	0	90	Return of Organization Exempt From		OMB No. 1545-0047
Forr	n J	30	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code Do not enter social security numbers on this form as it may	(except private foundation	
Depa	rtment	of the Treasury	Go to www.irs.gov/Form990 for instructions and the late	st information.	Open to Public Inspection
		e 2023 calend		AUG 31, 2024	
			organization	D Employer identific	ation number
a	heck if pplicab	le:			
	Addri	NEW	YORK SHAKESPEARE FESTIVAL		
	Name	ge Doing bu	usiness as THE PUBLIC THEATER; JOE'S PUB	13-184485	52
	]Initial return	i inumber	and street (or P.O. box if mail is not delivered to street address) Room/s		
	Final		LAFAYETTE STREET	(212)539-	
	termi ated		own, state or province, country, and ZIP or foreign postal code	G Gross receipts \$	91,060,352.
	Amer	NEW	YORK, NY 10003	H(a) Is this a group ret	
	Appli tion pend		nd address of principal officer: PATRICK WILLINGHAM	for subordinates?	and a second sec
		SAME	AS C ABOVE	H(b) Are all subordinates inc	ist. See instructions
	and the second	empt status:		527 If "No," attach a H(c) Group exemption	
JV	Vebs		PUBLICTHEATER.ORG       X Corporation       Trust       Association       Other	ear of formation: 1954 M	
	orm o	forganization:			Clate of legal bornelie, at a
Fa	1	Summary	e the organization's mission or most significant activities: SEE SCHE	DULE O	
ce	1	Briefly describ	e the organization's mission of most significant activities.		
Activities & Governance	2	Check this bo	x if the organization discontinued its operations or disposed of n	nore than 25% of its net as	sets.
ver	3		-	3	44
ß	4		ependent voting members of the governing body (Part VI, line 1b)		42
ې مې	5		of individuals employed in calendar year 2023 (Part V, line 2a)		1323
itie	6		of volunteers (estimate if necessary)		42
ctiv	7 a			7a	0.
۷				7b	663.
				Prior Year	Current Year
e	8	Contributions	and grants (Part VIII, line 1h)	29,187,998.	39,736,942.
nue	9		ce revenue (Part VIII, line 2g)	7,285,169.	10,801,953.
Revenue	10		come (Part VIII, column (A), lines 3, 4, and 7d)	1,318,401.	2,727,522.
<u>ur</u>	11		(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	12,617,884.	7,865,782.
Access and the local division of	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)	50,409,452.	61,132,199.
	13		nilar amounts paid (Part IX, column (A), lines 1-3)	568,377.	<u> </u>
	14		to or for members (Part IX, column (A), line 4)	36,722,767.	31,318,316.
sasu	15		compensation, employee benefits (Part IX, column (A), lines 5-10)	998,817.	1,031,543.
ens			undraising fees (Part IX, column (A), line 11e)	990,017.	1,031,343.
Expe	b		ng expenses (Part IX, column (D), line 25) 6,510,178.	23,405,141.	20,111,311.
ш	17	Other expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	61,695,102.	52,978,124.
	18		s. Add lines 13-17 (must equal Part IX, column (A), line 25) expenses. Subtract line 18 from line 12	-11,285,650.	8,154,075.
L SS	19	Hevenue less	expenses. Subtract life to from life 12	Beginning of Current Year	End of Year
ance	00	Total assets (F	Part X, line 16)	147,706,234.	175,040,479.
Asse Bala	20		(Part X, line 26)	30,595,941.	47,084,322.
Fund Balances	21 22		fund balances. Subtract line 21 from line 20	117,110,293.	127,956,157.
Pa	art II	and the second se			
Lind	er ner	alties of periury.	I declare that I have examined this return, including accompanying schedules and st	atements, and to the best of my	/ knowledge and belief, it is
true.	. corre	ct, and complete	Peclaration of proparer other than officer) is based on all information of which pres	barer has any knowledge.	
		C	an alingha	)!#!\$	
Sig	n	Signature of o	ffice	Date	
Her		MURRAY	ARELES, CHIEF FINANCIAL OFFICER		
		Type or print r	ame and title		OTIN
Management of Management		Print/Type pre	parer's name Preparer's signature	Date Check	PTIN
Paic	1		WALLACE Michael Wallace	7/1/2-5 self-employe	A construction of the second
Prep	parer	Firm's name	LUTZ AND CARR, CPAS LLP	Firm's EIN 1	3-1655065
Use	Only	Firm's address			
			NEW YORK, NY 10176	Phone no.21	2-697-2299
May	y the	IRS discuss thi	s return with the preparer shown above? See instructions		X Yes No

LHA For Paperwork Reduction Act Notice, see the separate instructions. 332001 12-21-23 Form 990 (2023)

	990 (2023) NEW YORK SHAKESPEARE FESTIVAL	13-1844852	Pa
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
	AS THE NATION'S FOREMOST PRODUCER OF SHAKESPEARE AND		
	PUBLIC THEATER IS DEDICATED TO ACHIEVING ARTISTIC EXC	ELLENCE WHILE	
	DEVELOPING AN AMERICAN THEATER THAT IS ACCESSIBLE ANI	RELEVANT TO A	$\Gamma$
	PEOPLE THROUGH PRODUCTIONS OF CHALLENGING NEW PLAYS,	MUSICALS AND	
2	Did the organization undertake any significant program services during the year which were not listed on t		
-			x
	· · · · · · · · · · · · · · · · · · ·		
-	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program serv	ices?XYes	
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program service		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	o others, the total expenses,	and
	revenue, if any, for each program service reported.		
4a	(Code: ) (Expenses \$ 21,994,253. including grants of \$ )	(Revenue \$ 7,698,	18
	DOWNTOWN SEASON		
	THE PUBLIC THEATER'S MAINSTAGE SEASON AT 425 LAFAYET	TE STREET FEATT	IRE
	A DIVERSE LINE-UP OF NEW PLAYS AND MUSICALS, AS WELL		
	OTHER CLASSICS, IN FIVE THEATERS. THE DOWNTOWN PROGRA		
	PRESENT THE MOST PRESSING ISSUES OF THE TIME, AS TOLI		c
			S
	MOST CUTTING-EDGE VOICES, TO THE BROADEST POSSIBLE AU	JDIENCE.	
	THE 2023-24 SEASON CONTINUED THE PUBLIC THEATER'S TRA		
	PRESENTING INNOVATIVE WORK WITH THREE WORLD PREMIERE		
	ALICIA KEYS AND KRISTOFFER DIAZ'S HELL'S KITCHEN; ITA	AMAR MOSES' THE	2
	ALLY; AND IFE OLUJOBI'S JORDANS. NEW YORK PREMIERE PR	RODUCTIONS	
4b	(Code: ) (Expenses \$ 7,418,579. including grants of \$ )	(Revenue \$ 3,326,	51
	JOE'S PUB	(1010100 +	
	FOUNDED IN 1998, JOE'S PUB IS COMMITTED TO REFLECTING		
	COMMUNITY THAT IT REPRESENTS IN ITS AUDIENCES AND ON		
	PROGRAMMING A WIDE RANGE OF EXCEPTIONAL PERFORMANCES		
	ACROSS THE FIELDS OF MUSIC, FILM, AND DANCE, WHILE KE		
	PRICES AT A MINIMUM. IN AN AVERAGE SEASON, JOE'S PUB		
	APPROXIMATELY 700 SHOWS FOR OVER 100,000 AUDIENCE MEN	IBERS. SINCE IT	'S
	OPENING, JOE'S PUB HAS PRESENTED OVER 18,000 PERFORMA	ANCES FROM AN	
	ECLECTIC ROSTER THAT INCLUDES TOP PERFORMERS FROM BRO	DADWAY, CABARET	Γ,
	DANCE, WORLD, SINGER-SONGWRITER, JAZZ, COUNTRY AND IN		
	TODAY'S RISING STARS, AND GRAMMY AWARD-WINNERS.		
		(Revenue \$ 88,	0.4
łC	(Code:) (Expenses \$ 4,892,390. including grants of \$) COMMUNITY PROGRAMS	(Revenue \$ 88 ,	04
	COMMONITY PROGRAMS		
	MOBILE UNIT		-
	MOBILE UNIT REACHES ECONOMIC AND GEOGRAPHIC BARRIERS		
	STAGING FREE PROFESSIONAL THEATER PRODUCTIONS AND PRO		
	NEIGHBORHOOD VENUES WHERE PEOPLE WITH SEVERELY LIMITE	D ACCESS TO TH	ΙE
	ARTS ARE CONGREGATED. MOBILE UNIT FOCUSES ON TOURING	PRODUCTIONS TO	)
	CORRECTIONAL FACILITIES, HALFWAY HOUSES, COMMUNITY CH	INTERS, AND OTH	IEF
	PLACES WHERE THE MOST CRITICALLY UNDERSERVED AND OVER		
	THE POPULATION ARE CONGREGATED. OVER THE YEARS, MOR		<u> </u>
			<b>r</b>
	SERVED THOUSANDS OF AUDIENCES WITH CRITICALLY ACCLAIN	IED PRODUCTIONS	<b>.</b>
1d	Other program services (Describe on Schedule O.)		
	(Expenses \$ 4,252,601. including grants of \$ 516,954.) (Revenue \$	)	
4e	Total program service expenses38,557,823.		
		Form <b>S</b>	990
32002	SEE SCHEDULE O FOR CONTINUATIO	)N(S)	
	3		_
70	701 759420 13973901 2023.06000 NEW YORK SHAKESPE	ARE FESTIV 139	73

Form 990 (2023)

Part IV Checklist of Required Schedules

NEW YORK SHAKESPEARE FESTIVAL

			Yes	No			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?						
	If "Yes," complete Schedule A	1	X				
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х				
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			v			
	public office? If "Yes," complete Schedule C, Part I	3		X			
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	4	х				
_	during the tax year? If "Yes," complete Schedule C, Part II						
5	s the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or imilar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III						
6	similar amounts as defined in Rev. Proc. 98-19? <i>If "Yes," complete Schedule C, Part III</i>						
6	rovide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I						
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	6		X			
'	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II.	7		x			
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	-					
Ū	Schedule D, Part III	8		x			
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for						
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?						
	If "Yes," complete Schedule D, Part IV	9		х			
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments						
	or in quasi-endowments? If "Yes," complete Schedule D, Part V	10	Х				
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,						
	as applicable.						
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,						
	Part VI	11a	Х				
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total	11b		x			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII						
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			x			
h	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c					
a	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	11d	х				
•	Part X, line 16? <i>If</i> "Yes," <i>complete Schedule D, Part IX</i> Did the organization report an amount for other liabilities in Part X, line 25? <i>If</i> "Yes," <i>complete Schedule D, Part X</i>	11e	X				
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110					
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		x			
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete						
	Schedule D, Parts XI and XII	12a		x			
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	12b	Х				
13	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?	14a		Х			
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,						
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000						
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X			
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			v			
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X			
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	10		x			
17	or for foreign individuals? <i>If</i> "Yes," <i>complete Schedule F, Parts III and IV</i> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16					
17	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17	х				
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines						
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18	х				
19	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		x			
20a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20a		x			
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b					
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or						
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х				
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Form 990 (2023)	NEW	YORK	SHAKESPEARE	FESTIVAL
Part IV Checklist	of Require	d Scheo	dules (continued)	

	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00	x	
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	^	
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
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	040		x
	Schedule K. If "No," go to line 25a	24a 24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	210		
	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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		x
	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled	07		x
	entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV,	27		
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		X
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b?If "Yes," complete Schedule L, Part IV	28c		x
9	Did the organization receive more than \$25,000 in noncash 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		x
	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i> Schedule N, Part II	32		x
	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		x
	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34	x	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	Х	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity		x	
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		-
	If "Yes," complete Schedule R, Part V, line 2	36		x
	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
88	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
Par	Note: All Form 990 filers are required to complete Schedule O           t V         Statements Regarding Other IRS Filings and Tax Compliance	38	X	
	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>1a</b> 559			
		-		
с	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	x	

Form 990	(2023)
Part V	Statement

 023)
 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 1323	3									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?										
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х								
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a										
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х							
b	If "Yes," enter the name of the foreign country										
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			х							
5a											
b	, , , , , , , , , , , , , , , , , , , ,										
с	c If "Yes" to line 5a or 5b, did the organization file Form 8886-T?										
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit										
	any contributions that were not tax deductible as charitable contributions?	6a		X							
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts										
_	were not tax deductible?	6b									
7	Organizations that may receive deductible contributions under section 170(c).	_	v								
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 X								
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	~								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?										
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d	7c		X							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?										
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?										
h											
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?										
9	Sponsoring organizations maintaining donor advised funds.										
а	a Did the sponsoring organization make any taxable distributions under section 4966?										
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b									
10	Section 501(c)(7) organizations. Enter:										
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	-									
11	Section 501(c)(12) organizations. Enter:										
a L	Gross income from members or shareholders 11a	-									
U	Gross income from other sources. (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b										
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a									
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	120		L							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.										
	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.										
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										
	Enter the amount of reserves on hand 13c										
14a	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 on Schedule O	14b									
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			v							
	excess parachute payment(s) during the year?	15		X							
10	If "Yes," see the instructions and file Form 4720, Schedule N.	40		Х							
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		л							
17	If "Yes," complete Form 4720, Schedule O.										
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17									
	If "Yes," complete Form 6069.										
33200	5 12-21-23	Form	990	(2023)							

332005 12-21-23

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Form 990 (2023)	Form	990	(2023)
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Part VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. See instructions.

