(Rev January 2020)

Department of the Treasury

Return of Organization Exempt From Income Tax

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

OMB No 1545-0047 2019

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

Open to Public

Inter	nal Revenue	Service	► Go to www.irs.go	ov/Form990 for in:	structions a	nd the late	st informati	ioń./W	V	Inspection
A	For the 2	019 calend	dar year, or tax year beginning	11/01	, 201	9, and end	ling	10/31		, 20 20
В	Check if an	plicable	C Name of organization STRATFO	RD SHAKESPEAF	REAN FEST	IVAL OF A	MERICA		D Employer	identification number
П	Address ch	ange	Doing business as STRATFOR(3	8-2420887
一	Name char	,	Number and street (or P O box if	ss)	Room/suite		E Telephone	number		
\exists	Initial returi	-	C/O HONIGMAN, 660 WOOD	WARD AVE		·	2290		. (31	3) 465-7226
\exists	Final return		City or town, state or province, co		ign postal cod	le			(0	7
\exists	Amended r		DETROIT, MI 48226	,,	.g p			- I	G Gross rece	eipts \$ 5,380,792
\exists	Application		F Name and address of principal office	cer LINDA REXER)		H(a) is		p return for sub	
	Application	periority	SAME AS ABOVE	oci Emontrene	•	~	1 ' '	•	•	cluded? Yes No
	Tax-exemp	t status	✓ 501(c)(3) 501(c) () ◀ (insert no)	4947(a)(1) or 1 527				ee instructions)
.	Website: I		<u> </u>) = (msort no)	1	, or <u>Coo</u>	/		emption num	•
<u>. </u>			Corporation Trust Associat	ion	-+	L Year of for			•	gal domicile MI
•		Summai		ionother		L Teal Of IOI	manon 13	702 1	VI State Of le	gai domicile IVII
				on or most signif	icant activi	tion:				
a			cribe the organization's missi							
ĕ	5	UPPORT	OF SHAKESPEAREAN AND OT	HER CLASSICAL	AND CONT	EMPORAR	YIHEAIRE	-		
Ē	0 -		box ▶ ☐ if the organization	diagontini ad ita		or diopoo		than 2	E0/ of to	not nonoto
Activities & Governance			-							net assets.
Ğ			voting members of the gover		1		EIVED) ·	3 4	9
Se	1		independent voting members	•		-	LU)	၂၀	5	9
ij	1		per of individuals employed in	-			0.7 2021	. So	6	
Ę	B.		per of volunteers (estimate if r		1 ~ 1	. IMMI.	0 7 2021	8		60
⋖	ŀ		ated business revenue from F			<u> </u>		_ 또	7a	
	b N	et unrelat	ted business taxable income	from Form 990-1	, line 39	- OCD	EN: UT	-	7b	
					 -		- Pn	or Year		Current Year
e	1		ons and grants (Part VIII, line	35,122	5,367,608					
ē	1	•	ervice revenue (Part VIII, line 2	27,918	2,953					
Revenue			t income (Part VIII, column (A)		•				29,874	10,231
_	1		nue (Part VIII, column (A), line							
			ue-add lines 8 through 11 (m			<u>4), line 12)</u>		5,49	92,914	5,380,792
	1		l similar amounts paid (Part I)					5,78	32,566	6,773,339
	14 B	enefits pa	ald to or for members (Part IX	, column (A), line	4)					
S	1		her compensation, employee t			ınes 5–10)				
ūS	16a P	rofession	al fundraising fees (Part IX, co	olumn (A), line 1	1e) .					
Expenses	1		aising expenses (Part IX, colu				1	-	31 mg 12	The state of the s
W	17 C	ther expe	enses (Part IX, column (A), line	es 11a-11d, 11f-	24e) .				78,938	134,831
	18 T	otal expe	nses. Add lines 13–17 (must i	equal Part IX, col	lumn (A), Iır	ie 25) .		5,86	61,504	6,908,170
		levenue le	ess expenses. Subtract line 1	8 from line 12	<u> </u>	·		(36	8,590)	(1,527,378)
ces							Beginning	of Curre	nt Year	End of Year
sets alan	20 T	otal asset	ts (Part X, line 16)					5,39	97,339	3,854,307
t Assets o	21 T	otal liabili	ties (Part X, line 26)					• {	39,731	74,083
F Set	22 N	let assets	or fund balances. Subtract li	ne 21 from line 2	0			5,30	07,608	3,780,224
Pi	art II	Signatu	re Block							
			, I declare that I have examined this r							nowledge and belief, it is
tru	e, correct, a	and complet	e Declaration of preparer (other than	officer) is based on a	Il information o	of which prep	arer has any k	nowledg	je	
		Logen	rda Riser					1	March 18,	2021
Sig	gn	Signati	ure of officer		_			Date		
He	ere	Line	da Rexer, Board Chair							
			r print name and title							
D-		Print/Type	preparer's name	Preparer's signature	,		Date		Check 🗍	f PTIN
Pa									self-employe	
	eparer	Firm's nar	ne ►					Fırm's	EIN ►	
US	e Only	Firm's add						Phone		
Ma	y the IRS	 	this return with the preparer s	hown above? (se	ee instructi	ons)				Yes No
			ion Act Notice are the senses				ot No. 11292V	, 		Eom 990 (2019)

Part		Page 2
	Check if Schedule O contains a response or note to any line in this Part III	. 🗸
1	Briefly describe the organization's mission:	
	SEE SCHEDULE 0	
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
_	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?	7 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	red by
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(4) organizations are required to report the amount of grants and allocations to compare the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(c)(4) organizati	others
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$ 4,619,928 including grants of \$ 4,619,928) (Revenue \$)	<u> </u>
74	TOTAL REVENUE GENERATED BY THE STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA ("FOA") IN 2019 WAS \$5,380.	, 792
	FOA AWARDED \$4,619,928 IN GRANTS IN SUPPORT OF THE STRATFORD SHAKESPEAREAN FESTIVAL OF CANADA'S ACTIVI	
	IN 2019 NO TICKETS WERE SOLD FOR THE STRATFORD SHAKESPEAREAN FESTIVAL TO VISITORS ORIGINATING IN THE	
	UNITED STATES IN 2019 DUE TO COVID-19 FOA MAINTAINS LOW OPERATING EXPENSES AND IS ABLE TO DEDICATE THE	
	MAJORITY OF FUNDS IT RAISES TO SUPPORT THE CREATION OF SHAKESPEAREAN AND OTHER CLASSICAL THEATRE	
4b	(Code:) (Expenses \$ 2,153,411 including grants of \$ 2,153,411) (Revenue \$	<u> </u>
70	THE TOTAL REVENUE GENERATED BY THE STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA ("FOA") IN 2019 WAS	,
	\$5,380,792 FOA AWARDED \$2,153,411 IN GRANT SUPPORT OF THE STRATFORD SHAKESPEAREAN FESTIVAL ENDOWMENT	-
	FOUNDATION ("ENDOWMENT") THE ENDOWMENT HAS HELPED FUND SPECIFIC INITIATIVES INCLUDING NEW PLAY	
	DEVELOPMENT, EDUCATION AND CLASSICAL THEATRE COACHING, AUDIENCE OUTREACH AND ENHANCEMENT OF THE	
	STRATFORD THEATRE FACILITIES	
	(Code:) (Expenses \$ 12,172 including grants of \$) (Revenue \$ 2,953	<u>, </u>
4c	(Code:) (Expenses \$ 12,172 including grants of \$) (Revenue \$ 2,953 THE STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA ("FOA") HOLDS EDUCATIONAL WORKSHOPS IN MICHIGAN THA	
	INTRODUCE STUDENTS TO SHAKESPEARE IN A DYNAMIC AND ENGAGING WAY, SUPPORTS TEACHERS IN THE DRAMA-BA	
	TEACHING OF SHAKESPEARE'S PLAY AND BUILDS AWARENESS IN MICHIGAN OF THE STRATFORD SHAKESPEAREAN FES	
	OF CANADA THIS PROGRAM GENERATED REVENUE OF \$2,953 AND EXPENSES OF \$12,172 IN 2019	

