

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2014 calendar year, or tax year beginning **SEP 1, 2014** and ending **AUG 31, 2015**

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization NEW YORK SHAKESPEARE FESTIVAL		D Employer identification number 13-1844852
	Doing business as THE PUBLIC THEATER; JOE'S PUB		E Telephone number (212) 539-8500
	Number and street (or P.O. box if mail is not delivered to street address) 425 LAFAYETTE STREET	Room/suite	G Gross receipts \$ 41,254,597.
	City or town, state or province, country, and ZIP or foreign postal code NEW YORK, NY 10003		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number ▶
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: ▶ WWW.PUBLICTHEATER.ORG			
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			L Year of formation: 1954 M State of legal domicile: NY

Part I Summary		Prior Year	Current Year
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THROUGH THE PUBLIC THEATER, SHAKESPEARE IN THE PARK AND JOE'S PUB, NYSF IS DEDICATED TO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	39
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	37
	5 Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5	1048
	6 Total number of volunteers (estimate if necessary)	6	20
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	4,479.
b Net unrelated business taxable income from Form 990-T, line 34	7b	3,140.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	23,983,629.	27,916,624.
	9 Program service revenue (Part VIII, line 2g)	8,639,145.	10,196,220.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,313,076.	622,680.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	1,222,661.	1,363,707.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 2)	35,158,511.	40,099,231.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-2)	0.	0.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	17,823,299.	19,655,573.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	347,141.	273,875.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 2,586,899.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	12,593,562.	12,804,459.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	30,764,002.	32,733,907.
19 Revenue less expenses. Subtract line 18 from line 12	4,394,509.	7,365,324.	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	47,442,978.	52,814,083.
	21 Total liabilities (Part X, line 26)	5,517,330.	4,884,754.
	22 Net assets or fund balances. Subtract line 21 from line 20	41,925,648.	47,929,329.

Part II Signature Block			
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.			
Sign Here	Signature of officer	Date 7/13/16	
	RACHEL PIVNICK, CHIEF FINANCIAL OFFICER Type or print name and title		
Paid Preparer Use Only	Print/Type preparer's name MICHAEL WALLACE	Preparer's signature <i>Michael Wallace</i>	Date 7/13/16
	Firm's name ▶ LUTZ AND CARR, CPAS LLP	Firm's EIN ▶ 13-1655065	Check if self-employed <input type="checkbox"/> PTIN P00881958
Firm's address ▶ 300 EAST 42ND STREET NEW YORK, NY 10017		Phone no. 212-697-2299	

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

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No If "Yes," describe these changes on Schedule O.

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

4a (Code:) (Expenses \$ 16,582,573. including grants of \$) (Revenue \$ 7,383,303.) DOWNTOWN SEASON:

THE PUBLIC THEATER'S 2014-2015 SEASON INCLUDED OVER 400 PERFORMANCES IN ALL FIVE THEATERS. TWO PLAYS RECEIVED THEIR WORLD PREMIERE SUZAN-LORI PARKS' FATHER COMES HOME FROM THE WARS (PARTS 1,2,&3), AND LIN-MANUEL MIRANDA'S HAMILTON. OTHER NEW YORK PREMIERES INCLUDED MICHAEL FRIEDMAN & ITAMAR MOSES' FORTRESS OF SOLITUDE, YOUNG JEAN LEE'S STRAIGHT WHITE MEN, TRACEY SCOTT WILSON'S BUZZER, AND CUSH JUMBO'S JOSEPHINE AND I.

OTHER SHOWS INCLUDED GEORGE BRANDT'S GROUNDED DIRECTED BY JULIE TAYMOR, BRIDGET EVERETT'S ROCK BOTTOM AND LEMON ANDERSEN'S TOAST. ALSO,

4b (Code:) (Expenses \$ 5,422,919. including grants of \$) (Revenue \$) SHAKESPEARE IN THE PARK

THE 2015 SHAKESPEARE IN THE PARK SEASON PRESENTED TWO PRODUCTIONS OVER NINE WEEKS, REACHING AN AUDIENCE OVER 100,000. THE FIRST PRODUCTION WAS THE TEMPEST, DIRECTED BY MICHAEL GREIF, FEATURING SAM WATERSTON AS PROSPERO. THE SECOND WAS CYMBELINE DIRECTED BY DANIEL SULLIVAN, FEATURING LILY RABE AND HAMISH LINKLATER. CONTINUING OUR LONG-HELD TRADITION, SHAKESPEARE IN THE PARK TICKETS WERE FREE OF CHARGE AND DISTRIBUTED IN ALL FIVE BOROUGHS.