Sec	Check if Schedule O contains a response or note to any line in this Part VI									
Jec	tion A. doverning body and Management			Yes	5 N					
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	44	100						
	If there are material differences in voting rights among members of the governing body, or if the governing		_							
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.									
h	Enter the number of voting members included on line 1a, above, who are independent	1b	42							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other									
2										
3	Did the organization delegate control over management duties customarily performed by or under		2		+					
3	of officers, directors, trustees, or key employees to a management company or other person?	-	3							
4					╈					
4 5	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets?									
6 7-	Did the organization have members or stockholders?		6							
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or									
	more members of the governing body?		7a		+					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members	, stockholders, or								
_	persons other than the governing body?		7b		_					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the y			v						
а	The governing body?		<u>8a</u>	X						
b	Each committee with authority to act on behalf of the governing body?		8b	X	+					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be re-									
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O		9							
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal	Revenue Code.)		_	_					
				Yes	\$					
0a	Did the organization have local chapters, branches, or affiliates?		10a	1						
b	If "Yes," did the organization have written policies and procedures governing the activities of such	chapters, affiliates,								
	and branches to ensure their operations are consistent with the organization's exempt purposes?		10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bo	ody before filing the forr	n? <b>11a</b>							
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.									
l2a	Did the organization have a written conflict of interest policy? If "No," go to line 13		12a	X						
b	Vere officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?									
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? $I\!f$	"Yes," describe								
	on Schedule O how this was done		12c							
13	Did the organization have a written whistleblower policy?		13	X						
14	Did the organization have a written document retention and destruction policy?			X						
15	Did the process for determining compensation of the following persons include a review and appro	oval by independent								
	persons, comparability data, and contemporaneous substantiation of the deliberation and decisior	1?								
а	The organization's CEO, Executive Director, or top management official		15a	X						
	Other officers or key employees of the organization			X						
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.									
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrang	ement with a								
	taxable entity during the year?		16a		Т					
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalu				1					
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the org									
	exempt status with respect to such arrangements?		16b							
Sec	tion C. Disclosure									
17	List the states with which a copy of this Form 990 is required to be filed NY, NJ, PA, CA,	GA FL TL MA	זא דא	J R	т					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, for public inspection, indicate boundary mode these sublicities. Check of the applicable of the section of the sectio	and 990-1 (Section 501	(0)(3)5 011	y) ava	llidi					
	for public inspection. Indicate how you made these available. Check all that apply.									
		in on Schedule O)								
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents,	conflict of interest polic	y, and fina	ancial						
	statements available to the public during the tax year.									
20	State the name, address, and telephone number of the person who possesses the organization's to NADRY DOMAN	books and records								
	MARK ROWAN - 212-539-8500									
	425 LAFAYETTE STREET, NEW YORK, NY 10003			_	_					
32006	SEE SCHEDULE O FOR FULL LIST OF STATES		For	m <b>99(</b>	<b>D</b> (2					
70	7 701 759420 13973901 2023.06000 NEW YORK SHAKI	гаргург ггаш	TV 13	973	2					

Part VII	II Compensation of Officers, Directors, Trustees, Key Er	mployees, Highest Comp	ensated
	Employees, and Independent Contractors		

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
 Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee)

who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

(A)	(B)	(B) (C)						(D)	(E)	(F)
Name and title	Average	(do		Pos	ition	1 than	000	Reportable	Reportable	Estimated
	hours per	box,	, unle	ss pe	rson	is bot	h an	compensation	compensation	amount of
	week	-	cer an	id a d I	recto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or dir	e.			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	tional		ploye	t con /ee	_	1099-NEC)		and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) LUIS MIRANDA, JR.	7.00				×	1 0				
CO-CHAIR		x		x				0.	Ο.	Ο.
(2) PAT FILI-KRUSHEL	7.00									
CO-CHAIR		x		x				0.	0.	Ο.
(3) KENNY LEON	7.00									
CO-VICE CHAIR		X		X				0.	0.	Ο.
(4) ALISA AMAROSA WOOD	7.00									
CO-VICE CHAIR		X		X				0.	0.	0.
(5) MYCHAL HARRISON	7.00									
TREASURER		X		Х				0.	0.	0.
(6) GORDON J. DAVIS, ESQ.	7.00									
SECRETARY		Х		Х				0.	0.	0.
(7) KWAME ANTHONY APPIAH	2.00									
BOARD MEMBER		Х						0.	0.	0.
(8) ANDREA E. BERNSTEIN	2.00							_	_	_
BOARD MEMBER		Х						0.	0.	0.
(9) JASON BLUM	2.00									-
BOARD MEMBER		Х						0.	0.	0.
(10) MICHAEL BOSWORTH	2.00									-
BOARD MEMBER		Х						0.	0.	0.
(11) MARY SCHMIDT CAMPBELL	2.00									-
BOARD MEMBER		Х						0.	0.	0.
(12) KURT CHAUVIERE	2.00									
BOARD MEMBER		Х						0.	0.	0.
(13) LEE DANIELS	2.00									
BOARD MEMBER		Х						0.	0.	0.
(14) LISA DAVIS	2.00									•
BOARD MEMBER		Х						0.	0.	0.
(15) YRTHYA DINZEY-FLORES	4.00								0	0
BOARD MEMBER		X						0.	0.	0.
(16) SUSAN EDELSTEIN	2.00							_	^	0
BOARD MEMBER		X			<u> </u>			0.	0.	0.
(17) ERIC ELLENBOGEN	2.00							_	^	0
BOARD MEMBER		X						0.	0.	0. Form <b>990</b> (2023)

332007 12-21-23

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8

13-1844852 Page 8

Part VII Section A. Officers,	Directors, Trust	ees, Key Em	ploy	ees	, an	d Hi	ighe	st C	ompensated Employe	es (continued)			
(A) (B) (C) (D) (E) (F)													
Name and title Average Position Reportable Reportable Reportable											Estimat	ted	
		hours per	box	, unle	ss pe	rson	is bot	h an	compensation	compensatio	on	amount	t of
		week		cer an	id a d I	recto	or/trus	tee)	from	from related	ł	othe	r
		(list any hours for	rector						the	organization		compens	
		related	or di	ee			ated		organization	(W-2/1099-MIS		from th	
		organizations	ustee	trust		ee	npen		(W-2/1099-MISC/ 1099-NEC)	1099-NEC)		organiza and rela	
		below	l ual tr	tional		yolqr	st cor yee	_	10331120)			organizat	
		line)	Individual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	orme				organiza	
(18) HILARY C. FESHBACH		2.00	-			×							
BOARD MEMBER	ŀ		х						0.		Ο.		0.
(19) DANAI GURIRA 1.00													
BOARD MEMBER X 0. 0.											0.		
(20) ANNE HATHAWAY 1.00													
BOARD MEMBER X 0. 0.										0.			
(21) CHRIS HOGBIN		2.00											
BOARD MEMBER	ł		х						0.		0.		0.
(22) MAXINE ISAACS		1.00									-		
BOARD MEMBER	- F		х						0.		0.		0.
(23) ASHLEY LEEDS		2.00									-		
BOARD MEMBER	- F		х						0.		0.		Ο.
(24) JAYNE LIPMAN		4.00									-		
BOARD MEMBER	T		х						0.		0.		Ο.
(25) HANS MORRIS		4.00											
BOARD MEMBER U V.								0.		Ο.			
(26) GAIL MERRIFIELD PAPE	,	2.00											
BOARD MEMBER	ľ		х						0.		0.		Ο.
1b Subtotal									0.		0.		0.
c Total from continuation s	heets to Part VII	Section A							3,661,560.		0.	619,6	555.
									3,661,560.		0.	619,6	555.
d Total (add lines 1b and 1c)       3,661,560.       0.       0.       619,655         2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable													
compensation from the org										•			39
<u> </u>												Yes	No
3 Did the organization list any	y <b>former</b> officer, o	director, truste	ee, k	key e	emp	loye	e, o	<sup>-</sup> hig	hest compensated emp	loyee on			
line 1a? If "Yes," complete	Schedule J for su	ch individual										3	Х
4 For any individual listed on	line 1a, is the sur	n of reportab	le co	omp	ensa	atior	n and	d otl	her compensation from	the organization			
and related organizations g	reater than \$150	,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4 X	
5 Did any person listed on lin	e 1a receive or a	ccrue comper	nsat	ion f	rom	any	/ unr	elat	ed organization or indivi	dual for services	; [		
rendered to the organizatio	n? If "Yes," comp	lete Schedule	e J f	or su	ıch	pers	son .					5	X
Section B. Independent Contra	actors												
1 Complete this table for you	r five highest con	npensated ind	depe	ende	ent c	onti	racto	ors t	hat received more than	\$100,000 of con	npensa	ation from	
the organization. Report co	mpensation for t	ne calendar y	ear e	endi	ng v	vith	or w	ithir	n the organization's tax y	/ear.			
	(A)								(B)			(C)	
	ne and business a								Description of s	ervices	C	ompensati	on
YORKE CONSTRUCTIO									CONSTRUCTION				
140 WEST 31ST STE									MANAGEMENT A	ND SERVI	21	<u>,208,4</u>	131.
AROL MANAGEMENT I	-	EAST 75	5TH	H S	STI	RE1	ET,		CONSTRUCTION				
5H, NEW YORK, NY									MANAGEMENT A		1	,690,3	368.
ENNEAD ARCHITECTS							_		ARCHITECTURA				
320 WEST 13TH STE									AND CONSULTA		1	<u>,030,4</u>	121.
COMMUNITY COUNSEI		•					ON		CAPITAL PROJ				
AVENUE, 5TH FLOOP					)22	2			FUNDRAISING	CONSULTA		537,2	209.
FREDERICK BASCH A		-					• •		CONSTRUCTION				
LEXINGTON AVENUE									MANAGEMENT A			354,3	346.
2 Total number of independe	-	-	ot lii	mite	d to		_	stec	I above) who received m	ore than			
\$100,000 of compensation						_	5						
SEE PART VII	, SECTION	A CONT	L'II	NUZ	ΥT:	101	N S	5H]	EETS		I	Form <b>990</b>	(2023)
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13-1844852

Part VII Section A. Officers, Directors, Tr	ustees, Key Ei	npic	byee	s, ai	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average hours	(cl	neck	Posi all t			ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per							from	from related	other
	week (list any	ī				Highest compensated employee		the organization	organizations (W-2/1099-MISC)	compensation from the
	hours for	direct				d em		(W-2/1099-MISC)	(00-2/1033-10100)	organization
	related	tee or	ustee			en sate		(		and related
	organizations	al trus	nal tri		lo yee	dwo				organizations
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	thest (	Former			
	line)	pu	lns	đ	Ke	Hig	ē			
(27) JULIA PERSHAN	2.00								0	•
BOARD MEMBER		X						0.	0.	0.
(28) JULIO PETERSON	2.00							0	0	0
BOARD MEMBER		X						0.	0.	0.
(29) MICHAEL PRICE	2.00							0	0	0
BOARD MEMBER	4 00	X						0.	0.	0.
(30) JANICE COOK ROBERTS	4.00							0	0	0
BOARD MEMBER	2 00	X						0.	0.	0.
(31) WENDI ROSE	2.00	x						0.	0.	0
BOARD MEMBER	2.00	^						0.	0.	0.
(32) ALEXANDRA SHIVA	2.00	x						0.	0.	0.
BOARD MEMBER (33) JIM STEINBERG	4.00	^						0.	0.	0.
BOARD MEMBER	4.00	x						0.	0.	0.
(34) STEVEN C. TAUB	2.00						<u> </u>	0.	0.	0.
BOARD MEMBER	2.00	x						0.	0.	0.
(35) ARIELLE TEPPER MADOVER	2.00							•	0.	• •
BOARD MEMBER	2.00	x						0.	0.	0.
(36) TERESA TSAI	4.00									
BOARD MEMBER		x						0.	0.	0.
(37) ANGELA VALLOT	2.00									
BOARD MEMBER		x						Ο.	0.	0.
(38) ALEX VOLCKHAUSEN	2.00									
BOARD MEMBER		x						0.	0.	0.
(39) SAM WATERSON	1.00									-
BOARD MEMBER		x						0.	0.	0.
(40) AUDREY WILF	1.00									
BOARD MEMBER		x						0.	0.	0.
(41) FRANCES WILKINSON	2.00									
BOARD MEMBER		X						0.	0.	0.
(42) ANNE CLARKE WOLFF	2.00									
BOARD MEMBER		х						0.	0.	0.
(43) PAUL J EUSTIS	40.00									
ARTISTIC DIRECTOR		х		Х				881,115.	0.	241,128.
(44) PATRICK WILLINGHAM	40.00									
EXECUTIVE DIRECTOR		Х		Х				650,580.	0.	43,337.
(45) MURRAY ABELES	40.00									
CHIEF FINANCIAL OFFICER				Х				74,800.	0.	408.
(46) KRISTINA HOGE	40.00	l							_	
SENIOR DIRECTOR OF DEVELOPMENT					Х			270,867.	0.	53,961.

