X		163,015.	0.	16,029
(56) SANDRA JANE HUESKES	40.00									
DIRECTOR OF DEVELOPMENT						X		167,904.	0.	14,143
(57) LAURA O'CONNELL	40.00									
DIRECTOR OF CAPITAL PROJECTS						Х		152,369.	0.	45,499
			n							1-5-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1
										······································
						~~~~				
										77.2.4.4
otal to Part VII, Section A, line 1c			حنجلند					3,247,615.		477,033

		Check if Schedule O cont	tains a response	or note to any line	e in this Part VIII	******************************		
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from lax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 1	a Federated campaigns	1a					
arai our		Membership dues						
S, C		Fundraising events		2,523,888,				
a E		d Related organizations						
s E	1	Government grants (contribut	1	1,231,571,				
ron S	f	All other contributions, gifts, gran	its, and					
the th		similar amounts not included abo		42,110,553.				
d di	2	Noncash contributions included in lines		· · · · · · · · · · · · · · · · · · ·				
<u>3 ₽</u>		Total, Add lines 1a-1f			45,866,012,			
				Business Code				
e	2 a	BOX OFFICE INCOME		711110	12,510,987.	12,510,987,		
ě Ž	b	CO-PRODUCTION FEES, EN	HANCEMENT I	900099	2,122,950.			
San	c	WORKSHOPS/EVENTS		900099	186 193,	186 193.		
Program Service Revenue	c							
	e							
ሷ	f	All other program service reve	enue					
	g	Total, Add lines 2a-2f			14,820,130.			
	3	Investment income (including						
		other similar amounts)	********************		967,132.		12,591.	954,541,
	4	Income from investment of tax						
	5	Royalties	*****************		24,293,161.			24,293,161,
			(i) Real	(ii) Personal				
	6 a	Gross rents	465,722					
	b	Less: rental expenses	0					
	c	: Rental income or (loss)	465,722					
	d	Net rental income or (loss)	<u> </u>	,	465,722.			465,722.
	7 a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	6,770,272					
	b	Less: cost or other basis						
		and sales expenses						
	C	Gain or (loss)	2,012,272.					
	d	Net gain or (loss)		<b></b>	2,012,272.			2,012,272,
e	8 a	Gross income from fundraising	g events (not					
		including \$ 2,523	.888. of					
ev Se		contributions reported on line	1c). See					
Other Reven		Part IV, line 18	a	355,163,				
ŧ		Less: direct expenses		355,163,				
		Net income or (loss) from fund	*		0,			
	9 a	Gross income from gaming ac						
-		Part IV, line 19						
		Less: direct expenses		·				
		Net income or (loss) from game	_	·····				
1	10 a	Gross sales of inventory, less i						
		and allowances		1				
		Less: cost of goods sold		`				
-	c	Net income or (loss) from sales						
-		Miscellaneous Revenue	3	Business Code				
	11 a b	MISCELLANEOUS INCOME		900099	298,381.	298,381.		
	С							
	d	All other revenue						
-		Total. Add lines 11a-11d			298,381.			
	12	Total revenue. See instructions	*******************	<u> </u>	88,722,810.	15 118 511	12 591,	27,725,696.

# 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).

D-	Check if Schedule O contains a respo	(A)	this Part IX (B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	725,860.	725,860.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22	44,090.	44,090.		
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	2,867,194.	2,229,383.	394,307.	243,504
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	26,451,898.	20,567,641.	3,637,763.	2,246,494
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	1,773,960.		243,963.	150,657
9	Other employee benefits	2,182,923.		300,203.	185,390
10	Payroll taxes	1,643,201.	1,277,669.	225,979.	139,553
11	Fees for services (non-employees):		.,		
а	Management	730,054.	293,531.	414,594.	21,929
þ	Legal	367,325.	183,437.	183,888.	
С	Accounting	83,229.		83,229.	
d	Lobbying	186,375.		186,375.	
е	Professional fundraising services. See Part IV, line 17	628,451.			628,451
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.)	3,882,703.	3,827,298.	33,243.	22,162
12	Advertising and promotion	1,468,496.	1,167,674.	2,538.	298,284
13	Office expenses	1,238,880.	800,354.	337,760.	100,766
14	Information technology	476,631.	239,042.	211,070.	26,519
15	Royalties	718,671.	718,671.		
16	Occupancy	3,333,505.	2,294,962.	841,819.	196,724
17	Travel	2,677,857.	2,001,716.	114,371.	561,770
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,111,472.	680,990.	349,445.	81,037
23	Insurance	136,491.	82,374.	44,988.	9,129
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.)				
а	PRODUCTION COSTS	3,766,358.	3,746,999.	5,942.	13,417
b	PROFESSIONAL DEVELOPMEN	262,940.	107,622.	75,967.	79,351
c	MISCELLANEOUS	167,301.	110,691.	43,585.	13,025
d	BAD DEBT	4,638.		4,638.	
	All other expenses		THE RESERVE THE PROPERTY OF TH		
25	Total functional expenses. Add lines 1 through 24e	56,930,503.	44,176,674.	7,735,667.	5,018,162
26	Joint costs. Complete this line only if the organization	,,,,-		.,.55,007.	-,-20,202
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)				

га	πx	Balance Sneet			
		Check if Schedule O contains a response or note to any line in this Part X			
			(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing	2,957,388.	1	4,161,293
	2	Savings and temporary cash investments	29,296,778.	2	32,498,379
	3	Pledges and grants receivable, net	11,782,418.		25,041,168
	4	Accounts receivable, net	1,450,569.		1,757,082
	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			
ş		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net		7	
₹	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges	1,886,200.	9	1,970,541
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 23,620,014.			
	b	Less: accumulated depreciation 10b 8,156,478.	14,560,955.	10c	15,463,536
	11	Investments - publicly traded securities	13,835,231.	11	17,964,061
	12	Investments - other securities. See Part IV, line 11	6,653,996.	12	1,871,640
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,710,526.	15	14,807,467
	16	Total assets. Add lines 1 through 15 (must equal line 34)	85,134,061.	16	115,535,167
	17	Accounts payable and accrued expenses	3,441,222.	17	4,725,683
	18	Grants payable		18	
	19	Deferred revenue	3,412,983.	19	2,784,723
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
2	22	Loans and other payables to current and former officers, directors, trustees,			
<u> </u>		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	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	4,637,630.	25	8,099,414.
	26	Total liabilities. Add lines 17 through 25	11,491,835.	26	<u> 15,609,820.</u>
		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
n U		complete lines 27 through 29, and lines 33 and 34.			
ret Assets of Fulla Dalaites	27	Unrestricted net assets	31,153,730.	27	53,736,528
	28	Temporarily restricted net assets	27,066,851.	28	30,767,174.
	29	Permanently restricted net assets	15,421,645.	29	15,421,645
5		Organizations that do not follow SFAS 117 (ASC 958), check here			
5		and complete lines 30 through 34.			
2	30	Capital stock or trust principal, or current funds		30	
}	31	Paid in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
:	33	Total net assets or fund balances	73,642,226.	33	99,925,347.
	34	Total liabilities and net assets/fund balances	85,134,061.	34	115,535,167.

Form **990** (2018)

	n 990 (2018) NEW YORK SHAKESPEARE FESTIVAL	13-18	44852	Pa	age 12
Pε	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	88,72	2,8	310.
2	Total expenses (must equal Part IX, column (A), line 25)	2	56,93	0,5	503.
3	Revenue less expenses. Subtract line 2 from line 1		31,79		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	73,64	2, 2	226.
5	Net unrealized gains (losses) on investments	5	-2,12	7,4	199.
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	-3,38	1,6	87.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
-	column (B))	10	99,92	5,3	47.
Ра	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990:				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule				
2a	or the state of th		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	l on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
¢	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of th				
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scho				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sir				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		3b		
			Form	990	(2018)

832012 12-31-18

# **SCHEDULE A**

Department of the Treasury

Internal Revenue Service

(Form 990 or 990-EZ)

**Public Charity Status and Public Support** 

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Employer identification number