4c (Code:) (Expenses \$ 3,333,692. including grants of \$) (Revenue \$ 2,107,324.) JOE'S PUB:

JOE'S PUB CONTINUES TO BE ONE OF NEW YORK CITY'S MOST CELEBRATED VENUES FOR EMERGING AND ESTABLISHED PERFORMANCE ARTISTS, PROVIDING THEM WITH AN INTIMATE SPACE TO PERFORM AND DEVELOP NEW WORK. THE DIVERSE ROSTER OF PROGRAMMING AT JOE'S PUB THROUGHOUT THE 2014-15 SEASON INCLUDED TOP PERFORMERS FROM EVERY DISCIPLINE. THE SEASON, WHICH INCLUDED APPROXIMATELY 800 PERFORMANCES FOR OVER 100,000 AUDIENCE MEMBERS, ALSO MARKED THE THIRD YEAR OF NEW YORK VOICES, A COMMISSIONED PERFORMANCE SERIES.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,862,110. including grants of \$) (Revenue \$ 1,041,143.)

4e Total program service expenses 29,201,294.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	1 X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	2 X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>	3	X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4	X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>	5	X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>	6	X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>	7	X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>	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? <i>If "Yes," complete Schedule D, Part IV</i>	9	X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	10 X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	11a X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c	X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>	11d X	
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	11e X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	11f X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	12a	X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	12b X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>	13	X
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	14b	X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>	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 or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>	16	X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>	17 X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	18 X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>	19	X
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a	X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	

Part IV Checklist of Required Schedules (continued)

	Yes	No
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? <i>If "Yes," complete Schedule I, Parts I and II</i>		X
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>	X	
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Main table with columns for question number, description, and Yes/No checkboxes. Includes rows 1a-14b with various tax-related questions and numerical inputs like 648 and 1048.

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
	1a 39		
b	Enter the number of voting members included in line 1a, above, who are independent		
	1b 37		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	X	
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	X	
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	X	
b	Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

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

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

Section C. Disclosure

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ARIELLE TEPPER MADOVER CHAIR	10.00	X		X				0.	0.	0.
(2) PAT FILI-KRUSHEL VICE CHAIR	5.00	X		X				0.	0.	0.
(3) JIM STEINBERG TREASURER	3.00	X		X				0.	0.	0.
(4) GAIL MERRIFIELD PAPP SECRETARY	1.00	X		X				0.	0.	0.
(5) RENEE BEAUMONT BOARD MEMBER	1.00	X						0.	0.	0.
(6) ANDREA E. BERNSTEIN BOARD MEMBER	1.00	X						0.	0.	0.
(7) ZACH BUCHWALD BOARD MEMBER	1.00	X						0.	0.	0.
(8) MARY SCHMIDT CAMPBELL BOARD MEMBER (TERM ENDED FYE 2015)	1.00	X						0.	0.	0.
(9) GORDON J. DAVIS, ESQ. BOARD MEMBER	1.00	X						0.	0.	0.
(10) ERIC ELLENBOGEN BOARD MEMBER	1.00	X						0.	0.	0.
(11) STEPHEN FEINBERG BOARD MEMBER	1.00	X						0.	0.	0.
(12) HILARY C. FESHBACH BOARD MEMBER	1.00	X						0.	0.	0.
(13) TOM FINKELPEARL BOARD MEMBER	1.00	X						0.	0.	0.
(14) CANDIA FISHER BOARD MEMBER	1.00	X						0.	0.	0.
(15) FAITH GAY BOARD MEMBER	1.00	X						0.	0.	0.
(16) ANNE HATHAWAY BOARD MEMBER	1.00	X						0.	0.	0.
(17) KEVIN KLINE BOARD MEMBER	1.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) DEBBY LANDESMAN BOARD MEMBER	1.00	X						0.	0.	0.
(19) ASHLEY LEEDS BOARD MEMBER	1.00	X						0.	0.	0.
(20) GRACE LYU-VOLCKHAUSEN BOARD MEMBER	1.00	X						0.	0.	0.
(21) BARBARA MANOCHERIAN BOARD MEMBER	1.00	X						0.	0.	0.
(22) HENRY MCGEE BOARD MEMBER (TERM ENDED FYE 2015)	1.00	X						0.	0.	0.
(23) JULIO PETERSON BOARD MEMBER	1.00	X						0.	0.	0.
(24) LISA GARCIA QUIROZ BOARD MEMBER	1.00	X						0.	0.	0.
(25) CHARLOTTE RELYEA BOARD MEMBER	1.00	X						0.	0.	0.
(26) WENDI ROSE BOARD MEMBER	1.00	X						0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								1,628,911.	0.	270,525.
d Total (add lines 1b and 1c)								1,628,911.	0.	270,525.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **9**

