

Return of Organization Exempt From Income Tax

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

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.

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning **SEP 1, 2013** and ending **AUG 31, 2014**

B Check if applicable:

Address change
 Name change
 Initial return
 Terminated
 Amended return
 Application pending

C Name of organization: **NEW YORK SHAKESPEARE FESTIVAL**
 Doing Business As: **THE PUBLIC THEATER; JOE'S PUB**
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite: **425 LAFAYETTE STREET**
 City or town, state or province, country, and ZIP or foreign postal code: **NEW YORK, NY 10003**

D Employer identification number: **13-1844852**

E Telephone number: **(212) 539-8500**

G Gross receipts \$: **39,636,788.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)
H(c) Group exemption number

F Name and address of principal officer: **PATRICK WILLINGHAM**
SAME AS C ABOVE

I Tax-exempt status: 501(c)(3) 501(c) () (insert no.) 4947(a)(1) or 527

J Website: **WWW.PUBLICTHEATER.ORG**

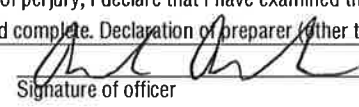
K Form of organization: Corporation Trust Association Other

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	37
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	35
	5 Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	997
	6 Total number of volunteers (estimate if necessary)	6	38
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	3,558.
b Net unrelated business taxable income from Form 990-T, line 34	7b	2,221.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	17,031,807.	23,983,629.
	9 Program service revenue (Part VIII, line 2g)	7,121,247.	8,639,145.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	1,368,370.	1,313,076.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10d, and 11e)	938,412.	1,222,661.
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	26,459,836.	35,158,511.
	Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	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)		15,171,841.	17,823,299.
16a Professional fundraising fees (Part IX, column (A), line 11e)		241,655.	347,141.
b Total fundraising expenses (Part IX, column (D), line 25)		2,746,595.	
17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		12,003,881.	12,593,562.
18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		27,417,377.	30,764,002.
19 Revenue less expenses. Subtract line 18 from line 12		-957,541.	4,394,509.
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 44,086,829.	End of Year 47,442,978.
	21 Total liabilities (Part X, line 26)	7,271,029.	5,517,330.
	22 Net assets or fund balances. Subtract line 21 from line 20	36,815,800.	41,925,648.

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: **7/7/13**

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: _____ Date: _____ Check if self-employed: PTIN: **P00881958**

Firm's name: **LUTZ AND CARR, CPAS LLP** Firm's EIN: **13-1655065**

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 \$ 15,045,448. including grants of \$) (Revenue \$ 5,405,013.) DOWNTOWN SEASON: THE PUBLIC THEATER'S 2013-2014 SEASON INCLUDED OVER 400 PERFORMANCES IN ALL FIVE THEATERS. FIVE PLAYS RECEIVED THEIR WORLD PREMIERE -- MIKE DAISY'S "ALL THE FACES OF THE MOON"; ELEVATOR REPAIR SERVICE'S "ARGUENDO"; JEANINE TESORI AND LISA KRON'S "FUN HOME" AND SCOTT Z. BURNS' "THE LIBRARY." WITH TFANA, THE PUBLIC REVIVED WALLACE SHAWN'S "GRASSES OF A THOUSAND COLORS", DIRECTED BY ANDRE GREGORY. (CONTINUED ON SCHEDULE O)

4b (Code:) (Expenses \$ 4,604,232. including grants of \$) (Revenue \$ 0.) SHAKESPEARE IN THE PARK: THE 2014 FREE SHAKESPEARE IN THE PARK SEASON PRESENTED TWO PRODUCTIONS OVER NINE WEEKS OF PERFORMANCES, REACHING AN AUDIENCE OF APPROXIMATELY 100,000. "MUCH ADO ABOUT NOTHING" WAS DIRECTED BY JACK O'BRIEN IN HIS DELACORTE DEBUT AND FEATURED LILY RABE AND HAMISH LINKLATER AND "KING LEAR" WAS DIRECTED BY DANIEL SULLIVAN AND FEATURED JOHN LITHGOW. CONTINUING OUR LONG-HELD TRADITION, ALL SHAKESPEARE IN THE PARK TICKETS WERE FREE OF CHARGE AND DISTRIBUTED IN THE FIVE BOROUGHES.