332201 04-01-23

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Part VII Section A. Officers, Directors, Tru		npic	byee			ligh	est			/ <b>-</b> `
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	6			ition			Reportable	Reportable	Estimated
	hours per		Tecr	(aii I	that I	app I	iy) I	compensation from	compensation from related	amount of other
	week					ee		the	organizations	compensation
	(list any	ctor				nploy		organization	(W-2/1099-MISC)	from the
	hours for	r dire				ed en		(W-2/1099-MISC)	,	organization
	related	stee o	ustee			en sat				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	ividu	titutio	Officer	/ emp	hest (	Former			
	line)	hd	lns	Offi	Key	Hig	For			
(47) THOMAS M. MCCANN	40.00									
CHIEF MARKETING OFFICER					Х			204,429.	0.	31,767
(48) JEREMY ADAMS	40.00									
GENERAL MANAGER					Х			202,276.	0.	42,882
(49) SARAH ROSEN	40.00									
SENIOR DIRECTOR, HUMAN RESOURCES					Х			188,772.	0.	27,485
(50) PETER DEAN	40.00									
DIRECTOR OF PRODUCTION					Х			154,027.	0.	10,760
(51) KRISTEN GONGORA	40.00									
DIRECTOR OF STRATEGIC ADVANCEMENT						X		178,273.	0.	16,125
(52) VALERIE SIMMONS MILLER	40.00									
DIRECTOR OF DELCORTE RENOVATION & CA						Х		182,224.	Ο.	33,676
(53) SAHEEM ALI	40.00									
ARTISTIC AND RESIDENT DIRECTOR						x		270,073.	0.	47,427
(54) MANDY HACKETT	40.00									
ASSOCIATE ARTISTIC DIRECTOR						x		211,175.	0.	24,294
(55) FREEDOME BRADLEY-BALLENTINE	40.00									
DIRECTOR OF ARTISTIC PROGRAMS						X		192,949.	0.	46,405
		i								
		i i								
		<u> </u>								
		<u> </u>								
		┝─					<u> </u>			
		$\vdash$								
		<u> </u>								
		⊢					<u> </u>			
		1								
			<u> </u>				<u> </u>			
										<b>.</b>
Total to Part VII, Section A, line 1c	<u></u>	<u></u>	<u></u> .	<u></u> .	<u></u> .	<u></u> .	<u></u>	3,661,560.		619,655

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Form 990 (20				YOR
Part VIII	Statement	of	Rev	enue

			Check if Schedule O c	ont	ains a	response	or note to any lin	e in this Part VIII			
								<b>(A)</b> Total revenue	(B) Related or exempt function revenue	<b>(C)</b> Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ts t	1	а	Federated campaigns			1a					
ran			Membership dues			1b					
, G			Fundraising events			1c	1,581,154.				
ar /						1d	, ,				
s, G			Government grants (contri			1e	1,698,096.				
ion			All other contributions, gifts, g		-		, ,				
but		-	similar amounts not included			1f	36,457,692.				
ditri		g	Noncash contributions included in			1g \$	1,300,536.				
Contributions, Gifts, Grants and Other Similar Amounts		h	Total. Add lines 1a-1f					39,736,942.			
							Business Code				
8	2	а	BOX OFFICE INCOME				711110	7,894,649.	7,894,649.		
e vic		b	CO-PRODUCTION FEES,	EN	HANCE	MENT I	900099	2,907,304.	2,907,304.		
Program Service Revenue		с									
leve		d									
00 1		е									
۲.		f	All other program service r	reve	enue						
		g	Total. Add lines 2a-2f					10,801,953.			
	3		Investment income (includ	ling	divide	nds, intere	est, and				
								797,167.			797,167.
	4		Income from investment o								
	5		Royalties					6,946,506.			6946506.
						) Real	(ii) Personal				
			Gross rents	6a		508,489.					
			Less: rental expenses	6b	_	0.					
			Rental income or (loss)	6c		508,489.		C00 400			
			Net rental income or (loss)					608,489.			608,489.
	7	а	Gross amount from sales of	l_	.,	ecurities	(ii) Other				
			assets other than inventory	7a	31,5	385,280.					
e		b	Less: cost or other basis	<b>_</b>	20	161 025					
enu		_		7D 7C		454,925. 930,355.					
)ther Revenue			( )					1,930,355.			1930355.
erF			Net gain or (loss) Gross income from fundraisin					1,550,555.			1930333.
ft	0		including \$1,5								
•			contributions reported on								
			Part IV, line 18		,		473,228.				
		b	Less: direct expenses				-				
			Net income or (loss) from f				· · · · · · · · · · · · · · · · · · ·	0.			
			Gross income from gaming								
			Part IV, line 19								
		b	Less: direct expenses								
		с	Net income or (loss) from g	gam	ning ac	tivities					
	10	а	Gross sales of inventory, le	ess	return	s					
			and allowances			10a					
		b	Less: cost of goods sold 10b								
		с	Net income or (loss) from s	sale	s of in	ventory					
s							Business Code				
Miscellaneous Revenue	11		CONCESSION				900099	262,634.			
llan		b	MISCELLANEOUS INCOME	Ξ			900099	48,153.	48,153.		
Rev		С									
Ĭ			All other revenue								
		е	Total. Add lines 11a-11d					310,787.	11110740	0	10000515
0000	12	<u> </u>	Total revenue. See instructio	IIS				61,132,199.	11112740.	0.	10282517. Form <b>990</b> (2023)
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12

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).

Do	Check if Schedule O contains a responent include amounts reported on lines 6b,	(A)	(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	Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	341,954.	341,954.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	175,000.	175,000.		
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16 $\ldots$				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,			401 140	222 061
_	trustees, and key employees	3,326,936.	2,512,835.	481,140.	332,961
6	Compensation not included above to disqualified				
	persons (as defined under section $4958(f)(1)$ ) and				
7	persons described in section 4958(c)(3)(B) Other salaries and wages	22 846 796	17,138,000.	3,450,527.	2,258,269
7 8	Pension plan accruals and contributions (include	22,010,150.	1,150,000	5, 150, 527.	2,230,207
0	section 401(k) and 403(b) employer contributions	1,279,957.	960,972.	192,268.	126,717
9	Other employee benefits	2,131,277.	1,600,130.	320,148.	210,999
10	Payroll taxes	1,733,350.	1,301,372.	260,374.	171,604
11	Fees for services (nonemployees):				
а	Management	213,358.	19,420.	187,961.	5,977
	Legal	556,888.	318,256.	223,533.	15,099
	Accounting	124,587.		124,587.	
d	Lobbying	268,000.		232,843.	35,157
	Professional fundraising services. See Part IV, line 17	1,031,543.			1,031,543
f	Investment management fees	145,886.		145,886.	
g	Other. (If line 11g amount exceeds 10% of line 25,	4 800 088		<u> </u>	
	column (A), amount, list line 11g expenses on Sch 0.)	4,729,277.	3,767,114.	632,880.	329,283
12	Advertising and promotion	1,005,444.	711,355.	48,022.	246,067 218,172
13	Office expenses	1,240,090. 883,633.	825,002. 562,597.	196,916. 99,968.	218,172
14	Information technology	241,591.	241,591.	99,900.	221,000
15	Royalties	3,331,085.	2,464,417.	469,663.	397,005
16 17		1,831,227.	1,305,872.	165,799.	359,556
17 18	Travel Payments of travel or entertainment expenses	1,001,227.	1,303,072.	105,755.	555,550
10	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	2,341,515.	1,709,208.	343,620.	288,687
23	Insurance	379,239.	276,829.	55,653.	46,757
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
а	PRODUCTION COSTS	2,187,934.	2,149,074.	18,360.	20,500
b	MISCELLANEOUS	434,983.	94,813.	182,088.	158,082
с	PROFESSIONAL DEVELOPMEN	146,550.	82,012.	27,863.	36,675
d	BAD DEBT	50,024.		50,024.	
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	52,978,124.	38,557,823.	7,910,123.	6,510,178
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				Eorm <b>990</b> (2023

332010 12-21-23

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Form **990** (2023)

10270701 759420 13973901

Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 22 controlled entity or family member of any of these persons 23 Secured mortgages and notes payable to unrelated third parties 24 Unsecured notes and loans payable to unrelated third parties Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X 20,998,432. of Schedule D 25 30,595,941. 26 Total liabilities. Add lines 17 through 25 X Organizations that follow FASB ASC 958, check here and complete lines 27, 28, 32, and 33. 65,180,515. Net assets without donor restrictions 27 51,929,778. Net assets with donor restrictions 28 Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. Capital stock or trust principal, or current funds 29 Paid-in or capital surplus, or land, building, or equipment fund 30 Retained earnings, endowment, accumulated income, or other funds 31 117,110,293. Total net assets or fund balances 32 32 147,706,234. 33 33 Total liabilities and net assets/fund balances ...

NEW YORK SHAKESPEARE FESTIVAL Balance Sheet

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

(A) (B) Beginning of year End of year 4,507,456. 1,096,502. Cash - non-interest-bearing 1 1 1,003,751. 10,082,892. 2 2 Savings and temporary cash investments 27,896,930. 2,448,743. 20,246,781. Pledges and grants receivable, net 3 3 2,724,015. 4 4 Accounts receivable, net 5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% 5 controlled entity or family member of any of these persons 6 Loans and other receivables from other disgualified persons (as defined 6 under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net Assets 7 8 Inventories for sale or use 8 1,464,331. 1,800,257. Prepaid expenses and deferred charges 9 9 **10a** Land, buildings, and equipment: cost or other 44,724,448. basis. Complete Part VI of Schedule D \_\_\_\_\_ 10a 13,651,522. 31,280,994. 31,072,926. b Less: accumulated depreciation 10b 10c 48,574,461. 27,687,388. Investments - publicly traded securities 11 11 5,907,630. 8,499,163. Investments - other securities. See Part IV, line 11 12 12 13 Investments - program-related. See Part IV, line 11 13 14 14 Intangible assets 35,407,769. 61,044,724. Other assets. See Part IV, line 11 15 15 147,706,234. 175,040,479. 16 16 Total assets. Add lines 1 through 15 (must equal line 33) 8,197,718. 10,182,171. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 1,399,791. 19 988,461. 19 Deferred revenue 20 21 22 Liabilities 15,277,194. 23 24 25 20,636,496. 47,084,322. 26 Net Assets or Fund Balances 62,953,894. 27 65,002,263. 28 29 30 31 127,956,157.

13-1844852 Page 11

0.

175,040,479.

Form **990** (2023)

## Part X

111 330 (2023)	rm	990	(2023)	
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	1990 (2023) NEW YORK SHAKESPEARE FESTIVAL	13-	1844852	Pag	ge <b>12</b>
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	61,132	2,1	99.
2	Total expenses (must equal Part IX, column (A), line 25)	2	52,978	3,1	24.
3	Revenue less expenses. Subtract line 2 from line 1	3	8,154		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	117,110		
5	Net unrealized gains (losses) on investments	5	2,941	7,1	33.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9	-255	5,3	44.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	127,950	5,1	57.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedul				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewe	d 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	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separa	te basis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	ne audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sc	hedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За	Х	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			Х	
			Form	990 (	2023)

Form **990** (2023)

332012 12-21-23

Department of the Treasury

Internal Revenue Service

(Form 990)

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

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

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

OMB No. 1545-0047
2023
Open to Public

Inspection Employer identification number

Name of the o	rganization
---------------	-------------

NEW	YORK	SHAKESPEARE	FESTIVAL

	NEW	YORK SHAKE	SPEARE FESTI	VAL			1	3-1844852			
Part I	Reason for Public	Charity Status.	(All organizations must c	complete t	nis part.) S	See instruction	IS.				
The orga	nization is not a private found	lation because it is: (	For lines 1 through 12, c	check only	one box.)						
1	A church, convention of ch	urches, or associatio	on of churches describe	d in <b>sectio</b>	n 170(b)(*	1)(A)(i).					
2	A school described in <b>sect</b>	ion 170(b)(1)(A)(ii).	Attach Schedule E (Forn	n 990).)							
3	A hospital or a cooperative	hospital service orga	anization described in <b>s</b> e	ection 170	(b)(1)(A)(i	ii).					
4	A medical research organiz	ation operated in co	njunction with a hospita	l described	d in <b>sectio</b>	n 170(b)(1)(A	<b>)(iii).</b> Enter	the hospital's name,			
	city, and state:										
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in										
	section 170(b)(1)(A)(iv). (Complete Part II.)										
6	A federal, state, or local go	vernment or governn	nental unit described in	section 17	70(b)(1)(A)	(v).					
7 X	An organization that norma	Illy receives a substa	intial part of its support f	from a gov	ernmental	unit or from t	he general	public described in			
	section 170(b)(1)(A)(vi). (C	omplete Part II.)									
8	A community trust describe	ed in section 170(b)	(1)(A)(vi). (Complete Par	t II.)							
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(	(ix) operate	ed in conju	unction with a	land-grant	college			
	or university or a non-land-o	grant college of agric	ulture (see instructions).	. Enter the	name, city	y, and state o	f the colleg	je or			
	university:										
10	An organization that norma	Illy receives (1) more	than 33 1/3% of its sup	port from	contributio	ons, members	hip fees, a	nd gross receipts from			
	activities related to its exen	npt functions, subjec	ct to certain exceptions;	and (2) no	more that	n 33 1/3% of i	ts support	from gross investment			
	income and unrelated busir	ness taxable income	(less section 511 tax) fr	om busine	sses acqu	ired by the or	ganization	after June 30, 1975.			
	See section 509(a)(2). (Con	mplete Part III.)									
11	An organization organized a	and operated exclus	ively to test for public sa	afety. See	section 50	09(a)(4).					
12	An organization organized a	and operated exclus	ively for the benefit of, to	o perform	the functio	ons of, or to ca	arry out the	e purposes of one or			
	more publicly supported or	ganizations describe	ed in <b>section 509(a)(1)</b> o	r section	509(a)(2).	See section &	509(a)(3). (	Check the box on			
_	lines 12a through 12d that	describes the type of	of supporting organizatio	n and con	nplete lines	s 12e, 12f, an	d 12g.				
a	<b>Type I.</b> A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), †	typically by	/ giving			
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or truste	es of the s	supporting			
_	organization. You must o	complete Part IV, Se	ections A and B.								
b 🗆	<b>Type II.</b> A supporting org	-				-		-			
	control or management o			ame perso	ons that co	ontrol or mana	ige the sup	oported			
Г	organization(s). <b>You mus</b>	-									
c L	Type III functionally inte						lly integrat	ed with,			
	its supported organizatio										
d∟	Type III non-functionally						-				
	that is not functionally int			•		-	d an attent	iveness			
Г	requirement (see instruct	,	•								
e∟	Check this box if the orga					а Туре I, Туре	II, Type III				
	functionally integrated, or										
	ter the number of supported o										
g Pro	ovide the following information (i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) Is the orga	nization listed	(v) Amount of	monetary	(vi) Amount of other			
	organization	(1) 2.11	(described on lines 1-10	in your governi	ng document?	support (see in	-	support (see instructions)			
	-		above (see instructions))	Yes	No						
Total											