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

Section B. Independent Contractors

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

(A) Name and business address	(B) Description of services	(C) Compensation
PRODUCTION RESOURCE GROUP, LLC PO BOX 5115, NEW YORK, NY 10087	THEATRICAL EQUIPMENT RENTALS AND PURCHAS	505,473.
MASQUE SOUND & RECORDING CORP., 21 EAST UNION AVE, EAST RUTHERFORD, NJ 07073	THEATRICAL EQUIPMENT RENTALS AND PURCHAS	284,222.
ADAGE TECHNOLOGIES INC, 10 S RIVERSIDE PLAZA, SUITE 1500, CHICAGO, IL 60606	WEB DEVELOPMENT	266,504.
UNION SQUARE EVENTS LLC, 640 WEST 28TH STREET, 8TH FLOOR, NEW YORK, NY 10001	EVENT CATERING	261,664.
GURA ASSOCIATES LTD 505 WEST END AVENUE, NEW YORK, NY 10024	FUNDRAISING CONSULTANT	193,000.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **5**

SEE PART VII, SECTION A CONTINUATION SHEETS

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations	
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				
(27) LIZANNE ROSENSTEIN BOARD MEMBER	1.00	X						0.	0.	0.	
(28) MARK ROSENTHAL BOARD MEMBER	1.00	X						0.	0.	0.	
(29) LIEV SCHREIBER BOARD MEMBER	1.00	X						0.	0.	0.	
(30) ALEXANDRA SHIVA BOARD MEMBER	1.00	X						0.	0.	0.	
(31) ANDREW SHIVA BOARD MEMBER (TERM ENDED FYE 2015)	1.00	X						0.	0.	0.	
(32) WARREN SPECTOR BOARD MEMBER	1.00	X						0.	0.	0.	
(33) TOM SLAUGHTER BOARD MEMBER (TERM ENDED FYE 2015)	1.00	X						0.	0.	0.	
(34) STEVEN TAUB BOARD MEMBER	1.00	X						0.	0.	0.	
(35) TERESA TSAI BOARD MEMBER	1.00	X						0.	0.	0.	
(36) ROBIN WAGNER BOARD MEMBER	1.00	X						0.	0.	0.	
(37) SAM WATERSTON BOARD MEMBER	1.00	X						0.	0.	0.	
(38) AUDREY WILF BOARD MEMBER	1.00	X						0.	0.	0.	
(39) FRANCES WILKINSON BOARD MEMBER	1.00	X						0.	0.	0.	
(40) TIMOTHY WILKINS BOARD MEMBER	1.00	X						0.	0.	0.	
(41) ANNE CLARKE WOLFF BOARD MEMBER	1.00	X						0.	0.	0.	
(42) PATRICK WILLINGHAM EXECUTIVE DIRECTOR	40.00	X		X				298,743.	0.	28,345.	
(43) PAUL J EUSTIS ARTISTIC DIRECTOR	40.00	X		X				329,075.	0.	52,918.	
(44) RACHEL PIVNICK CHIEF FINANCIAL OFFICER	40.00			X				142,985.	0.	31,696.	
(45) JILL GARLAND SENIOR DIRECTOR OF DEVELOP	40.00				X			176,900.	0.	23,235.	
(46) RUTH STERNBERG PRODUCTION EXECUTIVE	40.00				X			154,993.	0.	48,572.	
Total to Part VII, Section A, line 1c											

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

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position (Individual trustee or director, Institutional trustee, Officer, Key employee, Highest compensated employee, Former), (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes rows for Thomas McCann, Mandy Hackett, Maria Goyanes, and Suzan-Lori Parks, plus a total row at the bottom.