4c (Code:) (Expenses \$ 3,258,781. including grants of \$) (Revenue \$ 2,091,823.) JOE'S PUB: JOE'S PUB CONTINUES TO BE ONE OF NEW YORK CITY'S MOST CELEBRATED VENUES FOR EMERGING AND ESTABLISHED PERFORMANCE ARTISTS, PLAYING A VITAL ROLE IN OUR MISSION OF SUPPORTING YOUNG ARTISTS WHILE PROVIDING ESTABLISHED ARTISTS WITH AN INTIMATE SPACE TO PERFORM AND DEVELOP NEW WORK. THE DIVERSE ROSTER OF PROGRAMMING AT JOE'S PUB THROUGHOUT OUR 2013-14 SEASON INCLUDED TOP PERFORMERS FROM EVERY DISCIPLINE. THE SEASON, WHICH INCLUDED APPROXIMATELY 800 PERFORMANCES FOR OVER 100,000 AUDIENCE MEMBERS, ALSO MARKED THE SECOND YEAR OF NEW YORK VOICES, A NEW COMMISSIONED PERFORMANCE SERIES AT JOE'S PUB.

4d Other program services (Describe in Schedule O.) (Expenses \$ 3,733,519. including grants of \$) (Revenue \$ 1,378,209.)

4e Total program service expenses 26,641,980.

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

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

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form area containing questions 1a through 14b with input fields and Yes/No columns.

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 37 If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent 35		
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?		
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	
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	

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, physical address, and telephone number of the person who possesses the books and records of the organization: **DANIEL WILLIAMS, DIRECTOR 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	15.00	X		X				0.	0.	0.
(2) PAT FILI-KRUSHEL VICE CHAIR	2.00	X		X				0.	0.	0.
(3) JIM STEINBERG TREASURER	2.00	X		X				0.	0.	0.
(4) GAIL MERRIFIELD PAPP SECRETARY	1.00	X		X				0.	0.	0.
(5) PAUL J. EUSTIS ARTISTIC DIRECTOR	40.00	X		X			324,866.	0.	52,165.	
(6) PATRICK WILLINGHAM EXECUTIVE DIRECTOR	40.00	X		X			297,775.	0.	28,348.	
(7) RENEE BEAUMONT BOARD MEMBER	1.00	X					0.	0.	0.	
(8) ANDREA E. BERNSTEIN BOARD MEMBER	1.00	X					0.	0.	0.	
(9) ZACH BUCHWALD BOARD MEMBER	1.00	X					0.	0.	0.	
(10) MARY SCHMIDT CAMPBELL BOARD MEMBER	1.00	X					0.	0.	0.	
(11) GORDON J. DAVIS, ESQ. BOARD MEMBER	1.00	X					0.	0.	0.	
(12) ERIC ELLENBOGEN BOARD MEMBER	1.00	X					0.	0.	0.	
(13) STEPHEN FEINBERG BOARD MEMBER	1.00	X					0.	0.	0.	
(14) HILARY C. FESHBACH BOARD MEMBER	1.00	X					0.	0.	0.	
(15) TOM FINKELPEARL BOARD MEMBER	1.00	X					0.	0.	0.	
(16) CANDIA FISHER BOARD MEMBER	1.00	X					0.	0.	0.	
(17) FAITH GAY 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) ANNE HATHAWAY BOARD MEMBER	1.00	X						0.	0.	0.
(19) KEVIN KLINE BOARD MEMBER	1.00	X						0.	0.	0.
(20) DEBBY LANDESMAN BOARD MEMBER	1.00	X						0.	0.	0.
(21) GRACE LYU-VOLCKHAUSEN BOARD MEMBER	1.00	X						0.	0.	0.
(22) BARBARA MANOCHERIAN BOARD MEMBER	1.00	X						0.	0.	0.
(23) HENRY MCGEE 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								622,641.	0.	80,513.
c Total from continuation sheets to Part VII, Section A								1,062,314.	0.	168,987.
d Total (add lines 1b and 1c)								1,684,955.	0.	249,500.

