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May the IRS discuss this return with the preparer shown above? (see instructions)

For Paperwork Reduction Act Notice, see the separate instructions

Firm's name

Firm's address ▶

	" 9 9	DU	Return of Organization Exempt From	m Inco	me T	. .	OMB	lo 1545-0047
Fon	m 3	JU	Return of Organization Exempt From	m mcc	MIIC I	3.4	20	014
			Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Co.	de (except	private fo	undations		
Dep	artment o	of the Treasury	► Do not enter social security numbers on this form as it	t may be n	rade publi	c.		to Public
		nue Service	► Information about Form 990 and its instructions is at w	www.irs.go	v/form99	0	Ins	pection
<u> </u>	For th	, 20 15						
В	Check	d applicable	Name of organization STRATFORD SHAKESPEAREAN FESTIVAL OF	AMERICA	<u> </u>	D Employe	r identifica	tion number
	Addres	s change	Doing business as STRATFORD FESTIVAL OF AMERICA				38-24208	187
	Name o	change	Number and street (or P O box if mail is not delivered to street address)	Room/suite		E Telephon	e number	
	Initial re	eturn C	C/O HONIGMAN, 660 WOODWARD AVE	229	10		313) 465-	7226
	Final ret	um/terminated	City or town, state or province country, and ZIP or foreign postal code					
			ETROIT, MI 48226			G Gross rec		3,083,082
	Applica		Name and address of principal officer ARLENE LEWIS					Yes 🗸 No
			AME AS C ABOVE					Yes No
1		empt status	✓ 501(c)(3)	527		o," attach a	-	tructions
<u>J</u>	Websit					exemption		
K				of formation	1982	M State o	of legal dom	icile MI
ř	art I	Summa	<u></u>					
_	1	•	cnbe the organization's mission or most significant activities					
ဦ	1	SUPPORT	OF SHAKESPEAREAN AND OTHER CLASSICAL AND CONTEMPO	RARY THE	ATRE			
Ē	1 _							
Š	2		box ▶☐ if the organization discontinued its operations or disp	posed of r	nore than	1 1	s net ass	
Ğ	3		voting members of the governing body (Part VI, line 1a)	- 453		3		10
Š.	4		independent voting members of the governing body (Part VI, li	-		5		10
į	5		per of individuals employed in calendar year 2014 (Part V, line 2	2a)		6		
Activities & Governance	1		per of volunteers (estimate if necessary)			7a		64
•	7a		ated business revenue from Part VIII, column (C), line 12 ted business taxable income from Form 990-T line 34			7b		
_	-	Net unrela		- 	Pnor Ye		Curr	ent Year
	8	Contabute	ons and grants (Part VIII, line 1h)			,963,538		3,057,624
Revenue	9	Program s	ervice revenue (Part VIII, line 2g)	ଧ୍ରା ⊢		.,503,330		16,383
Ž.	10	Investment	Lincome (Part VIII, column (A) lines 3 Aland 7d) 6 2016	이		12,896		9,075
æ	111		(Dod \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	(A)		12,030		5,0.0
	12		iue - add lines 8 through 11 (must equal Part VIII, column, (A), line	经		,976,434		3,083,082
	13	Grants and	sımılar amounts paid (Part IX, column (A) jines 1 13 U			218,489		2,673,440
	14	Benefits pa	aid to or for members (Part IX, column-(A),-line-4)			1273775		
ø	15		her compensation, employee benefits (Part IX, column (A), lines 5-	-10)				
38	16a		al fundraising fees (Part IX, column (A), line 11e)	'		<u> </u>		
Expenses	Ь		raising expenses (Part IX, column (D), line 25) ▶					
ā	17		enses (Part IX, column (A), lines 11a-11d, 11f-24e)		_	171,142		256,426
	18	Total expe	nses Add lines 13-17 (must equal Part IX, column (A), line 25)		3	,389,631		2,929,866
	19	Revenue le	ess expenses Subtract line 18 from line 12			413,197)		153,216
ة ق				Вед	inning of Cu	rrent Year	End	of Year
20 Total assets (Part X, line 16) 2,971,649 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances Subtract line 21 from line 20 2,879,624								
Ž P	21 Total liabilities (Part X, line 26)							
		Net assets	or fund balances Subtract line 21 from line 20		2	,879,624		3,028,215
Pa	art II	Signatu	re Block					
			I declare that I have examined this return, including accompanying schedules a Declaration of preparer (a)ther than officer) is based on all information of which				y knowledge	and belief it is
			alere Forme					
Sig	jn –	Signatu	ge of officer		Da	92	, ,	2011
He	re		Irlene Lewis, Chair			nu	<i>L</i> 3.	<i></i> / _
		Type or	r pont name and title					

Preparer's signature



Date

Cat No 11282Y



Yes No
Form 990 (2014)

Check if self-employed

Firm s EIN ▶ Phone no

Form 9	0 (2014)	age 2
Part	II Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	Ø
1	Briefly describe the organization's mission	
	SEE SCHEDULE O	
2	Did the organization undertake any significant program services during the year which were not listed on the	
-	prior Form 990 or 990-EZ?	No
3	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?	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 measure expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe total expenses, and revenue, if any, for each program service reported.	d by ners,
4a	(Code) (Expenses \$ 2,592,000 including grants of \$ 2,592,000) (Revenue \$)	——
	THE TOTAL REVENUE GENERATED BY THE STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA ("FOA") IN 2014 WAS	
	\$3,078,457 FOA AWARDED \$2,592,000 IN GRANTS IN SUPPORT OF THE ANNUAL OPERATING ACTIVITIES OF THE STRATFORD SHAKESPEAREAN FESTIVAL OF CANADA IN 2014, SOME 102,316 TICKETS WERE SOLD FOR THE STRATFORD SHAKESPEARE FESTIVAL TO VISITORS ORIGINATING IN THE UNITED STATES FOA MAINTAINS LOW OPERATING EXPENSES AND IS ABLE TO DEDICATE THE MAJORITY OF THE FUNDS IT RAISES TO SUPPORT THE CREATION OF SHAKESPEAREAN AND OTHER CLASSIC AND CONTEMPORARY THEATRE OFFERINGS	
46	(Code) (European C) (Europea	
4b	(Code:) (Expenses \$ 81,440 including grants of \$ 81,440) (Revenue \$) THE TOTAL REVENUE GENERATED BY THE STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA ("FOA") IN 2014 WAS	
	\$3,078,457 FOA AWARDED \$81,440 IN GRANTS IN SUPPORT OF THE STRATFORD SHAKESPEAREAN FESTIVAL ENDOWMENT FOUNDATION ("ENDOWMENT") IN ADDITION TO SUPPORTING THE OPERATIONS OF THE STRATFORD SHAKESPEAREAN FESTIVAL, THE ENDOWMENT HAS HELPED FUND SPECIFIC INITIATIVES INCLUDING NEW PLAY DEVELOPMENT, EDUCATION AID CLASSICAL THEATRE COACHING, AUDIENCE OUTREACH AND ENHANCEMENT OF THE STRATFORD THEATRE FACILITIES	ND
4c	Code) (Expenses \$ 28,647 including grants of \$) (Revenue \$ 16,383)	
	CODE: (Expenses \$ 28,647 including grants of \$) (Hevenue \$ 16,383) THE STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA ("FOA") HOLDS EDUCATIONIAL WORKSHOPS IN MICHIGAN THAT NTRODUCE STUDENTS TO SHAKESPEARE IN A DYNAMIC, ENGAGING WAY, SUPPORTS TEACHERS IN THE DRAMA-BASED TEACHING OF SHAKESPEARE'S PLAYS AND BUILDS AWARENESS IN MICHIGAN OF THE STRATFORD SHAKESPEAREAN	
	FESTIVAL OF CANADA THIS PROGRAM GENERATED REVENUE OF \$16,383 AND EXPENSES OF \$28,647 IN 2014	
4d	Other program services (Describe in Schedule O)	
	Expenses \$ 17,469 including grants of \$) (Revenue \$)	
4e	Total program service expenses ▶ 2,719,556	