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c	2,691,498.				
	d Related organizations	1d					
	e Government grants (contributions)	1e	886,208.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f	24,338,918.				
	g Noncash contributions included in lines 1a-1f: \$		349,287.				
	h Total. Add lines 1a-1f		27,916,624.				
	Program Service Revenue	2 a BOX OFFICE INCOME	Business Code 711110	8,331,868.	8,331,868.		
b CO-PRODUCTION FEES, ENHANCEMENT I		900099	1,804,978.	1,804,978.			
c TUITION INCOME		611710	38,200.	38,200.			
d WORKSHOPS/EVENTS		900099	21,174.	21,174.			
e							
f All other program service revenue							
g Total. Add lines 2a-2f			10,196,220.				
Other Revenue		3 Investment income (including dividends, interest, and other similar amounts)		345,452.		4,479.	340,973.
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties		334,930.			334,930.	
	6 a Gross rents	(i) Real	642,293.				
		(ii) Personal					
		b Less: rental expenses	0.				
		c Rental income or (loss)	642,293.				
	d Net rental income or (loss)		642,293.			642,293.	
	7 a Gross amount from sales of assets other than inventory	(i) Securities	1,192,388.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	915,160.				
		c Gain or (loss)	277,228.				
	d Net gain or (loss)		277,228.			277,228.	
	8 a Gross income from fundraising events (not including \$ 2,691,498. of contributions reported on line 1c). See Part IV, line 18	a	240,206.				
		b Less: direct expenses	240,206.				
c Net income or (loss) from fundraising events			0.				
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses						
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a	50,934.					
	b Less: cost of goods sold	0.					
	c Net income or (loss) from sales of inventory		50,934.			50,934.	
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS INCOME		900099	335,550.	335,550.			
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d			335,550.			
12 Total revenue. See instructions.			40,099,231.	10,531,770.	4,479.	1,646,358.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21				
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,427,791.	1,282,672.	32,590.	112,529.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages	14,428,456.	12,961,986.	329,351.	1,137,119.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	947,118.	850,857.	21,620.	74,641.
9 Other employee benefits	1,075,310.	966,020.	24,545.	84,745.
10 Payroll taxes	1,776,898.	1,596,299.	40,561.	140,038.
11 Fees for services (non-employees):				
a Management	169,560.		98,610.	70,950.
b Legal	152,168.	138,824.	10,008.	3,336.
c Accounting	64,335.	51,468.	9,650.	3,217.
d Lobbying				
e Professional fundraising services. See Part IV, line 17	273,875.			273,875.
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	3,219,685.	3,180,606.	6,845.	32,234.
12 Advertising and promotion	1,034,347.	937,070.		97,277.
13 Office expenses	1,122,342.	885,300.	85,923.	151,119.
14 Information technology	203,578.	163,110.	30,351.	10,117.
15 Royalties	405,321.	405,321.		
16 Occupancy	613,593.	539,545.	55,536.	18,512.
17 Travel	1,241,824.	912,564.	31,323.	297,937.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	115,969.	92,193.	7,751.	16,025.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	864,947.	691,958.	129,742.	43,247.
23 Insurance	137,739.	103,314.	19,371.	15,054.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a PRODUCTION COSTS	3,333,810.	3,328,645.	5,043.	122.
b MISCELLANEOUS	125,241.	113,542.	6,894.	4,805.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	32,733,907.	29,201,294.	945,714.	2,586,899.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A)		(B)	
		Beginning of year		End of year	
Assets	1 Cash - non-interest-bearing	1,239,907.	1	1,688,646.	
	2 Savings and temporary cash investments	261,492.	2	1,976,988.	
	3 Pledges and grants receivable, net	8,661,734.	3	12,765,538.	
	4 Accounts receivable, net	600,763.	4	643,085.	
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5		
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6		
	7 Notes and loans receivable, net		7		
	8 Inventories for sale or use		8		
	9 Prepaid expenses and deferred charges	649,321.	9	762,927.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,335,346.			
	b Less: accumulated depreciation	10b 4,977,167.	13,583,230.	10c	13,358,179.
	11 Investments - publicly traded securities	12,508,103.	11	11,612,512.	
	12 Investments - other securities. See Part IV, line 11	7,571,393.	12	7,133,677.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	2,367,035.	15	2,872,531.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	47,442,978.	16	52,814,083.		
Liabilities	17 Accounts payable and accrued expenses	1,727,124.	17	1,653,104.	
	18 Grants payable		18		
	19 Deferred revenue	990,729.	19	1,000,732.	
	20 Tax-exempt bond liabilities		20		
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21		
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22		
	23 Secured mortgages and notes payable to unrelated third parties	1,930,000.	23	929,600.	
	24 Unsecured notes and loans payable to unrelated third parties		24		
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	869,477.	25	1,301,318.	
	26 Total liabilities. Add lines 17 through 25	5,517,330.	26	4,884,754.	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.				
	27 Unrestricted net assets	2,166,140.	27	3,436,562.	
	28 Temporarily restricted net assets	24,337,863.	28	29,071,122.	
	29 Permanently restricted net assets	15,421,645.	29	15,421,645.	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.				
	30 Capital stock or trust principal, or current funds		30		
	31 Paid-in or capital surplus, or land, building, or equipment fund		31		
	32 Retained earnings, endowment, accumulated income, or other funds		32		
33 Total net assets or fund balances	41,925,648.	33	47,929,329.		
34 Total liabilities and net assets/fund balances	47,442,978.	34	52,814,083.		