		NEW	YORK SHAKE	<u>ESPEARE FEST</u>	LVAL			]	3-1844852				
Pa	art I	Reason for Public	Charity Status	(All organizations must o	omplete ti	nis part.) S	See instructions	S					
The	The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)												
1		A church, convention of ch	nurches, or associati	ion of churches describe	d in section	on 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).											
	H	A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name,											
4	L		zation operated in co	onjunction with a nospita	ii describe	o in section	on 170(b)(1)(A)	(III). Enter	the hospital's name,				
		city, and state:			***************************************								
5		An organization operated f		ollege or university owne	d or opera	ated by a g	jovernmental u	nit descri	ped 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	X	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). (C											
8		A community trust describ		)(1)(A)(vi), (Complete Par	rt (I.)								
9		An agricultural research or				ed in coni	unction with a	land-orani	college				
ŭ	transman.com	or university or a non-land-						_					
		university:	grant conege or agric	calture (see instructions)	, Litter tile	maine, Git	y, and state of	trie cone	J <del>o</del> 01				
40		* *************************************	. 11	- 41 00 d (00/ £1			`	t-1- f					
10	L	An organization that norma											
		activities related to its exer							=				
		income and unrelated busi		e (less section 511 tax) fr	om busine	esses acqu	uired by the or	ganization	after June 30, 1975.				
	·	See section 509(a)(2). (Co											
11		An organization organized	and operated exclus	sively to test for public s	afety. See	section 5	09(a)(4).						
12		An organization organized	and operated exclus	sively for the benefit of, t	o perform	the function	ons of, or to ca	rry out the	e purposes of one or				
		more publicly supported or	rganizations describe	ed in <b>section 509(a)(1)</b> d	r section	509(a)(2).	See section 5	09(a)(3).	Check the box in				
		lines 12a through 12d that	describes the type of	of supporting organization	n and con	nplete line	s 12e, 12f, and	l 12g.					
а		Type I. A supporting orga	anization operated, s	supervised, or controlled	by its sup	ported or	ganization(s), t	voically by	/ aivina				
		the supported organization											
		organization. You must o											
ь		Type II. A supporting org	•		tion with i	te eunnort	ed organizatio	n(e) by be	vina				
L	·		•				-	. , .	-				
		control or management of			same perso	ons mai ci	ontroi or manaț	ge me sut	phouse				
	[	organization(s). You mus	•						A. Au				
C	L		=					y integrat	ed with,				
		its supported organizatio	n(s) (see instructions	s). You must complete	Part IV, Se	ections A,	D, and E.						
d	I L		y integrated. A supp	porting organization oper	rated in co	nnection	with its suppor	ted organ	ization(s)				
		that is not functionally int	tegrated. The organiz	zation generally must sa	tisfy a dist	ribution re	quirement and	an attent	iveness				
		requirement (see instruct	ions). <mark>You must co</mark> r	nplete Part IV, Sections	s A and D	, and Part	<b>V</b> .						
е		Check this box if the orga	anization received a	written determination fro	m the IRS	that it is a	a Type I, Type I	II, Type III					
		functionally integrated, or	r Type III non-functio	nally integrated support	ing organi	zation.							
f	Ente	r the number of supported (	organizations										
		ride the following information											
	(i	) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the orga	inization listed ing document?	(v) Amount of	monetary	(vi) Amount of other				
		organization		(described on lines 1-10 above (see instructions))	Yes	No	support (see ins	structions)	support (see instructions)				
				above (see instructions))									
				A LABORATOR CONTRACTOR									
							ļ						
				***************************************									
Tota	ıl				<u> </u>								

# 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.)

Se	ction A. Public Support	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,			
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						1
	membership fees received. (Do not						
	include any "unusual grants.")	27916624.	19140017.	26656819.	33560688.	45866012.	153140160
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						,
	the organization without charge						
4	Total, Add lines 1 through 3	27916624.	19140017.	26656819.	33560688.	45866012.	153140160
	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)						3447424.
6	Public support. Subtract line 5 from line 4		***************************************			***************************************	149692736
	ction B. Total Support					J	
Cale	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4			26656819.	33560688.		
	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	1322675.	3608284.	13454275.	21358077.	25700833.	65444144.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on	3,140.	3,909.	11,025.	10,806.	11,591.	40,471.
10	Other income. Do not include gain	•					
	or loss from the sale of capital						
	assets (Explain in Part VI.)	380,275.	213,358.	310,123.	612,504.	298,381.	1814641.
11	Total support. Add lines 7 through 10						220439416
	Gross receipts from related activities,	, etc. (see instruction	ons)				,594,931.
13	First five years, if the Form 990 is for	r the organization's				n 501(c)(3)	
	organization, check this box and stor						<b></b>
Se	ction C. Computation of Publ	ic Support Per	rcentage				
14	Public support percentage for 2018 (	line 6, column (f) di	vided by line 11, o	column (f))		14	67.91 %
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	73.41 %
16a	33 1/3% support test - 2018. If the	organization did no	t check the box o	n line 13, and line	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	١			<b>▶</b> X
b	33 1/3% support test - 2017. If the o	organization did no	t check a box on l	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual	iifies as a publicly s	upported organiz	ation	******		▶□
17a	10% -facts-and-circumstances tes	t - 2018. If the orga	anization did not d	check a box on line	13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstand	ces" test, check th	nis box and <mark>stop h</mark>	ere. Explain in Par	t VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organizat	tion qualifies as a	publicly supported	d organization	***********************	<b>&gt;</b>
þ	10% -facts-and-circumstances tes	t - 2017. If the org:	anization did not d	check a box on line	13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circui	mstances" test, cl	heck this box and	stop here. Explain	in Part VI how the	ı
	organization meets the "facts-and-circ	cumstances" test.	The organization o	qualifies as a public	cly supported orga	ınization	▶□
18	Private foundation. If the organizatio						<u> </u>

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

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

Se	ction A. Public Support						ATTION NO.
Cale	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						111
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
	merchandise sold or services per-						
	formed, or facilities furnished in						
	any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
Ŭ	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
7	ization's benefit and either paid to						
	or expended on its behalf	ı					
_	······	<u></u>					
5	The value of services or facilities						The state of the s
	furnished by a governmental unit to						
	the organization without charge						<u> </u>
	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons					-	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that						
	exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
C	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 5.)						<u> </u>
Sec	ction B. Total Support			***************************************		· ••	
	ndar year (or fiscal year beginning in) ►	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	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						
13	assets (Explain in Part VI.)						
	First five years. If the Form 990 is for	the organization's	s first, second, thir	d fourth or fifth to	ax vear as a sectio	n 501(c)(3) organiz	ation
•	check this box and stop here	-			•		P*************************************
Sec	tion C. Computation of Publi						- Anna Anna Anna Anna Anna Anna Anna Ann
	Public support percentage for 2018 (fi		***************************************	column (fl)		15	%
	Public support percentage from 2017					16	%
	tion D. Computation of Inves			<u></u>			<del></del>
	Investment income percentage for 20		· · · · · · · · · · · · · · · · · · ·	ne 13. column (fl)		17	%
	Investment income percentage from 2					18	<u>//</u> %
	33 1/3% support tests - 2018. If the					L	
198	more than 33 1/3%, check this box an						
L	33 1/3% support tests - 2017. If the		_				
	• *	-					
	line 18 is not more than 33 1/3%, chec					-	
<u> </u>	Private foundation. If the organization	ruid Hot check a	DOX DITTINE 14, 198	i, or rap, check tr	iis DOX alio see in	structions	

# Part IV | Supporting Organizations

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

# Section A. All Supporting Organizations

- Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 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 12a or 12b 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)
- 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?
- 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.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 disgualified 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.)

Yes	No
	<del></del>
	***************************************
	Yes

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.

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.

Schedule A (Form 990 or 990-EZ) 2018

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Sche	edule A (Form 990 or 990-EZ) 2018 NEW YORK SHAKESPEARE FF	STIVA	r, ·	13-1844852 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting			<u> </u>
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on i	Nov. 20, 1970 (explain in	Part VI.) See instructions. A
	other Type III non-functionally integrated supporting organizations must c	omplete Se	ctions A through E.	(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	······································	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	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		
Sect	ion 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		

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

Schedule A (Form 990 or 990-EZ) 2018

6

5 Income tax imposed in prior year

instructions).

Distributable Amount. Subtract line 5 from line 4, unless subject to

emergency temporary reduction (see instructions)

Schedule A (Form 990 or 990-EZ) 2018 NEW YORK SHAKESPEARE FESTIVAL 13-1844852 Page 7 Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued) Section D - Distributions **Current Year** 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. 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 2018 from Section C, line 6 10 Line 8 amount divided by line 9 amount (i) (ii) (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2018 Amount for 2018 1 Distributable amount for 2018 from Section C, line 6 2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions. 3 Excess distributions carryover, if any, to 2018 a From 2013 **b** From 2014 c From 2015 d From 2016 e From 2017 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2018 distributable amount i Carryover from 2013 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2018 from Section D. a Applied to underdistributions of prior years b Applied to 2018 distributable amount c Remainder. Subtract lines 4a and 4b from 4. 5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. 7 Excess distributions carryover to 2019. Add lines 3j and 4c. 8 Breakdown of line 7:

Schedule A (Form 990 or 990-EZ) 2018

a Excess from 2014
b Excess from 2015
c Excess from 2016
d Excess from 2017
e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 NEW YORK SHAKESPEARE FESTIVAL	13-1844852 Page 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, 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; Paction D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any add (See instructions.)	a or 17b; Part III, line 12; es 1 and 2; Part IV, Section C, art V, Section B, line 1e; Part V,
***************************************		
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MALINE PARTIES AND THE PARTIES		
· · · · · · · · · · · · · · · · · · ·		

### SCHEDULE C

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below. ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	, (010 01 pai ato (1.00 10 to 1.01), 11.01.				
	Section 501(c)(4), (5), or (6) organiza	ations: Complete Part III.			
Nar	ne of organization			En	nployer identification number
	NEW YOR	RK SHAKESPEARE F	ESTIVAL		13-1844852
Pa	art I-A Complete if the or	ganization is exempt un	der section 501(c	) or is a section 527	organization.
			, and the second se		
1	Provide a description of the organi	zation's direct and indirect polit	ical campaign activities	s in Part IV.	
	Political campaign activity expendi	· ·	, •		· <b>\$</b>
	Volunteer hours for political campa				
_	,	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		,	
Pa	art I-B Complete if the or	ganization is exempt un	der section 501(c	\(3).	
	Enter the amount of any excise tax				· \$
•	Enter the amount of any excise tax	incurred by organization mana	ners under section 495	5	· \$
	If the organization incurred a section				
	Was a correction made?				
	of "Yes," describe in Part IV.				
		ganization is exempt un	der section 501(c	), except section 50	1(c)(3).
	Enter the amount directly expende				
	Enter the amount of the filing organ				
-	exempt function activities		-		<b>\$</b>
2	Total exempt function expenditure				
3	line 17b				· <b>¢</b>
	Did the filing organization file Form				
4	Enter the names, addresses and en				
5	made payments. For each organiza			The state of the s	
	contributions received that were pr				
	political action committee (PAC). If				indio oogi ogaloo idiina oi d
		1			(a) Amount of political
	(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's	<ul> <li>(e) Amount of political contributions received and</li> </ul>
				funds. If none, enter -(	
					delivered to a separate
					political organization.  If none, enter -0
					Tribite, criter 5.
			1		1