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	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	✓	
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	3		1
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	4		1
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	5		1
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	6		1
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	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
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	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable			
	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		1
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	11b		1
С	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	11c		1
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	11d		✓
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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	11e	√	✓
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a	✓	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓_
14 a	3	14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	1	
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	15	1	
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	16		1
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 (see instructions)	17		1
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	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		√
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		1
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part	IV Checklist of Required Schedules (continued)			
-			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		1
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	23		✓
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	24a		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
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	25b		✓
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
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	27		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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	28c		√
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30	√	
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		✓
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		✓
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	33		✓
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	34		✓
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a	35a		✓
	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable	35b		√
36	related organization? If "Yes," complete Schedule R, Part V, line 2	36		✓
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	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note . All Form 990 filers are required to complete Schedule O	38	1	

Form **990** (2014)

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable 1a 0	\vdash		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0	i	_	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	'	1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial		,	
	account)?	4a	√	
ь	If "Yes," enter the name of the foreign country CANADA			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<u> </u>
Ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or	١ ا		
7	gifts were not tax deductible?	6b		
7 a	Organizations that may receive deductible contributions under section 170(c).			
ű	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	/	
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	<u>, </u>	
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		·	
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	1	✓
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7 f		✓
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
_	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	ا ۔ ا		
a b	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a depart depart advisor or related parson?	9a 9b		
10	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? Section 501(c)(7) organizations. Enter	30		
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		- [
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources	.		
	against amounts due or received from them)	,	1	
l2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	,		
3	Section 501(c)(29) qualified nonprofit health insurance issuers.		·	
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
h	Note. See the instructions for additional information the organization must report on Schedule O Enter the amount of reserves the organization is required to maintain by the states in which	, 1	1	
	the organization is licensed to issue qualified health plans			
С	Enter the amount of reserves on hand	. }		
4a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		/
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		<u> </u>
	The provide an explanation in the provide an explanation in conduction			

Form 99	00 (2014)			Page 6					
Part									
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. Schedule O	see ins	struct	_					
Sacti	Check if Schedule O contains a response or note to any line in this Part VI			✓					
Secu	on 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 . 1a 10	,		 					
	If there are material differences in voting rights among members of the governing body, or	1.		ļ ·					
	if the governing body delegated broad authority to an executive committee or similar			ii.					
	committee, explain in Schedule O	THE RESERVE	FEW	الدرتسوال					
b		نية فيلوا							
2	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?								
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3		1					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		✓					
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		✓					
6	Did the organization have members or stockholders?	6	<u> </u>	/					
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		1					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following	المية و حدد	w z teg jih	26 1					
а	The governing body?	8a	✓						
b	Each committee with authority to act on behalf of the governing body?	8b	✓						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		1					
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C							
			Yes	No					
10a	Did the organization have local chapters, branches, or affiliates?	10a	✓	ļ					
Ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	✓						
ь	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 Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12a	√						
ь		12b	✓						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	1						
13	Did the organization have a written whistleblower policy?	13	1						
14	Did the organization have a written document retention and destruction policy?	14	√	-					
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?								
а	The organization's CEO, Executive Director, or top management official	15a							
b	Other officers or key employees of the organization	15b							
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).								
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		✓					
ь	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its								
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the								
	organization's exempt status with respect to such arrangements?	16b		L					
	on C. Disclosure								
17 18	List the states with which a copy of this Form 990 is required to be filed SEE SCHEDULE O Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply	າ 501(c)(3)s	only)					
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year	erest	policy	, and					
20	State the name, address, and telephone number of the person who possesses the organization's books and re		•						

Form 990 (2014)

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. Off	icers, Directors	, Trustees, k	(ey Employees,	and Highest	Compensated Employee	:S
----------------	------------------	---------------	----------------	-------------	----------------------	----

- 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

Compensated employees, and former su	-									r or tructoo
Check this box if neither the organization	ation nor any relate	d org	anız			ompe	nsa	ited any currer	nt officer, directo	r, or trustee
(A) Name and Title	(B) Average hours per	pox	unles	Pos neck ss pe	rson	e than on the state of the stat	an	(D) Reportable compensation	(E) Reportable compensation from	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) ARLENE LEWIS										
TRUSTEE/CHAIR	1 00	✓		✓				0	0	
(2) ROB GORLIN										
TRUSTEE/VICE CHAIR	1 00	✓	ļ	1				0	0	0
(3) DR CARL CUCCO								1		
TRUSTEE/SECRETARY	1 00	✓	1	✓				0	0	0
(4) GLORIA FRIEDMAN										
TRUSTEE/TREASURER	1 00	✓		✓	L.			0	0	0
(5) FRED E BISHOP					1					
TRUSTEE	1 00	✓	<u> </u>					0	0	0
(6) CAROL HOROWITZ										
TRUSTEE	1 00	/						0	0	0
(7) BETH KRONFELD								ļ		
TRUSTEE	1 00	✓	<u> </u>	_	_	ļ		0	0	0
(8) SWAMINATHAN MADHU										
TRUSTEE	1 00	✓			<u></u>			0	0	0
(9) LINDA REXER										
TRUSTEE	1 00	1	<u> </u>					0	0	0
(10) TIM THORNTON										
TRUSTEE	1 00	1	<u> </u>					0	0	0
(11) CHIP VALLIS		i								
EX OFFICIO	1 00	/		L	<u> </u>	<u></u>		0	0	0
(12) ANITA GAFFNEY										
EX OFFICIO	1 00	1						0	0	0
(13) MARION BURR										
ASST SECRETARY	1 00			✓			L.	0	0	0
(14)										
	<u> </u>	1			1	1	l		1	