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	40,099,231.
2	Total expenses (must equal Part IX, column (A), line 25)	2	32,733,907.
3	Revenue less expenses. Subtract line 2 from line 1	3	7,365,324.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	41,925,648.
5	Net unrealized gains (losses) on investments	5	-1,066,155.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-295,488.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	47,929,329.

Part XII Financial Statements and Reporting

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

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

Form 990 (2014)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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.

OMB No. 1545-0047

2014

Open to Public
Inspection

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

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number

13-1844852

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

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

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

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	17433746.	20043794.	17031807.	23983629.	27916624.	106409600
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	17433746.	20043794.	17031807.	23983629.	27916624.	106409600
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)						5466747.
6 Public support. Subtract line 5 from line 4.						100942853

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7 Amounts from line 4	17433746.	20043794.	17031807.	23983629.	27916624.	106409600
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1034530.	785,319.	975,357.	1152449.	1322675.	5270330.
9 Net income from unrelated business activities, whether or not the business is regularly carried on	1,444.	1,529.	1,488.	2,221.	3,140.	9,822.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	118,558.	104,887.	561,303.	282,768.	380,275.	1447791.
11 Total support. Add lines 7 through 10						113137543
12 Gross receipts from related activities, etc. (see instructions)					12	37,097,551.
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2014 (line 6, column (f) divided by line 11, column (f))	14	89.22 %
15 Public support percentage from 2013 Schedule A, Part II, line 14	15	89.35 %
16a 33 1/3% support test - 2014. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2013. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2013. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

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

Section C. Computation of Public Support Percentage

15 Public support percentage for 2014 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2013 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2014 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2013 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2014. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

b 33 1/3% support tests - 2013. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization ►

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
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 (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer (b) below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

Section C. Type II Supporting Organizations

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

Section D. Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		

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

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

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

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

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> 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 or 990-EZ) 2014

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2014 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a			
b			
c			
d			
e From 2013			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
i Carryover from 2009 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2014 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2014 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2014, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2015. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c			
d Excess from 2013			
e Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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2014

Open to Public Inspection

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

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

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two questions about donor property and grant fund usage.

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

Form for Part II Conservation Easements. Includes checkboxes for various purposes (land for public use, natural habitat, open space, historic area, historic structure) and a table for tracking easements held at the end of the tax year.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Form for Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Includes questions about reporting requirements and amounts for art and historical treasures.

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

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

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

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

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

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

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

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

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

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

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

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	20,007,038.	18,509,281.	17,233,026.	17,302,565.	17,173,342.
b Contributions					
c Net investment earnings, gains, and losses	-446,002.	2,346,098.	2,175,086.	836,157.	1,291,633.
d Grants or scholarships					
e Other expenditures for facilities and programs	-885,000.	-848,341.	-898,831.	-905,696.	-1,162,410.
f Administrative expenses					
g End of year balance	18,676,036.	20,007,038.	18,509,281.	17,233,026.	17,302,565.

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

- a Board designated or quasi-endowment .00 %
- b Permanent endowment 82.57 %
- c Temporarily restricted endowment 17.43 %

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

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

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

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements		15,401,103.	3,050,128.	12,350,975.
d Equipment		1,174,430.	945,691.	228,739.
e Other		1,759,813.	981,348.	778,465.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				13,358,179.

Part VII Investments - Other Securities.

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) CANYON VALUE REALIZATION		
(B) FUND (CAYMAN) LTD.	2,163,333.	END-OF-YEAR MARKET VALUE
(C) TACONIC OPPORTUNITY		
(D) OFFSHORE FUND	1,999,462.	END-OF-YEAR MARKET VALUE
(E) HCP PRIVATE EQUITY FUND		
(F) III (CAYMAN), L.P.	346,870.	END-OF-YEAR MARKET VALUE
(G) HCP REAL ASSETS FUND II,		
(H) L.P.	260,841.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	7,133,677.	