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

Schedule C (Form 990 or 990-EZ) 2018

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Schedule C (Form 990 or 990 EZ) 2018  Part II-A   Complete if the org	<u>NEW Y</u> ganizatio	ORK SE	IAKESPEARE mpt under secti	FESTIVAL on 501(c)(3) and file	13- ed Form 5768 (c	1844852 Page 2
section 501(h)).	•					
A Check > if the filing organiza	ation belon	gs to an aff	iliated group (and list	in Part IV each affiliated	group member's na	me, address, EIN.
expenses, and sha				•		
B Check 🕨 🔲 if the filing organiza	ation check	ed box A a	nd "limited control" p	rovisions apply.		
Lim	its on Lobl	oying Expe			(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to infi	luence oub	lic oninion l	arase roote (obbying)			
b Total lobbying expenditures to infl						
c Total lobbying expenditures (add						
d Other exempt purpose expenditur						
e Total exempt purpose expenditure						
f Lobbying nontaxable amount. Ent						
If the amount on line 1e, column (a)			bying nontaxable ar			
Not over \$500,000	<u> </u>		the amount on line 1			
Over \$500,000 but not over \$1,00	0.000		00 plus 15% of the ex			
Over \$1,000,000 but not over \$1,5				cess over \$1,000,000.		
Over \$1,500,000 but not over \$17						
Over \$17,000,000	,000,000	\$225,000 plus 5% of the excess over \$1,500,000. \$1,000,000.				
(070, 41, 1990,000	I	ψ1,000;				
<ul> <li>g Grassroots nontaxable amount (er</li> <li>h Subtract line 1g from line 1a. If zero</li> <li>i Subtract line 1f from line 1c. If zero</li> <li>j If there is an amount other than zero</li> <li>reporting section 4911 tax for this</li> </ul>	ro or less, e o or less, e ero on eithe	nter -0- nter -0- r line 1h or	line 1i, did the organi	zation file Form 4720		Yes No
(Some organizations t	hat made a	4-Year Ave a section 5	eraging Period Unde	r Section 501(h) t have to complete all o		below.
	Lobb	ying Exper	nditures During 4-Ye	ear Averaging Period		
Calendar year (or fiscat year beginning in)	(a) 2	2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) Total
2a Lobbying nontaxable amount b Lobbying ceiling amount						
(150% of line 2a, column(e))						
c Total lobbying expenditures						
d Grassroots nontaxable amount						
e Grassroots ceiling amount						
(150% of line 2d, column (e))						
3.1	***************************************	***************************************				
f Grassroots lobbying expenditures						

Schedule C (Form 990 or 990-EZ) 2018

# Schedule C (Form 990 or 990-EZ) 2018 NEW YORK SHAKESPEARE FESTIVAL 13-18448 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

For e	ach "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description	3)	(t	)	
of th	e lobbying activity.	Yes	No	Amo	ount
1	During the year, did the filing organization attempt to influence foreign, national, state, or				
	local legislation, including any attempt to influence public opinion on a legislative matter				
	or referendum, through the use of:				
а	Volunteers?		X		
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?		X		
С	Media advertisements?		X		
d	Mailings to members, legislators, or the public?		X	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
е	Publications, or published or broadcast statements?		X		
f	Grants to other organizations for lobbying purposes?		Х		
g	Direct contact with legislators, their staffs, government officials, or a legislative body?	X		186	,375.
h	Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?		X		
i	Other activities?		X		
ĵ	Total. Add lines 1c through 1i			186	,375.
	Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?		X		
	If "Yes," enter the amount of any tax incurred under section 4912		_		
	If "Yes," enter the amount of any tax incurred by organization managers under section 4912				
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?				
Par	t III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(6).	on 501(c)	(5), or sec	tion	
				Yes	No
1	Were substantially all (90% or more) dues received nondeductible by members?		1		
2	Did the organization make only in-house lobbying expenditures of \$2,000 or less?				
3	Did the organization agree to carry over lobbying and political campaign activity expenditures from the		,		
1	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered answered "Yes."  Dues, assessments and similar amounts from members	-		411-7A, 4111	
2	Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of politic		***		······································
-	expenses for which the section 527(f) tax was paid).	,,,,,			
а	Current year		2a		
	Carryover from last year				
c	Total		1 1		
3	Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues				
4	If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the exc		""		
•	does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and p				
	expenditure next year?		4		
5	Taxable amount of lobbying and political expenditures (see instructions)		5		
Par				***************************************	
rovi	de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group	list); Part II-	A, lines 1 an	d 2 (see	
nstru	ctions); and Part II-B, line 1. Also, complete this part for any additional information.				
PAF	T II-B, LINE 1, LOBBYING ACTIVITIES:				
CHE	PUBLIC HAS ENGAGED VENDORS FOR LOBBYING TO SEEK F	UNDING	AND V	ARIOU	S
APF	ROVALS FOR OUR CAPITAL CAMPAIGN FROM THE CITY.				
				~ · · · · · · · · · · · · · · · · · · ·	

Schedule C (Form 990 or 990-EZ) 2018

# SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

# Supplemental Financial Statements

Complete if the organization answered "Yes" on Form 990. Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990.

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

OMB No. 1545-0047 Open to Public

Inspection

Name of the organization Employer identification number NEW YORK SHAKESPEARE FESTIVAL 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 Total number at end of year 1 2 Aggregate value of contributions to (during year) Aggregate value of grants from (during year) 3 Aggregate value at end of year 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? 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? 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) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space 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 Total number of conservation easements Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) d Number of conservation easements included in (c) acquired after 7/25/06, 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 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. 1a 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. b 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

832051 10-29-18

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

Schedule D (Form 990) 2018

Schedule D (Form 990) 2018

15,463,536.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

Schedule D (Form 990) 2018 NEW YORK SH	IAKESPEARE	FESTIVAL	13	-1844852 Page
Part VII Investments - Other Securities.	F 000 B- L0	F 445 - 0 5 000 - 5		
Complete if the organization answered "Yes"  (a) Description of security or category (including name of security)	(b) Book value			d-of-year market value
	(b) book value	(c) we mod or va	idation. Odst of en	o-or-year market value
(1) Financial derivatives (2) Closely-held equity interests				
and the second s				
(A)				
(B) (C)				
(D)			·····	
(E)			************************************	**************************************
(F)				
(G)				
(H)			***************************************	
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				· · · · · · · · · · · · · · · · · · ·
Part VIII Investments - Program Related.	<u> </u>		······································	
Complete if the organization answered "Yes"	on Form 990 Part IV	line 11c See Form 990 P	art X line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)	<b>(-,</b>			
(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. P	art X. line 15.	
YRE-THE TOTAL CONTROL OF THE TOTAL CONTROL OT THE TOTAL CONTROL OF THE T	Description			(b) Book value
(1) CONSTRUCTION COST REIMBUR	SEMENT DUE	FROM THE CITY	OF NEW	
(2) YORK	DELLECT DUE	****** ****	<u> </u>	473,95
(3) BONDS, DEPOSITS AND OTHER	ASSETS			411,35
(4) CONSTRUCTION IN PROGRESS				13,922,15
(5)	· · · · · · · · · · · · · · · · · · ·			10,, <b>,,,,,</b>
(6)				
(7)				,
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15 )		<b></b>	14,807,467
Part X Other Liabilities.	<u> </u>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
Complete if the organization answered "Yes"	on Form 990. Part IV.	line 11e or 11f. See Form	990. Part X. line 25	
(a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) ACCRUED PENSION LIABILITY		8,099,414.		
(3)				
(4)				
(5)				

(6) (7) (8) (9) 8,099,414. Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

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

Schedule D (Form 990) 2018

## SCHEDULE G

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

# Supplemental Information Regarding Fundraising or Gaming Activities

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

Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

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

Name of the organization					Employer ide	entification number
	<u>RK SHAKESPEARE FEST</u>				13-1844	
Part I Fundraising Activities required to complete this pa	<ol> <li>Complete if the organization answirt.</li> </ol>	ered "\	es" o	n Form 990, Part IV,	line 17. Form 990-E	Z filers are not
<ul> <li>1 Indicate whether the organization ra</li> <li>a X Mail solicitations</li> <li>b X Internet and email solicitation</li> <li>c X Phone solicitations</li> <li>d X In-person solicitations</li> <li>2 a Did the organization have a written</li> </ul>	ised funds through any of the following e X Solicitates f X Solicitates g X Special	ation of ation of I fundra	non-g gover alsing ding o	overnment grants inment grants events fficers, directors, trus	stees, or	s No
b If "Yes," list the 10 highest paid ind compensated at least \$5,000 by th		uant to	agree	ements under which t	the fundraiser is to	be
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	or cor	Did raiser ustody itrol of utions?	(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
GURA ASSOCIATES LTD - 505		Yes	No			
WEST END AVENUE, NEW YORK, NY	MAJOR GIFT CONSULTING	ļ	Х	0,	250,000	0.
COMMUNITY COUNSELLING SERVICE CO. LLC - 527 MADISON AVE.	CAPITAL CAMPAIGN ADVISING		х	0.	378,451.	0.
						O .
Fotal			_		629 A51	
Total  3 List all states in which the organization or licensing.  NY, CT, NJ, PA, CA, CO, GA	on is registered or licensed to solicit		utions	or has been notified	628, 451, it is exempt from re	egistration
						***************************************