 4d Other program services (Describe on Schedule O.)
 (Expenses \$ including grants of \$
 4e Total program service expenses ▶ 6) (Revenue \$

6,785,511

ABOFMO

Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A. 2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 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 II. 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 III. 5 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 III. 6 Did the organization maintain any donor advised funds or any similar funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, histonic land areas, or histonic structures? If "Yes," complete Schedule D, Part II. 8 Did the organization maintain collections of works of art, histonical treasures, or other similar assests? If "Yes," complete Schedule D, Part III. 9 Did the organization report an amount in Part X, line 21, for escribe or custodial account tability, serve as a custodian for amounts not listed in Part X, ion provide credit counseling, debt management, receit repair, or on quasi endowments? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for lined, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 10 Did the organization organization amount for investments—other securities in Part X, line 10, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII. 10 Did the organization separate or consolidated financial statements for the tax year? If "Yes," complete Schedu	Part	V Checklist of Required Schedules			
complete Schedule A. 1 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 2 Is 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 II. 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(n) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 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 98-197 If "Yes," complete Schedule C, Part III. 5 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 5 Did the organization receive or hold a conservation easement, including essements to preserve open space, the environment, historic land areas, or historic structure? If "Yes," complete Schedule D, Part III. 5 Did the organization maintain collections of works of art, historical treasures, or other similar assess? If "Yes," complete Schedule D, Part III. 6 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 repents or in quasa endowments? If "Yes," complete Schedule D, Part VII. 9 Did the organization report an amount for investments—other securities in Part X, line 10; If "Yes," complete Schedule D, Part VIII. 10 Did the organization organization and the organization in prot an amount for investments—other securities in Part X, line 10; If "Yes," complete Schedule D, Part VIII. 10 Did the organization report an amount for other liabilities in Part X, line 15, that is 5% or more of its total				Yes	No
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section S01(G)3 organizations. Did the organization engage in lobbying activities, or have a section S01(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II. 1 is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership das assessments, or similar amounts as defined in Revenue Procedure 98-191 If "Yes," complete Schedule C, Part III. 5 of the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part II. 7 Did the organization dead advise on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part III. 8 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, or provide credit counseling, debit management, credit repair, or a quasi endowments? If "Yes," complete Schedule D, Part IV. 10 Did the organization report an amount for Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X, in a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VI. 10 Did the organization developed the schedule D, Part VI. 11 If the organization report an amount for investments—other secunities in Part X, line 10; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11 Did the organization report an amount for investments—other secunities in Part X, line 10; that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII. 11 Did the organization report an amount for other liabilities 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 X	2				
section on effect dump the tax year? If "res," complete Schedule C, Part III. 15 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 Revierule Procedure 98-137 If "Yes," complete Schedule C, Part III. 16 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 III. 17 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 III. 18 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III. 19 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. 10 Did the organization, directive or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VI. 11 If the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI. 12 Did the organization report an amount for investments—other securities in Part X, line 10? If "Yes," complete Schedule D, Part VIII. 2 Did the organization report an amount for line seasets 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. 2 Did the organization report an amount for other liabilities in Part X, line 13, that is 5% or more of its total assets traperted in Part X, line 16? If "Yes," complete Schedule D, Part VIII	3		3		1
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Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 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 negotation services? If "Yes," complete Schedule D, Part IV It he organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VI If the organization answer to any of the following questions is "Yes," then complete Schedule D, Part VI Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII 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 Did the organization report an amount for other labilities 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 VII Did the organization report an amount for other labilities 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 VII Did the organization separate or consolidated financial statements for the tax year include a foothoote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X include the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X X include the organization associal described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Part X X include the organization aschool described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule D, Parts II and IV	7		7		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. 10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part VI. 11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Part SI, Ivil., IVII, IVII, IX, or X as applicable. 12 Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VII. 13 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. 14 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 VII. 15 Did the organization report an amount for other labilities 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 VII. 16 Did the organization separate or consolidated financial statements for the tax year include a foothoote that addresses the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Part X and XII 17 Did 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, Part X II and XII. 18 Did the organization and an accordance of the United States. 19 Did the organization and an accordance of the United States. 20 Did the organization report done than \$15,000 to more than \$10,000 of more than \$10,000	8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"	8		1
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for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	b	fundraising, business, investment, and program service activities outside the United States, or aggregate	14b	√	
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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b 21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20a	•	$\overline{}$		1
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	b				
	21		21		1

Part i	Checklist of Required Schedules (continued)			
			Yes	No
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		✓
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		<u> </u>
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С .	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		. —
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		✓
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		✓
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		1
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	✓	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	<u> </u>	✓_
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		1
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		1
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		1
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2.	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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		1
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
Part				. 🗆
			Yes	No
1a b	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	, , , , , , , , , , , , , , , , , , ,	1	, '9 , '1
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c		

Faltu	Statements Regarding Other IRS Fillings and Tax Compliance (continued)		,	
•		٠	Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		,	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a		- `	
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) .			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		✓
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
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	✓	<u> </u>
b	If "Yes," enter the name of the foreign country ► CANADA			<i>;</i>
	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		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
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		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
-	gifts were not tax deductible?	6b		ļ
7	Organizations that may receive deductible contributions under section 170(c).		-,	, ·
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	;	* i,	
	and services provided to the payor?	7a	1	_
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	1	
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
_	required to file Form 8282?	7c		1
d	If "Yes," indicate the number of Forms 8282 filed during the year		•/ s*.	
е	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? .	7f		1
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.		t (:	· ·
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:	, ,		
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]. 3	, .	,
11	Section 501(c)(12) organizations. Enter:	, ,	, ,	۲, ۱
а	Gross income from members or shareholders] :		5
b	Gross income from other sources (Do not net amounts due or paid to other sources	*		ļ,
	against amounts due or received from them.)	<u> </u>	· ,	. E 3
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		<u> </u>
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		`.	· · · ·
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	<u>. </u>	» ()	~ `,
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which	, .		
	the organization is licensed to issue qualified health plans	100		ŀ
С	Enter the amount of reserves on hand			1.5
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		1
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or			
	excess parachute payment(s) during the year?	15		L
	If "Yes," see instructions and file Form 4720, Schedule N.	,		
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		
	If "Yes." complete Form 4720, Schedule O.	\Box	3.1	I

Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	nstruc	tions.						
Secti	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		-	, '						
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	, 	٠,٠	, ,						
b	Enter the number of voting members included on line 1a, above, who are independent			;						
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with										
	any other officer, director, trustee, or key employee?	2		1						
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, 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	┢┈─	1						
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		1						
6	Did the organization have members or stockholders?	6		1						
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:	` .	•							
а	The governing body?	8a	1 J	\ :						
b	Each committee with authority to act on behalf of the governing body?	8b	1	ļ						
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 on Schedule O	9		1						
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven		ode l							
000.	on b. I didice (Time econom b requeste information about poinces het required by the internal florer	<u> </u>	Yes	No						
10a	Did the organization have local chapters, branches, or affiliates?	10a	1							
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	1							
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	1							
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		ř							
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	✓							
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	1							
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	✓							
14	Did the organization have a written document retention and destruction policy?	14	1							
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	<u> </u>	<u> </u>						
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	, ···	1	i-						
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		1						
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	-							
Secti	on C. Disclosure	1 100	Ь							
17	List the states with which a copy of this Form 990 is required to be filed ► SEE SCHEDULE O									
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-	T (Ser	ction !	501(c)						
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. ☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain on Schedule O)									
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of and financial statements available to the public during the tax year.	if inte	rest p	olicy,						
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords	. >							
	MARION BURR, ASST SECRETARY, FOA, 55 QUEEN STREET, PO BOX 520, STRATFORD, ON N5A 6V2 1-800-561-12	33								

Part Vii	· Compensation of Officers	Directors,	Trustees, Ke	y Employees,	Highest C	ompensated	Employees,	and
	Independent Contractors				_	•		

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

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

✓ Check this box if neither the organization no	r any relate	d org	anız	atic	n c	ompe	nsa	ted any current	officer, director,	or trustee.
		l		(0	C)			1		
(A)	(B)	١			ition			(D)	(E)	(F)
Name and title	Average					e than o		Reportable	Reportable	Estimated amount
	hours per week	office	er and			or/trust	tee)	compensation from the	compensation from related	of other
	(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
			ee			sated				
(1) LINDA REXER				Ì		1				
TRUSTEE/CHAIR	11	✓		✓	<u> </u>	<u> </u>				
(2) JOHN GARDNER		ŀ				i				
TRUSTEE/VICE-CHAIR	11	✓		✓			L			
(3) KATE ARIAS										
TRUSTEE/TREASURER	11	✓		1						
(4) KEVIN TURNER										
TRUSTEE/SECRETARY	1	✓		✓						
(5) JOHN LEWIS										
TRUSTEE	1	✓		L						
(6) CHRISTIE PECK				ļ						
TRUSTEE	1	1			<u> </u>					
(7) CINDY PERSON										
TRUSTEE	1	✓		L	L					
(8) MARY STOWELL										
TRUSTEE	. 1	✓								
(9) GLORIA FREEMAN	_									
EX-OFFICIO	. 1	✓				<u> </u>				
(10) CAROL STEPHENSON										
EX-OFFICIO	1	✓		L.						
(11) ANITA GAFFNEY										
EX-OFFICIO	1	✓		ļ	ļ	į.				
(12) MARION BURR										
ASST_SECRETARY	1			1						
(13)										
	<u> </u>			_	<u> </u>					
(14)										
			L.		L.	L				

Part	Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, an	d F	lighest Compe	nsated	Emplo	yees (continued)
	(A) Name and title	(8) Average hours per week	box, office	unles er and	Pos neck ss pe	rson	e than o is both or/trust	an tee)	(D) Reportable compensation from the	(E) Report compen from re	able sation	(F) Estimated amount of other compensation
		(list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	organiza (W-2/1099		from the organization and related organizations
(15)		†	-									
(16)			 -	\vdash		-		_				
(17)						-						
(18)			1	_								
(19)			-									
(20)												
(21)				-								
(22)			-									-
(23)			-									
(24)												
(25)						 						
1b c d	Subtotal	VII, Section	on A					> > >				
2	Total number of individuals (including bu reportable compensation from the organ	t not limite						e) w	nho received moi	e than \$1	00,000	of
3	Did the organization list any former employee on line 1a? If "Yes," complete								loyee, or highe	st compe	ensated	Yes No 3 ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	porta	ble 150	cor ,000	npe)? /	nsatio					
5	Did any person listed on line 1a receive of for services rendered to the organization		ompe	nsa	tior	fro						1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Sect	on B. Independent Contractors											
1	Complete this table for your five hig compensation from the organization. Rep											
	(A) Name and business add	dress							(B) Description of ser	vices		(C) Compensation
2	Total number of independent contract received more than \$100,000 of compens							o tł	nose listed abo	ve) who		

Form **990** (2019)

Par	L VIII	Statement of Re Check if Schedule			2000	nea or noto ta -	unu line in this D	art VIII		- ·
		Check ii Schedule	0 00	mains a re	espoi	ise or note to a	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512–514
ts ts	1a	Federated campaig	ns .		1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues			1b					
S, G	С	Fundraising events			1c					
ar /	d	Related organizatio			1d			2.00		
S, G	e	Government grants			1e					
ion Si	1	All other contribution								
the the		and similar amounts not included above 1f Noncash contributions included in		5,367,60						
g g	g				1g	\$ 325,16				
ပို့ နွ	h	Total. Add lines 1a-			<u> </u>	<u> </u>	5,367.608			
				_`.`		Business Code				
Se	2a	Education Program					2,953	2,953		
Program Service Revenue	ь		· · · · · · · · · · · · · · · · · · ·							
S. P.	С									
gram Ser Revenue	d	**								
о Б	е									
ሷ	f	All other program se								
	<u>g</u>	Total. Add lines 2a-				·	2,953			
	3	Investment income	-	_		s, interest, and				
	4	other similar amount lncome from investr			,		10,231		<u> </u>	10,23
	5	Royalties	nem (-					
		noyames	<u> </u>	(i) Rea		(II) Personal				
	6a	Gross rents .	.6a	, , ,						
	b	Less. rental expenses	'6b	,	,					
	С	Rental income or (loss)	'6c							
	d	Net rental income o	r (los	s)		🕨				
	7a	Gross amount from		(ı) Securit	ties	(ii) Other				
~		sales of assets								
		other than inventory	7a	ļ <u> </u>						
ü	b	Less cost or other basis	}							
Revenue	_	and sales expenses	'7b							
Re	C	Gain or (loss)	7c	L		L				
Jer	d	Net gain or (loss)			r-	<u> ▶</u>				
Other	8a	Gross income from events (not including		noraising						
		of contributions re		d on line						
,		1c) See Part IV, line			8a					
	b	Less: direct expens	eś		8b					
	С	Net income or (loss)) from	ı fundraısın	g eve	nts . ▶				
	9a	Gross income f								
		activities. See Part I		e 19 .	9a					
	b	Less. direct expens	,		_9b	<u> </u>				
	С	Net income or (loss)			ctivitie	es >	September 1985 Annie 1986	Description to describe the second	W-12 O'TO COMP TO THE TANK THE TO THE	National Confession and Charles
	10a	Gross sales of in		•	4.0					
	h	returns and allowan			10a					
	b	Less: cost of goods Net income or (loss)			10b	l				
	_	THE INCOME OF (1055)	, 1,011	301C3 ()	· v G ill	Business Code				
Miscellaneous Revenue	11a					24311033 0000				
nu Te	b			. 			 			
scellaneo Revenue	c	•••••••••••••••••••••••••••••••••••••••		•••••						
isc R	d	All other revenue			·····		 			
Σ	е	Total. Add lines 11a	a–11d	l		•	 			
	12	Total revenue See					5 000 700			10.33