	Section A. Officers, Directors, Trus	(B)		,	(0	C)			(D)		100/11/10		(E)	
	Name and title	Average hours per week (list any hours for related organizations below dotted line)	office Individua	unles	s pe	rson	than of the bottom Highest compensated employee	n an	Reportable compensation from the organization (W-2/1099-MISC)	(E) Reporta compensatio relatec organizat (W-2/1099-	on from d ons	am comp fro orga and	(F) count of other censation the inization relate nization	ion on d
(15)			8	stee		_	sated							
(15)								<u> </u>				<u> </u>		
(16)		 												
(17)														
(18)						_								
(19)														
(20)								-						
(22)														
(23)														
								_		· · · · · · · · · · · · · · · · · · ·				_
													_	
(25)														
1b c d	Sub-total Total from continuation sheets to Part Total (add lines 1b and 1c)	VII, Sectio	n A	•				►						
2	Total number of individuals (including but reportable compensation from the organi		to th	ose	list	ed a	above	e) wl	ho received mo	ore than \$1	00,000	of		
3	Did the organization list any former of employee on line 1a? If "Yes," complete \$	ficer, direct						mp	loyee, or high	est compe	ensated	3	Yes	No 🗸
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep greater tha	oortat	ole c	com	per	satio	s, "						/
5	Did any person listed on line 1a receive of for services rendered to the organization?	r accrue co					n any	บกเ		ation or inc	dividual			1
Section	on B. Independent Contractors		,											
1	Complete this table for your five highest compensation from the organization. Rep													ax
	(A) Name and business addi	ress							(B) Description of se	rvices	C	(C) Compens	ation	
					_									
			,											
														
2	Total number of independent contractor received more than \$100,000 of compens	rs (including	g bu the or	t no gan	ot li iizat	ımıtı ion	ed to ►	th	ose listed abo	ve) who	4 444			

Part	VIII	Statement of Reve	enue						
		Check if Schedule O			r note t	o any line in this			<u> </u>
•				en legal de la companya de la compan		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
nts its	1a	Federated campaigns		1a		· ,			
ts, Grants Amounts	b	Membership dues		1b]			
S, (С	Fundraising events	ļ	1c			İ		
育	d	Related organizations	; [1d],	'		
ons, Grff Sımılar	e	Government grants (con)	1e		ļ. · · · ·			
황	f	All other contributions, g		ľ		*,			
를 돌		and similar amounts not inc	Ļ		.057,624				
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions includ		11 \$	76,747	-			
	h	Total. Add lines 1a-1	<u> </u>	Rusinos	s Code	3,057,624			
Program Service Revenue	22	Education program		Dusines		16 303	16 202		
ě	2a b	Education program			-	16,383	16,383		
8	C								
Ē	d	•••••							
E S	e	•••••				 			
gra	f	All other program ser							
ď	g	Total. Add lines 2a-2			▶	16,383			
	3	Investment income	_	dividends, ir	iterest,				
		and other similar amo	ounts)		•	9,075			9,075
	4	Income from investmen	t of tax-exen	npt bond proce	eeds 🕨				
	5	Royalties			<u> </u>				
	_	_	(i) Real	(ii) Per	rsonal	12. 12 1 h	च्या के अप जन्म		
	6a	Gross rents					17		
	b	Less rental expenses				10 mm m	" Mg (e , - 4) ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;		
	C	Rental income or (loss)	(locs)		•	-			
	d 7a	Net rental income or (Gross amount from sales of	(i) Securiti	es (ii) O		attack to the state of the	J. (*) 1864		
	, 0	assets other than inventory	(,			The state of the s	A1.	-	
	ь	Less cost or other basis				41-	-3-3		
		and sales expenses				ا ميشا غي - مواويځ پرخ _{ټون} وسه	7 7 7		
	С	Gain or (loss)				23 *]		
	d	Net gain or (loss)	<u> </u>		>				
e le	8a	Gross income from fu	ındraising						
evenue		events (not including \$	· ·				,		1
Be		of contributions reporte	ed on line 1d	;)		, , , ,			
Other R		See Part IV, line 18		a					
5		Less direct expenses		b]			
		Net income or (loss) f			<u> </u>				
	9a	Gross income from ga	aming activit	ies		7 .	,		
		See Part IV, line 19		a		-4.	i		
		Less direct expenses		ь[· '	1		1
		Net income or (loss) f			<u> </u>				
	iua	Gross sales of in		ı		事件があるか これを	i i		
	.	Less cost of goods s		a b		teration :	. ,		
	b	Net income or (loss) f				1 *			
		Miscellaneous R			s Code	1-3-			+
ľ	11a					1			
	ь	***************************************				<u> </u>			
ļ	C					"-			
	đ	All other revenue							
	е	Total. Add lines 11a-	-11d		>				
	12	Total revenue. See II	nstructions		<u> </u>	3,083,082	16,383		9,075
									Form 990 (2014)

Part IX	Stateme	nt of Functi	onal Expenses

-	Check if Schedule O contains a respon		<u>-</u>	ns musi complete c	.oidiiiii (A)
	ot include amounts reported on lines 6b, 7b, b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21			S. Asian's	
2	Grants and other assistance to domestic individuals See Part IV, line 22			THE THE WAY	
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals See Part IV, lines 15 and 16	2,673,440	2,673,440	Children was	
4 5	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees				
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 8	Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10 11	Payroll taxes Fees for services (non-employees)				
·· a	Management				
b	Legal	13,365		13,365	
С	Accounting	2,680		2,680	
d	Lobbying				
e	Professional fundraising services See Part IV, line 17		at たいないことのはというままままま	表"不。」。在我还是我的一个一个	
f g	Investment management fees Other (If line 11g amount exceeds 10% of line 25, column				
9	(A) amount, list line 11g expenses on Schedule O)	22,348	22.240		
12	Advertising and promotion	22,340	22,348		
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy .				
17	Travel	23,768	23,768		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials		:		
19	Conferences, conventions, and meetings		·· ·· · · · · · · · · · · · · · ·		
20	Interest .				
21 22	Payments to affiliates . Depreciation, depletion, and amortization .				
23	Insurance .				
24	Other expenses, Itemize expenses not covered	The state of the state of	Patrick Color Andrews		
_,	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.)		and the state of the state of		· . ·
а	BANK & CREDIT CARD FEES	27,868	TO SECULATE SECTION	27,868	
b	EXCHANGE LOSS	165,592		165,592	
c	BAD DEBT EXPENSE	805		805	
d					
e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	2,929,866	2,719,556	210,310	···
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 following SOP 98-2 (ASC 958-720) formula in the control of the control o				