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
WESTERMAN CONSTRUCTION CO, INC. 80 8TH AVE, NEW YORK, NY 10011	CONSTRUCTION GENERAL CONTRACTOR	3,670,930.
STEERPIKE PRODUCTIONS LLC 250 WEST 57TH STREET, NEW YORK, NY 10107	ARTIST PERFORMANCE FEE	900,000.
PRODUCTION RESOURCE GROUP, LLC PO BOX 5115, NEW YORK, NY 10087	THEATRICAL EQUIPMENT RENTALS AND PURCHAS	609,111.
MASQUE SOUND & RECORDING CORP., 21 EAST UNION AVE, EAST RUTHERFORD, NJ 07073	THEATRICAL EQUIPMENT RENTALS AND PURCHAS	488,136.
THE FOUNDRY THEATRE, INC., 140-142 SECOND AVE, STE 405, NEW YORK, NY 10003	THEATER COMPANY	251,626.

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 **18**

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	1.00	X						0.	0.	0.
(32) TOM SLAUGHTER BOARD MEMBER	1.00	X						0.	0.	0.
(33) WARREN SPECTOR BOARD MEMBER	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) ANNE CLARKE WOLFF BOARD MEMBER	1.00	X						0.	0.	0.
(41) RACHEL PIVNICK CHIEF FINANCIAL OFFICER	40.00			X				97,708.	0.	8,043.
(42) JILL GARLAND SENIOR DIRECTOR OF DEVELOPMENT	40.00				X			171,672.	0.	32,244.
(43) RUTH STERNBERG PRODUCTION EXECUTIVE	40.00				X			163,136.	0.	42,232.
(44) THOMAS MCCANN SENIOR DIRECTOR OF MARKETING	40.00					X		148,955.	0.	13,228.
(45) MANDY HACKETT ASSOCIATE ARTISTIC DIRECTOR	40.00					X		141,125.	0.	31,239.
(46) MARIA GOYANES ASSOCIATE PRODUCER	40.00					X		123,775.	0.	14,867.
Total to Part VII, Section A, line 1c										

Part VIII Statement of Revenue

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514		
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns						
	b	Membership dues						
	c	Fundraising events	3,208,994.					
	d	Related organizations						
	e	Government grants (contributions)	1,478,561.					
	f	All other contributions, gifts, grants, and similar amounts not included above	19,296,074.					
	g	Noncash contributions included in lines 1a-1f: \$	148,213.					
	h	Total. Add lines 1a-1f	23,983,629.					
	Program Service Revenue	2 a	BOX OFFICE INCOME	711110	7,035,658.	7,035,658.		
		b	CO-PRODUCTION FEES, ENHANCEMENT I	900099	1,426,005.	1,426,005.		
c		WORKSHOPS/EVENTS	900099	127,907.	127,907.			
d		TUITION INCOME	611710	49,575.	49,575.			
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		8,639,145.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		216,114.		212,556.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties		252,488.		252,488.		
	6 a	Gross rents	(i) Real	687,405.				
			(ii) Personal					
			b	Less: rental expenses	0.			
			c	Rental income or (loss)	687,405.			
	d	Net rental income or (loss)		687,405.		687,405.		
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	4,446,130.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	3,349,168.			
			c	Gain or (loss)	1,096,962.			
	d	Net gain or (loss)		1,096,962.		1,096,962.		
	8 a	Gross income from fundraising events (not including \$ 3,208,994. of contributions reported on line 1c). See Part IV, line 18	a	1,129,109.				
			b	Less: direct expenses	1,129,109.			
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	46,868.					
		b	Less: cost of goods sold	0.				
		c	Net income or (loss) from sales of inventory		46,868.		46,868.	
Miscellaneous Revenue		Business Code						
11 a	MISCELLANEOUS INCOME	900099	235,900.	235,900.				
		b						
		c						
		d	All other revenue					
		e	Total. Add lines 11a-11d		235,900.			
12	Total revenue. See instructions.		35,158,511.	8,875,045.	3,558.	2,296,279.		