$D \sim + IV$	Statamant	of Functional	Evnancac
railin	Statement	oi runcuonai	EXPENSES

Sectio	n 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All	other organizations	must complete colu	mn (A).		
Check if Schedule O contains a response or note to any line in this Part IX							
	t include amounts reported on lines 6b, 7b, , and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses		
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21.						
2	Grants and other assistance to domestic individuals. See Part IV, line 22						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	6,773,339	6,773,339				
4	Benefits paid to or for members						
5	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	Other salaries and wages						
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)						
9	Other employee benefits						
10	Payroll taxes .'						
11	Fees for services (nonemployees):						
а	Management						
b	Legal	2,888		2,888			
C	Accounting	6,496		6,496			
d	Lobbying						
e	Professional fundraising services. See Part IV, line 17						
f	Investment management fees						
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	4,330	4,330				
12	Advertising and promotion				. ,		
13	Office expenses						
14	Information technology						
15	Royalties						
16	Occupancy						
17	Travel	7,842	7,842				
18	Payments of travel or entertainment expenses for any federal, state, or local public officials						
19	Conferences, conventions, and meetings .						
20	Interest						
21	Payments to affiliates		<u> </u>				
22 23	Depreciation, depletion, and amortization . Insurance				STATISTICS OF STATE O		
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If						
	line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)						
а	BANK AND CREDIT CARD FEES	28,382		28,382			
b	LOSS ON FOREIGN EXCHANGE	76,374		76,374			
С	BAD DEBT EXPENSE	8,519		8,519			
d							
е	All other expenses			1			
25	Total functional expenses. Add lines 1 through 24e	6,908,170	6,785,511	122,659			
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)						

P	art X	`Balance Sheet			
	٠	Check if Schedule O contains a response or note to any line in this Pa	art X		<u></u> 🗅
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	2,124,741	1	1,605,856
	2	Savings and temporary cash investments		2	-
	3	Pledges and grants receivable, net	3,232,218	3	2,215,911
	4	Accounts receivable, net		4	
	5	Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net		7	
Assets	8	Inventories for sale or use		8	
Ą	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D			
	b	Less accumulated depreciation 10b		10c	WATER BEST THE BEST WILD AND A
	11	Investments—publicly traded securities		11	
	12	Investments—other securities. See Part IV, line 11	40,380	12	32,540
	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 33)	5,397,339	16	3,854,307
	17	Accounts payable and accrued expenses	13,018	17	13,092
	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	
Liabilities	22	Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
Ë	23	Secured mortgages and notes payable to unrelated third parties		23	-
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17–24). Complete Part X of Schedule D		05	
	00		76,713		60,991
	26	Total liabilities. Add lines 17 through 25	89,731	26	74,083
Net Assets or Fund Balances		Organizations that follow FASB ASC 958, check here ► □ and complete lines 27, 28, 32, and 33.			
ale	27	Net assets without donor restrictions	5,343,941	27	3,780,224
о С	28	Net assets with donor restrictions	(36,333)	28	NAME OF THE PERSON OF THE PERS
Fun		Organizations that do not follow FASB ASC 958, check here ▶ ☐ and complete lines 29 through 33.			
ō	29	Capital stock or trust principal, or current funds		29	
ets	30	Paid-in or capital surplus, or land, building, or equipment fund		30	
\ss	31	Retained earnings, endowment, accumulated income, or other funds		31	
at /	32	Total net assets or fund balances	5,307,608	32	3,780,224
ž	33	Total liabilities and net assets/fund balances	5,397,339		3,854 307

_	4	•
Page		1

,		TXI Reconciliation of Net Assets
🗆		Check if Schedule O contains a response or note to any line in this Part XI
5,380,792	1	Total revenue (must equal Part VIII, column (A), line 12)
6,809,170	2	Total expenses (must equal Part IX, column (A), line 25)
(1,527,378)	3	Revenue less expenses. Subtract line 2 from line 1
5,307,608	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) .
(6)	5	Net unrealized gains (losses) on investments
· · · -	6	Donated services and use of facilities
	7	Investment expenses
	8	Prior period adjustments
	9	Other changes in net assets or fund balances (explain on Schedule O)
		Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line
3,780,224	10	32, column (B))
	explain	Accounting method used to prepare the Form 990: Cash Accrual Other If the organization changed its method of accounting from a prior year or checked "Other"
2a ✓		If the organization changed its method of accounting from a prior year or checked "Other," Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed by an independent accountant?
2a	mpiled	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were c reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?
2a	mpiled	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were c reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis
2a	mpiled tited on ersight ant?	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were convicted on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were auseparate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for other audit, review, or compilation of its financial statements and selection of an independent accounts.
2a	mpiled Ited on ersight ant? .	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were creviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were auseparate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for of the audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year, Schedule O.
2a	mpiled ted on ersight ant? xplain of	If the organization changed its method of accounting from a prior year or checked "Other," Schedule O. Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were conviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were auspearate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis. If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for othe audit, review, or compilation of its financial statements and selection of an independent account of the organization changed either its oversight process or selection process during the tax year,

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

20**19**

Open to Public Inspection

Name of the organization

Employer identification number

STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA 38-2420887 Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 331/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 331/28% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with. its supported organization(s) (see instructions). You must complete Part IV. Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) d that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations . . . Provide the following information about the supported organization(s). (i) Name of supported organization (a) EIN (III) Type of organization (Iv) Is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing other support (see support (see document? above (see instructions)) instructions) instructions) Yes No (A) (B) (C) (D) (E)

Total

18

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vj) Part II (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.) Section A. Public Support (a) 2015 (b) 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total Calendar year (or fiscal year beginning in) ▶ Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") . . . 2,698,332 3,025,971 7,300,144 5,435,122 5,367,608 23,827,177 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf . . . The value of services or facilities 3 furnished by a governmental unit to the organization without charge Total, Add lines 1 through 3. . . . 2,698.332 3.025.971 7.300.144 5,435,122 5,367,608 23,827,177 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . . . 3,682,182 Public support. Subtract line 5 from line 4 20,144,995 Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2015 **(b)** 2016 (c) 2017 (d) 2018 (e) 2019 (f) Total 7 Amounts from line 4 2,698,332 3,025,971 7,300,144 5,435,122 5,367,608 23,827,177 Gross income from interest, dividends. payments received on securities loans. rents, royalties, and income from similar sources 7,119 7,803 18,421 29,874 10,231 73,448 Net income from unrelated business activities, whether or not the business is regularly carried on Other income. Do not include gain or 10 loss from the sale of capital assets (Explain in Part VI.) 22 609 98.455 Total support. Add lines 7 through 10 11 23,999,080 12 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) Section C. Computation of Public Support Percentage 14 Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f)) 15 Public support percentage from 2018 Schedule A, Part II, line 14 331/3% support test - 2019. If the organization did not check the box on line 13, and line 14 is 331/3% or more, check this b 331/3% support test - 2018. If the organization did not check a box on line 13 or 16a, and line 15 is 331/3% or more, check 17a 10%-facts-and-circumstances test-2019. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported 10%-facts-and-circumstances test-2018. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly

Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

Part							
•	(Complete only if you checked th						der Part II.
Coati	If the organization fails to qualify	under the te	sts listed bei	ow, please co	omplete Part	II.)	<i></i>
	on A. Public Support	(-) 0015	1 (1-) 0040	() 0047	(1) 0040	1 1 2010/	
Calen 1	dar year (or fiscal year beginning in) Gifts, grants, contributions, and membership fees	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
'	received (Do not include any "unusual grants")				İ		
2	Gross receipts from admissions, merchandise		 		 		
_	sold or services performed, or facilities						
	furnished in any activity that is related to the				/	ĺ	
3	organization's tax-exempt purpose Gross receipts from activities that are not an			_			
3	unrelated trade or business under section 513						
		· · · · · · · · · · · · · · · · · · ·					
4	Tax revenues levied for the			ļ		ļ	
	organization's benefit and either paid to or expended on its behalf					İ	
_	· ·			//	 		
5	The value of services or facilities furnished by a governmental unit to the						
	organization without charge .						
6	Total. Add lines 1 through 5			 	ļ		
	Amounts included on lines 1, 2, and 3			//			
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
J	received from other than disqualified						
	persons that exceed the greater of \$5,000]	
	or 1% of the amount on line 13 for the year		/				
С	Add lines 7a and 7b	 					
8	Public support. (Subtract line 7c from	ar may have a	1	一种有点表示的	10 Table 10	2. 4. 2. 2. (A. 1.)	
-	line 6.)				. 40		
Secti	on B. Total Support	/	(a _ she's media and .	A Secretary server by the Secretary	Long age	T When it is the first the second	
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,						
	royalties, and income from similar sources .						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses					İ	
	acquired after June 30, 1975						
C	Add lines 10a and 10b						
11	Net income from unrelated business					i	
	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.)			ļ			
13	Total support. (Add lines, 9, 10c, 11,				}		
	and 12.)		-1	4 4 4 6 4	- 6645 1		- 504(-)(0)
14	First five years. If the Form 990 is for the	•			•		
	organization, check this box and stop he			 	<u> </u>	<u> </u>	🏲 📋
	on C. Computation of Public Suppor			401 (0)		145	
15	Public support percentage for 2019 (line 8		-				%
16	Public support/percentage from 2018 Sch			· · · · · ·	<u> </u>	16	%
	on D. Computation of Investment Inc			by line 12 act	ımn (fl)	17	%
17 19	Investment income percentage for 2019 (Investment income percentage from 2018)			•		18	<u>%</u> %
18	33 ¹ / ₃ %/support tests—2019. If the organi						
19a	17 is not more than 331/3%, check this box						
L	331/3% support tests—2018. If the organiz						
	Ine 18 is not more than 331/3%, check this t						
20	Private foundation. If the organization di		•		-		
	ato roundation. Il tilo organization di	a not oneon a	~~~ OII III 14	r, 130, Ut 130, t	SHOOK LINS DOX	and sec manue	<u> </u>

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 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 (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- 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 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in **Part VI.**
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

		Yes	No
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Part	IV Supporting Organizations (continued)			<u> </u>
·	,	Y	es No	_)
11	Has the organization accepted a gift or contribution from any of the following persons?	138		5.
а	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	on B. Type I Supporting Organizations		1	_
		Ye	es No) ~ (.
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	气度		57
	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		PRA.	ا لوء.
	controlled the organization's activities. If the organization had more than one supported organization,			7
	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	i bac	. 4
2	Did the organization operate for the benefit of any supported organization other than the supported			3
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			, i
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	12.353		۲.
	supervised, or controlled the supporting organization.	2	Ш	_
Secti	on C. Type II Supporting Organizations			_
4	Management of the comment of the district of t	Y (es No) []
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	Fe A P. St.		1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	-156H 329	seg er.	
Secti	on D. All Type III Supporting Organizations			_
		Y	s No	_
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	िर सुद्धाः स्टब्स् इ.स.च्या		-
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	242-1		1
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the		· F 2	g äi
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			. 5
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	5 - 2 E E E	300 P	
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2	و معرفان وحم	517
3	By reason of the relationship described in (2), did the organization's supported organizations have a	1 2 2	2 1 1 2 Ta	
	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	1		
	supported organizations played in this regard.	3	B. Bre	E.
Secti	on E. Type III Functionally Integrated Supporting Organizations	<u> </u>	—	-
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instructi	ons)	-
a	☐ The organization satisfied the Activities Test. Complete line 2 below.		,	
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see ınstn	uctions	;).
2	Activities Test. Answer (a) and (b) below.	Y (es No	_
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	1.3	70	弱
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	A		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	3 3 3	10 m	اج)
	how the organization was responsive to those supported organizations, and how the organization determined		到此	Ĕ,
	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 organization(s) would have been engaged in? If "Yes," explain in Part VI the	P. Will		7
	reasons for the organization's position that its supported organization(s) would have engaged in these	77.32 27.5	منتأ منخ	لستا
_	activities but for the organization's involvement.	2b	শ্ৰেষ্ঠ জন্ম	₩°.•
3	Parent of Supported Organizations. Answer (a) and (b) below.		ر المارية المعنى المارية	55
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? <i>Provide details in Part VI.</i>	3a		-1
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	The state of the		() Y
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V	gani	izations	·
1 Check here if the organization satisfied the Integral Part Test as a qualifying			n in Part VI). See
instructions. All other Type III non-functionally integrated supporting organ			
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		L.,,
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B-Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1 Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other factors (explain in detail in Part VI):			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	COC COST CONTRACTOR CO	A STATE OF THE STA
3 Subtract line 2 from line 1d.	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,	+-		
see instructions).	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035.	6		
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C-Distributable Amount	•		Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1.	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3.	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions).	6		
7 Check here if the current year is the organization's first as a non-functional	ly in	tegrated Type III supporting	organization (see
instructions).			