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

(a) Description	(b) Book value
(1) CONSTRUCTION COST REIMBURSEMENT DUE FROM THE CITY OF NEW YORK	1,326,536.
(2) BOND, DEPOSITS AND OTHER ASSETS	26,391.
(3) CONSTRUCTION IN PROGRESS	1,519,604.
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	2,872,531.

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) ACCRUED PENSION LIABILITY	1,301,318.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,301,318.

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

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

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

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

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

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

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

Part XIII Supplemental Information.

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

PART V, LINE 4:

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

PART X, LINE 2:

MANAGEMENT HAS EVALUATED ALL INCOME TAX POSITIONS AND CONCLUDED THAT NO DISCLOSURES RELATING TO UNCERTAIN TAX POSITIONS WERE REQUIRED IN THE FINANCIAL STATEMENTS.

SCHEDULE G
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities
Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ.
▶ Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

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

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
ROSE POLIDORO ENTERPRISES, INC. - 215 EAST 68TH STREET - GURA ASSOCIATES LTD - 505 WEST END AVENUE, NEW YORK, NY	CORPORATE FUNDRAISING CONSULTING MAJOR GIFT CONSULTING		X	500,000.	80,875.	419,125.
			X	0.	193,000.	0.
Total				500,000.	273,875.	419,125.

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

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

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		ANNUAL GALA (event type)	BENEFIT CONCERT (event type)	NONE (total number)	
Revenue	1	Gross receipts	2,477,504.	454,200.	2,931,704.
	2	Less: Contributions	2,263,202.	428,296.	2,691,498.
	3	Gross income (line 1 minus line 2)	214,302.	25,904.	240,206.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	47,659.		47,659.
	7	Food and beverages	161,600.	3,572.	165,172.
	8	Entertainment		22,332.	22,332.
	9	Other direct expenses	5,043.		5,043.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			240,206.
11	Net income summary. Subtract line 10 from line 3, column (d)			0.	

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

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

9 Enter the state(s) in which the organization conducts gaming activities: _____
 a Is the organization licensed to conduct gaming activities in each of these states? Yes No
 b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No
 b If "Yes," explain: _____

- 11 Does the organization conduct gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity conducted in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ _____
 Address ▶ _____

- 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ _____
 Address ▶ _____

16 Gaming manager information:

Name ▶ _____
 Gaming manager compensation ▶ \$ _____
 Description of services provided ▶ _____

 Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

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

SCHEDULE G, PART I, LINE 2B, LIST OF TEN HIGHEST PAID FUNDRAISERS:

(I) NAME OF FUNDRAISER: ROSE POLIDORO ENTERPRISES, INC.

(I) ADDRESS OF FUNDRAISER:
215 EAST 68TH STREET - SUITE 6J, NEW YORK, NY 10021

(I) NAME OF FUNDRAISER: GURA ASSOCIATES LTD

(I) ADDRESS OF FUNDRAISER: 505 WEST END AVENUE, NEW YORK, NY 10024

Part IV Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2014

Open to Public Inspection

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

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

▶ Attach to Form 990.

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

Department of the Treasury
Internal Revenue Service

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number

13-1844852

Part I Questions Regarding Compensation

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

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

Schedule J (Form 990) 2014

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PATRICK WILLINGHAM EXECUTIVE DIRECTOR	(i)	298,743.	0.	0.	6,948.	21,397.	327,088.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PAUL J EUSTIS ARTISTIC DIRECTOR	(i)	329,075.	0.	0.	21,508.	31,410.	381,993.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) RACHEL PIVNICK CHIEF FINANCIAL OFFICER	(i)	142,985.	0.	0.	4,802.	26,894.	174,681.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) JILL GARLAND SENIOR DIRECTOR OF DEVELOP	(i)	176,900.	0.	0.	7,527.	15,708.	200,135.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) RUTH STERNBERG PRODUCTION EXECUTIVE	(i)	154,993.	0.	0.	13,035.	35,537.	203,565.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) THOMAS MCCANN SENIOR DIRECTOR OF MARKETI	(i)	154,822.	0.	0.	3,239.	8,799.	166,860.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) MANDY HACKETT ASSOCIATE ARTISTIC DIRECTO	(i)	144,507.	0.	0.	5,501.	22,067.	172,075.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2014

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

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

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	25	349,287.	FAIR MARKET VALUE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

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

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

Schedule M (Form 990) (2014)

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public
Inspection

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number

13-1844852

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

DEVELOPING AN AMERICAN THEATER THAT IS ACCESSIBLE AND RELEVANT TO ALL
PEOPLE.