Sobodulo A	Earm	000	0000
Schedule A	FOILI	990	2023

Part II

NEW YORK SHAKESPEARE FESTIVAL

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(v)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization
follows and the second s

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

26	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	33473363.	<u>45014557.</u>	43288819.	29187998.	<u>39736942.</u>	190701679
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	33473363.	<u>45014557.</u>	43288819.	29187998.	<u>39736942.</u>	190701679
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						2435325.
6	Public support. Subtract line 5 from line 4.						188266354
Se	ction B. Total Support					-	
Cale	endar year (or fiscal year beginning in)	<b>(a)</b> 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	<b>(f)</b> Total
7	Amounts from line 4	33473363.	<u>45014557.</u>	43288819.	29187998.	39736942.	190701679
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources $\dots$	10597975.	1677193.	18596581.	13755724.	8352164.	52979637.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on				3,931.	663.	4,594.
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)	201,252.	11,193.	197,732.	324,162.		1045126.
11	Total support. Add lines 7 through 10						244731036
12	Gross receipts from related activities	, etc. (see instructi	ons)			12 39	,879,635.
13	First 5 years. If the Form 990 is for the	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section	501(c)(3)	
_	organization, check this box and sto						
	ction C. Computation of Publ						76 02
	Public support percentage for 2023 (					14	76.93 %
	Public support percentage from 2022					15	72.56 %
16a	<b>33 1/3% support test - 2023.</b> If the	•					
	stop here. The organization qualifies						
	<b>33 1/3% support test - 2022.</b> If the open stars have The experimentian support						
17.	and <b>stop here.</b> The organization qua						
1/2	1 10% -facts-and-circumstances tes						
	and if the organization meets the fact			-	-	-	
L	meets the facts-and-circumstances to	-				17a and line 15 is	
Ľ	10% -facts-and-circumstances tes more and if the organization meets t	-					
	more, and if the organization meets the facts and circ						
19	organization meets the facts-and-circ <b>Private foundation.</b> If the organization						
10		A GIG HOL CHECK d		u, 100, 17a, 01 171			(Form 990) 2023
						Contract of A	

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2019	<b>(b)</b> 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
1	Gifts, grants, contributions, and	ſ					
	membership fees received. (Do not	ſ					
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that	ſ					
	are not an unrelated trade or bus- iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities	ſ					
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7a	Amounts included on lines 1, 2, and	ſ					
	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 6.)						
	ction B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4) 2010	(8) 2020			(0) 2020	
	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						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
13	assets (Explain in Part VI.) Total support. (Add lines 9, 10c, 11, and 12.)			1			
	First 5 years. If the Form 990 is for th	ne organization's fi	rst. second. third	fourth, or fifth tax	x vear as a section	501(c)(3) orda	nization.
-	check this box and <b>stop here</b>	0		· · ·			
Sec	ction C. Computation of Publ						
	Public support percentage for 2023 (			column (f))		15	%
16	Public support percentage from 2022	2 Schedule A, Part	III, line 15			16	%
Sec	ction D. Computation of Inve	stment Incom	e Percentage	•			
17	Investment income percentage for 20	<b>023</b> (line 10c, colur	nn (f), divided by	line 13, column (f)	)	17	%
18	Investment income percentage from	2022 Schedule A,	Part III, line 17			18	%
	33 1/3% support tests - 2023. If the					33 1/3%, and	line 17 is not
	more than 33 1/3%, check this box a						
b	33 1/3% support tests - 2022. If the						3%, and
_	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						
	23 12-21-23		,	. ,			ule A (Form 990) 2023
				18			, <i>,</i> <b>-</b>

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1

2

3a

3b

3c

4a

4b

4c

5a

5b

5c

6

7

8

9a

9b

9c

10a

10b

Yes No

#### Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

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Schedule A (Form 990) 2023

#### Schedule A (Form 990) 2023 NEW YORK SHAKESPEARE FESTIVAL

2

No

Pa	rt IV	Supporting Organizations (continued)			
				Yes	No
11	Has t	he organization accepted a gift or contribution from any of the following persons?			
а	A per	son who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c b	elow, the governing body of a supported organization?	11a		
b	A fam	nily member of a person described on line 11a above?	11b		
с	A 35%	% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail	in Part VI.	11c		
Sec	tion I	B. Type I Supporting Organizations			
			_	Yes	No
1	more direct effect organ	ne governing body, members of the governing body, officers acting in their official capacity, or membership of one or supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, tors, or trustees at all times during the tax year? If "No," describe in <b>Part VI</b> how the supported organization(s) tively operated, supervised, or controlled the organization's activities. If the organization had more than one supported nization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the orted organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2					
2		ne organization operate for the benefit of any supported organization other than the supported nization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			

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

Section C	. Type I	I Supporting	Organizations	

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

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

Section E. Type III Functionally Integrated Supporting Organizations

- a \_\_\_\_ The organization satisfied the Activities Test. Complete line 2 below.
- **b** The organization is the parent of each of its supported organizations. *Complete* **line 3** *below.*
- c The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).
- 2 Activities Test. Answer lines 2a and 2b below.
- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.
- **3** Parent of Supported Organizations. **Answer lines 3a and 3b below.**
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *If* "Yes" or "*No*" provide details in **Part VI.**
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? *If "Yes," describe in* **Part VI** *the role played by the organization in this regard.* 332025 12-21-23

Schedule A (Form 990) 2023

2a

2b

За

3b

Yes No

20

10270701 759420 13973901

Sectio	n A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 1	Net short-term capital gain	1		
<b>2</b> F	Recoveries of prior-year distributions	2		
3 (	Other gross income (see instructions)	3		
4 /	Add lines 1 through 3.	4		
<b>5</b> [	Depreciation and depletion	5		
<b>6</b> F	Portion of operating expenses paid or incurred for production or			
c	collection of gross income or for management, conservation, or			
r	naintenance of property held for production of income (see instructions)	6		
7 (	Other expenses (see instructions)	7		
8 A	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sectio	n B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 /	Aggregate fair market value of all non-exempt-use assets (see			
i	nstructions for short tax year or assets held for part of year):			
a ∕	Average monthly value of securities	1a		
b A	Average monthly cash balances	1b		
сF	Fair market value of other non-exempt-use assets	1c		
d 1	Fotal (add lines 1a, 1b, and 1c)	1d		
еĽ	Discount claimed for blockage or other factors			
(	explain in detail in Part VI):			
2 /	Acquisition indebtedness applicable to non-exempt-use assets	2		
<b>3</b> S	Subtract line 2 from line 1d.	3		
4 (	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
s	see instructions).	4		
<b>5</b> N	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
<b>6</b> N	Multiply line 5 by 0.035.	6		
<b>7</b> F	Recoveries of prior-year distributions	7		
8 1	Minimum Asset Amount (add line 7 to line 6)	8		
Sectio	n C - Distributable Amount			Current Year
1 /	Adjusted net income for prior year (from Section A, line 8, column A)	1		
<b>2</b> E	Enter 0.85 of line 1.	2		
3 N	Vinimum asset amount for prior year (from Section B, line 8, column A)	3		
4 E	Enter greater of line 2 or line 3.	4		
5 I	ncome tax imposed in prior year	5		
6 [	Distributable Amount. Subtract line 5 from line 4, unless subject to			
e	emergency temporary reduction (see instructions).	6		

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

Schedule A (Form 990) 2023

332026 12-21-23

Par	t V   Type III Non-Functionally Integrated 509	(a)(3) Supporting Org	anizations <sub>(continu</sub>	ied)	
Secti	on D - Distributions				Current Year
_1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	าร	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in <b>Part VI</b> )		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	he organization is responsive	e		
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Secti	on E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2023	າຣ	(iii) Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
а	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i	Carryover from 2018 not applied (see instructions)				
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
с	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
а	Excess from 2019				
b	Excess from 2020				
	Excess from 2021				
-	Excess from 2022				
-	Excess from 2023				

Schedule A (Form 990) 2023

332027 12-21-23

	(Form 990) 2023 Supplemental I			SHAKESPEA					8-184485	
	Supplemental I Part IV, Section A, li	ines 1, 2. 3b. 3c. 4h	ovide	the explanations re 5a, 6, 9a, 9b, 9c, 1	quired b a. 11h	y Part II, li and 11c: F	ne 10; Part II, line Part IV. Section F	e 17a or 17b 3. lines 1 and	2: Part III, line 12	∠; tion C
	line 1; Part IV, Section	on D, lines 2 and 3;	Part	IV, Section E, lines	1c, 2a, 2	b, 3a, and	d 3b; Part V, line <sup>-</sup>	1; Part V, Seo	tion B, line 1e	Part V
	Section D, lines 5, 6 (See instructions.)	6, and 8; and Part V	, Sect	ion E, lines 2, 5, an	d 6. Also	complete	e this part for any	additional in	formation.	
	(See Instructions.)									
2028 12-21-2	3							Sc	hedule A (For	m 990)
			-		23					
/0701	759420 139	73901	2	023.06000	NEW	YORK	SHAKESPE	ARE FE	STIV 13	9739

SCHEDULE C	Political Campaign and Lobbying Activities	5	OMB No. 15	45-0047
(Form 990)	For Organizations Exempt From Income Tax Under Section 501(c) and Section		202	23
Department of the Treasury Internal Revenue Service	Complete if the organization is described below. Attach to Form 990 or Form 99 Go to www.irs.gov/Form990 for instructions and the latest information.	0-EZ.	Open to F Inspect	
If the organization ans	vered "Yes" on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Cam	paign Activ	vities), then:	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations: Complete Parts I-A and B. Do not complete Part I-C.			
<ul> <li>Section 501(c) (othe</li> </ul>	r than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete P	art I-B.		
<ul> <li>Section 527 organization</li> </ul>	ations: Complete Part I-A only.			
If the organization ans	vered "Yes" on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Ac	tivities), the	en:	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do	not compl	ete Part II-B.	
<ul> <li>Section 501(c)(3) org</li> </ul>	anizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-	B. Do not c	omplete Part I	I-A.
If the organization ans	vered "Yes" on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Forr	n 990-EZ, I	Part V, line 35	c (Proxy
Tax) (see separate inst				
	, or (6) organizations: Complete Part III.			
Name of organization			· identification	
Part I-A Comple	NEW YORK SHAKESPEARE FESTIVAL ete if the organization is exempt under section 501(c) or is a section		3-18448	52
2 Political campaign	on of the organization's direct and indirect political campaign activities in Part IV. activity expenditures political campaign activities			
Part I-B Comple	ete if the organization is exempt under section 501(c)(3).			
1 Enter the amount o	f any excise tax incurred by the organization under section 4955	\$		
2 Enter the amount o	f any excise tax incurred by organization managers under section 4955	\$		
3 If the organization i	ncurred a section 4955 tax, did it file Form 4720 for this year?		Yes	No No
4a Was a correction m	ade?		Yes	No No
<b>b</b> If "Yes," describe ir	Part IV.			
Part I-C Comple	ete if the organization is exempt under section 501(c), except section	1 501(c)(3	3).	
	irectly expended by the filing organization for section 527 exempt function activities	\$		
2 Enter the amount o	f the filing organization's funds contributed to other organizations for section 527			
exempt function ac		\$		
-	on expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL,	¢		
	zation file Form 1100 DOL for this year?		Yes	No
4 Did the filing organi	zation file Form 1120-POL for this year?			

5 Enter the names, addresses, and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

	1 /1			
<b>(a)</b> Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0

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

Schedule C (Form 990) 2023

LHA 332041 11-06-23

Sc	hedule C (F				844852 Page 2		
Ρ	Part II-A	Cor	nplete if the organization is exempt under section 501(c)(3) and fi	ed Form 5768 (el	ection under		
_		sec	tion 501(h)).				
A	A Check 🔲 if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN,						
	expenses, and share of excess lobbying expenditures).						
В	Check if the filing organization checked box A and "limited control" provisions apply.						
			l imits on Lobbying Expenditures	(a) Filing	(b) Affiliated group		

		eans amounts paid or incurred.)	organization's totals	totals
1a	Total lobbying expenditures to influence pub	lic opinion (grassroots lobbying)		
b	Total lobbying expenditures to influence a le	gislative body (direct lobbying)	268,000.	
с	Total lobbying expenditures (add lines 1a an	d 1b)	268,000.	
	OUL		45,446,777.	
е	Total exempt purpose expenditures (add line	es 1c and 1d)	45,714,777.	
f	Lobbying nontaxable amount. Enter the amo	unt from the following table in both columns.	1,000,000.	
	If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:		
	not over \$500,000,	20% of the amount on line 1e.		
	over \$500,000 but not over \$1,000,000,	\$100,000 plus 15% of the excess over \$500,000.		
	over \$1,000,000 but not over \$1,500,000,	\$175,000 plus 10% of the excess over \$1,000,000.		
	over \$1,500,000 but not over \$17,000,000,	\$225,000 plus 5% of the excess over \$1,500,000.		
	over \$17,000,000,	\$1,000,000.		
g	Grassroots nontaxable amount (enter 25% of	f line 1f)	250,000.	
h	Subtract line 1g from line 1a. If zero or less,	enter -0-	0.	
i	Subtract line 1f from line 1c. If zero or less, e	nter -0-	0.	
j	If there is an amount other than zero on eithe	er line 1h or line 1i, did the organization file Form 4720		
	reporting section 4911 tax for this year?			Yes No

#### 4-Year Averaging Period Under Section 501(h)

(Some organizations that made a section 501(h) election do not have to complete all of the five columns below.

See the separate instructions for lines 2a through 2f.)