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	
Sect	ion D—Distributions	•		Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes	···-	
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations	
4_	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI). See instructions.	,		
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to whic (provide details in Part VI) See instructions	h the organization is res	sponsive	
9	Distributable amount for 2019 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		·	
Sect	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
· <u> </u>	Distributable amount for 2019 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See instructions.			
3	Excess distributions carryover, if any, to 2019			
a	From 2014			
<u>b</u>	From 2015			
	From 2016			
d	From 2017			
e	From 2018			
<u>-</u>	Total of lines 3a through e	CONTRACTOR OF THE PROPERTY OF		
g	Applied to underdistributions of prior years		Control and Charles and Control of Control	
·——	Applied to 2019 distributable amount			
i	Carryover from 2014 not applied (see instructions)			
i	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2019 from ,. Section D, line 7:			
a	Applied to underdistributions of prior years			
b	Applied to 2019 distributable amount	MALE LEADING TO BE SEEN TO SEE		in the second se
С	Remainder. Subtract lines 4a and 4b from 4.			
. 5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2019 Subtract lines 3h and 4b from line 1. For result greater than zero, explain in			
!	Part VI. See instructions.			
7	Excess distributions carryover to 2020. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	Excess from 2015 .			
. b	Excess from 2016			
С	Excess from 2017			
d	Excess from 2018			
` e	Excess from 2019 ,			

Part VI	III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	······································

**	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No 1545-0047

2019

Open to Public Inspection

Name o	f the organization		Employer identification number
STRAT	FORD SHAKESPEAREAN FESTIVAL OF AMERICA		38-2420887
Par	Organizations Maintaining Donor Advi	ised Funds or Other Similar Fund	ls or Accounts.
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 6.	
		(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	advisors in writing that the assets he	ld in donor advised
•	funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, ar		
	only for charitable purposes and not for the benefi		
Par	Conservation Easements.	······································	
	Complete if the organization answered "	Yes" on Form 990, Part IV, line 7.	
1	Purpose(s) of conservation easements held by the o		* * * * * * * * * * * * * * * * * * * *
•	☐ Preservation of land for public use (for example, recre	· · · · · · · · · · · · · · · · · · ·	f a historically important land area
	Protection of natural habitat	•	f a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization he	ld a qualified conservation contribution	un the form of a conservation
~	easement on the last day of the tax year.	id a quamica conservation contribution	Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements	· · · · · · · · · · · · · · · · · · ·	. 2b
c	Number of conservation easements on a certified h		20
d	Number of conservation easements included in (· = -
u			. 2d
			
3	Number of conservation easements modified, transtax year ►	sterred, released, extinguished, or term	inated by the organization during the
4	Number of states where property subject to conser	vation easement is located >	
5	Does the organization have a written policy reg		ection handling of
J	violations, and enforcement of the conservation eas		
6	Staff and volunteer hours devoted to monitoring, inspec		
Ū	b	rang, nandaning of violations, and emoroning	y conscivation casements during the year
7	Amount of expenses incurred in monitoring, inspectin	a handling of violations, and enforcing of	conservation easements during the year
•	►\$	g, narialing or violations, and ciriorollig t	sonservation casemonia during the year
8	Does each conservation easement reported on line	2/d) above satisfy the requirements of s	section 170(h)(4)(R)(i)
0			🗌 Yes 🗍 No
9	In Part XIII, describe how the organization reports of		
J	balance sheet, and include, if applicable, the text of		•
	organization's accounting for conservation easeme		
Pari	Organizations Maintaining Collections		Other Similar Assets
	Complete if the organization answered "		
4-			a statement and belong about works
Id	If the organization elected, as permitted under FAS of art, historical treasures, or other similar assets		
	service, provide in Part XIII the text of the footnote		
h	·		
b	If the organization elected, as permitted under FAS art, historical treasures, or other similar assets held		
	provide the following amounts relating to these item		search in turniciance of public service
			▶ ¢
	(i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X		· •
_			
2	If the organization received or held works of art,		assets for financial gain, provide the
_	following amounts required to be reported under FA	_	▶ ♦
a	Revenue included on Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		/ 3

3 Using the organization's acquisition, accession, and other records, check any of the following that make significant use of collection tems (check all that apply): a	Par	Organizations Maintaining	Collections of	Art, His	torical 7	Freasures	s, or O	ther Similar As	sets (continu	ued)
b Scholarly research C Preservation for future generations	3		ccession, and of	ther reco	rds, chec	k any of the	ne follo	wing that make s	gnificant use	of its
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in P XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes P Part IV Escrive and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance Ic Amount Ic	а	☐ Public exhibition		ď						
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in P XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes P Part IV Escrive and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization and agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance Ic Amount Ic	b	•		е	□ Other					
XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? \(\textstyle{\	С	-								
assets to be sold to raise funds rather than to be maintained as part of the organization's collection?	4		on's collections	and expl	aın how t	hey furthei	the or	ganization's exem	pt purpose ir	n Part
Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c	5] No
990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	IV Escrow and Custodial Arrai	ngements.							
ncluded on Form 990, Part X?			answered "Yes	" on Fo	rm 990, f	Part IV, lin	e 9, or	reported an am	ount on For	m
C Beginning balance	1a	included on Form 990, Part X?] No
c Beginning balance d Additions during the year 1 te	þ	If "Yes," explain the arrangement in Pa	rt XIII and compl	ete the fo	ollowing to	able:				
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?							<u> </u>	Ar	nount	
Distributions during the year 1	C	<u> </u>								
### Ending balance ### Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes b f "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years back (_ 			
Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?	_									
b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII. Part V									7 D V C	7
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Contributions										_
Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Beginning of year balance (a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years (e) Four years (TO AIM. OTHER THEF		Apianatio	THAS SCOT	piovid	ca on rait xiii	· · · <u> </u>	
(a) Current year (b) Pnor year (c) Two years back (d) Three years back (e) Four years (e			answered "Yes	" on Fo	m 990, F	art IV, lin	e 10.			
b Contributions c Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) Unrelated organizations (ii) Related organizations (iii) Related organizations 3a(ii) 3a(ii) 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Describin of property (a) Cost or other basis (b) Cost or other basis (other) (investment) (investment) Buildings C Leasehold improvements C Equipment C Leasehold improvements C Equipment C Other								(d) Three years back	(e) Four years	back
C Net investment earnings, gains, and losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (b) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment e Other Other	1a	Beginning of year balance						-		
losses d Grants or scholarships e Other expenditures for facilities and programs f Administrative expenses g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) Unrelated organizations (ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation 1a Land b Buildings c Leasehold improvements d Equipment c Other Other	b	Contributions								
e Other expenditures for facilities and programs	С									
f Administrative expenses	d	Grants or scholarships				_				
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Permanent endowment ▶ % Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) Unrelated organizations	е									
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment ▶ % Permanent endowment ▶ % Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) Unrelated organizations . 3a(i) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? . 3b Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (c) Accumulated depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value depreciation (d) Book value (d) Book va	f	Administrative expenses								
a Board designated or quasi-endowment ▶ % b Permanent endowment ▶ % Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) Unrelated organizations	g	· · · · · · · · · · · · · · · · · · ·								
b Permanent endowment ▶ % Term endowment ▶ % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) Unrelated organizations	2	Provide the estimated percentage of th	e current year en	id baland	e (line 1g	, column (a	a)) held	as:		
Term endowment ► % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) Unrelated organizations	_			%						
The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) Unrelated organizations	b		%							
Are there endowment funds not in the possession of the organization that are held and administered for the organization by. (i) Unrelated organizations	C		o should agual 1	00%						
organization by. (i) Unrelated organizations	32	- · ·	•		zation the	at are held	and ad	ministered for the		
(ii) Unrelated organizations	Ja	and the second s	possession or tr	ie organi	Zation the	at are rielu	and ad	ministered for the	Yes	No
(ii) Related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings c Leasehold improvements d Equipment e Other		,							-	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?										
Part VI Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (e) Buildings (c) Leasehold improvements (d) Equipment (e) Other	b	If "Yes" on line 3a(ii), are the related org	anizations listed	as requi	red on Sc	hedule R?				_
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (c) Accumulated depreciation (other) b Buildings c Leasehold improvements d Equipment e Other	4	Describe in Part XIII the intended uses of	of the organization	n's end	owment fu	ınds.				
Description of property (a) Cost or other basis (other) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value (d) Book value	Part									
(investment) (other) depreciation 1a Land		Complete if the organization a	answered "Yes	on For	m 990, F	Part IV, lin	e 11a.	See Form 990,	Part X, line 1	0.
b Buildings		Description of property	, , ,		1				(d) Book value)
c Leasehold improvements	1a						物供給			
d Equipment	b	_								
e Other	-				 					
									 .	
			ist equal Form 0	On Part	Y column	(R) line 11)c 1			