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS

Schedule G (Form 990 or 990-EZ) 2018

1	. 3 ~	- 1	8	4	4	8	5	2	P	age	2

	····	of fundraising event contributions and gr	<del></del>	· · · · · · · · · · · · · · · · · · ·		pts greater than \$5,000.
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
				BENEFIT	NONE	(add col. (a) through
			ANNUAL GALA	EVENTS		1 ' '
			(event type)	(event type)	(total number)	- col. (c))
Revenue				(4.4		
Λe		One are an extended	2 771 545	107 506		2 070 051
Ω.	1	Gross receipts	2,771,545.	107,506.		2,879,051.
	2	Less: Contributions	2,461,640.	62,248.		2,523,888.
			:			
	3	Gross income (line 1 minus line 2)	309,905.	45,258.		355,163.
	4	Cash prizes				
					——————————————————————————————————————	
	5	Noncash prizes				
្ត	٠	Mondain prizes				
. es	_	Death for the contract	0.000			0.00
g.	6	Rent/facility costs	86,295.			86,295.
Jirect Expenses						
e G	7	Food and beverages	200,550.	26,734.		227,284.
à						
	8	Entertainment				
	9	Other direct expenses		18,524.	***	41,584.
	10	Direct expense summary. Add lines 4 through			<b>&gt;</b>	355,163.
	-	Net income summary. Subtract line 10 from li	. , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			0.
Pa	rt l					<u> </u>
L		\$15,000 on Form 990-EZ, line 6a.			Toportou moro triali	
		ψ 70,000 011 0111 000 LE, inte 0a.		(b) Pull tabs/instant		(d) Total gaming (add
9			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))
/en				Unigorphogradate bingo		oon (a) an obgreson (c),
Revenue						
	1	Gross revenue				
တ္တ	2	Cash prizes				
Expenses						
e d	3	Noncash prizes				
ũ		, , , , , , , , , , , , , , , , , , , ,				
Direct	4	Rent/facility costs				
늅	7	Homerson y oosto				
	_	Other divert eveness				
	5_	Other direct expenses	7.4			
}			Yes %	Yes %	Yes%	
	6	Volunteer labor	No No	No	<u></u> No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	<b>&gt;</b>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		<b>&gt;</b>	
a	Ent	er the state(s) in which the organization condu	ects gaming activities:			
		ne organization licensed to conduct gaming ac				Yes No
		<del>-</del>				1031140
b	IT "F	No," explain:		***		
		re any of the organization's gaming licenses re				Yes No
b	if "\	Yes," explain:				
					<del>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</del>	

Sch	edule G (Form 990 or 990 EZ) 2018 NEW YORK SHAKESPEARE FESTIVAL 13-	1844852	Page 3
11	Does the organization conduct gaming activities with nonmembers?		No
	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
	Indicate the percentage of gaming activity conducted in:		
	The organization's facility		%
	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	L No
b	olf "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount		
	of gaming revenue retained by the third party > \$		
С	: If "Yes," enter name and address of the third party:		
	Name >	***************************************	W.V. W.
	Address >		
16	Gaming manager information:		
	<b>.</b>		
	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		
<b>D</b>	organization's own exempt activities during the tax year ▶ \$		* * * * * * * * * * * * * * * * * * * *
Pai	rt IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and F 15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	art III, lines 9,	96, 106,
~ ^·	NODIN D. C. DADO T. LIND OD LIGO OD DEN NIGUDOD DATO BUNDDATOD	D.C.	
SC	HEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISE	KS:	
<u>(I</u>	) NAME OF FUNDRAISER: GURA ASSOCIATES LTD		
<u>(I</u>	) ADDRESS OF FUNDRAISER: 505 WEST END AVENUE, NEW YORK, NY 1	0024	
		···	
(I	) NAME OF FUNDRAISER: COMMUNITY COUNSELLING SERVICE CO, LLC		
-1		Y 1002	2
(I	, ADDRESS OF FUNDATISER: 32, PADISON AVE, 318 FB, NEW YORK, N	1 1002	<u>Kul</u>
·			
3208	Schedule G (For	m 990 or 990	-EZ) 2018

832083 10-03-18

Schedule G	(Form 990 or 990-EZ)	NEW YORK	SHAKESPEARE	FESTIVAL	13-1844852 Page 4
Part IV	(Form 990 or 990-EZ) Supplemental Infor	mation (continue	d)		
			· · · · · · · · · · · · · · · · · · ·	**************************************	
					**************************************
	· · · · · · · · · · · · · · · · · · ·				
	······	·····			
		· · · · · · · · · · · · · · · · · · ·			
				AND DESCRIPTION OF THE PROPERTY OF THE PARTY	
			PILIT TO VIEW TO THE PILIT TO T		
			LANGUARDONNI TOTOLOGICO		
				**************************************	

# SCHEDULE (Form 990)

Name of the organization

Department of the Treasury Internal Revenue Service

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ▼ Attach to Form 990.

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

OMB No. 1545-0047 2018 Open to Public

Inspection

GENERAL OPERATING SUPPORT Employer identification number å 13-1844852 EDUCATIONAL ACTIVITIES (h) Purpose of grant FOR THE PERFORMANCE, or assistance X COMMENTARY, AND Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) Ċ. (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of 725 860 cash grant NEW YORK SHAKESPEARE FESTIVAL (c) IRC section (if applicable) 13-3974836 | 501 (C)(3) Part I General Information on Grants and Assistance (p) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization AMERICA, INC. - 425 LAFAYETTE STREET - NEW YORK, NY 10003 THE SHAKESPEARE SOCIETY OF or government Part II

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

Enter total number of other organizations listed in the line 1 table

Schedule I (Form 990) (2018)

Page 2

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Schedule I (Form 990) (2018) Part III

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	(f) Description of noncash assistance
VAN LIER FELLOWSHIP	C.	44,090,	0		
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	luired in Part I, lin	ie 2; Part III, column	(b); and any other ac	ditional information.	
PART I, LINE 2:					
GRANTEE IS REQUIRED TO SUBMIT A BU	BUDGET FOR	APPROVAL.	ONCE APPROVED,	ROVED, NYSF	
MAINTAINS THE BUDGET AND MONITORS	GRANT	EXPENSES AGAINST IT.		PAYMENT TO	
THE GRANTEE IS USUALLY IN THE FORM	OF	REIMBURSEMENT.	GRANTEE	IS REQUIRED	
TO SUBMIT RECEIPTS AND SUPPORTING DOCUMENTATION IN ORDER	DOCUMENT	ATION IN O	RDER TO BE	REIMBURSED.	
DEPENDING ON THE PROJECT, INTERIM	PROGRESS	REPORTS M	INTERIM PROGRESS REPORTS MAY BE REQUIRED.	IRED. A	
FINAL REPORT AND ACCOUNTING STATEMENT	HS	REQUIRED AT	AT THE END OF	7 THE	
PROJECT.					

## SCHEDULE J (Form 990)

## **Compensation Information**

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

➤ Complete if the organization answered "Yes" on Form 990, Part IV, line 23. ➤ Attach to Form 990. 2018

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury
Internal Revenue Service
Name of the organization

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

NEW YORK SHAKESPEARE FESTIVAL Employer identification number 13-1844852

P	art 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.			
	X First-class or charter travel			
	Travel for companions Payments for business use of personal residence			
	X Tax indemnification and gross-up payments			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to 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 on 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.			
	Compensation committee X Written employment contract			
	X Independent compensation consultant			
	X Form 990 of other organizations X 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			
7	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		Х
b		4b	Х	
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		Х
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed 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		<u>X</u>
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6/c)?	9		1

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

Schedule J (Form 990) 2018

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

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

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

		(B) Breakdown of W-2		and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(E)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deterred compensation	benefits	(Q)-(J)(B)	in column (B) reported as deferred on prior Form 990
(1) PATRICK WILLINGHAM	ε	423,512.	0.	19,190.	12,896.	14,051.	469,649.	0
EXECUTIVE DIRECTOR	(ii)		.0	.0	0	0	0	0
(2) PAUL J EUSTIS	ε	835,114.	.0	20,480.	127,702.	27,436.	1,010,732.	0
ARTISTIC DIRECTOR	<u> </u>		0.	0	0	.0	0	0
(3) PATRICIA HUIE	ε	208,748.	0.	1,290.	10,623.	15,564.	236,225.	0
CHIEF FINANCIAL OFFICER	(E)	0	.0	0	0	.0	0	0
(4) THOMAS MCCANN	Ξ	172,503.	0	0	6,709.	9,381.	188,593.	0
SENIOR DIRECTOR OF MARKETING	€		.0	0	0	0.	0.	0
(5) SHANNON S. THAKE-KRIEGSMANN	ε	161,189.	0.	.0	6,513.	32,223.	199,925.	0
SENIOR DIRECTOR OF ARTISTIC PROGRAMS (ii)	(ii)		0.	.0	0	.0	0.	0
(6) LAURENCE JAHNS	Ξ	379,269.	0	1,980.	0	26,276.	407,525.	0
CHIBF ADVANCEMENT OFFICER	Ξ		.0	0	.0	.0	0.	.0
(7) JEREMY ADAMS	Ξ	164,383.	.0	.0	11,545.	12,552.	188,480.	0
MANAGING DIRECTOR	⊞		0	.0	0.	0.	0	.0
(8) RUTH STERNBERG	ε	199,776.	.0	0.	25,430.	23,947.	249,153.	0
PRODUCTION EXECUTIVE	(ii)		0	0	0	0	.0	0
(9) MANDY HACKETT	Ξ	176,893.	0.	.0	10,092.	28,422.	215,407.	0
ASSOCIATE ARTISTIC DIRECTOR	Œ	0.	0	.0	0.	.0	0	.0
(10) ALEX TONETTA	Ξ	163,015.	0.	.0	4,265.	11,764.	179,044.	0
ARTISTIC CONTENT CURATOR	Ξ		0.	0.	.0	0.	0.	0
(11) SANDRA JANE HUESKES	ε	167,904.	0.	0.	5,093.	9,050.	182,047.	.0
DIRECTOR OF DEVELOPMENT	⊞		0	0		0.	0.	.0
(12) LAURA O'CONNELL	Ξ	152,369.	0.	0.	0.	45,499.	197,868.	0
DIRECTOR OF CAPITAL PROJECTS	Ξ	0	0	.0	0.	0	0	0.
	Ξ							
	Ξ							
	Ξ							
	Ξ							OTTO OTTO OTTO OTTO OTTO OTTO OTTO OTT
	Ξ							
	(ii)							
	Ξ				WWW.			
	Ξ	The state of the s	THE APPARENCE OF THE PERSON OF		***************************************			

Schedule J (Form 990) 2018

Part III Supplemental Information

Schedule J (Form 990) 2018

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.