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year Cash - non-interest-bearing 1 1,743,997 2,067,843 2 2 Savings and temporary cash investments 3 Pledges and grants receivable, net 838,387 3 1,348,351 4 Accounts receivable, net 4 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 Loans and other receivables from other disqualified persons (as defined under section 6 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 instructions) Complete Part II of Schedule L 6 7 Notes and loans receivable, net 7 8 Inventories for sale or use R 9 q Prepaid expenses and deferred charges Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 10a Less accumulated depreciation 10b 10c b 11 11 investments-publicly traded securities 12 12 Investments-other securities See Part IV, line 11 65,419 57,668 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 15 Other assets See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 2,971,649 3,150,016 17 Accounts payable and accrued expenses 17 3,676 5.718 18 Grants payable 18 19 Deferred revenue 19 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 23 Secured mortgages and notes payable to unrelated third parties 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 25 88,349 116,083 Total liabilities. Add lines 17 through 25 26 26 92,025 121,801 Organizations that follow SFAS 117 (ASC 958), check here ▶ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 27 3,055,769 2,902,553 28 Temporarily restricted net assets 28 (22,929) (27,554)29 Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here ightharpoonup and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 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 2,879,624 33 3,028,215 34 Total liabilities and net assets/fund balances 2,971,649 34 3,150,016 Form 990 (2014)

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Page	ı	4

						.gc
Par	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			3,08	33,082
2	Total expenses (must equal Part IX, column (A), line 25)	2				29,866
3	Revenue less expenses Subtract line 2 from line 1	3				3,216
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) .	4				79,624
5	Net unrealized gains (losses) on investments .	5			(4,625)
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				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B)) .	10			3,02	.8 ,215
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		_ [
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın	ın 🕴			
	Schedule O		- 1	- 1		
2 a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled i	or			
	reviewed on a separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					
ь	Were the organization's financial statements audited by an independent accountant?			2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	d on	а		ĺ	
	separate basis, consolidated basis, or both			- 1		
	Separate basis Consolidated basis Both consolidated and separate basis			- 1	ļ	
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over			1		
	of the audit, review, or compilation of its financial statements and selection of an independent account		ᆫᆖ	2c │	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	olaın ı	n	- 1	- 1	
	Schedule O		j	ļ		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	orth a				_
	the Single Audit Act and OMB Circular A-133?		_	la		<u>√</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo and application and application and applications are supplied to the control of t					
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	dits		b		
			1	Form	990	(2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Inspection

Name	of the organization	_				Employer identification	n number
	TFORD SHAKESPEAREAN FESTIV						20887
Par							ons.
1 ne c	organization is not a private found						
2	☐ A church, convention of church ☐ A school described in section			ibea in se	ection 17	/U(b)(1)(A)(i).	
3	A hospital or a cooperative ho			n coction	a 170/b\/:	4\(A\();;;\	
4	A medical research organizati	on operated in c	conjunction with a hos	nital desc	ribed in s	1)(A)(III). section 170(b)(1)(A)	(iii). Enter the
	hospital's name, city, and stat			p.10. 0000		30011011 11 0(2)(1)(1)	(m). Emor mo
5	An organization operated for section 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	tal unit described in
6 7	A federal, state, or local gover An organization that normally described in section 170(b)(1	receives a subs	stantial part of its sup	n section	on 170(b) n a gover)(1)(A)(v). nmental unit or fron	n the general public
8	A community trust described			Part II)			
9	An organization that normally receipts from activities relate support from gross investme acquired by the organization a	receives (1) moderated to its exempted and	ore than 331/3% of its functions—subject to unrelated business	support certain taxable i	exceptio ncome (l	ns, and (2) no more	e than 331/3% of its
10	An organization organized and	d operated exclu	isively to test for publi	c safety	See sect	ion 509(a)(4).	
11	An organization organized and one or more publicly supported the box in lines 11a through 11	d organizations of	described in section 5	09(a)(1) o	r section	509(a)(2). See sect	ion 509(a)(3). Check
а	□ Type I A supporting organization(sorganization You must continuous)	cation operated, s) the power to re	supervised, or contro egularly appoint or ele	lled by its	support	ed organization(s), ty	pically by giving
b	Type II A supporting organic control or management of the organization(s) You must control	e supporting or	ganization vested in th	nection w le same p	vith its su persons ti	pported organization hat control or manag	n(s), by having ge the supported
С	Type III functionally integra its supported organization(s)	ated. A supporti	ng organization opera s) You must comple	ted in cor te Part I\	nnection '	with, and functionall	y integrated with,
d	Type III non-functionally in that is not functionally integree requirement (see instructions	ated The organ	zation generally must	satisfy a	distributi	on requirement and	ted organization(s) an attentiveness
е	Check this box if the organize functionally integrated, or Ty	ation received a	written determination	from the	IRS that	it is a Type I, Type I	I, Type III
f	Enter the number of supported						
g	Provide the following information		ported organization(s).				
	(i) Name of supported organization	(II) EIN	(iii) Type of organization (described on lines 1–9 above or IRC section (see instructions))	listed in you	organization ur governing ment?	(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			(See manuchons))	Yes	No		
(A)							
(B)							
(C)							
(D)							
(E)		-					
Total		Party Tollows Transport of the Control of the Contr	11				

							, age -
Part		ations Descr	ibed in Secti	ions 170(b)(1)(A)(iv) and 1	70(b)(1)(A)(vi)
	(Complete only if you checked t						alify under
	Part III. If the organization fails to	o qualify unde	er the tests lis	sted below, p	lease comple	ete Part III.)	-
Sect	ion A. Public Support						
Caler	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and	-					
	membership fees received (Do not						
	include any "unusual grants ")	2,192,555	2,624,725	4,576,264	2,963,538	3,057,624	15,414,706
2	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf					1	
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
4	Total. Add lines 1 through 3	2,192,555	2,624,725	4,576,264	2,963,538	3,057,624	15,414,706
5	The portion of total contributions by						
	each person (other than a						
	governmental unit or publicly			8,70° 3 7578			
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)	COMPANY OF THE					2,542,712
6	Public support. Subtract line 5 from line 4.		A STATE OF THE PARTY OF T				12,871,994
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	2,192,555	2,624,725	4,576,264	2,963,538	3,057,624	15,414,706
8	Gross income from interest, dividends,	ĺ					
	payments received on securities loans,						
	rents, royalties and income from similar sources						
^		10,287	325	14,428	12,896	9,075	47,011
9	Net income from unrelated business activities, whether or not the business		ĺ			·	
	is regularly carried on						
10	Other income Do not include gain or						
10	loss from the sale of capital assets						
	(Explain in Part VI.)					45 202	40.000
11	,				grand distribution	16,383	16,383
12	Gross receipts from related activities, etc.			Edical State of the	A company of the control of	12	15,478,100
13	First five years. If the Form 990 is for th			d. third. fourth.	or fifth tax ve		501(c)(3)
	organization, check this box and stop he						
Secti	on C. Computation of Public Suppor	t Percentage				<u> </u>	
14	Public support percentage for 2014 (line 6			1, column (f))		14	83.16 %
15	Public support percentage from 2013 Sch	nedule A, Part I	l, line 14 .		[15	83.18 %
16a	331/3% support test-2014. If the organization				line 14 is 331/	3% or more, ch	eck this
	box and stop here. The organization qua	lifies as a publi	cly supported	organization			. 🕨 🗸
ь	331/3% support test-2013. If the organ					15 is 331/3% c	r more,
	check this box and stop here. The organi	ization qualifies	s as a publicly	supported orga	anization .		. 🕨 📋
17a	10%-facts-and-circumstances test - 20	014. If the orga	nization dıd no	t check a box	on line 13, 16a	a, or 16b, and li	ne 14 is
	10% or more, and if the organization med						
	Part VI how the organization meets the "fa	acts-and-circu	mstances" test	t. The organiza	ition qualifies a	as a publicly su	pported
	organization						. 🕨 📋
b	10%-facts-and-circumstances test - 20						
	15 is 10% or more, and if the organizat						
	Explain in Part VI how the organization m	eets the "facts	-and-circumsta	ances" test. Th	ne organization	qualifies as a	publicly
	supported organization						. ▶ 🗆
18	Private foundation. If the organization di	o not check a l	oox on line 13,	16a, 16b, 17a,	, or 1/b, check	this box and s	ee

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

• •	-			
(Complete only if	you checked the b	oox on line 9 of Part I or if	the organization failed to qua	alify under Part II.
If the organization	n fails to qualify un	der the tests listed below	, please complete Part II.)	