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21				
2 Grants and other assistance to individuals in the United States. See Part IV, line 22				
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	1,312,954.	599,827.	497,957.	215,170.
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	12,975,917.	11,692,871.	266,052.	1,016,994.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	736,087.	651,661.	31,308.	53,118.
9 Other employee benefits	1,199,652.	1,085,961.	18,929.	94,762.
10 Payroll taxes	1,598,689.	1,382,475.	80,232.	135,982.
11 Fees for services (non-employees):				
a Management	19,229.			19,229.
b Legal	85,328.	68,480.	16,848.	
c Accounting	79,000.		79,000.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17	347,141.			347,141.
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.)	3,386,875.	3,386,875.		
12 Advertising and promotion	720,232.	588,039.		132,193.
13 Office expenses	1,111,385.	837,426.	155,022.	118,937.
14 Information technology				
15 Royalties	257,630.	256,984.		646.
16 Occupancy	705,774.	701,814.	861.	3,099.
17 Travel	703,467.	638,267.	9,393.	55,807.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	47,936.	28,748.	6,568.	12,620.
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	803,380.	696,568.	37,739.	69,073.
23 Insurance	163,420.	66,790.	45,274.	51,356.
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	3,400,357.	3,338,405.	5,599.	56,353.
b MISCELLANEOUS	1,109,549.	620,789.	124,645.	364,115.
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	30,764,002.	26,641,980.	1,375,427.	2,746,595.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year	
Assets	1 Cash - non-interest-bearing	1,784,115.	1	1,239,907.	
	2 Savings and temporary cash investments	260,204.	2	261,492.	
	3 Pledges and grants receivable, net	6,362,308.	3	8,661,734.	
	4 Accounts receivable, net	815,673.	4	600,763.	
	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	819,823.	9	649,321.	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 18,088,392.			
	b Less: accumulated depreciation	10b 4,505,162.			
	11 Investments - publicly traded securities	9,470,833.	11	12,508,103.	10c 13,583,230.
	12 Investments - other securities. See Part IV, line 11	9,078,423.	12	7,571,393.	
	13 Investments - program-related. See Part IV, line 11		13		
	14 Intangible assets		14		
	15 Other assets. See Part IV, line 11	2,182,129.	15	2,367,035.	
16 Total assets. Add lines 1 through 15 (must equal line 34)	44,086,829.	16	47,442,978.		
Liabilities	17 Accounts payable and accrued expenses	1,388,045.	17	1,727,124.	
	18 Grants payable		18		
	19 Deferred revenue	2,190,663.	19	990,729.	
	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	3,000,000.	23	1,930,000.	
	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	692,321.	25	869,477.	
	26 Total liabilities. Add lines 17 through 25	7,271,029.	26	5,517,330.	
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	1,800,630.	27	2,166,140.	
	28 Temporarily restricted net assets	19,593,525.	28	24,337,863.	
	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	36,815,800.	33	41,925,648.		
34 Total liabilities and net assets/fund balances	44,086,829.	34	47,442,978.		

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	35,158,511.
2	Total expenses (must equal Part IX, column (A), line 25)	2	30,764,002.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,394,509.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36,815,800.
5	Net unrealized gains (losses) on investments	5	1,066,866.
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	-351,527.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	41,925,648.