LINE 1A: PART I, THE ARTISTIC DIRECTOR AND EXECUTIVE DIRECTOR ARE PERMITTED TO BOOK UPGRADED

SEATING ON OVERNIGHT FLIGHTS THAT ARE SIX HOURS OR LONGER.

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

ALLOWANCES PROVIDED FOR HIS CONTRACTUAL LIFE INSURANCE PREMIUM PAYMENTS.

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

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

ACCOUNTS

LINE 4B: PART I, PURSUANT TO HIS EMPLOYMENT AGREEMENT, PAUL J. EUSTIS PARTICIPATES IN AN

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

INTERNAL REVENUE CODE, WHICH IS DESIGNED TO PROVIDE A NONQUALIFIED

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

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

RATABLY OVER THE CONTRACT TERM. NO AMOUNTS WERE VESTED OR PAID DURING THE

2018 CALENDAR YEAR AND THE ACCRUAL IS BEING REPORTED AS DEFERRED

COMPENSATION.

## SCHEDULE M (Form 990)

**Noncash Contributions** 

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

Attach to Form 990.

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

Inspection

Employer identification number

F3	NEW YORK SHA	KESPEA	RE FESTIV	AL	13-1	844	852	}
Pa	rt I Types of Property	T	1					
		(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 de noncash contribu	etermi	_	ts
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	35	271,627.	FAIR MARKET	' VA	LUE	1
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				OFFICE OFFICE OF THE STATE OF T			
17	Real estate - Other							
18	Collectibles						· · · · · · · · · · · · · · · · · · ·	
19	Food inventory							
20	Drugs and medical supplies							·
21	Taxidermy							
22	Historical artifacts				<del></del>			
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()				A			
26	Other ( )							
27	Other ()							
28 29	Other ( )  Number of Forms 8283 received by the organize	tation during	the tay user for o	antributions				
29	for which the organization completed Form 828			1 1				
	for which the organization completed Form 626	55, mait 1V, L	Jones Acknowledg	Z9			Yes	No
30-	During the year, did the organization receive by	z contributio	n any property ren	orted in Part Llines 1 throug	th 28 that it		163	140
Jua	must hold for at least three years from the date			-				
	exempt purposes for the entire holding period?					30a		Х
h	If "Yes," describe the arrangement in Part II.	************				304		
31	Does the organization have a gift acceptance p	oolicy that re	auires the review	of any nonstandard contribu	tions?	31	Х	ĺ
	Does the organization hire or use third parties of					<u> </u>		
-La	contributions?		_			32a	Х	
h	If "Yes," describe in Part II.				,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	VW		
33	If the organization didn't report an amount in co	olumn (c) for	a type of property	for which column (a) is chec	cked.			
	describe in Part II.	(5) .01	·		,			
HA	For Paperwork Reduction Act Notice, see	the Instruct	ions for Form 990	).	Schedule M	(Forn	n 990)	2018

Schedule M (Form 990) 2018 NEW YORK SHAKESPEARE FESTIVAL	13-1844852	Page 2
Part II Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and is reporting in Part I, column (b), the number of contributions, the number of items received, or a contribution this part for any additional information.	33, and whether the organiz	ation
COMPANIE W TAND 22D.		, , , , , , , , , , , , , , , , , , ,
SCHEDULE M, LINE 32B:		
SIGNATURE SECURITIES HOLDS NYSF'S BROKERAGE ACCOUNT TO 1	RECEIVE STOCK	
GIFTS. STOCK GIFTS ARE SOLD UPON RECEIPT.		
·	<del> </del>	
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		<del>, , , , , , , , , , , , , , , , , , , </del>
832142 10-18-18	Schedule M (Form	990) 2018

### **SCHEDULE 0**

Internal Revenue Service

(Form 990 or 990-EZ) Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

Employer identification number

NEW YORK SHAKESPEARE FESTIVAL 13-1844852	
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
THROUGH THE PUBLIC THEATER, SHAKESPEARE IN THE PARK AND JOE'S PUB, NYSF	
IS DEDICATED TO DEVELOPING AN AMERICAN THEATER THAT IS ACCESSIBLE AND	
RELEVANT TO ALL PEOPLE.	
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:	
INNOVATIVE STAGINGS OF THE CLASSICS.	
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:	
NEW YORK PREMIERES INCLUDED WILD GOOSE DREAMS BY HANSOL JUNG, MOJADA BY	
LUIS ALFARO, MOTHER OF THE MAID BY JANE ANDERSON, AND SEA WALL/A LIFE	
SIMON STEPHENS/NICK PAYNE.	
THE FIFTEENTH UNDER THE RADAR FESTIVAL, A PLATFORM FOR US-BASED AND	
INTERNATIONAL DEVISED THEATER GROUPS, PRESENTED THE WORK OF 22	
CONTEMPORARY THEATER COMPANIES FEATURING OVER 165 ARTISTS FROM ACROSS	
THE US AND AROUND THE WORLD. THE 12-DAY FESTIVAL IN JANUARY 2019	
ATTRACTED AN AUDIENCE OF OVER 7,500 PEOPLE TO 31 SHOWS AT THE PUBLIC	******
THEATER AND ITS THREE PARTNER VENUES.	
FORM 990, PART III, LINE 4B, PROGRAM SERVICE ACCOMPLISHMENTS:	
THE 2019 FREE SHAKESPEARE IN THE PARK SEASON, ITS 57TH SEASON AT THE	
DELACORTE, PRESENTED TWO PRODUCTIONS OVER NINE WEEKS, REACHING AN	
AUDIENCE OVER 100,000. THE FIRST PRODUCTION WAS MUCH ADO ABOUT NOTHING,	
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)	18)

Name of the organization  NEW YORK SHAKESPEARE FESTIVAL	Employer identification number 13-1844852
DIRECTED BY KENNY LEON, FEATURING DANIELLE BROOKS, GRANTH	AM COLEMAN,
AND JEREMIE HARRIS. THE SECOND WAS CORIOLANUS DIRECTED BY	DANIEL
SULLIVAN FEATURING JONATHAN CAKE, KATE BURTON, AND TEAGLE	F. BOUGERE.
FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHME	NTS:
WORLD, HOSTING APPROXIMATELY 800 SHOWS AND SERVING OVER 1	00,000
AUDIENCE MEMBERS. THE DIVERSE ROSTER OF PROGRAMMING FEAT	URED TOP
PERFORMERS FROM BROADWAY, CABARET, DANCE, WORLD, SINGER-S	ONGWRITER,
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 THE	ATER'S INITIAL
TOURING MODEL, NOT ONLY SEEKS OUT DIVERSE AUDIENCES BUT S	ERVES
AUDIENCES WHOSE ACCESS TO ARTS EXPERIENCES ARE SEVERELY I	NHIBITED BY
THEIR ENVIRONMENTS. THE MOBILE UNIT FOCUSES ON TOURING PRO	ODUCTIONS TO
CORRECTIONAL FACILITIES, HOMELESS SHELTERS, COMMUNITY CEN	TERS, SOCIAL
SERVICE ORGANIZATIONS AND OTHER PLACES WHERE THE MOST CRI	FICALLY
UNDER-SERVED AND OVERLOOKED PARTS OF THE POPULATION ARE CO	ONGREGATED.
THESE PRODUCTIONS ARE THEN PRESENTED FOR FREE AS PART OF	THE DOWNTOWN
SEASON AT 425 LAFAYETTE STREET. OVER THE YEARS, THE MOBIL	E UNIT HAS
SERVED THOUSANDS OF AUDIENCES WITH CRITICALLY ACCLAIMED PROCESSION OF AUDIENCESSION OF AUDIENCES WITH CRITICALLY ACCLAIMED PROCESSION OF AUDIENCES WITH CRITICALLY ACCLAIMED PROCESSION OF AUDIENCES WITH CRITICALLY ACCURATION OF AUDIENCES WITH CRITICAL AUDIENCES WITH CRITICALLY ACCURATION OF AUDIENCES WITH CRITICAL AUDIENCES WITH CRITICALLY AUDIENCES WITH CRITICAL AUDIENCES WIT	RODUCTIONS.
IN THE FALL OF 2018, THE MOBILE UNIT EMBARKED ON A THREE-	WEEK, TOUR OF
THE FIVE BOROUGHS, FEATURING FREE PERFORMANCES OF WILLIAMS	S
SHAKESPEARE'S A MIDSUMMER NIGHT'S DREAM DIRECTED BY JENNY	KOONS.