	Lobbying Expenditures During 4-Year Averaging Period						
Calendar year (or fiscal year beginning in)	<b>(a)</b> 2020	<b>(b)</b> 2021	<b>(c)</b> 2022	( <b>d)</b> 2023	<b>(e)</b> Total		
2a Lobbying nontaxable amount		1,000,000.	1,000,000.	1,000,000.	3,000,000.		
<ul> <li>b Lobbying ceiling amount (150% of line 2a, column(e))</li> </ul>					4,500,000.		
c Total lobbying expenditures		180,000.	261,000.	268,000.	709,000.		
d Grassroots nontaxable amount		250,000.	250,000.	250,000.	750,000.		
e Grassroots ceiling amount (150% of line 2d, column (e))					1,125,000.		
f Grassroots lobbying expenditures							

Schedule C (Form 990) 2023

332042 11-06-23

29

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

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

Schedule C (Form 990) 2023

332043 11-06-23

SCHEDULE D

(Form	990)
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332051 09-28-23

## **Supplemental Financial Statements**

OMB No. 1545-0047 0000

(Form 990) 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.				2023	
	ment of the Treasury	Α	ttach to Form 990.		Open to Public
	Revenue Service	Go to www.irs.gov/Form99	D for instructions and the	e latest information.	Inspection
Nam	e of the organizati	on NEW YORK SHAKESPEA	RE FESTIVAL		Employer identification number 13-1844852
Par	t I Organiza	ations Maintaining Donor Advise		milar Funds or A	
		n answered "Yes" on Form 990, Part IV, lin			
			(a) Donor advised	funds (	b) Funds and other accounts
1	Total number at er	nd of year			
2	Aggregate value o	f contributions to (during year)			
3	Aggregate value o	f grants from (during year)			
4		t end of year			
5	-	on inform all donors and donor advisors in	-		
•		on's property, subject to the organization's			
6	-	on inform all grantees, donors, and donor a			•
		oses and not for the benefit of the donor c ate benefit?		· ·	•
Par	t II Conserv	ation Easements. Complete if the org	nanization answered "Yes"	on Form 990 Part IV	line 7
1		servation easements held by the organizati		on on on our out of, i are iv,	
•		of land for public use (for example, recrea	· · · · · · · · · · · · · · · · · · ·	Preservation of a histo	rically important land area
		f natural habitat		Preservation of a certi	, ,
	Preservation	n of open space			
2	Complete lines 2a	through 2d if the organization held a qualit	fied conservation contribut	tion in the form of a co	nservation easement on the last
	day of the tax yea	r.			Held at the End of the Tax Year
а		onservation easements			2a
b		ricted by conservation easements			2b
С	Number of conser	vation easements on a certified historic str	ucture included on line 2a		2c
d		vation easements included on line 2c acqu	• • •		
		ture listed in the National Register			2d
3		vation easements modified, transferred, re	leased, extinguished, or te	erminated by the organ	ization during the tax
	year				
4 5		where property subject to conservation ea			
5		tion have a written policy regarding the per forcement of the conservation easements i		on, nanoling of	Yes No
6		r hours devoted to monitoring, inspecting,			······································
Ŭ			nanaling of violations, and		sh casemente daning the year
7	Amount of expens	 es incurred in monitoring, inspecting, hand	lling of violations, and enfo	orcing conservation ea	sements during the year
				C C	
8	Does each conser	vation easement reported on line 2d above	e satisfy the requirements	of section 170(h)(4)(B)	(i)
	and section 170(h	)(4)(B)(ii)?			Yes No
9	In Part XIII, descril	be how the organization reports conservati	on easements in its reven	ue and expense stater	nent and
	balance sheet, and	d include, if applicable, the text of the foot	note to the organization's f	financial statements th	at describes the
Des		ounting for conservation easements.	A.t. Illatania al Tura		
Par		ations Maintaining Collections o		asures, or Other a	Similar Assets.
		f the organization answered "Yes" on Form			
Ia		elected, as permitted under FASB ASC 95 easures, or other similar assets held for pul			
	•	Part XIII the text of the footnote to its final			
h		elected, as permitted under FASB ASC 95			e sheet works of
5		sures, or other similar assets held for public			
		ing amounts relating to these items.			
	•	ded on Form 990, Part VIII, line 1			\$
					<b>^</b>
2	.,	received or held works of art, historical tre			
		unts required to be reported under FASB A			
а	-	on Form 990, Part VIII, line 1	-		\$
		I Form 990, Part X			
-		eduction Act Notice, see the Instruction			Schedule D (Form 990) 2023

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102/0/01	139420	T 2 2 1 2 2 0 T	

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Par	t III Organizations Maintaining C							ued)	
3	Using the organization's acquisition, access	ion, and other records	s, check any of the	following that mak	e significan	t use of its	5		
	collection items (check all that apply).								
а	Public exhibition	d		hange program					
b	Scholarly research	e	Other						
С	Preservation for future generations								
4	Provide a description of the organization's c	ollections and explain	how they further the	ne organization's e	xempt purp	ose in Pa	rt XIII.		
5	During the year, did the organization solicit of		•			_	_		1
_	to be sold to raise funds rather than to be m						Yes		No
Par	t IV Escrow and Custodial Arran reported an amount on Form 990, Pa		e if the organizatior	answered "Yes" o	on Form 990	), Part IV,	line 9, or		
1a	Is the organization an agent, trustee, custod	ian, or other intermed	liary for contribution	ns or other assets	not include	d			-
	on Form 990, Part X?					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	owing table:						
							Amount		
с	Beginning balance				1c				
d	Additions during the year				1d				
	Distributions during the year								
	Ending balance								
	Did the organization include an amount on F					L	Yes		No
b	If "Yes," explain the arrangement in Part XIII.	. Check here if the ex	planation has been	provided in Part X	III	<u></u>			]
Par	t V Endowment Funds Complete if	the organization ans	wered "Yes" on For	m 990, Part IV, line	e 10.				
		(a) Current year	<b>(b)</b> Prior year	(c) Two years back	(d) Three	years back	(e) Four	years	back
1a	Beginning of year balance	32,149,422.	31,568,514.	29,277,354	. 20,	519,005.	. 19,	782,	694.
b	Contributions	709,914.		5,950,000	<b>.</b> 5,	000,000.	•		
	Net investment earnings, gains, and losses	4,205,634.	1,693,165.	-2,773,840	4,	643,349.	. 1,	621,	311.
d	Grants or scholarships								
е	Other expenditures for facilities								
	and programs	-1,288,179.	-1,112,257.	-885,000	-	885,000.		885,	000.
f	Administrative expenses								
	End of year balance	35,776,791.	32,149,422.	31,568,514	. 29,	277,354.	. 20,	519,	005.
2	Provide the estimated percentage of the cur	rent year end balance	e (line 1g, column (a	a)) held as:			•		
а	Board designated or quasi-endowment	.0000	%						
	Permanent endowment 76.5340	%	-						
с	Term endowment 23.4660	%							
	The percentages on lines 2a, 2b, and 2c sho	ould equal 100%.							
3a	Are there endowment funds not in the posse	ession of the organiza	tion that are held a	nd administered fo	r the				
	organization by:	-					Γ	Yes	No
	(i) Unrelated organizations?						3a(i)		Х
	(ii) Related organizations?								Х
b	If "Yes" on line 3a(ii), are the related organization								
4	Describe in Part XIII the intended uses of the								
Par	t VI Land, Buildings, and Equipm								
	Complete if the organization answere	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part	X, line 10.				
	Description of property	(a) Cost or ot	her (b) Cost	or other (c)	Accumulat	ed	(d) Book	value	
		basis (investm			depreciatior	1	.,		
<b>1</b> a	Land								
	Buildings								
	Leasehold improvements		42,40	7,428.	507,0	06. 4	1,900	),42	22.
	Equipment				,387,2				
	Other			6,650.	757,3			9,3	
	Add lines 1a through 1e. (Column (d) must e						<u>1,07</u>	2,9	26.
			,, co.a	. //			e D (Form		
							,,		

Complete if the organization answered "Yes" (a) Description of security or category (including name of security)		(c) Method of valuation: Cost or en	d of your market yelue
	(b) Book value	(c) Method of Valuation: Cost of en	d-of-year market value
1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Fotal. (Col. (b) must equal Form 990, Part X, line 12, col. (B))         Part VIII         Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990 Part IV line	11c See Form 990 Part X line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-vear market value
.,, .	(b) BOOK Value	(c) Method of Valuation. Oost of en	d-or-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))			
Part IX Other Assets			
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	-
	Description		(b) Book value
(1) BONDS, DEPOSITS AND OTHER	ASSETS		321,678.
(2) CONSTRUCTION IN PROGRESS			46,108,779.
(3) OPERATING LEASE RIGHT-OF-	JSE-ASSETS		14,614,267.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 15, col	. <i>(</i> B))		61,044,724.
Part X Other Liabilities			
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	5.
<b>1.</b> (a) Description of liability			(b) Book value
(1) Federal income taxes			, 200
			3,499,989.
	R.C.		17,136,507
			, <u></u> _,,_,_,_,
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, line 25, col			20,636,496.
2. Liability for uncertain tax positions. In Part XIII, provide	the text of the footnote t	o the organization's financial statements	that reports the
organization's liability for uncertain tax positions under	FASB ASC 740. Check h	ere if the text of the footnote has been p	rovided in Part XIII

13-1844852 Page 3

	(Form 990) 2023		YORK	
Part VII	Investments -	<ul> <li>Other Set</li> </ul>	curities	;

10270701 759420 13973901

Sche	edule D (Form 990) 2023 NEW YORK SHAKESPEARE FE	STIVAL	13-1844852 Page 4
-	rt XI Reconciliation of Revenue per Audited Financial Sta	tements With Reve	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
а	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
с	Recoveries of prior year grants		
d			
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.,		
Pa	rt XII Reconciliation of Expenses per Audited Financial St	atements With Expe	enses per Return
	Complete if the organization answered "Yes" on Form 990, Part IV, lin	ie 12a.	
1	Total expenses and losses per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
с	Add lines <b>4a</b> and <b>4b</b>		4c
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18	3.)	
Pa	rt XIII Supplemental Information		
Dura	ide the department required for Dart II, lines 2, 5, and 0; Dart III, lines 1, and	1. Dort IV/ lines the and Oh	Dort V line 4: Dort V line 9: Dort VI

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

### PART V, LINE 4:

#### INCOME FROM THE ENDOWMENTS IS USED TO SUPPORT THE ARTISTIC AND OPERATIONAL

### ACTIVITIES OF THE ORGANIZATION.

332054 09-28-23

Schedule D (Form 990) 2023

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SCHEDULE G			ntal Information Regard	-				0	MB No. 1545-0047
(Form 990)	Comple		e organization answered "Yes organization entered more tha						2023
Department of the Treasury			Attach to Form	990 or For	n 990	-EZ.			Open to Public
Internal Revenue Service		Go t	o www.irs.gov/Form990 for in	structions	and t	he latest informatio			Inspection
Name of the organizatio	n								ntification number
	NEW	YOR	K SHAKESPEARE FI	ESTIVA	L		13-1	844	852
Part I Fundrais required to			<ul> <li>Complete if the organization a t.</li> </ul>	nswered "N	′es" o	n Form 990, Part IV,	line 17. Form 9	90-EZ	filers are not
a X Mail solicitat b X Internet and c X Phone solici d X In-person so	tions I email solic itations blicitations	itations	s f X So g X Sp	licitation of licitation of ecial fundra	non-g gover aising	overnment grants nment grants events			
-			or oral agreement with any indiv		-			,	
			art VII) or entity in connection w	•		•		] Yes	No No
<b>b</b> If "Yes," list the 10 compensated at le	•		viduals or entities (fundraisers)   organization.	pursuant to	agree	ements under which	the fundraiser i	is to b	e
(i) Name and addres or entity (fund		lual	(ii) Activity	have c	Did raiser ustody ntrol of utions?	(iv) Gross receipts from activity	(v) Amount p to (or retained fundraised listed in col.	l by)	(vi) Amount paid to (or retained by) organization
GURA ASSOCIATES, L	TD - 505			Yes	No				
WEST END AVENUE, N	EW YORK,	NY	MAJOR GIFT CONSULTING		х	0.	340,	000.	0.
CCS FUNDRAISING -	527 MADI	SON	CAPITAL CAMPAIGN						
AVE, NEW YORK, NY	10022		CONSULTANTS		x	0.	537,	209.	0.
SD&A TELESERVICES	- 5757 W								
CENTURY BLVD #300,	LOS		TELESALES SUPPORT		x	0.	154,	334.	0.
`									
Total		<u></u>					1,031,		
or licensing.			on is registered or licensed to so	olicit contrib	oution	s or has been notifie	d it is exempt fi	rom re	egistration
NY,NJ,PA,CA,	GA,FL	,ΙĹ,	MA,MI,MN,RI,VA						

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. SEE PART IV FOR CONTINUATIONS Schedule G (Form 990) 2023