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?		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		
b	Were the organization's financial statements audited by an independent accountant?	X	
	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		
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

Form 990 (2013)

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.

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

OMB No. 1545-0047

2013

Open to Public Inspection

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 that describes the type of supporting organization and complete lines 11e through 11h.
 a Type I b Type II c Type III - Functionally integrated d Type III - Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization? _____		
(ii) A family member of a person described in (i) above? _____		
(iii) A 35% controlled entity of a person described in (i) or (ii) above? _____		
- h 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 in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
Total									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule A (Form 990 or 990-EZ) 2013

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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	13509910.	17433746.	20043794.	17031807.	23983629.	92002886.
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	13509910.	17433746.	20043794.	17031807.	23983629.	92002886.
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)						4379019.
6 Public support. Subtract line 5 from line 4.						87623867.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4	13509910.	17433746.	20043794.	17031807.	23983629.	92002886.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	775,547.	1034530.	785,319.	975,357.	1152449.	4723202.
9 Net income from unrelated business activities, whether or not the business is regularly carried on		1,444.	1,529.	1,488.	2,221.	6,682.
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	262,369.	118,558.	104,887.	561,303.	282,768.	1329885.
11 Total support. Add lines 7 through 10						98062655.
12 Gross receipts from related activities, etc. (see instructions)					12	34,254,702.
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 2013 (line 6, column (f) divided by line 11, column (f))	14	89.35 %
15 Public support percentage from 2012 Schedule A, Part II, line 14	15	88.37 %
16a 33 1/3% support test - 2013. 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 - 2012. 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 - 2013. 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 IV 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 - 2012. 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 IV 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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(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 IV.)						
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 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2012 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2013. 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 - 2012. 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

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury
Internal Revenue Service**Schedule of Contributors**▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2013

Name of the organization

Employer identification number

NEW YORK SHAKESPEARE FESTIVAL

13-1844852

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

 501(c)(3) (enter number) organization 4947(a)(1) nonexempt charitable trust **not** treated as a private foundation 527 political organization

Form 990-PF

 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundationCheck if your organization is covered by the **General Rule** or a **Special Rule**.**Note.** Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.**General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.**Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____**Caution.** An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2013)

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.

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

OMB No. 1545-0047

2013
Open to Public Inspection

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.

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

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).

Preservation of land for public use (e.g., recreation or education) Preservation of an historically important land area

Protection of natural habitat Preservation of a certified historic structure

Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Yes No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

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

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

(ii) Assets included in Form 990, Part X ▶ \$ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ \$ _____

b Assets included in Form 990, Part X ▶ \$ _____

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

- 3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):
- a Public exhibition
 - b Scholarly research
 - c Preservation for future generations
 - d Loan or exchange programs
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" 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? 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	18,509,281.	17,233,026.	17,302,565.	17,173,342.	16,296,557.
b Contributions					
c Net investment earnings, gains, and losses	2,346,098.	2,175,086.	836,157.	1,291,633.	1,809,950.
d Grants or scholarships					
e Other expenditures for facilities and programs	-848,341.	-898,831.	-905,696.	-1,162,410.	-933,165.
f Administrative expenses					
g End of year balance	20,007,038.	18,509,281.	17,233,026.	17,302,565.	17,173,342.

- 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 77.08 %
 - c Temporarily restricted endowment 22.92 %
- 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?

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		14,896,525.	2,479,306.	12,417,219.
d Equipment		1,079,024.	887,074.	191,950.
e Other		2,112,843.	1,138,782.	974,061.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c).)				13,583,230.