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

INNOVATIVE STAGINGS OF THE CLASSICS.

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

ELEVATOR REPAIR SERVICE PRESENTED FAULKNER'S THE SOUND AND THE FURY AND
NAATCO PRESENTED CLIFFORD ODET'S CLASSIC AWAKE AND SING.

THE ELEVENTH UNDER THE RADAR FESTIVAL WAS PRESENTED; A PLATFORM FOR
US-BASED AND INTERNATIONAL DEVISED THEATER GROUPS.

HAMILTON WAS CELEBRATED WITH NUMEROUS THEATRICAL AWARDS.

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

NEW WORK DEVELOPMENT AND ANCILLARY PROGRAMS-\$1,486,301

COMMUNITY PROGRAMS-2,375,809

NEW WORKS DEVELOPMENT & ANCILLARY PROGRAMS

THE PUBLIC WRITER'S INITIATIVE SUPPORTS PLAYWRIGHTS AT EVERY STAGE OF
THEIR CAREERS. EMERGING WRITERS GROUP OFFERED ITS WRITERS TWO INDUSTRY
SHOWCASES AND BI-WEEKLY MEETINGS AND RETREATS TO STRENGTHEN

PROFESSIONAL RELATIONSHIPS. FOR MID-CAREER WRITERS, NYSF HELD OVER 30

READINGS AND WORKSHOPS (OFTEN MULTIPLE SESSIONS OF THE SAME PLAY) AND

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

Schedule O (Form 990 or 990-EZ) (2014)

432211
08-27-14

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number

13-1844852

COMMISSIONED MULTIPLE WRITERS. SUZAN-LORI PARKS CONTINUED FOR HER SIXTH YEAR AS MASTER WRITER CHAIR, A FRAMEWORK TO SUPPORT MASTER PLAYWRIGHTS IN NONPROFIT THEATERS.

COMMUNITY PROGRAMS

THE MOBILE SHAKESPEARE UNIT: A CONTEMPORARY VERSION OF THE PUBLIC THEATER'S INITIAL TOURING MODEL, THE MOBILE SHAKESPEARE UNIT WORKS DIRECTLY IN NEIGHBORHOODS WHERE UNDERSERVED POPULATIONS LIVE AND WORK, OFFERING FREE PERFORMANCES AND EDUCATIONAL WORKSHOPS. IN THE FALL OF 2014, THE MOBILE UNIT EMBARKED ON A THREE-WEEK, 15 VENUE TOUR OF THE FIVE BOROUGHS, FEATURING FREE PERFORMANCES OF SHAKESPEARE'S LATE ROMANCE, PERICLES, PRINCE OF TYRE. IN THE SPRING OF 2015, A SIMILAR TOUR WAS MOUNTED OF MACBETH. BOTH TOURS WERE FOLLOWED BY DOWNTOWN RUNS AT THE PUBLIC THEATER THAT OFFERED \$20 TICKETS AND 20 TICKETS FOR EACH PERFORMANCE GIVEN FREE OF CHARGE TO COMMUNITY ORGANIZATIONS.

PUBLIC WORKS: ESTABLISHED IN 2012, PUBLIC WORKS ESTABLISHES A NEW ENGAGEMENT MODEL FOR ARTISTS, AUDIENCES, AND UNDERSERVED COMMUNITIES. FOR OUR 2014-2015 SEASON, PUBLIC WORKS CONTINUED ITS PARTNERSHIPS WITH THE CHILDREN'S AID SOCIETY (MANHATTAN), FORTUNE SOCIETY (QUEENS), DREAMYARD (THE BRONX), THE BROWNSVILLE RECREATION CENTER (BROOKLYN), AND DOMESTIC WORKERS UNITED (STATEN ISLAND AND CITYWIDE) CULMINATING WITH A THREE-NIGHT RUN OF LEAR DEBESSONET AND TODD ALMOND'S MUSICAL ADAPTATION FOR 200 COMMUNITY PLAYERS OF SHAKESPEARE'S THE WINTER'S TALE AT THE DELACORTE.

EXPENSES \$ 3,862,110. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,041,143.