THE FALL OF 2018 ALSO WAS THE LAUNCH OF MOBILE UNIT'S FIRST NATIONAL

Schedule O (Form 990 or 990-E2) (2018)	Page Page
Name of the organization  NEW YORK SHAKESPEARE FESTIVAL	Employer identification numbe 13-1844852
INITIATIVE WHERE LYNN NOTTAGE'S PULITZER PRIZE WINNING P	LAY SWEAT WAS
TOURED TO 5 STATES IN THE MIDWEST OVER A 3-WEEK PERIOD.	
IN THE SPRING 2019, A TOUR WAS MOUNTED OF THE TEMPEST DI	RECTED BY
LAURIE WOOLERY. BOTH FIVE BOROUGH SHAKESPEARE TOURS WERE	FOLLOWED BY
DOWNTOWN RUNS AT THE PUBLIC THEATER THAT OFFERED ENTIRELY	Y FREE TICKETS,
WITH 20 TICKETS FOR EACH PERFORMANCE RESERVED FOR COMMUNICATION	ITY
ORGANIZATIONS.	
THE MOBILE UNIT CONTINUED ITS YEARLY PARTNERSHIP WITH JOI	E'S PUB TO
PRESENT A SHORTER TOUR AROUND THE 5 BOROUGHS CALLED IN THE	RANSIT. LATE
FALL OF 2018 SAW THE JOE'S PUB ARTIST AND LOCAL BAND MAKE	J SOUNDSYSTEM
PERFORM IN THE CITY AND AT JOE'S PUB.	
PUBLIC WORKS, A MAJOR PROGRAM OF THE PUBLIC THEATER, AIMS	TO RESTORE
AND BUILD COMMUNITY BY CONNECTING PEOPLE THROUGH THEATER-	вотн
PERFORMING IT AND EXPERIENCING IT-REMINDING US THAT WE AF	RE ALL IN THIS
TOGETHER. WORKING WITH PARTNER ORGANIZATIONS IN ALL 5 BOR	ROUGHS, PUBLIC
WORKS INVITES COMMUNITY MEMBERS TO TAKE CLASSES, ATTEND I	PERFORMANCES,
AND JOIN IN THE CREATION OF AMBITIOUS WORKS OF PARTICIPAT	ORY THEATER.
PUBLIC WORKS DELIBERATELY BLURS THE LINE BETWEEN PROFESSI	ONAL ARTISTS
AND COMMUNITY MEMBERS, CREATING THEATER THAT IS NOT ONLY	FOR THE
PEOPLE, BUT BY AND OF THE PEOPLE AS WELL. IT IS ANIMATED	BY THE IDEA
THAT THEATER IS A PLACE OF POSSIBILITY, WHERE THE BOUNDAR	RIES THAT
SEPARATE US FROM EACH OTHER IN THE REST OF LIFE CAN FALL	AWAY.
DURING THE 2018-2019 SEASON, PUBLIC WORKS CONTINUED TO WO	ORK WITH
PARTNER ORGANIZATIONS BROWNSVILLE RECREATION CENTER (BROC	OKLYN), CENTER

Schedule O (Form 990 or 990-EZ) (2018) Page 2 Name of the organization Employer identification number NEW YORK SHAKESPEARE FESTIVAL 13-1844852 FOR FAMILY LIFE IN SUNSET PARK (BROOKLYN), DREAMYARD (BRONX), THE FORTUNE SOCIETY (QUEENS), AND MILITARY RESILIENCE FOUNDATION (ALL BOROUGHS), ALONG WITH ALUMNI PARTNERS CASITA MARIA CENTER FOR ARTS AND EDUCATION (BRONX), CHILDREN'S AID (ALL BOROUGHS), AND DOMESTIC WORKERS UNITED (ALL BOROUGHS). THE PUBLIC FORUM IS A VITAL NEXUS OF CREATIVITY, COMMUNITY, AND IDEAS, DEDICATED TO EMBRACING THE COMPLEXITIES OF CONTEMPORARY SOCIETY. THE PROGRAM OFFERS A SERIES OF CONVERSATIONS AND PERFORMANCES FEATURING LEADING VOICES IN POLITICS, MEDIA, AND THE ARTS, DRAWING THE BROADEST RANGE OF VOICES IN CONVERSATION ABOUT AMERICAN CULTURE. USING THEATER AS A JUMP-OFF POINT TO SHED LIGHT ON CONTEMPORARY ISSUES, PUBLIC FORUM HAS TACKLED A NUMBER OF ISSUES FROM POVERTY AND INEQUALITY, TO MUSIC AND AMERICAN IDENTITY, PUBLIC FORUM CONTINUED A SERIES OF CIVIC SALONS, OFFERING A MONTHLY GATHERING DEDICATED TO CREATING AN ONGOING CONVERSATION FORGED IN THE SPIRIT OF COMMUNITY AND CONVERSATION. EACH MONTH FEATURES A DIFFERENT THEME AND A PLATFORM FOR READINGS, MUSICAL PERFORMANCE, AND KEYNOTE ADDRESS-ALL CHOSEN IN THE HOPES OF INSPIRING CIVIC ENGAGEMENT AND SOCIAL CHANGE. THE PUBLIC SHAKESPEARE INITIATIVE OFFERS A WIDE RANGE OF PROGRAMMING WHICH INCLUDES LARGER PUBLIC SHAKESPEARE PRESENTS EVENINGS, BLENDING INCISIVE COMMENTARY BY SCHOLARS AND OTHER THINKERS WITH COMPELLING LIVE PERFORMANCES BY ARTISTS OF ALL DISCIPLINES; INTIMATE PUBLIC SHAKESPEARE TALKS, GIVING AUDIENCES UNIQUE INSIGHT INTO THE ARTISTIC AND INTELLECTUAL PROCESSES OF LEADING SHAKESPEARE PRACTITIONERS; ARTIST DEVELOPMENT PROGRAMS, WHICH SERVE SOME OF THE MOST VISIONARY ARTISTIC

MINDS WORKING ON SHAKESPEARE TODAY; AND EDUCATION PROGRAMS, INCLUDING

Name of the organization  NEW YORK SHAKESPEARE FESTIVAL	Employer identification number 13-1844852
THE HUNTS POINT CHILDREN'S SHAKESPEARE ENSEMBLE, WHICH WA	S FOUNDED AND
HAS BEEN RUN IN COLLABORATION WITH OUR COMMUNITY PARTNER,	THE HUNTS
POINT ALLIANCE FOR CHILDREN, SINCE 2007.	
NEW WORK DEVELOPMENT & ANCILLARY PROGRAMS	
LAUNCHED DURING THE 2013-14 SEASON, PUBLIC STUDIO PROVIDE	S A LOW-COST
PRODUCTION MODEL THAT HELPS PLAYWRIGHTS BREAK FREE OF THE	WORKSHOP
PROCESS AND PRESENT THEIR WORK IN FRONT OF AUDIENCES. WIT	н А
STRIPPED-DOWN AESTHETIC AND STREAMLINED DEVELOPMENT PROCES	SS,
PLAYWRIGHTS ARE GIVEN A CHANCE TO SHARE THEIR EARLY WORK	WITH THE
GENERAL PUBLIC. PUBLIC STUDIO PRESENTS TWO PERFORMANCES EX	ACH SEASON,
AND PARTICIPANT SELECTION IS LIMITED TO WRITERS WHO HAVE I	NOT PREVIOUSLY
RECEIVED A MAJOR PRODUCTION.	
IN 2019, PUBLIC STUDIO PRESENTED EARLY CAREER WRITERS RECI	EIVING THEIR
FIRST MAJOR THEATRICAL WORKSHOP: THE LOOPHOLE, WRITTEN BY	ZENIBA BRITT
AND JAY ADANA AND DIRECTED BY AWOYE TIMPO AND CULLUD WATTA	AH WRITTEN BY
ERIKA DICKERSON-DESPENZA AND DIRECTED BY CANDIS C. JONES.	
THE PUBLIC'S EARLY CAREER WORKING GROUPS PROVIDE COLLABORA	ATIVE,
EFFECTIVE MODELS FOR SUPPORTING ARTISTS AT CRITICAL STAGES	S OF THEIR
DEVELOPMENT. THE PRIMARY GOALS OF EACH PROGRAM ARE TO BUII	D MEANINGFUL
PATHWAYS FOR ARTISTIC AND PROFESSIONAL ADVANCEMENT:	
EMERGING WRITERS GROUP (EWG). FOCUSED ON IDENTIFYING AND S	SUPPORTING
EARLY CAREER PLAYWRIGHTS, THE EMERGING WRITER'S GROUP PROV	/IDES KEY
RESOURCES FOR WRITERS AT EVERY STAGE OF THEIR CAREERS. THE	E PRIMARY GOAL