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LHA 332081 09-13-23

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

		(a) Event #1	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
,		(event type)	(event type)	(total number)	– col. <b>(c)</b> )
	1 Gross receipts	2,054,382.			2,054,382
	2 Less: Contributions	1,581,154.			1,581,154
	<b>3</b> Gross income (line 1 minus line 2)	473,228.			473,228
	4 Cash prizes				
ŝ	5 Noncash prizes				
	6 Rent/facility costs				
הווברו באהבווסבס	7 Food and beverages	228,160.			228,160
1	8 Entertainment				
	9 Other direct expenses				245,068
	10 Direct expense summary. Add lines 4 throug		·		473,228
	11 Net income summary. Subtract line 10 from				0
a	rt III Gaming. Complete if the organization \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Forn	n 990, Part IV, line 19, or r	reported more than	
		(a) Bingo	<b>(b)</b> Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (d
	1 Gross revenue				
	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses			[]	
		Yes %	└── Yes %   └── No	└── Yes % └── No	
	6 Volunteer labor	No			
	<ul><li>6 Volunteer labor</li><li>7 Direct expense summary. Add lines 2 throug</li></ul>				
		h 5 in column (d)			
	<ul> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> </ul>	h 5 in column (d)			
	<ul> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization cond</li> </ul>	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _	·		
а	<ul> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization cond Is the organization licensed to conduct gaming a</li> </ul>	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ activities in each of these	states?		
а	<ul> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization cond</li> </ul>	h 5 in column (d) 7 from line 1, column (d) ucts gaming activities: _ activities in each of these	states?		
a b	<ul> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization cond Is the organization licensed to conduct gaming a If "No," explain:</li> </ul>	h 5 in column (d) 7 from line 1, column (d) lucts gaming activities: _ activities in each of these	states?		Yes N
a b	<ul> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line</li> <li>Enter the state(s) in which the organization cond Is the organization licensed to conduct gaming a</li> </ul>	h 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these	states?		Yes N
a b a	<ul> <li>7 Direct expense summary. Add lines 2 throug</li> <li>8 Net gaming income summary. Subtract line 1</li> <li>Enter the state(s) in which the organization cond Is the organization licensed to conduct gaming a If "No," explain:</li> <li>Were any of the organization's gaming licenses of It "Yop " explain:</li> </ul>	h 5 in column (d) 7 from line 1, column (d) lucts gaming activities: activities in each of these	states?		Yes N

11 Does the organization conduct gaming activities with nonmembers?   12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?   13 Indicate the percentage of gaming activity conducted in:   a The organization's facility 13a   b An outside facility 13b   14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:   Name	
to administer charitable gaming? Ves 13 Indicate the percentage of gaming activity conducted in: a The organization's facility b An outside facility 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 b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address 16 Gaming manager information:	
13 Indicate the percentage of gaming activity conducted in:   a The organization's facility 13a   b An outside facility 13b   14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:   Name	
a The organization's facility 13a   b An outside facility 13b   14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:   Name   Address   15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   If "Yes," enter the amount of gaming revenue received by the organization   of gaming revenue retained by the third party   c If "Yes," enter name and address of the third party:   Name   Address   16 Gaming manager information:	
b An outside facility 13b   14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:     Name   Address     15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?   b If "Yes," enter the amount of gaming revenue received by the organization   s and the amount   of gaming revenue retained by the third party   xame   Address   Address     and the amount     an	
<ul> <li>14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:</li> <li>Name</li></ul>	
Name	
Address  I5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
Address  I5a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	
<ul> <li>15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?</li></ul>	
<ul> <li>b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$</li> <li>c If "Yes," enter name and address of the third party:</li> <li>Name</li> <li>Address</li> <li>16 Gaming manager information:</li> </ul>	
<ul> <li>b If "Yes," enter the amount of gaming revenue received by the organization \$ and the amount of gaming revenue retained by the third party \$</li> <li>c If "Yes," enter name and address of the third party:</li> <li>Name</li> <li>Address</li> <li>16 Gaming manager information:</li> </ul>	
of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address Gaming manager information:	
of gaming revenue retained by the third party \$ c If "Yes," enter name and address of the third party: Name Address Gaming manager information:	
c If "Yes," enter name and address of the third party:   Name   Address	
NameAddress	
Address  Gaming manager information:	
I6 Gaming manager information:	
I6 Gaming manager information:	
Name	
· · · · · · · · ·	
Gaming manager compensation \$	
Description of services provided	
Director/officer Employee Independent contractor	
7 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	L
<ul> <li>b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year</li> <li>\$</li> </ul>	
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9,	. 9b. <sup>-</sup>
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	,
SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:	
I) NAME OF FUNDRAISER: GURA ASSOCIATES, LTD	
(I) ADDRESS OF FUNDRAISER: 505 WEST END AVENUE, NEW YORK, NY 10024	
T, MERLES OF FORDALISER, SUS MEET END AVEROE, NEW FORK, NT 10024	
1, MDERLOO OF FORDERLODER, JUST HAD AVELIGE, NEW FORR, NE 10024	
1, MERLED OF FORDALIDER. JUS WEDT END AVEROE, NEW FORK, NY 10024	
I) NAME OF FUNDRAISER: CCS FUNDRAISING	
I) NAME OF FUNDRAISER: CCS FUNDRAISING	
I) NAME OF FUNDRAISER: CCS FUNDRAISING I) ADDRESS OF FUNDRAISER: 527 MADISON AVE, NEW YORK, NY 10022	
<pre>(I) NAME OF FUNDRAISER: CCS FUNDRAISING (I) ADDRESS OF FUNDRAISER: 527 MADISON AVE, NEW YORK, NY 10022 (I) NAME OF FUNDRAISER: SD&amp;A TELESERVICES</pre>	
(I) NAME OF FUNDRAISER: CCS FUNDRAISING (I) ADDRESS OF FUNDRAISER: 527 MADISON AVE, NEW YORK, NY 10022	990)

(I)	ADDRESS	S OF	FUNDRAISER:	5757	W	CENTUR	YI	BLVD	#300,	LOS	ANGELE	S,	CA	90045
32084	04-01-23						_				ę	Sche	dule G	(Form 990)
707	01 7594	20 1	.3973901	2023	3.0		38 EW	YORK	SHAKI	ESPEA	RE FEST	٧I	139	73901

SCHEDULE I (Form 990)	Go	Grants and Oth vernments, an lete if the organizatio	nd Individua	<b>ls in the Ŭn</b> i ' on Form 990, Pa	ited States		OMB No. 1545-0047
Department of the Treasury Internal Revenue Service		Go to www.irs	Attach to Forn a.gov/Form990 for		ation.		Open to Public Inspection
Name of the organization	GUAVEGDEA	RE FESTIVAL	•				Employer identification number 13-1844852
Part I General Information on Grants a		KE FESIIVAL	1				1044032
<ol> <li>Does the organization maintain records criteria used to award the grants or ass</li> <li>Describe in Part IV the organization's pr</li> </ol>	stance? ocedures for moni	toring the use of grant	funds in the Unite	d States.			X Yes No
Part II Grants and Other Assistance to recipient that received more than					anization answered "	res" on Form 990, Parl	t IV, line 21, for any
<b>1 (a)</b> Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
THE SHAKESPEARE SOCIETY OF AMERICA, INC 425 LAFAYETTE	13-3974836		0.				GENERAL OPERATING SUPPORT FOR THE PERFORMANCE, COMMENTARY, AND EDUCATIONAL ACTIVITIES
STREET - NEW YORK, NY 10003	13 3374030	501(C)(3)		341,954.			
2 Enter total number of section 501(c)(3) a							1.

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

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

Schedule I (Form 990) 2023

13-1844852

Page 2

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance				
PASSTHROUGH GRANT		175,000.	0.						
	4	175,000.	0.						
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	ne 2; Part III, column	(b); and any other a	dditional information.					
PART I, LINE 2:									
GRANTEE IS REQUIRED TO SUBMIT A BU	IDGET FOR	APPROVAL	ONCE APP	ROVED, NYSF					
				-					
MAINTAINS THE BUDGET AND MONITORS				PAYMENT TO					
THE GRANTEE IS USUALLY IN THE FORM	I OF REIM	BURSEMENT.	GRANTEE	IS REQUIRED					
TO SUBMIT RECEIPTS AND SUPPORTING	DOCUMENT	ATION IN O	RDER TO BE	REIMBURSED.					
DEPENDING ON THE PROJECT, INTERIM PROGRESS REPORTS MAY BE REQUIRED. A									

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

PROJECT.

Schedule I (Form 990) NEW YORK SHAKESPEARE FESTIVAL	<u>13-1844852 Page 2</u>
Part IV Supplemental Information	
A MULTI-YEAR BUDGET HAS BEEN INCORPORATED INTO THE AFFIL	IATION AGREEMENT
BETWEEN NYSF AND THE SHAKESPEARE SOCIETY OF AMERICA, INC	• NYSF REVIEWS THE
BUDGET AND EXPENSES DURING THE YEAR. INTERIM FINANCIAL R	EPORTS ARE REVIEWED
REGULARLY. A FINAL REPORT AND ACCOUNTING STATEMENT IS RE	QUIRED AT THE END
OF THE YEAR.	

PART III

GRANTEE IS REQUIRED TO SUBMIT A BUDGET FOR APPROVAL. GRANTEE REPORTS ON THE ACTIVITIES AND, IF REQUIRED, SUBMITS A FINAL REPORT AND ACCOUNTING STATEMENT AT THE END OF THE PROJECT.

Schedule I (Form 990)

332291 04-01-23

sc	HEDULE J	1	OMB No.	MB No. 1545-00				
(Fo	rm 990)	For certain Officers, Directors, Trustees, Key Employees, and Highest		20	27	2		
		Compensated Employees Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		ΖU	Ľυ	)		
Dena	rtment of the Treasury	Attach to Form 990.		Open to	Publ	ic		
	al Revenue Service	Go to www.irs.gov/Form990 for instructions and the latest information.		Inspection				
Nan	ne of the organization		Employer id			mber		
		NEW YORK SHAKESPEARE FESTIVAL	13-1	84485	2			
Pa	rt I Question	s Regarding Compensation						
					Yes	No		
1a		ate box(es) if the organization provided any of the following to or for a person listed on Form	n 990,					
		line 1a. Complete Part III to provide any relevant information regarding these items.						
	Image: Second state   Image: Second state     Image:							
	Travel for com							
		ation and gross-up payments Health or social club dues or initiation fee						
	Discretionary s	spending account Personal services (such as maid, chauffer	ur, chef)					
b	•	on line 1a are checked, did the organization follow a written policy regarding payment or			v			
•		rovision of all of the expenses described above? If "No," complete Part III to explain		1b	Х			
2	-	n require substantiation prior to reimbursing or allowing expenses incurred by all directors,			х			
	trustees, and office	rs, including the CEO/Executive Director, regarding the items checked on line 1a?		2				
2	Indianta which if a	at the following the experimation used to establish the companyation of the experimation?	_					
3		ny, of the following the organization used to establish the compensation of the organization' actor. Check all that apply. Do not check any boxes for methods used by a related organizat						
		ation of the CEO/Executive Director, but explain in Part III.						
		compensation consultant $X$ Compensation survey or study						
	X Form 990 of o		ommittoo					
			ommittee					
4	During the year did	any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing						
•	organization or a re							
а	•	e payment or change-of-control payment?		4a		X		
b		eive payment from a supplemental nonqualified retirement plan?			Х			
С		eive payment from an equity-based compensation arrangement?				X		
		les 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		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation	on					
	contingent on the r							
а	The organization?			5a		Х		
b	Any related organiz	ation?		5b		X		
		r 5b, describe in Part III.						
6		on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensati	on					
	contingent on the r	et earnings of:						
а	The organization?			<u>6a</u>		X		
b	Any related organiz	ation?		6b		X		
		r 6b, describe in Part III.						
7		on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payment						
		nes 5 and 6? If "Yes," describe in Part III		7		X		
8		reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to t						
		ption described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III		8		X		
9		id the organization also follow the rebuttable presumption procedure described in						
_		1 53.4958-6(c)?						
For	Paperwork Reduct	on Act Notice, see the Instructions for Form 990.	Sched	ule J (Forr	n 990)	) 2023		

LHA 332111 11-06-23

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

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

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

		(B) Breakdown of W	-2 and/or 1099-MIS compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) PAUL J EUSTIS	(i)	881,115.	0.	0.	217,976.	23,152.	1,122,243.	3,525.
ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATRICK WILLINGHAM	(i)	615,580.	35,000.	0.	37,224.	6,113.	693,917.	0.
EXECUTIVE DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) KRISTINA HOGE	(i)	270,867.	0.	0.	19,014.	34,947.	324,828.	0.
SENIOR DIRECTOR OF DEVELOPMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) THOMAS M. MCCANN	(i)	204,429.	0.	0.	18,340.	13,427.	236,196.	0.
CHIEF MARKETING OFFICER	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) JEREMY ADAMS	(i)	202,276.	0.	0.	31,364.	11,518.	245,158.	0.
GENERAL MANAGER	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) SARAH ROSEN	(i)	188,772.	0.	0.	12,524.	14,961.	216,257.	0.
SENIOR DIRECTOR, HUMAN RESOURCES	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) PETER DEAN	(i)	154,027.	0.	0.	0.	10,760.	164,787.	0.
DIRECTOR OF PRODUCTION	(ii)	0.	0.	0.	0.	0.	0.	0.
(8) KRISTEN GONGORA	(i)	178,273.	0.	0.	5,977.	10,148.	194,398.	0.
DIRECTOR OF STRATEGIC ADVANCEMENT	(ii)	0.	0.	0.	0.	0.	0.	0.
(9) VALERIE SIMMONS MILLER	(i)	182,224.	0.	0.	19,475.	14,201.	215,900.	0.
DIRECTOR OF DELCORTE RENOVATION & CA	(ii)	0.	0.	0.	0.	0.	0.	0.
(10) SAHEEM ALI	(i)	270,073.	0.	0.	18,369.	29,058.	317,500.	0.
ARTISTIC AND RESIDENT DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(11) MANDY HACKETT	(i)	211,175.	0.	0.	20,596.	3,698.	235,469.	0.
ASSOCIATE ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(12) FREEDOME BRADLEY-BALLENTINE	(i)	192,949.	0.	0.	12,162.	34,243.	239,354.	0.
DIRECTOR OF ARTISTIC PROGRAMS	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Page 3

#### Part III Supplemental Information

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

#### PART I, LINE 1A:

THE ARTISTIC DIRECTOR AND EXECUTIVE DIRECTOR ARE PERMITTED TO BOOK UPGRADED

SEATING ON OVERNIGHT FLIGHTS THAT ARE SIX HOURS OR LONGER.