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.	2,166,000.	END-OF-YEAR MARKET VALUE
(C) TACONIC OPPORTUNITY		
(D) OFFSHORE FUND	2,106,525.	END-OF-YEAR MARKET VALUE
(E) HCP PRIVATE EQUITY FUND		
(F) III (CAYMAN), L.P.	365,927.	END-OF-YEAR MARKET VALUE
(G) HCP REAL ASSETS FUND II,		
(H) L.P.	251,433.	END-OF-YEAR MARKET VALUE
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	7,571,393.	

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

Part X Other Liabilities.

Complete if the organization answered "Yes" 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	869,477.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	869,477.

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 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.

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	2,203,863.	2,134,240.	4,338,103.
	2	Less: Contributions	2,001,265.	1,207,729.	3,208,994.
	3	Gross income (line 1 minus line 2)	202,598.	926,511.	1,129,109.
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs	41,436.		41,436.
	7	Food and beverages	154,521.		154,521.
	8	Entertainment			
	9	Other direct expenses	6,641.	926,511.	933,152.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			1,129,109.
	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))
		1	Gross revenue		
Direct Expenses	2	Cash prizes			
	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 operates gaming activities: _____

a Is the organization licensed to operate 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 operate 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 operated 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 (ii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to 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: SD&A TELESERVICES, INC

(I) ADDRESS OF FUNDRAISER:

5757 W. CENTURY BLVD., STE# 300, LOS ANGELES, CA 90045

Part IV Supplemental Information *(continued)*

(I) NAME OF FUNDRAISER: GURA ASSOCIATES LTD

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

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

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

2013

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

▶ Attach to Form 990. ▶ See separate instructions.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (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 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		
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?		
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?		<input checked="" type="checkbox"/>
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?		<input checked="" type="checkbox"/>
c Participate in, or receive payment from, an equity-based compensation arrangement?		<input checked="" type="checkbox"/>
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) and 501(c)(4) 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?		<input checked="" type="checkbox"/>
b Any related organization?		<input checked="" type="checkbox"/>
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?		<input checked="" type="checkbox"/>
b Any related organization?		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
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		<input checked="" type="checkbox"/>
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?		

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

Schedule J (Form 990) 2013

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 reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) PAUL J. EUSTIS ARTISTIC DIRECTOR	(i)	323,526.	0.	1,340.	17,181.	34,984.	377,031.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) PATRICK WILLINGHAM EXECUTIVE DIRECTOR	(i)	297,308.	0.	467.	6,177.	22,171.	326,123.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) JILL GARLAND SENIOR DIRECTOR OF DEVELOPMENT	(i)	170,995.	0.	677.	9,580.	22,664.	203,916.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) RUTH STERNBERG PRODUCTION EXECUTIVE	(i)	162,446.	0.	690.	21,861.	20,371.	205,368.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) THOMAS MCCANN SENIOR DIRECTOR OF MARKETING	(i)	148,655.	0.	300.	2,492.	10,736.	162,183.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MANDY HACKETT ASSOCIATE ARTISTIC DIRECTOR	(i)	140,840.	0.	285.	5,076.	26,163.	172,364.	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

2013

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	16	148,213.	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			0
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 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?				Yes No 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?				Yes No X
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?				Yes No 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) (2013)

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

2013

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:

**OTHER SHOWS INCLUDED THE FOUNDRY THEATRE'S CO-PRODUCTION OF BRECHT'S
"GOOD PERSON OF SZECHWAN", THE CIVILIANS' "THE GREAT IMMENSITY";**

**WILLIAM SHAKESPEARE'S "ANTONY AND CLEOPATRA" AND TED SHEN'S "A SECOND
CHANCE." THE FOURTH PLAY IN RICHARD NELSON'S "THE APPLE FAMILY PLAYS"**

**WAS PREMIERED, CULMINATING IN A FOUR-PLAY ROTATION. MASTER WRITER CHAIR
SUZAN-LORI PARKS' "FATHER COMES HOME FROM THE WARS" (PARTS 1, 2 & 3)
WAS PRODUCED IN A LAB SETTING.**

**WE CELEBRATED THE TENTH ANNIVERSARY OF THE UNDER THE RADAR FESTIVAL, A
PLATFORM FOR US-BASED AND INTERNATIONAL DEVISED THEATER GROUPS.**

FUN HOME WAS CELEBRATED WITH NUMEROUS THEATRICAL AWARDS.