Secti	on A. Public Support			·			
Calen	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees		-				
	received (Do not include any "unusual grants ")						
2	Gross receipts from admissions, merchandise						
	sold or services performed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the	<u></u>					
•	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
3	furnished by a governmental unit to the						
	organization without charge .						
e	· ·				<u> </u>		
6	Total. Add lines 1 through 5						
ı a	Amounts included on lines 1, 2, and 3 received from disqualified persons			1			
	·		ļ				
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						
_	•						
_	Add lines 7a and 7b]				
8	Public support (Subtract line 7c from					;	
	line 6)		L	L	L	<u> </u>	
	on B. Total Support						
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6						
10a							
	payments received on securities loans, rents,						ı
_	royalties and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after June 30, 1975						
С	Add lines 10a and 10b						· · · · · · · · · · · · · · · · · · ·
11	Net income from unrelated business						
	activities not included in line 10b, whether						
	or not the business is regularly carried on						
12	Other income. Do not include gain or						
	loss from the sale of capital assets						
	(Explain in Part VI)						
13	Total support. (Add lines 9, 10c, 11,						
	and 12)		<u> </u>	<u> </u>			
14	First five years. If the Form 990 is for the		n's first, secon	d, third, fourth	, or fifth tax ye	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he		· ·				▶ □
	on C. Computation of Public Suppor						
15	Public support percentage for 2014 (line 8		•	3, column (f))		15	<u>%</u>
16	Public support percentage from 2013 Sch			<u> </u>		16	<u>%</u>
	on D. Computation of Investment In					- I am I	
17	Investment income percentage for 2014 (y line 13, colur	mn (f))	17	<u>%</u>
18	Investment income percentage from 2013					18	%
19a	331/3% support tests—2014. If the organ						
	17 is not more than 331/3%, check this box		_				
b	331/3% support tests—2013. If the organiz						
	line 18 is not more than 331/2%, check this l		_				
20	Private foundation. If the organization di	d not check a	box on line 14	, 19a, or 19b, o	check this box	and see instru	ctions 🕨 🗌

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
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Part	V · Supporting Organizations (continued)			r-:-
44	Lies the average transport of a set of a control of a set		Yes	No
11 a	Has the organization accepted a gift or contribution from any of the following persons?			}
a	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
Secti	ion B. Type I Supporting Organizations			L
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			ŀ
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities of the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carned out the purposes of the supported organization(s) that operated,			
<u></u>	supervised, or controlled the supporting organization	2		
Secu	on C. Type II Supporting Organizations		Vaa	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		Yes	140
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations			,
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s)	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	1		
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see i	nstru	ctions	s)
а	☐ The organization satisfied the Activities Test. Complete line 2 below			,
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (s	ee ins	truction	ons)
2	Activities Test Answer (a) and (b) below.	ļ	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	r	163	140
u	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported expansion to (a) would have been expansion as 16 "Yes." evaluation to Part VI the			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard	3b		

Schedule A (Form 990 or 990-EZ) 2014			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	gan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			structions All
other Type III non-functionally integrated supporting organizations must co	mp	lete Sections A through E	
Section A - Adjusted Net Income	(A) Prior Year	(B) Current Year (optional)	
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	47 . 44 42 . 44		
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):	, di 1,00		The state of the s
2 Acquisition indebtedness applicable to non-exempt-use assets	2		100
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	- Work with the wife of men	
 7 Check here if the current year is the organization's first as a non-functionall instructions). 	1 -	2 (2/4) (2/2)	organization (see

	 Type III Non-Functionally Integrated 509(a)(3 	3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe	empt purposes of suppo	rted	
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nızations	
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions	<u>_</u>		
7	Total annual distributions. Add lines 1 through 6			
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
Se	ection E - Distribution Allocations (see instructions)	(i)	(ii) Underdistributions	(iii) Distributable
	,	Excess Distributions	Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014	-		
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014			
а	-			
b	<u> </u>			
С				
d	- '			
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
	D, line 7 \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder Subtract lines 4a and 4b from 4			
5	Remaining underdistributions for years prior to 2014, if	1		
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015 Add lines 3j and 4c			
8	Breakdown of line 7			
a	······································			
<u> </u>				
				
d	Excess from 2013			
	Excess from 2014 .			
<u>_</u>				

	Form 990 or 990-EZ) 2014 , Pa	age 8
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; a Part III, line 12. Also complete this part for any additional information. (See instructions.)	nd
•••••		

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.

2014 Open to Public Inspection

OMB No 1545-0047

Name	of the organization		Employer identification number
STRA	TFORD SHAKESPEAREAN FESTIVAL OF AMERICA		38-2420887
	t I Organizations Maintaining Donor Adv	rised Funds or Other Similar Fund	
	Complete if the organization answered '		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor funds are the organization's property subject to the	advisors in writing that the assets he	
^	funds are the organization's property, subject to th		
6	Did the organization inform all grantees, donors, a only for charitable purposes and not for the beneficonferring impermissible private benefit?	and donor advisors in writing that gran fit of the donor or donor advisor, or fo	t funds can be used or any other purpose · · · · ∏ Yes ∏ No
Pai	t 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		
	☐ Preservation of land for public use (e.g., recreat		a historically important land area
	Protection of natural habitat		a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	eld a qualified conservation contribution	n in the form of a conservation
	easement on the last day of the tax year	•	Held at the End of the Tax Year
а	Total number of conservation easements .		2a
b	Total acreage restricted by conservation easements	s	2b
С	Number of conservation easements on a certified h		2c
d	Number of conservation easements included in		on a
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transtax year ▶	sferred, released, extinguished, or term	
4	Number of states where property subject to conser	vation agrament is located •	
5	Does the organization have a written policy reg	garding the periodic monitoring, insp	ection, handling of
_	violations, and enforcement of the conservation eas		· · · · · Yes No
6	Staff and volunteer hours devoted to monitoring, in	specting, and enforcing conservation e	asements during the year
7	Amount of expenses incurred in monitoring, inspec	ting, and enforcing conservation easer	nents during the year
	> \$		
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	2(d) above satisfy the requirements of s	
^	·		· · · · L Yes L No
9	In Part XIII, describe how the organization reports of	conservation easements in its revenue a	and expense statement, and
	balance sheet, and include, if applicable, the text of organization's accounting for conservation easeme	t the foothote to the organization's fina	incial statements that describes the
Par			Other Circilar Assets
r ai	Organizations Maintaining Collections Complete if the organization answered "	Voo" to Form 000, Dort IV, Ima 9	Jiner Similar Assets.
14	If the organization elected, as permitted under SFA works of art, historical treasures, or other similar	AS 116 (ASC 958), not to report in its i	revenue statement and balance sheet
	public service, provide, in Part XIII, the text of the fo	noting to its financial statements that	describes these items
b			
J	If the organization elected, as permitted under SF works of art, historical treasures, or other similar public service, provide the following amounts relating	assets held for public exhibition, edu	scenario statement and balance sneet scenario, or research in furtherance of
	(i) Revenue 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, following amounts required to be reported under SF	historical treasures, or other similar a FAS 116 (ASC 958) relating to these ite	assets for financial gain, provide the
а	Revenue included in Form 990, Part VIII, line 1	.	▶ \$
b	Assets included in Form 990. Part X		• •