PAUL EUSTIS RECEIVED GROSS-UP PAYMENTS FOR IMPUTED TAXES ON HIS CONTRACTUAL

LIFE INSURANCE POLICY AND 403B CONTRIBUTIONS.

PART I, LINE 4B:

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

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

INTERNAL REVENUE CODE, WHICH IS DESIGNED TO PROVIDE A NONQUALIFIED

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

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

RATABLY OVER THE CONTRACT TERM. \$159,493 WAS VESTED DURING THE 2023

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

PURSUANT TO HIS EMPLOYMENT AGREEMENT, PATRICK WILLINGHAM PARTICIPATES IN AN

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

#### INTERNAL REVENUE CODE, WHICH IS DESIGNED TO PROVIDE A NONQUALIFIED

Schedule J (Form 990) 2023

#### Part III Supplemental Information

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

# 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. \$6,201 WAS VESTED DURING THE 2023 CALENDAR

YEAR AND THE ACCRUAL IS BEING REPORTED AS DEFERRED COMPENSATION.

Schedule J (Form 990) 2023

# SCHEDULE M (Form 990)

# **Noncash Contributions**

OMB No. 1545-0047

ſ

Employer identification number

13 - 1844852

Department of the Treasury Internal Revenue Service

Devit

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.

Open to Public Inspection

23

Name of the organization

# NEW YORK SHAKESPEARE FESTIVAL

Pa	TI   Types of Property							
		<b>(a)</b> 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	etermin	•	s
1	Art - Works of art							
2	Art - Historical treasures							
3	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6	Cars and other vehicles							
7	Boats and planes							
8	Intellectual property							
9	Securities - Publicly traded	X	36	1,300,536,	FAIR MARKET		TUE	
		21	50	1,500,550.		• • • •		
10	Securities - Closely held stock							
11	Securities - Partnership, LLC, or trust interests							
12	Securities - Miscellaneous							
13	Qualified conservation contribution -							
	Historic structures							
14	Qualified conservation contribution - Other							
15	Real estate - Residential							
16	Real estate - Commercial							
17	Real estate - Other							
18	Collectibles							
19	Food inventory							
20	Drugs and medical supplies							
21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts							
25	Other ()							
26	Other ()							
27	Other (							
28	Other (							
29	Number of Forms 8283 received by the organiz	zation during	g the tax year for c	contributions				
	for which the organization completed Form 828	33, Part V, D	onee Acknowledg	ement 29				
			-	· · · · · · · · · · · · · · · · · · ·			Yes	No
30a	During the year, did the organization receive by	/ contributio	on any property rep	oorted in Part I, lines 1 throu	gh 28, that it			
	must hold for at least 3 years from the date of t	the initial co	ntribution, and wh	ich isn't required to be used	for			
	exempt purposes for the entire holding period?					30a		Х
b	If "Yes," describe the arrangement in Part II.							
31	Does the organization have a gift acceptance p	oolicy that re	equires the review	of any nonstandard contribu	itions?	31	х	
	Does the organization hire or use third parties of							
	contributions?		•	· • ·		32a	х	
b	If "Yes," describe in Part II.							
33	If the organization didn't report an amount in co	olumn (c) fo	r a type of propert	y for which column (a) is che	cked,			
	describe in Part II.	( ) · -			,			

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

Schedule M (Form 990) 2023

LHA 332141 09-11-23

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

# SCHEDULE M, LINE 32B:

# SIGNATURE SECURITIES AND MERRILL LYNCH WEALTH MANAGEMENT HOLD NYSF'S

### BROKERAGE ACCOUNTS TO RECEIVE STOCK GIFTS. STOCK GIFTS ARE SOLD UPON

RECEIPT.

Schedule M (Form 990) 2023

332142 09-11-23

13-1844852 Page 2

SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. Go to www.irs.gov/Form990 for the latest information. EZ
OMB No. 1545-0047
2023
Open to Public
Inspection
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 3, CHANGES IN PROGRAM SERVICES:

IN 2024, NEW YORK SHAKESPEARE FESTIVAL UNDERTOOK A MAJOR CAPITAL

IMPROVEMENT PROJECT AT THE DELACORTE THEATER, HOME TO SHAKESPEARE IN

THE PARK. AS A RESULT, NEW YORK SHAKESPEARE FESTIVAL DID NOT PRESENT

ANY SHAKESPEARE IN THE PARK PRODUCTIONS IN 2024. FACILITY RENOVATIONS

ARE SCHEDULED FOR COMPLETION IN 2025, AT WHICH TIME NEW YORK

SHAKESPEARE FESTIVAL WILL RESUME SHAKESPEARE IN THE PARK PRODUCTIONS AT

THE DELACORTE THEATER.

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FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS: INCLUDED: MARY KATHRYN NAGLE'S MANAHATTA AND SUZAN-LORI PARKS' SALLY & TOM. IN ADDITION TO THE ABOVE WORLD AND NEW YORK PREMIERE PRODUCTIONS, THE PUBLIC THEATER PRESENTED THE NORTH AMERICAN PREMIERE OF DRUIDO'CASEY: SEAN O'CASEY'S DUBLIN TRILOGY IN PARTNERSHIP WITH NYU SKIRBALL.

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

48

THE 2023-24 JOE'S PUB SEASON FEATURED NIGHTLY PROGRAMMING WITH A MIX OF NEW AND FAMILIAR FACES SUCH AS JUSTIN VIVIAN BOND, BRIDGET EVERETT, TOSHI REAGON, SHAINA TAUB, JAKE BLOUNT, LEE JIN AH, AND EVA NOBLEZADA. IN OCTOBER 2023, JOE'S PUB HOSTED THE THIRD ANNUAL EDITION OF HABIBI FESTIVAL, A WEEK-LONG CELEBRATION OF GROUNDBREAKING ARTISTS FROM THROUGHOUT THE MIDDLE EAST/NORTH AFRICAN REGIONS. OVER THE COURSE OF THE YEAR, VANGUARD RESIDENT ARTIST ANGELIQUE KIDJO CURATED A QUARTERLY PERFORMANCE SERIES, CAPPED OFF BY A PERFORMANCE AT THE ANNUAL JOE'S PUB GALA.

FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: IN 2023-2024, MOBILE UNIT BUILT DEEP RELATIONSHIPS THROUGHOUT OUR COMMUNITY PARTNERSHIP NETWORK AND UNDERTOOK AMBITIOUS PROGRAMMING AND PRODUCTIONS WHICH EXTENDED THE IMPACT OF FREE SHAKESPEARE PROGRAMMING TO DIVERSE COMMUNITIES ACROSS NEW YORK CITY. IN 2024, AS A KEY PILLAR OF OUR SHAKESPEARE OFFERINGS WHILE THE DELACORTE THEATER UNDERWENT RENOVATION, WE PUT A SPOTLIGHT ON MOBILE UNIT WITH OUR EXPANDED 5-WEEK TOUR OF THE COMEDY OF ERRORS (LA COMEDIA DE ERRORES), PRESENTED FOR FREE IN NYC PARKS AND PLAZAS ACROSS ALL FIVE BOROUGHS.

 THE PUBLIC ALSO CONTINUED OUR WORK WITH CARCERAL PARTNERS TO IMPLEMENT

 OUR MOBILE UNIT: IN CORRECTIONS PROGRAM. LED BY TEACHING ARTIST MALIK

 WORK, THE PROGRAM ENGAGED PARTICIPANTS IN FOUR DIGITAL WORKSHOPS

 ACCOMPANIED BY PHYSICAL WORKBOOKS AND MATERIALS, ENCOURAGING PEOPLE

 THROUGHOUT THE NEW YORK CARCERAL SYSTEM TO WRITE AND ENGAGE WITH

 SHAKESPEARE. IN WINTER 2023, WE RAN A SEVEN-WEEK WRITING MODULE AT THE

 METROPOLITAN DETENTION CENTER, IN WHICH PARTICIPANTS WORKED TOWARD

 332212 11-14-23
 49

 10270701 759420 13973901
 2023.06000 NEW YORK SHAKESPEARE FESTIV 13973901

13-1844852

#### SHARING THEIR STORIES THROUGH LIVE PERFORMANCE.

#### PUBLIC WORKS

PUBLIC WORKS PARTNERS WITH COMMUNITY ORGANIZATIONS FROM ALL OVER THE

CITY TO CREATE BESPOKE CREATIVE PROGRAMMING THAT AIMS TO RESTORE AND

BUILD COMMUNITY AS A CENTRAL MOTIVATION IN OUR THEATER-MAKING.

THROUGHOUT THE 2023-2024 SEASON, PUBLIC WORKS CONTINUED ITS YEAR-ROUND EFFORTS TO ENGAGE OUR COMMUNITY THROUGH WEEKLY CLASSES, MONTHLY SOCIAL GATHERINGS, SEMI-REGULAR WORKSHOPS, AND OPPORTUNITIES TO ATTEND PUBLIC THEATER PERFORMANCES. THE PUBLIC WORKS TEAM WORKS CLOSELY WITH EIGHT COMMUNITY PARTNER ORGANIZATIONS TO OFFER THIS ANNUAL PROGRAMMING, A MAJORITY OF WHICH HAVE ENGAGED WITH THE PUBLIC FOR ALL OR MOST OF THE PROGRAM'S DECADE-LONG HISTORY: CHILDREN'S AID (MANHATTAN), THE FORTUNE SOCIETY (QUEENS), DREAMYARD (BRONX), BROWNSVILLE RECREATION CENTER (BROOKLYN), DOMESTIC WORKERS UNITED (STATEN ISLAND AND CITYWIDE), CASITA MARIA CENTER FOR ARTS AND EDUCATION (BRONX), CENTER FOR FAMILY LIFE IN SUNSET PARK (BROOKLYN), AND MILITARY RESILIENCE FOUNDATION (CITYWIDE).

 WHILE THE DELACORTE THEATER WAS NOT AVAILABLE FOR OUR ANNUAL

 CELEBRATORY PAGEANT PRODUCTION, IN SUMMER 2024, THE PUBLIC REMAINED

 DEDICATED TO CREATING OPPORTUNITIES FOR OUR COMMUNITY TO SHARE THEIR

 ARTMAKING WITH ONE ANOTHER AND THE PEOPLE OF NEW YORK CITY. AS A

 CULMINATION OF OUR 2023-2024 PROGRAMMING, PUBLIC WORKS PRODUCED LET'S

 HEAR IT FOR NEW YORK!, A LARGE-SCALE PARTICIPATORY PERFORMANCE IN WHICH

 HUNDREDS OF NEW YORKERS GATHERED WITH THEIR NEIGHBORS IN CENTRAL PARK

 FOR A DANCE CHOREOGRAPHED BY TONY AWARD NOMINEE CAMILLE A. BROWN AND

 332212 11-14-23

 50

 10270701 759420 13973901

Page 2

Page 2

SET TO THE ICONIC NEW YORK ANTHEM "EMPIRE STATE OF MIND" BY ALICIA KEYS

FROM THE HELL'S KITCHEN ORIGINAL BROADWAY CAST ALBUM.

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

FREE SHAKESPEARE IN THE PARK

FREE SHAKESPEARE IN THE PARK AT THE DELACORTE THEATER EXEMPLIFIES THE

PUBLIC THEATER'S MISSION TO OFFER WORLD-CLASS PRODUCTIONS AT NO COST.

SINCE ITS LAUNCH, OVER 6 MILLION PEOPLE HAVE ATTENDED PERFORMANCES

FEATURING BOTH RISING AND RENOWNED ARTISTS. TICKETS ARE DISTRIBUTED

FREE ACROSS ALL FIVE BOROUGHS THROUGH VARIOUS ACCESS-FOCUSED METHODS.

THE PROGRAM WAS ON HIATUS DURING THE 2024 SEASON DUE TO A MAJOR

RENOVATION OF THE DELACORTE THEATER. PRODUCTIONS WILL RESUME IN 2025

UPON COMPLETION OF THE IMPROVEMENTS.

GO PUBLIC!: A FESTIVAL OF FREE SHAKESPEARE IN THE PARK

DURING THE 2024 HIATUS OF SHAKESPEARE IN THE PARK, THE PUBLIC LAUNCHED

GO PUBLIC!, A CITYWIDE CELEBRATION OF SHAKESPEARE THROUGH LIVE AND

DIGITAL OFFERINGS. HIGHLIGHTS INCLUDED:

-AN EXPANDED MOBILE UNIT TOUR OF REBECCA MARTINEZ'S BILINGUAL

ADAPTATION OF THE COMEDY OF ERRORS ACROSS NYC.

-A NEW PARTNERSHIP WITH NYC PARKS' MOVIES UNDER THE STARS,

SCREENING CLASSIC PRODUCTIONS IN PUBLIC PARKS.

-A SUMMER RELEASE OF PBS GREAT PERFORMANCES RECORDINGS OF FREE

SHAKESPEARE IN THE PARK FOR AT-HOME STREAMING.