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

NEW WORK DEVELOPMENT AND ANCILLARY PROGRAMS-\$2,273,403

COMMUNITY PROGRAMS-1,460,116

EXPENSES \$ 3,733,519. INCLUDING GRANTS OF \$ 0. REVENUE \$ 1,378,209.

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

THE ORGANIZATION HAS AN EXECUTIVE COMMITTEE CONSISTING OF THE

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

Schedule O (Form 990 or 990-EZ) (2013)

332211
09-04-13

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number

13-1844852

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 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 ARE REQUIRED TO DISCLOSE. A POLICY IS BEING DRAFTED TO REQUIRE THE SAME OF OFFICERS AND KEY EMPLOYEES.

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

EXECUTIVE CONTRACTS WERE NOT UP FOR RENEWAL DURING THIS FISCAL YEAR. THE ARTISTIC DIRECTOR'S CONTRACT WAS RENEWED IN JULY 2012 AND RUNS

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number

13-1844852

THROUGH 2015 AND THE EXECUTIVE DIRECTOR WAS HIRED IN NOVEMBER 2011 WITH A THREE-YEAR-CONTRACT. THE EXECUTIVE COMMITTEE INITIATES THE PROCESS FOR SALARY REVIEW BY ASKING FOR 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 DETERMINES 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 GARNERS INFORMATION USING COMPARATIVE DATA FROM SIMILARLY-SIZED, NONPROFIT ARTS INSTITUTIONS. THE INFORMATION IS CULLED FROM FORM 990S AND FROM INDUSTRY SURVEYS. USING THIS DATA, THE EXECUTIVE DIRECTOR AND HR DIRECTOR DETERMINE COMPENSATION.

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

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

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

ARTISTIC AND CONSULTING FEES:

PROGRAM SERVICE EXPENSES	3,386,875.
--------------------------	------------

MANAGEMENT AND GENERAL EXPENSES	0.
---------------------------------	----

FUNDRAISING EXPENSES	0.
----------------------	----

TOTAL EXPENSES	3,386,875.
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TOTAL OTHER FEES ON FORM 990, PART IX, LINE 11G, COL A	3,386,875.
--	------------

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

PENSION-RELATED CHANGES OTHER THAN PERIODIC PENSION COST	-351,527.
--	-----------

Name of the organization

NEW YORK SHAKESPEARE FESTIVAL

Employer identification number

13-1844852

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

THE ORGANIZATION'S WHOLLY-OWNED SUBSIDIARY, PUBLIC THEATER

PRODUCTIONS, INC., PARTICIPATED IN CO-PRODUCTIONS AS A MANAGING MEMBER

OF TWO ENTITIES TAXABLE AS PARTNERSHIPS (SEE SCHEDULE R, PART III)

FORMED TO UNDERTAKE COMMERCIAL THEATRICAL PRODUCTIONS OF SHOWS

ORIGINALLY PRODUCED BY THE NEW YORK SHAKESPEARE FESTIVAL.

Multiple horizontal lines for additional text entry.

Related Organizations and Unrelated Partnerships

Department of the Treasury
Internal Revenue Service

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.
▶ Attach to Form 990. ▶ See separate instructions.
▶ Information about Schedule R (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public
Inspection

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	16,798.	38,570.		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	2,175.	8,427.		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	24,932.	2,800.	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.

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?