Part VII	Investments – Other Securities. Complete if the organization answered "Yes" on Fo	rm 000 Part IV lir	o 11h Soc Form	000 Part V line 12
	(a) Description of security or category	(b) Book value	(c) Met	hod of valuation
	(including name of security)		Cost or end	-of-year market value
(1) Financial				
	neld equity interests			
(3) Other		-	 	
(A)				
(B)			 	
(C)				
(D)				
(E) (F)		· 		
(C)			 	
(H)				
	mn (b) must equal Form 990, Part X, col (B) line 12.)	•		
Part VIII	Investments - Program Related.		Tree outpersons of the	A STATE OF THE PROPERTY OF THE
	Complete if the organization answered "Yes" on Fo	rm 990, Part IV, lir	ne 11c. See Form	990, Part X, line 13.
	(a) Description of investment	(b) Book value		hod of valuation -of-year market value
(1)				
(2)				
(3)				
(4)		<u> </u>		-
(5)				
(6)				
(7)				
(8)				
(9)			Ambilia ma sida a mai	the authorizani illustrativani illustrativa
	mn (b) must equal Form 990, Part X, col (B) line 13.) . >			A MARKET (SEE)
Part IX	Other Assets. Complete if the organization answered "Yes" on Fo	rm 000 Bort IV lir	o 11d Soo Form	000 Port V line 15
	(a) Description	iiii 990, Fait IV, III	ie Fra. See Form	(b) Book value
(1)	(a) Doscription			(b) Book Value
(2)				
(3)		~ .		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
	mn (b) must equal Form 990, Part X, col. (B) line 15)	· · · · · ·	•	
Part X	Other Liabilities. Complete if the organization answered "Yes" on Fo	rm 000 Bort IV lir	o 110 or 11f Co	Eorm 000 Port V
	line 25.	1111 990, Fait IV, III	ie i ie di i ii. Set	e Fulli 990, Fall A,
1.	(a) Description of liability	 ·- · · · · · · · · · · · · · · · ·	·	(b) Book value
(1) Federal ır				(b) Book value
	NUITY LIABILITIES			60,991
(3)	THE THE STATE OF T			00,33
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25)			60,991
2. Liability fo	r uncertain tax positions. In Part XIII, provide the text of the footr	note to the organization	n's financial stateme	ents that reports the

organization's liability for uncertain tax positions under FASB ASC 740 Check here if the text of the footnote has been provided in Part XIII.

Page	4
raye	

Par			oer Return.	•
	Complete if the organization answered "Yes" on Form 990,		···	
1	Total revenue, gains, and other support per audited financial statements		. 1	5,380,792
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		. 2e	
3	Subtract line 2e from line 1		. 3	5,380,792
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		72.33	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		· 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line			5,380,792
Part			s per Neturn.	
	Complete if the organization answered "Yes" on Form 990,			2 000 170
1	Total expenses and losses per audited financial statements		. 1	6,908,170
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1 20		
a	Donated services and use of facilities	2a 2b		
b	Prior year adjustments	2c		
C	Other losses	2d		
d	Other (Describe in Part XIII.)		. 2e	
е 3	Subtract line 2e from line 1		3	6,908,170
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			0,300,170
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
C			. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, Iir		·	6,908,170
	XIII Supplemental Information.			
2; Pai	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any addition	nal information.	
				
			······································	
••••				

Schedule D (For		Page 5
Part XIII	· Supplemental Information (continued)	
	•	
	······································	
		•••
••••		
·····		

SCHEDULE F (Form 990)

Statement of Activities Outside the United States

2019

► Complete if the organization answered "Yes" on Form 990, Part IV, line 14b, 15, or 16.

► Attach to Form 990.

Open to Public

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

Name of the organization **Employer Identification number** STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA 38-2420887 General Information on Activities Outside the United States. Complete if the organization answered "Yes" on Part I Form 990, Part IV, line 14b. For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? ✓ Yes □ No For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States. Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.) 3 (c) Number of (a) Region (b) Number (d) Activities conducted in the (e) If activity listed in (d) is (f) Total employees. of offices in region (by type) (such as, expenditures for a program service, describe specific type of agents, and the region fundraising, program services, and investments independent investments, grants to recipients service(s) in the région in the region contractors in the region located in the region) (1) NORTH AMERICA GRANTMAKING GRANTMAKING 6,773,339 (2)(3)(4) (5) (6)(7)(8)(9) (10)(11)(12)(13)(14)(15) (16)(17)Subtotal . . 6,773,339 Total from continuation sheets to Part I . .

c Totals (add lines 3a and 3b)

6,773,339

Schedule F (Form 990) 2019

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

(i) Method of valuation (book, FMV, appraisal, other)							ì		•							, ,	0
(h) Description of noncash assistance			,														
(g) Amount of noncash assistance								,							ry, recognized as ta		
(f) Manner of cash disbursement	WIRE	WIRE													by the foreign count	icy letter	
(e) Amount of cash grant	4,619,928 WIRE	2,153,411 WIRE	•												gnized as charities	501(c)(3) equivaler	
(d) Purpose of grant	OPERATIONS	ENDOWMENT								,					Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt	by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter	ies sai
(c) Region	NORTH AMERICA	NORTH AMERICA													nt organizations liste	rantee or counsel h	Enter total number of other organizations or entities
(b) IRS code , section and EIN (if applicable)															ber of recipier	or which the g	iber of other o
1 (a) Name of organization				(0)	(5)	(9)		(8)	(01)	(0.0)	((20))	(0))	((05))	((6))	2 Enter total num		3 Enter total num