Name of the organization Employer identification number NEW YORK SHAKESPEARE FESTIVAL 13-1844852 OF THE EWG PROGRAM IS TO BUILD MEANINGFUL PATHWAYS FOR WRITERS' ARTISTIC AND PROFESSIONAL DEVELOPMENT. THE STAFF OF THE NEW WORK DEVELOPMENT DEPARTMENT WORK TO CREATE A FERTILE COMMUNITY AND FOSTER A WEB OF SUPPORTIVE ARTISTIC RELATIONSHIPS ACROSS GENERATIONS. WRITERS ARE SELECTED BI-ANNUALLY AND RECEIVE A TWO-YEAR FELLOWSHIP, WHICH INCLUDES A \$7,500 STIPEND. ELIGIBILITY CRITERIA ARE TAILORED TO SERVE QUALIFIED WRITERS WHO ARE SHUT OUT OF THE FIELD'S STANDARD PLAY DEVELOPMENT CHANNELS - THOSE WITHOUT PROFESSIONAL REPRESENTATION OR GRADUATE SCHOOL TRAINING. THE PLAYWRIGHTS PARTICIPATE IN A BI-WEEKLY WRITERS GROUP LED BY THE PUBLIC'S NEW WORK DEPARTMENT, FEATURING MASTER CLASSES LED BY ESTABLISHED PLAYWRIGHTS, AND THEIR FELLOWSHIP CULMINATES IN AN INDUSTRY-INVITED SHOWCASE OF WORK DEVELOPED DURING THE RESIDENCY. DEVISED THEATER WORKING GROUP (DTWG). FORMED IN 2014, THE DEVISED THEATER WORKING GROUP (DTWG) IS AN ARTIST RESOURCE GROUP DESIGNED FOR MAKERS OF ALL DISCIPLINES, INCLUDING THOSE WHO DON'T SELF-IDENTIFY AS THEATER MAKERS BUT FOR WHOM THEATRE IS A POTENT METAPHOR OR FRAMEWORK. DTWG SERVES AS A THINK TANK TO ENSURE THAT THE PUBLIC IS RESPONSIVE TO THE MOST IMMEDIATE REALITIES OF INDEPENDENT THEATER MAKING. UNDER THE LEADERSHIP OF THE UNDER THE RADAR FESTIVAL, ONE OF THE CORE ARTISTIC PROGRAMS AT THE PUBLIC, DTWG OFFERS NEXT-GENERATION THEATER-MAKERS A SUPPORTIVE FRAMEWORK IN WHICH TO DEVELOP THEIR WORK, ENGAGE IN CONSISTENT DIALOGUE, AND BE CHALLENGED BY EACH OTHER'S AESTHETIC PRACTICE. USING THE MODEL OF THE EMERGING WRITERS GROUP, DTWG CREATES AN INFRASTRUCTURE TO SUPPORT COHORTS OF BETWEEN SIX AND EIGHT ARTISTS OR PERFORMANCE COLLECTIVES TO MEET CONSISTENTLY THROUGHOUT THE YEAR AS THEY CREATE THEATER BY OFFERING THE DRAMATURGICAL, TECHNICAL, ARTISTIC,

AND ADMINISTRATIVE RESOURCES OF THE PUBLIC.

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number 13-1844852

JOE'S PUB WORKING GROUP (JPWG) & NEW YORK VOICES IN ORDER TO CREATE SUSTAINABLE RESOURCES FOR THE FIELD AND TO SUPPORT EMERGING ARTISTS, SENIOR DIRECTOR OF ARTISTIC PROGRAMING, SHANTA THAKE, AND DIRECTOR OF JOE'S PUB, ALEX KNOWLTON, BLENDED THE PUBLIC'S APPROACH TO SUPPORTING EMERGING PLAYWRIGHTS AND INDEPENDENT ARTISTS TO CREATE TWO PROGRAMS: JOE'S PUB WORKING GROUP, WHICH AIMS TO ENRICH THE SUSTAINABILITY AND GROWTH OF NEW YORK-BASED EMERGING ARTISTS' CAREERS; AND NEW YORK VOICES, A COMMISSIONING INITIATIVE FOR MUSICIANS AND PERFORMANCE ARTISTS TO CREATE CROSS-GENRE THEATER PIECES. JOE'S PUB WORKING GROUP SUPPORTS COHORTS OF FIVE EARLY CAREER MUSICIANS AND PERFORMANCE ARTISTS BY PROVIDING A VARIETY OF SUPPORT. THESE INCLUDE ADMINISTRATIVE RESOURCES, PHYSICAL SPACE, AND CURATORIAL SERVICES - FURTHER CULTIVATING A COMMUNITY ATMOSPHERE WHEREIN THOSE ARTISTS CAN CREATE AND SUSTAIN NEW AND DEVELOPING WORK. THE PROGRAM SELECTS FROM THE FIELD'S MOST EXCITING ARTISTS-IDENTIFYING MUSICIANS AND PERFORMANCE ARTISTS THAT PARTICULARLY EXHIBIT A STRONG NARRATIVE VOICE IN THEIR WORK-AND ASKS THEM TO EXPLORE THEATRICAL STORYTELLING AND SONGWRITING. EXPENSES \$ 10,542,456. INCLUDING GRANTS OF \$ 769,950. REVENUE \$ 463,459

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

NEW YORK VOICES STARTED FROM A DESIRE TO DIRECTLY ADDRESS THE CRUMBLING

MUSIC INDUSTRY AND THE LACK OF ALBUM SALES, AS WELL AS TO FIND A NEW

WAY TO SUPPORT ARTISTS IN A MANNER UNIQUE TO JOE'S PUB. SINCE ALBUM

SALES ARE A RELIC, WE HAVE COMMITTED TO COMMISSIONING AT LEAST THREE

MUSICIANS PER YEAR AND HELPING THEM TO DEVELOP NEW TOOLS FOR THEIR LIVE

SHOW. THE HOPE FOR THESE SHOWS IS THAT THEY WILL LEAD TO LONGER RUNS IN

VARIOUS MARKETS AROUND THE COUNTRY AND ALLOW THESE MUSICIANS TO ACCESS

A NEW REALM OF GRANTS AND FUNDING. NEW YORK VOICES ANNUALLY

Schedule O (Form 990 or 990-EZ) (2018)

832212 10-10-18

Schedule O (Form 990 or 990-EZ) (2018)

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

DETERMINE COMPENSATION.

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Name of the organization  NEW YORK SHAKESPEARE FESTIVAL	Employer identification number 13-1844852
GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FI	NANCIAL STATEMENTS
ARE NOT MADE AVAILABLE TO THE PUBLIC.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
PENSION-RELATED CHANGES OTHER THAN PERIODIC PENSION COST	-3,381,687.
FORM 990, PART VI, LINE 16A-JOINT VENTURE	
THE ORGANIZATION'S WHOLLY-OWNED SUBSIDIARY, PUBLIC THEATE	R PRODUCTIONS,
INC., PARTICIPATED IN CO-PRODUCTIONS AS A MANAGING MEMBER	OF AN ENTITY
TAXABLE AS A PARTNERSHIP (SEE SCHEDULE R, PART III) FORME	D TO UNDERTAKE
A COMMERICAL THEATRICAL PRODUCTION OF A SHOW ORIGINALLY P	RODUCED BY THE
NEW YORK SHAKESPEARE FESTIVAL.	

SCHEDULE R (Form 990)

Name of the organization Department of the Treasury Internal Revenue Service

Part

Related Organizations and Unrelated Partnerships

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018 Open to Public Inspection

Employer identification number 13-1844852 Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. NEW YORK SHAKESPEARE FESTIVAL

(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
						TO THE
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.	itions. Complete if the organization	answered "Yes" on Form 990	, Part IV, line 34, be	cause it had one	or more related tax-exe	mpt
(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	11 ( <b>G</b> )
THE SHAKESPEARE SOCIETY OF AMERICA, INC 13 3974836, 425 LAFAYETTE STREET, NEW YORK, IN 10003	INCREASING ENJOYMENT, UNDERSTANDING, AND APPRECIATION OF	NEW YORK	501(C)(3) 5		YES	X X
For Paperwork Reduction Act Notice, see the Instructions for Form 990. SEE PART VII FOR CO	s for Form 990. I FOR CONTINUATIONS	8	- Indianalista		Schedule R (	Schedule R (Form 990) 2018

832161 10-02-18 LHA

13-1844852

Page 2

Schedule R (Form 990) 2018 NEW YORK SHAKESPEARE FESTIVAL

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. Part III

General or Percentage managing ownership Schedule R (Form 990) 2018 Section 512(bX13) controlled entity? Yes No 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. 3 Yes No Percentage ownership 100% Ξ Code V-UBI amount in box 20 of Schedule -71,995 Share of end-of-year assets  $\equiv$ <u>(</u>5) Disproportionate Yes No allocations? Ξ Share of total income 906 9 € Share of end-of-year assets Type of entity (C corp, S corp, or trust) (e) Share of total CORP income Direct controlling entity (related, unrelated, excluded from tax under sections 512-514) 9 Predominant income Legal domicile (state or foreign country) <u>©</u> NY Direct controlling entity COMMERCIAL THEATER 9 Primary activity CO PRODUCTIONS Ð (c)
Legal
domicile
(state or
foreign
country) Primary activity 26-3803813 Name, address, and EIN of related organization PUBLIC THEATER PRODUCTIONS Name, address, and EIN of related organization (e) 425 LAFAYETTE STREET 10001 NEW YORK, NY 832162 10-02-18 Part IV

Page 3

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.				<u>~</u>	Yes	S.
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-1V?	is with one or more r	elated organizations listed	in Parts II-3V?		1	
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	>.		a a	-	×	
<ul> <li>b Gift, grant, or capital contribution to related organization(s)</li> </ul>			110	-	×	
c Gift, grant, or capital contribution from related organization(s)			10	-	-	×
d Loans or loan guarantees to or for related organization(s)			10	-	×	
e Loans or loan guarantees by related organization(s)			1=	a)	^	×
f Dividends from related organization(s)						,
					^	J.
g Sale of assets to related organization(s)			10		_	ы
<ul> <li>h Purchase of assets from related organization(s)</li> </ul>			#		`	×
i Exchange of assets with related organization(s)						×
j Lease of facilities, equipment, or other assets to related organization(s)			1		^	×
k Lease of facilities, equipment, or other assets from related organization(s)			*		^	×
<ul> <li>Performance of services or membership or fundraising solicitations for related organization(s)</li> </ul>	anization(s)			×		
m Performance of services or membership or fundraising solicitations by related organization(s)	anization(s)		E-	E	^	×
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	tion(s)		<u>-</u>	×	-	
<ul> <li>Sharing of paid employees with related organization(s)</li> </ul>			10	-		
<ul> <li>Beimbursement baid to related organization(s) for expenses</li> </ul>					<u> </u>	
			<u>1</u>	+	+	۵
q neithbursement paid by related organization(s) for expenses			19	X		
r Other transfer of cash or property to related organization(s)				×		
			15	ry.	×	L,
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.	who must complete t	nis 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	Q		
PUBLIC THEATER PRODUCTIONS, INC SEE (1) SCHEDULE O	Å	12,591.	12,591.ACCRUED INTEREST			1
(2) THE SHAKESPEARE SOCIETY OF AMERICA, INC.	В	725,860.	725,860.AMOUNT OF GRANT TO THE SOCIETY	TET	₹	
(3) THE SHAKESPEARE SOCIETY OF AMERICA, INC.	Ø	737,047.	047.REIMBURSEMENT FROM THE SOCIETY	IEI	<u>≻</u> 1	1
(4)						
(9)		THE PERSON NAMED AND ADDRESS OF THE PERSON NAMED AND ADDRESS O				
(9)						
832163 10-02-18			Schedule B (Form 990) 2018	ğ	02.00	18

Page 4

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.