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Par	t III Organizations Maintaining	Collections of	Art, His	torical	Treasure	s, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition,	accession, and of	ther reco	rds, chec	ck any of t	he follow	wing that are a s	ignificant use of its
	collection items (check all that apply).	•						
а	☐ Public exhibition		d	☐ Loan	or exchan	ge prog	rams	
b	Scholarly research		е	☐ Othe	r			
C	Preservation for future generation							
4	Provide a description of the organiza XIII.							
5	During the year, did the organization assets to be sold to raise funds rather	solicit or receive r than to be mainta	donation ained as	ns of art, part of th	historical f e organiza	treasure tion's co	s, or other similablection?	ar 🗌 Yes 🗍 No
Par					-			
	Complete if the organization 990, Part X, line 21.	n answered "Yes	" to For	m 990, F	Part IV, line	e 9, or 1	reported an am	ount on Form
1a	Is the organization an agent, trustee	custodian or oth	er intern	nediary fr	or contribu	itions or	other accete no	
	included on Form 990, Part X?							″ □ Yes □ No
ь	If "Yes," explain the arrangement in P							☐ res ☐ NO
	, ,					[Ai	mount
С	Beginning balance					10		
d	Additions during the year					1d		<u> </u>
е	Distributions during the year					1e		
f						1f		
2 a	Did the organization include an amount	nt on Form 990, Pa	art X, line	21, for e	scrow or c	ustodia	account liability	? 🗌 Yes 🔲 No
	If "Yes," explain the arrangement in P	art XIII. Check her	e if the e	xplanatio	n has beer	provide	ed in Part XIII .	<u> </u>
Par	t V Endowment Funds.	1.437						
	Complete if the organization	(a) Current year					(d) There is a line of	145
4	Decimaling of wear halance	(a) Current year	(b) Pr	or year	(c) Two yea	rs back	(d) Three years back	(e) Four years back
ia b	Beginning of year balance	:						
C	Net investment earnings, gains, and							
	losses					J		
d	Grants or scholarships					 		 -
e	Other expenditures for facilities and							-
	programs					i		
f	Administrative expenses							
g	End of year balance					Ī		
2	Provide the estimated percentage of t			e (line 1g	, column (a	a)) held a	is:	
а	Board designated or quasi-endowmer		%					
b	Permanent endowment >	%						
С	Temporarily restricted endowment	%	00/					
2-	The percentages in lines 2a, 2b, and 2 Are there endowment funds not in the			zation the	et are hold	and ad	minustarad for the	_
Ja	organization by:	e possession or th	e organi	zanon me	at are rielo	and au	ministered for the	
	(i) unrelated organizations							Yes No
	•							3a(ii)
b	If "Yes" to 3a(ii), are the related organi							3b
4	Describe in Part XIII the intended uses							<u> </u>
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization	answered "Yes'	to For	n 990, P	art IV, line	11a. S	ee Form 990, F	Part X, line 10.
	Description of property	(a) Cost or oth			r other basis		Accumulated	(d) Book value
		(investme	ent) 	(01	ther)		preciation	
1a	Land	•				متعددات		
b	Buildings							
C	Leasehold improvements .	•						
d	Equipment	·		ļ		-		
e Total	Other	ust equal Form 90	0 Part	Column	(R) line 10)c.)		
	ALL BUILDS IN BROWN IN TO TOURS IN THE	uguar i Ullil Di	/					

Part VII	Investments – Other Securities. Complete if the organization answ	vered "Yes" to Fo	orm 990). Part IV. line	11b. See Form	n 990, Part X, line 12.
	(a) Description of security or category (including name of security)			Book value	(c) Me	ethod of valuation d-of-year market value
(1) Financial	derivatives					
	eld equity interests					
(3) Other						
(A)						
(B)						
(C) (D)						
(E)						
(F)					-	
(G)						
(H)	•					
-	b) must equal Form 990, Part X, col (B) line 12) ▶					
Part VIII	Investments—Program Related	_				
	Complete if the organization answ		orm 990	. Part IV. line	11c. See Form	n 990, Part X, line 13.
	(a) Description of investment			Book value	(c) M	ethod of valuation d-of-year market value
(1)						
(2)						
(3)						
(4) (5)						
(6)			+			
(7)	•	·				
(8)		·				
(9)						
	b) must equal Form 990, Part X, col (B) line 13) 🕨				-	
Part IX	Other Assets.					
	Complete if the organization answ	vered "Yes" to Fo	orm 990	, Part IV, line	11d. See Form	
	(a	Description				(b) Book value
(1)						
(2)						
(3)					······	
(4)	-					
(5)						
(6)						
(7)						-
(8)						
	mn (b) must equal Form 990, Part X, co	I (B) line 15)			•	
Part X	Other Liabilities.					
	Complete if the organization answ	vered "Yes" to Fo	orm 990), Part IV, line	11e or 11f. Se	e Form 990, Part X,
	line 25.					
1.	(a) Description of liability	(b) Book value				
(1) Federal in	come taxes					
	NUITY LIABILITIES	· <u>·</u>	85,222			
(3)						
(4)						
(5)						
(6)						
(7)						
(8)						
	b) must equal Form 990, Part X, col (B) line 25)		DE 222			
	uncertain tax positions. In Part XIII, provide		85,222		1 1 1 1 1 1 1	1 11 1 1 1- 1-