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

432212
08-27-14

Schedule O (Form 990 or 990-EZ) (2014)

Name of the organization NEW YORK SHAKESPEARE FESTIVAL	Employer identification number 13-1844852
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THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE CONSISTING OF THE CHAIR, OTHER OFFICERS OF THE BOARD, THE CHAIRS OF THE AUDIT, FINANCE AND NOMINATING COMMITTEES, AND SUCH ADDITIONAL TRUSTEES AS MAY BE ELECTED BY THE BOARD. THE EXECUTIVE COMMITTEE SHALL HAVE AND MAY EXERCISE ALL THE POWERS OF THE BOARD PERMITTED BY LAW WHEN THE BOARD IS NOT IN SESSION, EXCEPT FOR CERTAIN SPECIFIC MATTERS PURSUANT TO THE ORGANIZATION'S BY-LAWS.

FORM 990, PART VI, SECTION A, LINE 2:

TRUSTEES ALEXANDRA SHIVA AND ANDREW SHIVA - FAMILY RELATIONSHIP.

FORM 990, PART VI, SECTION A, LINE 4:

THE BY-LAWS WERE AMENDED IN OCTOBER 2014 TO ALIGN WITH THE NEW YORK STATE NONPROFIT REVITALIZATION ACT.

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

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

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

THE AUDIT COMMITTEE OR ITS CHAIR EVALUATES THE DISCLOSURES TO DETERMINE WHETHER THEY INVOLVE MATERIAL CONFLICTS AND MAKES A RECOMMENDATION.

INTERESTED BOARD MEMBERS RECUSE THEMSELVES FROM DISCUSSION AND VOTING RELATING TO ANY CONFLICTED MATTER. HOWEVER, AS A MEMBER OF THE BOARD OR COMMITTEE, THE INTERESTED BOARD MEMBER MAY BE COUNTED IN DETERMINING THE ESTABLISHMENT OF THE QUORUM AT SUCH A MEETING.

AT THIS TIME, ONLY THE TRUSTEES AND KEY EMPLOYEES ARE REQUIRED TO DISCLOSE.

A POLICY IS BEING DRAFTED TO REQUIRE THE SAME OF OFFICERS AND KEY

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number

13-1844852

EMPLOYEES.

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

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

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

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

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

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

PENSION-RELATED CHANGES OTHER THAN PERIODIC PENSION COST -295,488.

FORM 990, PART VI, LINE 16A-JOINT VENTURE

THE ORGANIZATION'S WHOLLY-OWNED SUBSIDIARY, PUBLIC THEATER PRODUCTIONS,

Related Organizations and Unrelated Partnerships

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

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

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

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
AQUARIUS BROADWAY LLC - 26-4049932, 234 WEST 44TH STREET, #800, NEW YORK, NY 10036	THEATRICAL PRODUCTION	NY	PUBLIC THEATER PRODUCTIONS	UNRELATED	4,482.	17,815.		X	N/A	X		15.86%
POPULISM YEA YEA LLC - 13-4078712, 234 WEST 44TH STREET, #800, NEW YORK, NY 10036	THEATRICAL PRODUCTION	NY	PUBLIC THEATER PRODUCTIONS	UNRELATED	687.	3,401.		X	N/A	X		12.85%

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
PUBLIC THEATER PRODUCTIONS - 26-3803813 425 LAFAYETTE STREET NEW YORK, NY 10003	COMMERCIAL THEATER CO-PRODUCTIONS	NY	N/A	C CORP	0.	579.	100%	X	

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

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

	Yes	No
1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity	X	
b Gift, grant, or capital contribution to related organization(s)		X
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)	X	
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
PUBLIC THEATER PRODUCTIONS, INC. - SEE (1) SCHEDULE O	A	4,479.	AMOUNT OF CASH TRANSFERRED
(2)			
(3)			
(4)			
(5)			
(6)			

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	MACHINERY & EQUIPMENT											
1	FURNITURE AND EQUIPMENT	VARIABLE	SSL	5.00	16	1174430.			1174430.	887,074.		58,617.
	* 990 PAGE 10 TOTAL MACHINERY & EQUIPM					1174430.		0.	1174430.	887,074.	0.	58,617.
	OTHER COMPUTER SOFTWARE AND HARDWARE	VARIABLE	SSL	5.00	16	1241092.			1241092.	708,818.		161,376.
2	LEASEHOLD IMPROVEMENTS	VARIABLE	SSL	5.00	16	15401103.			15401103.	2479306.		570,822.
3	WEBSITE	VARIABLE	SSL	3.00	16	518,721.			518,721.	37,022.		74,132.
5	* 990 PAGE 10 TOTAL OTHER					17160916.		0.	17160916.	3225146.	0.	806,330.
	* GRAND TOTAL 990 PAGE 10 DEPR					18335346.		0.	18335346.	4112220.	0.	864,947.