Schedule F (Form 990) 2019 -

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) 2019
Part III Grants an

(a) Type of grant or assistance	(c) Number of grant or assistance (b) Region recipients	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of noncash assistance	(g) Description of noncash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(£)							
(2)							
(3)							
(4)							
(5)							
(9)							
(8)							
(6)							
(10)							
(11)							
(12)							
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							
						Sch	Schedule F (Form 990) 2019

rairu	· Foreign Forms		
1	Was the organization a U.S. transferor of property to a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926)	☐ Yes	 ✓ No
2	Did the organization have an interest in a foreign trust during the tax year? If "Yes," the organization may be required to separately file Form 3520, Annual Return To Report Transactions With Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A; don't file with Form 990)	☐ Yes	 ✓ No
3	Did the organization have an ownership interest in a foreign corporation during the tax year? If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect to Certain Foreign Corporations (see Instructions for Form 5471)	☐ Yes	☑ No
4	Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund (see Instructions for Form 8621)	☐ Yes	✓ No
5	Did the organization have an ownership interest in a foreign partnership during the tax year? If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect to Certain Foreign Partnerships (see Instructions for Form 8865)	☐ Yes	✓ No
6	Did the organization have any operations in or related to any boycotting countries during the tax year? If "Yes," the organization may be required to separately file Form 5713, International Boycott Report (see Instructions for Form 5713; don't file with Form 990)	☐ Yes	✓ No

art	V	

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 "FRIENDS OF" ORGANIZATION THAT SUPPORTS THE STRATFORD SHAKESPEAREAN FESTIVAL OF CANADA AND THE
STRATFORD SHAKESPEAREAN FESTIVAL ENDOWMENT FOUNDATION, BOTH CHARITABLE ORGANIZATIONS ARE LOCATED IN
STRATFORD, ONTARIO, CANADA THE BOARD RECEIVES AND REVIEWS GRANT REQUESTS AND RECEIVES REPORTS FROM THE
RECIPIENT ORGANIZATION ON A QUARTERLY BASIS
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SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

2019

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.

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

STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA

Employer identification number 38-2420887

Part	Types of Property		<u> </u>			<u> </u>	
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	Method on noncash con	(d) of determinatribution a	_
1	Art-Works of art	✓	2	49,317			
2	Art—Historical treasures						
3	Art-Fractional interests						
4	Books and publications		2000年1000年100日				
5	Clothing and household goods						
6	Cars and other vehicles		Gerangter Bellimmer von gel gant en Wandereite		-		
7	Boats and planes				<u> </u>		
8	Intellectual property			-			
9	Securities—Publicly traded	-	10	275.844	TRADING VA		
10	Securities—Closely held stock .		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	273,044	TRADING VA	<u> </u>	
11	Securities—Partnership, LLC, or trust interests	-					
12	Securities-Miscellaneous						
13	Qualified conservation contribution—Historic structures					,	
14	Qualified conservation contribution—Other						_
15	Real estate – Residential						
16	Real estate—Commercial						
17	Real estate—Other						
18	Collectibles						
19	Food inventory				ļ		
20	Drugs and medical supplies						
21	Taxidermy	<u> </u>					
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts .				<u> </u>		
25	Other ► ()						
26	Other ► ()						
27	Other ► ()						
28	Other ► (<u> </u>					
29	Number of Forms 8283 received which the organization completed	by the org Form 8283	ganization during the tax y 3, Part IV, Donee Acknowled	year for contributions for dgement	29		
						Ye	s No
30a	During the year, did the organizat 28, that it must hold for at least the						
	to be used for exempt purposes t	or the entir	e holding period?			30a	1
b	If "Yes," describe the arrangemen	t in Part II.				ES	H
31	Does the organization have a contributions?	gift accep	otance policy that require	es the review of any no	onstandard 	31	
32a	Does the organization hire or use	e third part	ies or related organization	s to solicit, process, or se	ll noncash		
-			•	•		32a ✓	,
b	If "Yes," describe in Part II.					有限等	注题
33	If the organization didn't report an describe in Part II	amount in	column (c) for a type of pro	perty for which column (a) i	s checked,		

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.

► Attach to Form 990 or 990-EZ.

Department of the Treasury Internal Revenue Service Name of the organization

STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA

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

OMB No 1545-0047

2019

Open to Public

Inspection

Employer identification number 38-2420887

SUPPLEMENTAL INFORMATION TO FORM 990
FORM 990, PART VI, SECTION B, LINE 11 THE ASSISTANT SECRETARY SENDS AN ELECTRONIC COPY OF FORM 990 TO EACH VOTING
MEMBER OF THE BOARD OF TRUSTEES AT LEAST 12 DAYS BEFORE THE RETURN IS DUE TO BE FILED. (TAKING FILING EXTENSIONS
INTO ACCOUNT) A MESSAGE ACCOMPANYING THE COPY OF THE FORM 990 INFORMS EACH TRUSTEE THAT HE OR SHE HAS 10 DAYS
TO SUBMIT TO THE TREASURER QUESTIONS OR COMMENTS THAT SUCH TRUSTEE MAY HAVE REGARDING 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 COMMITTEE WITH BOARD-DELEGATED
POWERS SHALL ANNUALLY SIGN A DISCLOSURE AND AFFIRMATION STATEMENT IN ADDITION, FOA CONDUCTS PERIODIC
REVIEWS TO ENSURE ADHERENCE TO POLICIES
FORM 990, PART VI, SECTION B, LINE 19 THE STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA 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 WITHIN THE UNITED STATES IN
SUPPORT OF SHAKESPEAREAN AND OTHER CLASSICAL AND CONTEMPORARY THEATRE IN PARTICULAR, FOA SERVES AS A
"FRIENDS OF" ORGANIZATION IN SUPPORT OF THE STRATFORD SHAKESPEAREAN FESTIVAL OF CANADA WHICH IS DEDICATED TO
PRODUCING THE WORKS OF SHAKESPEARE AND OTHER CLASSICAL DRAMATISTS TO THE HIGHEST LEVEL OF ACHIEVEMENT FOR
AUDIENCES OF ALL AGES FROM THE UNITED STATES AND ABROAD. THE FOA BOARD OF TRUSTEES RECEIVES AND REVIEWS GRANT
REQUESTS ON A QUARTERLY BASIS THE BOARD CONSISTS OF INDIVIDUALS WITH DIVERSE PROFESSIONAL BACKGROUNDS AND
EXPERIENCES FOA ALSO SERVES AS A COMMUNICATION VEHICLE FOR MEMBER GROUPS WHO SUPPORT THE STRATFORD
SHAKESPEAREAN FESTIVAL OF CANADA THROUGH EDUCATIONAL PROGRAMS, AUDIENCE DEVELOPMENT AND FUNDRAISING
ACTIVITIES FOA HOLDS EDUCATIONAL WORKSHOPS IN MICHIGAN THAT INTRODUCE STUDENTS TO SHAKESPEARE IN A DYNAMIC AND

ENGAGING WAY, SUPPORTS TEACHERS IN THE DRAMA-BASED TEACHING OF SHAKESPEARE'S PLAYS AND BUILDS AWARENESS IN

Cat No 51056K

Schedule O (Form 990 or 990-EZ) (2019)

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

Schedule O (Form 990 or 990-EZ) (2019)	Page 2
Name of the organization	Employer identification number
STRATFORD SHAKESPEAREAN FESTIVAL OF AMERICA	38-2420887
MICHIGAN OF THE STRATFORD SHAKESPEAREAN FESTIVAL OF CANADA	
FORM 990, PART VI, LINE 17 - STATES	
CA, CT, DC, FL, GA, IL, KY MD, MI, MN, MO, MS, NH, NJ, NM, NY, NC, OH, OK, OR, PA, SC, TN, VA, WI	
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