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

	le D (Form 990) 2014	D-4	Page 4
Par	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	er Return.	
1	Total revenue, gains, and other support per audited financial statements		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12.	• 1	3,078,457
a	At a second seco	25)	
b	Donated services and use of facilities	25)	
C	Recoveries of prior year grants		
d	Other (Describe in Part XIII.)	- 	
e	Add lines 2a through 2d	2e	(4.625)
3	Subtract line 2e from line 1	3	(4,625) 3,083,082
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1.72 10%	3,083,082
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	 -,-	
С	Add lines 4a and 4b	4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)		3,083,082
Part			0,003,002
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	2,929,866
2	Amounts included on line 1 but not on Form 990, Part IX, line 25.		2,020,000
а	Donated services and use of facilities 2a	-	
b	Prior year adjustments		
С	Other losses		
d	Other (Describe in Part XIII.)		
е	Add lines 2a through 2d	. 2e	
3	Subtract line 2e from line 1	. 3	2,929,866
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	r gers e	
а	Investment expenses not included on Form 990, Part VIII, line 7b . 4a	13 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
b	Other (Describe in Part XIII)	3.7 kg	
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	. 5	2,929,866
	te the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4; Part IV, lines 1b and t XI, lines 2d and 4b; Also complete this part to provide any additional		e 4; Part X, line
		•••	
		·	
			•••

Schedule D (For	rm 990) ₂ 014	Page 5
Part XIII	Supplemental Information (continued)	
		•••
	•••••••••••••••••••••••••••••••••••••••	
	······································	
		•

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

-- 16 G

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service ► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.
► Attach to Form 990.

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

Name of the organization Employee

1990. Inspection
Employer identification number

STRA	TFORD SHAKESPEAREAN FES					8-2420887
Par	General Information Form 990, Part IV, line		es Outside	the United States. Com	plete if the organization ans	swered "Yes" on
1	For grantmakers. Does the	organization	maintain reco	ords to substantiate the am	ount of its grants and othe	r
	assistance, the grantees' eligrants or assistance?		e grants or as	ssistance, and the selection	n criteria used to award the	
	grants or assistance:		•		• • •	✓ Yes ☐ No
2	For grantmakers. Describe assistance outside the Unite		he organizati	on's procedures for moni	toring the use of its gran	ts and other
3	Activities per Region (The fo	llowing Part I	l, line 3 table o	can be duplicated if additio	nal space is needed)	
	(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1)	NORTH AMERICA			GRANTMAKING	GRANTMAKING	2,673,440
(2)		,				
(3)						
(4)						
(5)						
(6)	100					
(7)						
(8)						
(9)						
(10)						
(11)						
(12)						
(13)						
(14)						
(15)						
(16)						
(17)						
3a	Sub-total					2,673,440
b	Total from continuation sheets to Part I			-		
С	Totals (add lines 3a and 3b)					2,673,440

Page 2

Schedule F (Form 990) 2014

Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed. Part II

(f applicable) NORTH NORTH		grant	cash grant	cash disbursement	non-cash assistance	of non-cash assistance	(book, FMV,
			_				appraisal, other)
	S A SIGNA HIGON	OPERATIONS	2 502 000 IMIDE	n n			
	1	ENDOWMENT	81,440 WIRE	WIRE			
Control of the second s							
	:						

က N

2 Enter total number of other organizations or entities

Schedule F (Form 990) 2014

Page 3

Schedule F (Form 990) 2014

Part III

Grants and Other Assistance to Individuals Outside the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 16. Part III can be duplicated if additional space is needed.

Schedule F (Form 990) 2014 (h) Method of valuation (book, FMV, appraisal, other) (g) Description of non-cash assistance (f) Amount of non-cash assistance (e) Manner of cash disbursement (d) Amount of cash grant (c) Number of recipients (b) Region (a) Type of grant or assistance Ξ 2 ල <u>4</u> 9 (10 Ξ (13) 14 (15) (16) 5 (18) E 8 6 (12) (2)

Schodula	F	(Form	agnı	2014

D	-

1 Was the organization a U.S transferor of property to a foreign corpora	ation during the tax year? If "Yes," Fransferor of Property to a Foreign		
the organization may be required to file Form 926, Return by a U.S. Ti	• • • • • • • • • • •	☐ Yes	☑ No
2 Did the organization have an interest in a foreign trust during the tax may be required to file Form 3520, Annual Return To Report Trans Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Informati U.S. Owner (see Instructions for Forms 3520 and 3520-A, do not file with the contraction of the contraction	sactions With Foreign Trusts and tion Return of Foreign Trust With a	☐ Yes	☑ No
3 Did the organization have an ownership interest in a foreign corporate the organization may be required to file Form 5471, Information Return Certain Foreign Corporations (see Instructions for Form 5471)	n of U.S. Persons With Respect to	☐ Yes	 ✓ No
Was the organization a direct or indirect shareholder of a passive for qualified electing fund during the tax year? If "Yes," the organization multiformation Return by a Shareholder of a Passive Foreign Investment Fund (see Instructions for Form 8621)	may be required to file Form 8621.	☐ Yes	✓ No
5 Did the organization have an ownership interest in a foreign partnersh the organization may be required to file Form 8865, Return of U.S. Foreign Partnerships (see Instructions for Form 8865)	ship during the tax year? If "Yes," Persons With Respect to Certain	☐ Yes	☑ No
6 Did the organization have any operations in or related to any boycotting "Yes," the organization may be required to file Form 5713, International for Form 5713, do not file with Form 990)		☐ Yes	☑ No

Part V	Supplemental lafe was all
	Supplemental Information Provide the information required by Part I, line 2 (monitoring of funds), Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable Also complete this part to provide any additional information (see instructions).
SCHEDULE	F, PART 1 LINE 2
FOA IS A "F	RIENDS OF" ORGANIZATION THAT SUPPORTS THE STRATFORD SHAKESPEAREAN FESTIVAL OF CANADA AND THE
	D SHAKESPEAREAN FESTIVAL ENDOWMENT FOUNDATION, BOTH CHARITABLE ORGANIZATIONS ARE LOCATED IN
	D, ONTARIO, CANADA THE BOARD RECEIVED AND REVIEWS GRANT REQUESTS AND RECEIVES REPORTS FROM THE
RECIPIENT	ORGANIZATION ON A QUARTERLY BASIS
	······································
	······
	······

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2014

Open To Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

► Attach to Form 990.