The state of the s	and a second and a second as a	Sign for containing	estiment partnerslips.							
Name, address, and EIN	(b) Primary activity	(c) Legal domicile	Predominant income	Are all partners sec.	()	(g) Share of	(h) Dispropor- fignate	(i) Code V-UBI	(j) General o	(k) rPercentage
oi entity	***************************************	(state or foreign country)	excluded from tax under sections 512-514)	orgs.?	total	end-of-year assets	allocations?	allocations of Schedule K-1 partner? Ownership	partner?	ownership
						AND THE PROPERTY OF THE PROPER				
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		-								
					PANAPARA					
A CONTRACTOR OF THE CONTRACTOR					***************************************					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
								Schedule	R (Forn	Schedule R (Form 990) 2018

# **Depreciation and Amortization** (Including Information on Listed Property)

Attach to your tax return.

► Go to www.irs.gov/Form4562 for instructions and the latest information.

990

OMB No. 1545-0172

Allachment Seguence No. **179** 

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Business or activity to which this form relates

Identifying number

NEW YORK SHAKESPEAR			RM 990 P			13-1844852
Part   Election To Expense Certain F		179 Note: If you have any	listed property,	complete Par	t V before y	
1 Maximum amount (see instruction	* *************************************	***************************************	• • • • • • • • • • • • • • • • • • • •			1,000,000
2 Total cost of section 179 property	2	······································				
3 Threshold cost of section 179 pro	perty before reduction	n in limitation			3	2,500,000
4 Reduction in limitation. Subtract lin		·······				
5 Dollar limitation for tax year. Subtract line 4 fro	om line 1. If zero or less, ente	r -0 If married filing separately, s	ee instructions		5	
6 (a) Description	n of property	(b) Cost (bus	iness use only)	(c) Elected	cost	
			~	***************************************		
				*** **		
		······································				
				· · · · · · · · · · · · · · · · · · ·		
7 Listed property. Enter the amount	,	***************************************				
8 Total elected cost of section 179 p	property. Add amount	s in column (c), lines 6 an	d 7		8	
9 Tentative deduction. Enter the sm	aller of line 5 or line 8			*********	9	
10 Carryover of disallowed deduction	from line 13 of your 2	017 Form 4562			10	
11 Business income limitation. Enter t	he smaller of busines	s income (not less than ze	ero) or line 5 🗼		11	
12 Section 179 expense deduction. A	dd lines 9 and 10, bu	t don't enter more than lir	ıe 11 <u></u>	, e	12	
13 Carryover of disallowed deduction	to 2019. Add lines 9	and 10, less line 12	> 13			
Note: Don't use Part II or Part III belov	v for listed property. Ir	nstead, use Part V.				
Part II Special Depreciation All	owance and Other D	epreciation (Don't inclu	de listed propert	ty. <b>)</b>		
14 Special depreciation allowance for	qualified property (ot	her than listed property) p	laced in service	during		V-VIII-ANN
the tax year	,				14	
15 Property subject to section 168(f)(						
16 Other depreciation (including ACR		£11*77,60,7*10,610,7714***********************************			16	1,111,474.
Part III MACRS Depreciation (D						
18 If you are electing to group any assets placed  Section B - As:  (a) Classification of property	sets Placed in Servic (b) Month and year placed	ce During 2018 Tax Year (c) Basis for depreciation (business/investment use				m (g) Depreciation deduction
	in service	only - see instructions)	pendo			
19a 3-year property						
b 5-year property						
c 7-year property						
d 10-year property				-		
e 15-year property						
f 20-year property						
g 25-year property			25 yrs.		S/L	
h Residential rental property			27.5 yrs.	MM	S/L	
Ti Trooportium Proporty	/		27.5 yrs.	MM	S/L	
Nonresidential real property			39 yrs.	MM	S/L	
	/			MM	S/L	
	ets Placed in Service	During 2018 Tax Year U	ising the Altern	ative Depred		(em
20a Class life			10		S/L	
b 12-year			12 yrs.	5454	S/L	
c 30-year			30 yrs.	MM	S/L	· , · , ·
d 40-year	/ /	<u> </u>	40 yrs.	MM	S/L	
Part IV Summary (See instruction						
21 Listed property. Enter amount from					21	
22 Total. Add amounts from line 12, line Enter here and on the appropriate line				•	22	1,111,474.
23 For assets shown above and place						
portion of the basis attributable to			23			

Form 4562 (2018) NEW YORK SHAKESPEARE FESTIVAL 13-1844852 Page 2 Listed Property (Include automobiles, certain other vehicles, certain aircraft, and property used for entertainment, recreation, or amusement.) Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable. Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles.) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes Yes No (b) (c) (e) (f) (i) (a) (d) (a) Date Business/ Basis for depreciation Elected Type of property Recovery Cost or Method/ Depreciation placed in investment (business/investment (list vehicles first) section 179 other basis period Convention deduction service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % 27 Property used 50% or less in a qualified business use S/L % % S/L S/L\_-% 28 Add amounts in column (h), lines 25 through 27. Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole proprietor, partner, or other "more than 5% owner," or related person. If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles. (a) (b) (c) (d) (f) (e) 30 Total business/investment miles driven during the Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle year (don't include commuting miles) 31 Total commuting miles driven during the year ... 32 Total other personal (noncommuting) miles 33 Total miles driven during the year. Add lines 30 through 32 34 Was the vehicle available for personal use No Yes Nο during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? is another vehicle available for personal Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who aren't more than 5% owners or related persons. 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: if your answer to 37, 38, 39, 40, or 41 is "Yes," don't complete Section B for the covered vehicles Part VI | Amortization (b) (d) (e) (f) Amortization Description of costs Date amortization Amortization amount period or percentage 42 Amortization of costs that begins during your 2018 tax year:

Form 4562 (2018)

43 44

43 Amortization of costs that began before your 2018 tax year

Total. Add amounts in column (f). See the instructions for where to report

Form **8868** 

(Rev. January 2019)

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

OMB No. 1545-1709

Form 8868 (Rev. 1-2019)

Enter filer's identifying number

Department of the Treasury Internal Revenue Service File a separate application for each return.

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

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

## Automatic 6-Month Extension of Time. Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or	Name of exempt organization or other filer, see instructions.			Employer identification number (EIN) or			
print	NEW YORK SHAKESPEARE FESTIVAL				13-1844852		
File by the due date for filing your return. See	Number, street, and room or suite no. If a P.O. box, see instructions.  425 TAFAYETTE STREET				Social security number (SSN)		
instructions.	City, town or post office, state, and ZIP code. For a follow YORK, NY 10003						
Enter the	Enter the Return Code for the return that this application is for (file a separate application for each return)						
Application		Return	Application			Return	
Is For		Code	is For			Code	
Form 990 or Form 990-EZ		01	Form 990-T (corporation)			07	
Form 990	-BL	02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	PF	04	Form 5227			10	
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11	
Form 990	Form 990-T (trust other than above) 06 Form 8870 DANIEL WILLIAMS, DIR OF FINANCE				12		
Teleph  If the c  If this i  box ▶   I ree  the  ▶  [	ne tax year entered in line 1 is for less than 12 months, c	s in the Ur Group Exe and atta JUL¹ anization's	Fax No.  inited States, check this box important Number (GEN)	f this is fo f all memb	r the whole group, control of the extension is not organization retu	for.	
	□ Change in accounting period     is application is for Forms 990-BL, 990-PF, 990-T, 4720, nonrefundable credits. See instructions.	or 6069,	enter the tentative tax, less	3a	s	0.	
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and							
estimated tax payments made. Include any prior year overpayment allowed as a credit.  3b \$					0.		
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by							
using EFTPS (Electronic Federal Tax Payment System). See instructions.				3с	\$	0.	
Caution:	If you are going to make an electronic funds withdrawal	(direct de	bit) with this Form 8868, see Form 8	453-EO ar	nd Form 8879-EO fo	r payment	

instructions.

For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Product:

Exempt Extension
NEW YORK SHAKESPEARE FESTIVAL
\*\*\*\*\*4852

Category:

IRS Center: e-PostMark: Notification:

Name:

FEIN: Fiscal Year Begin Date: 9/1/2018

Fiscal Year End Date:

8/31/2019

eSigned:

Date	Return ID	Type of Activity	Submission ID Refund/(Due)
12/4/2019	18X:13973901:V1	Upload Started	
12/4/2019	18X:13973901:V1	Ready to Release by Customer	
12/4/2019	18X:13973901:V1	Released for Transmission - Validation in F	Progress
12/4/2019	18X:13973901:V1	Ready to transmit - Validation Complete	
12/4/2019	18X:13973901:V1	Transmitted to FD	26493020193380338e05
12/4/2019	18X:13973901:V1	Accepted by FD on 12/4/2019	