	Yes	No
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	3,558.	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
1	MACHINERY & EQUIPMENT FURNITURE AND EQUIPMENT * 990 PAGE 10 TOTAL MACHINERY & EQUIPM	VARI	ESSL	5.00	16	1079024.			1079024.	836,942.		50,132.
						1079024.		0.	1079024.	836,942.	0.	50,132.
2	OTHER COMPUTER SOFTWARE AND HARDWARE	VARI	ESSL	5.00	16	1594122.			1594122.	943,759.		158,001.
3	LEASEHOLD IMPROVEMENTS	VARI	ESSL	5.00	16	14896525.			14896525.	1921081.		558,225.
5	WEBSITE * 990 PAGE 10 TOTAL OTHER	VARI	ESSL	3.00	16	518,721.			518,721.			37,022.
	* GRAND TOTAL 990 PAGE 10 DEPR					17009368.		0.	17009368.	2864840.	0.	753,248.
						18088392.		0.	18088392.	3701782.	0.	803,380.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only Part II and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only Part I (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. NEW YORK SHAKESPEARE FESTIVAL	Employer identification number (EIN) or 13-1844852
	Number, street, and room or suite no. If a P.O. box, see instructions. 425 LAFAYETTE STREET	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. NEW YORK, NY 10003	

Enter the Return code for the return that this application is for (file a separate application for each return) 01

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

KEN KEATING, CONTROLLER

• The books are in the care of **425 LAFAYETTE STREET - NEW YORK, NY 10003**

Telephone No. **212-539-8509** Fax No. _____

• If the organization does not have an office or place of business in the United States, check this box
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until **JULY 15, 2015**.

5 For calendar year _____, or other tax year beginning **SEP 1, 2013**, and ending **AUG 31, 2014**.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return Change in accounting period

7 State in detail why you need the extension **ADDITIONAL TIME IS NEEDED TO COMPILE THE INFORMATION NECESSARY TO COMPLETE THE RETURN.**

8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature _____ Title **EXECUTIVE DIRECTOR** Date _____

Product: Exempt Extension
 Name: NEW YORK SHAKESPEARE
 FESTIVAL
 FEIN: *****4852
 Fiscal Year Begin Date: 9/1/2013

Category: Additional Extension
 Fiscal Year End Date: 8/31/2014

IRS Center: Ogden
 e-Postmark: 3/23/2015 11:13:43
 AM
 Notification:

Return History				
DATE	TYPE OF ACTIVITY	SUBMISSION ID	UPDATED BY	REFUND/(DUE)
3/23/2015	Upload Started			
3/23/2015	Ready to Release by Customer			
3/23/2015	Released for Transmission - Validation in Progress		759420	
3/23/2015	Ready to transmit - Validation Complete			
3/23/2015	Transmitted to FD - Additional Extension	13332120150820331e19		
3/23/2015	Accepted by FD - Additional Extension on 3/23/2015			



Department of Treasury
Internal Revenue Service
Ogden UT 84201

016888.521663.334830.15945 1 AT 0.406 370



NEW YORK SHAKESPEARE FESTIVAL
425 LAFAYETTE ST
NEW YORK NY 10003-7021



016888

Notice	CP211A
Tax period	August 31, 2014
Notice date	January 12, 2015
Employer ID number	13-1844852
To contact us	Phone 1-877-829-5500 FAX 801-620-5555

Page 1 of 1

Important information about your August 31, 2014 Form 990

We approved your Form 8868, Application for Extension of Time To File an Exempt Organization Return

We approved the Form 8868 for your August 31, 2014 Form 990.

Your new due date is April 15, 2015.

What you need to do

File your August 31, 2014 Form 990 by April 15, 2015. We encourage you to use electronic filing—the fastest and easiest way to file.

Visit www.irs.gov/charities to learn about approved e-File providers, what types of returns can be filed electronically, and whether you are required to file electronically.

Additional information

- Visit www.irs.gov/cp211a.
- For tax forms, instructions, and publications, visit www.irs.gov or call 1-800-TAX-FORM (1-800-829-3676).
- Keep this notice for your records.

If you need assistance, please don't hesitate to contact us.