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

STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA

Employer identification number 38-2420887

		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method noncash cor			_
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 .							
		─ ✓	11	76,746 91	TRADING V	ALUE		
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	1	30	1 091 89	APPRAISAL			
19	Food inventory			1,03 1 00	AI I IONISAE			
20	Drugs and medical supplies							
21	Taxidermy						_	
22	Historical artifacts							
23	Scientific specimens							
24	Archeological artifacts						-	
25	Other ► ()							
26	Other > /						_	
27	Other ► (<u> </u>						
28	Other ► (
29	Number of Forms 8283 received	by the ord	ianization during the tay w	ear for contributions for				
	which the organization completed	Form 8283	Part IV Donee Acknowled	Idement	00			
	and and anguine completed	. 51111 0200	, , ait iv, bolice Actiowied	igonioni ,	29		Yes	Na
200	During the year did the assessed		t				162	140
30a	During the year, did the organizat	ion receive	by contribution any proper	ny reported in Part I, lines	1 through	1 1		
	28, that it must hold for at least the to be used for exempt purposes f	ree years in	om the date of the initial co	ontribution, and which is no	ot required	11		
			e notaing perioa /			30a		✓
b	If "Yes," describe the arrangement							
31	Does the organization have a gift acceptance policy that requires the review of any non-standard							
	contributions?							✓_
32a	Does the organization hire or use	third parti	es or related organizations	s to solicit, process, or se	II noncash			
	contributions?	•	•			32a	✓	
b	If "Yes," describe in Part II.							
33	If the organization did not report ar describe in Part II	n amount in	column (c) for a type of prop	perty for which column (a) is	s checked,			

Schedule M (Form 990) (2014) Page 2
Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULI	E M, LINE 32B.
CONTRIBU	ITIONS OF PUBLICLY TRADED SECURITIES MAY BE PROCESSED BY A THIRD PARTY INVESTMENT BROKER HIRED BY
THE ORGA	NIZATION.
	,

SCHEDULE O (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Inspection

Employer identification number

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

Cat No 51056K

STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA	38-2420887
SUPPLEMENTAL INFORMATION TO FORM 990	······
FORM 990, PART VI, SECTION B, LINE 11. THE ASSISTANT SECRETARY SENDS AN ELECTRONIC CO	PY OF FORM 990 TO EACH VOTING
MEMBER OF THE BOARD OF TRUSTEES AT LEAST 12 DAYS BEFORE THE RETURN IS DUE TO BE FI	LED (TAKING FILING EXTENSIONS
INTO ACCOUNT). A MESSAGE ACCOMPANYING THE COPY OF THE FORM 990 INFORMS EACH TRUS	TEE THAT HE OR SHE HAS 10 DAYS
TO SUBMIT TO THE TREASURER QUESTIONS OR COMMENTS THAT SUCH TRUSTEE MAY HAVE REC	SARDING THE RETURN THE
QUESTIONS OR COMMENTS OF THE TRUSTEES ARE RESOLVED WITH THE TREASURER AND FOA'S	COUNSEL OR ACCOUNTANT PRIOR
TO FINALIZING THE FORM 990 FOR FILING.	
FORM 990, PART VI, SECTION B, LINE 12C: EACH TRUSTEE, OFFICER, AND MEMBER OF A COMMITT	EE WITH BOARD-DELEGATED
POWERS SHALL ANNUALLY SIGN A DISCLOSURE AND AFFIRMATION STATEMENT IN ADDITION, FO	DA CONDUCTS PERIODIC REVIEWS
TO ENSURE ADHERENCE TO POLICIES.	
FORM 990, PART VI, SECTION B, LINE 19: THE STRATFORD SHAKESPEAREAN FESTIVAL OF AMERIC	CA MAKES ITS GOVERNING
DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE	PUBLIC UPON REQUEST
FORM 990, PART III LINE 1 - ORGANIZATION'S MISSION	
THE STRATFORD FESTIVAL OF AMERICA ("FOA") RECEIVES TAX-DEDUCTIBLE CONTRIBUTIONS WI	THIN THE UNITED STATES IN
SUPPORT OF SHAKESPEAREAN AND OTHER CLASSICAL AND CONTEMPORARY THEATRE IN PART	TICULAR, FOA SERVES AS A
"FRIENDS OF" ORGANIZATION IN SUPPORT OF THE STRATFORD SHAKESPEAREAN FESTIVAL OF C	CANADA WHICH IS DEDICATED TO
PRODUCING THE WORKS OF SHAKESPEARE AND OTHER CLASSICAL DRAMATISTS TO THE HIGHE	ST LEVEL OF ACHIEVEMENT FOR
AUDIENCES OF ALL AGES FROM THE UNITED STATES AND ABROAD THE FOA BOARD OF TRUSTE	ES RECEIVES AND REVIEWS GRANT
REQUESTS ON A QUARTERLY BASIS THE BOARD CONSISTS OF INDIVIDUALS WITH DIVERSE PROF	ESSIONAL BACKGROUNDS AND
EXPERIENCES. FOA ALSO SERVES AS A COMMUNICATION VEHICLE FOR MEMBER GROUPS WHO S	SUPPORT THE STRATFORD
SHAKESPEAREAN FESTIVAL OF CANADA THROUGH EDUCATIONAL PROGRAMS, AUDIENCE DEVEL	OPMENT AND FUND-RAISING
ACTIVITIES FOA HOLDS EDUCATIONAL WORKSHOPS IN MICHIGAN THAT INTRODUCE STUDENTS	TO SHAKESPEARE IN A DYNAMIC,
ENGAGING WAY, SUPPORTS TEACHERS IN THE DRAMA-BASED TEACHING OF SHAKESPEARE'S PL	AYS AND BUILDS AWARENESS IN

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

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA	38-2420887
MICHIGAN OF THE STRATFORD SHAKESPEAREAN FESTIVAL OF CANADA FOA ALSO ENDEAVOURS T	O ENRICH THE CHICAGO
THEATRE COMMUNITY THROUGH THE FELLOWS PROGRAM OF THE BIRMINGHAM CONSERVATORY FO	OR CLASSICAL THEATRE
TRAINING ("CONSERVATORY") YOUNG PROFESSIONAL CHICAGO ACTORS ATTEND THE CONSERVAT	ORY WHICH IS AN INTENSIVE
TRAINING PROGRAM THAT OFFERS UNPARALLELED ACCESS TO THE VERY BEST SPECIALISTS TO PR	REPARE YOUNG ACTORS FOR THE
RIGOURS AND SPECIFIC REQUIREMENTS OF ACTING IN CLASSICAL THEATRE.	
FORM 990, PART III, LINE 4D	
FOA ENDEAVOURS TO ENRICH THE CHICAGO THEATRE COMMUNITY THROUGH THE FELLOWS PROGR	RAM OF THE BIRMINGHAM
CONSERVATORY FOR CLASSICAL THEATRE TRAINING ("CONSERVATORY") AT THE STRATFORD SHAM	(ESPEAREAN FESTIVAL OF
CANADA. A YOUNG PROFESSIONAL CHICAGO ACTOR ATTENDS THE CONSERVATORY WHICH IS AN IN	ITENSIVE TRAINING PROGRAM
THAT OFFERS UNPARALLELED ACCESS TO THE VERY BEST SPECIALISTS TO PREPARE YOUNG ACTO	RS FOR THE RIGOURS AND
SPECIFIC REQUIREMENTS OF ACTING IN CLASSICAL THEATRE THIS PROGRAM INCURRED EXPENSES	5 OF \$17,469 IN 2014.
FORM 990, PART VI, LINE 17 - STATES	
AR, CA, CT, DC, FL, GA, IL, IN, KY, MD, MA, MI, MN, MO, NH, NJ, NM, NY, NC, OH, OK, OR, PA, SC, TN, VA,	WI
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