PUBLIC SHAKESPEARE INITIATIVE - HUNTS POINT CHILDREN'S SHAKESPEARE

ENSEMBLE (HPCSE)

332212 11-14-23

Schedule O (Form 990) 2023	Page <b>2</b>
Name of the organization <b>NEW YORK SHAKESPEARE FESTIVAL</b>	Employer identification number $13 - 1844852$
HPCSE IS A YEAR-LONG AFTER-SCHOOL PROGRAM THAT INTRODUCES	SHAKESPEARE
TO 4TH-6TH GRADE STUDENTS IN THE SOUTH BRONX. RUN IN PART	NERSHIP WITH
THE HUNTS POINT ALLIANCE FOR CHILDREN, THE PROGRAM UNITES	STUDENTS FROM
FOUR SCHOOLS AND DEVELOPS COMMUNICATION AND CREATIVE SKIL	LS THROUGH THE
STUDY AND PERFORMANCE OF A SHAKESPEARE PLAY. IN 2023-2024	, STUDENTS
EXPLORED HAMLET, MEETING THREE TIMES WEEKLY FOR EIGHT MON	THS WITH A
TEAM OF TEACHING ARTISTS. THE PROGRAM CONCLUDED WITH STAG	ED
PERFORMANCES ON MAY 17 AT BRONX ACADEMY FOR MULTI-MEDIA A	ND ON MAY 19
AT THE PUBLIC'S MARTINSON HALL, REACHING AN AUDIENCE OF R	OUGHLY 500
FAMILY MEMBERS, FRIENDS, AND TEACHERS.	
NEW WORK DEVELOPMENT & ANCILLARY PROGRAMS	

EARLY CAREER WORKING GROUPS

THE PUBLIC SUPPORTS EARLY-CAREER ARTISTS WITH COLLABORATIVE PROGRAMS THAT NURTURE TALENT AND PROVIDE RESOURCES AT CRITICAL MOMENTS IN THEIR DEVELOPMENT.

EMERGING WRITERS GROUP (EWG)

EWG FOSTERS ARTISTIC AND PROFESSIONAL GROWTH FOR PLAYWRIGHTS WHO LACK TRADITIONAL ACCESS TO DEVELOPMENT OPPORTUNITIES-ESPECIALLY THOSE WITHOUT REPRESENTATION OR ADVANCED TRAINING. WRITERS ARE SELECTED BIENNIALLY FOR A TWO-YEAR FELLOWSHIP THAT INCLUDES A STIPEND, BI-WEEKLY GROUP SESSIONS, AND MASTER CLASSES WITH ESTABLISHED PLAYWRIGHTS. THE RESIDENCY CULMINATES IN A PUBLIC SPOTLIGHT SERIES SHOWCASE. IN 2023-2024, THE PUBLIC DEEPENED ITS SUPPORT FOR THE PROGRAM BY: -REVAMPING WORKSHOP AND MASTERCLASS STRUCTURES TO MEET INDIVIDUAL NEEDS. -INCREASING STIPENDS FROM \$7,500 TO \$10,000 TO OFFSET INFLATION.

10270701 759420 13973901

332212 11-14-23

Schedule O (Form 990) 2023

Name of the organization NEW YORK SHAKESPEARE FESTIVAL	Employer identification number $13 - 1844852$
-EXPANDING NETWORKING OPPORTUNITIES WITH INDUSTRY LEADERS	•
THE 2023-2025 EWG COHORT INCLUDES KARINA BILLINI, TOMAS E	NDTER, JESSE
JAE HOON, HUMAIRA IQBAL, CELESTE JENNINGS, NINA KI, GLORI	A OLADIPO,
VALEN-MARIE SANTOS, AMITA SHARMA, AND AL SIERRA.	

DEVISED THEATER WORKING GROUP (DTWG)

LAUNCHED IN 2014, DTWG SUPPORTS INTERDISCIPLINARY THEATER-MAKERS BY OFFERING ARTISTIC, TECHNICAL, AND ADMINISTRATIVE RESOURCES. USING A COHORT MODEL, 8-10 ARTISTS OR COLLECTIVES MEET THROUGHOUT THE YEAR TO DEVELOP NEW WORKS. THE 2023 COHORT INCLUDED AMARA JANAE BRADY, DAHLAK BRATHWAITE, JAIME CEPERO, CLARISSA MARIE LIGON, ELI NIXON, ONE WHALE'S TALE, CAMILO QUIROS-VSQUEZ, AND ELLPETHA TSIVICOS. PRESENTATIONS RAN FROM DECEMBER 4, 2023, TO JUNE 1, 2024.

JOE'S PUB WORKING GROUP (JPWG)

JPWG SUPPORTS 4-6 EARLY-CAREER MUSICIANS AND PERFORMANCE ARTISTS ANNUALLY, OFFERING CURATORIAL SUPPORT, REHEARSAL SPACE, AND ADMINISTRATIVE RESOURCES. ARTISTS ARE SELECTED FOR THEIR STRONG NARRATIVE VOICES AND ENCOURAGED TO EXPLORE THEATRICAL STORYTELLING AND SONGWRITING. THE 2023-2024 JPWG COHORT INCLUDED EZRAA WARDA, FIRAS ZREIK, ELLEN WINTER, AND QUEEN ESTHER.

NEW YORK VOICES

NEW YORK VOICES WAS CREATED IN RESPONSE TO THE DECLINE IN ALBUM SALES

AND AIMS TO SUPPORT MUSICIANS IN DEVELOPING NEW LIVE PERFORMANCE WORK.

THE PROGRAM COMMISSIONS AT LEAST THREE ARTISTS PER YEAR, HELPING THEM

DEVELOP A FULL SHOW, ACCESS FUNDING, AND EXPAND TOURING POTENTIAL.

ARTISTS ALSO RECEIVE FINISHING FUNDS TO COMPLETE THEIR PROJECTS. THE 332212 11-14-23
53
10270701 759420 13973901
2023.06000 NEW YORK SHAKESPEARE FESTIV 13973901

NEW YORK SHAKESPEARE FESTIVAL

Page 2

2023-2024 COHORT INCLUDED SARAH ELIZABETH CHARLES, DAN FISCHBACK, AND

OMAR OFFENDUM.

ARTISTS-IN-RESIDENCE

THE PUBLIC THEATER OFFERS SALARIED RESIDENCIES TO GIVE ARTISTS TIME,

SPACE, AND RESOURCES TO DEVELOP THEIR WORK.

-WRITER-IN-RESIDENCE: SUZAN-LORI PARKS

-ARTIST-IN-RESIDENCE: SHAINA TAUB

-NTOZAKE SHANGE PLAYWRIGHT-IN-RESIDENCE: ERIKA DICKERSON-DESPENZA

IN PARTNERSHIP WITH BARNARD COLLEGE)

-RESIDENCY WITH THE APOTHETAE: A TWO-YEAR COLLABORATION WITH ACTOR

AND DISABILITY RIGHTS ADVOCATE GREGG MOZGALA AND HIS COMPANY TO

EXPLORE SHAKESPEARE THROUGH A DISABILITY LENS.

SUPPORTED BY CREATIVES REBUILD NEW YORK (CRNY), THE PUBLIC ALSO

EMPLOYED IFE OLUJOBI, RYAN J. HADDAD, AND JULIAN GOLDHAGEN AS FULL-TIME

RESIDENT ARTISTS FROM 2022-2024. THESE ARTISTS WORKED CLOSELY WITH

LEADERSHIP TO INTEGRATE ACTIVISM INTO THE THEATER'S OPERATIONS WHILE

PURSUING THEIR OWN CREATIVE PROJECTS.

EXPENSES \$ 4,252,601. INCLUDING GRANTS OF \$ 516,954. REVENUE \$ 0.

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

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

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332212 11-14-23

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

MANAGEMENT (INCLUDING BUT NOT LIMITED TO THE EXECUTIVE DIRECTOR) REVIEWS THE FORM 990 WITH THE AUDIT COMMITTEE. AFTER THAT EVALUATION, THE DRAFT 990 IS CIRCULATED TO THE EXECUTIVE COMMITTEE FOR REVIEW AND APPROVAL. THE PUBLIC VERSION OF THE 990 IS THEN CIRCULATED TO THE FULL BOARD FOR COMMENTS AND QUESTIONS PRIOR TO FILING.

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

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

AT THIS TIME, ONLY TRUSTEES ARE REQUIRED TO DISCLOSE. A POLICY IS BEING DRAFTED TO REQUIRE THE SAME OF OFFICERS AND KEY EMPLOYEES.

FORM 990, PART VI, SECTION B, LINE 15: THE ARTISTIC DIRECTOR'S CONTRACT WAS RENEWED EFFECTIVE JUNE 2018 AND RUNS THROUGH JULY 2028. THE EXECUTIVE DIRECTOR'S CONTRACT WAS RENEWED IN JANUARY 2022 AND RUNS THROUGH DECEMBER 2025. THE EXECUTIVE COMMITTEE RECEIVED A REPORT FROM AN INDEPENDENT CONSULTANT WITH COMPARATIVE DATA FROM PEER CULTURAL INSTITUTIONS IN BUDGET AND PROGRAM SIZE IN NEW YORK CITY AND 332212 11-14-23 Schedule O (Form 990) 2023

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2023.06000 NEW YORK SHAKESPEARE FESTIV 13973901

Schedule O (Form 990) 2023 Page 2							
Name of the organization NEW YORK SHAKESPEARE FESTIVAL	Employer identification number 13-1844852						
ACROSS THE COUNTRY. USING THIS DATA, THE COMMITTEE DETERM	IINED A COMPARABLE						

COMPENSATION LEVEL.

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

FORM 990, PART VI, LINE 17, LIST OF STATES RECEIVING COPY OF FORM 990: NY,NJ,PA,CA,GA,FL,IL,MA,MI,MN,RI,VA,CO,CT,WA,DC

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

GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL 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 -255,344.

332212 11-14-23

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SCH	EDULE R
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### (Form 990)

Department of the Treasury Internal Revenue Service

# **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

2023 Open to Public Inspection

Name of the organization

Employer identification number 13 - 1844852

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

NEW YORK SHAKESPEARE FESTIVAL

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

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

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

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

Schedule R (Form 990) 2023

# Schedule R (Form 990) 2023 NEW YORK SHAKESPEARE FESTIVAL

13-1844852 Page 2

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

(a)	(b)	(c)	(d)		(e)		(f)	(	g)	()	ר)	(i)		(j)	(k)				
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	entity		nant income , unrelated, rom tax under	lated, income		income		nrelated, income m tax under		end-c	re of of-year sets	Disprop alloca	ortionate tions?	Code V-UE amount in b 20 of Sched	ox <sup>n</sup>	nanaging partner?	Percent owners
		country)		sections	s 512-514)					Yes	No	K-1 (Form 10	65) <b>Y</b>	′es No					
	-																		
	-																		
	-																		
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t IV Identification of Related Or organizations treated as a co	ganizations Taxable orporation or trust dur	as a Corp ring the tax	oration or Trust.( year.	Complete if	the organiza	tion ans <sup>,</sup>	wered "Ye	s" on Fo	rm 990, F	Part IV,	line 3	4, because it	had or	ne or r	nore rela				
(a)			(b)	(c)	(d)		(e)	)	(f)			(g)	(	(h)	(i) Sectio				
Name, address, and E		Prim	ary activity	Legal domicile	Direct con	trolling	Type of	entity	Share o	f total		Share of	Perce	entage	512(b)(*				
of related organization	on		-	(state or foreign	entity	y	(C corp, S or tru		inco	me		end-of-year assets	own	ership	controll entity				
				country)			ortru	isi)				200010			Yes				
IC THEATER PRODUCTIONS - 2	26-3803813																		
													1		1				

PUBLIC THEATER PRODUCTIONS - 20-3003013								1 '	
425 LAFAYETTE STREET	COMMERCIAL THEATER								
NEW YORK, NY 10003	CO-PRODUCTIONS	NY	N/A	C CORP	0.	59,520.	100%	Х	
	7								

# Schedule R (Form 990) 2023 NEW YORK SHAKESPEARE FESTIVAL

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.							
1	During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?						
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	1a		Х			
	Gift, grant, or capital contribution to related organization(s)	1b	Х				
с	Gift, grant, or capital contribution from related organization(s)	1c	Х				
	Loans or loan guarantees to or for related organization(s)	1d		Х			
	Loans or loan guarantees by related organization(s)	1e		Х			
f	Dividends from related organization(s)	1f		X			
g	Sale of assets to related organization(s)	1g		Х			
	Purchase of assets from related organization(s)	1h		Х			
i	Exchange of assets with related organization(s)	1i		Х			
j	Lease of facilities, equipment, or other assets to related organization(s)	1j		Х			
k	Lease of facilities, equipment, or other assets from related organization(s)	1k		X			
	Performance of services or membership or fundraising solicitations for related organization(s)	11	Х				
	Performance of services or membership or fundraising solicitations by related organization(s)	1m		Х			
n	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	1n	X				
	Sharing of paid employees with related organization(s)	10	Х				
р	Reimbursement paid to related organization(s) for expenses	1p		X			
	Reimbursement paid by related organization(s) for expenses	1q	Х				
r	Other transfer of cash or property to related organization(s)	1r		X			
s	Other transfer of cash or property from related organization(s)	1s		Х			
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.						

<b>(a)</b> Name of related organization	<b>(b)</b> Transaction type (a-s)	<b>(c)</b> Amount involved	<b>(d)</b> Method of determining amount involved
(1) THE SHAKESPEARE SOCIETY OF AMERICA, INC.	В	341,954.	AMOUNT OF GRANT TO THE SOCIETY
(2) THE SHAKESPEARE SOCIETY OF AMERICA, INC.	Q	341,954.	REIMBURSEMENT FROM THE SOCIETY
(3)			
(5)			
_(6)	59		0 - k - k - k - k - F (F 000) 0000

# Schedule R (Form 990) 2023 NEW YORK SHAKESPEARE FESTIVAL

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

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

(a) Name, address, and EIN of entity	<b>(b)</b> Primary activity	<b>(c)</b> Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are a partners 501(c) orgs.	II sec. (3) ?	<b>(f)</b> Share of total income	<b>(H</b> Dispr tior alloca	n) opor- iate tions?	(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) Genera manag partne	al or F ging er?	<b>(k)</b> Percentage ownership
		oodinity)	Sections 312-314)	Yes I	No		Yes	No	(101111003)	Yes I	NO	

Schedule R (Form 990) 2023

Part VII Supplemental Information

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

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

# NAME OF RELATED ORGANIZATION:

THE SHAKESPEARE SOCIETY OF AMERICA, INC.

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

# SHAKESPEARE'S WORKS

332165 09-28-23

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