			EXTENDED TO AUGUST 15, 202 Return of Organization Exempt From	14 Income Tax	OMB No. 1545-0047
Forr	" 99	0	Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (2022
		-	Do not enter social security numbers on this form as it may		Open to Public
	rtment of the al Revenue		Go to www.irs.gov/Form990 for instructions and the late		Inspection
<u>A</u> F	or the 2	1		SEP 30, 2023	
	heck if oplicable:	C Name of	organization	D Employer identificat	tion number
	Address change	NASH	VILLE SHAKESPEARE FESTIVAL		
	Name change	Doing bu	isiness as	58-1807951	
	Initial return Final		and street (or P.O. box if mail is not delivered to street address) RAINS AVENUE	uite E Telephone number 615-255-22	270
	Jreturn/ termin-			G Gross receipts \$	746,833.
	ated Amended return	-	own, state or province, country, and ZIP or foreign postal code VILLE, TN 37203	H(a) Is this a group retu	
	Applica-		address of principal officer: ISABEL TIPTON-KRISPIN	for subordinates?	
	pending		AS C ABOVE	H(b) Are all subordinates inclu	
<u>I</u> T	ax-exem			527 If "No," attach a lis	t. See instructions
	Vebsite:		NASHVILLESHAKES.ORG	H(c) Group exemption r	
			X Corporation Trust Association Other L Y	Year of formation: 1988 M S	itate of legal domicile: ${f T}{f N}$
Pa		Summary		TON OF THE NACE	
e	1 Bri ເງ	iefly describ אמילים לים	e the organization's mission or most significant activities: <u>THE MISS</u> EARE FESTIVAL IS TO EDUCATE AND ENTERT	TON OF THE NASH	
Activities & Governance		neck this bo			
verr					. 21
ĝ			ependent voting members of the governing body (Part VI, line 1b)		21
s S			of individuals employed in calendar year 2022 (Part V, line 2a)		46
/itie			of volunteers (estimate if necessary)		200
lcti			business revenue from Part VIII, column (C), line 12		0.
-	b Ne	et unrelated	business taxable income from Form 990-T, Part I, line 11		0.
				Prior Year	Current Year
e			and grants (Part VIII, line 1h)	549,881.	661,022.
Revenue		•	ce revenue (Part VIII, line 2g)	57,017.	81,055.
Rev			come (Part VIII, column (A), lines 3, 4, and 7d)	692.	<u>4,676.</u> 80.
			(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) • add lines 8 through 11 (must equal Part VIII, column (A), line 12)	607,620.	746,833.
			nilar amounts paid (Part IX, column (A), lines 1-3)	0.	0.
			o or for members (Part IX, column (A), line 4)	0.	0.
s			compensation, employee benefits (Part IX, column (A), lines 5-10)	442,147.	516,007.
Expenses			Indraising fees (Part IX, column (A), line 11e)	0.	0.
(pei			ng expenses (Part IX, column (D), line 25) 93, 582.		
ш	17 Ot	her expense	es (Part IX, column (A), lines 11a-11d, 11f-24e)	277,385.	231,493.
	18 To	tal expense	s. Add lines 13-17 (must equal Part IX, column (A), line 25)	719,532.	747,500.
		evenue less	expenses. Subtract line 18 from line 12	-111,912.	-667.
s or nces				Beginning of Current Year	End of Year
Assets (Balanc			Part X, line 16)	462,183.	481,007.
et A.			(Part X, line 26)	19,519.	<u>39,010.</u> 441,997.
		et assets or t Signature	und balances. Subtract line 21 from line 20	442,664.	441,99/.
			dealars that I have avamined this raturn including assembativing schedules and sta	tomonto, and to the bast of multi-	autoday and holist it is

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign	Signature of officer	Date									
Here	ISABEL TIPTON-KRISPIN, EXECUTIVE MANAGING DIRECTOR										
	Type or print name and title										
	Print/Type preparer's name Preparer's signature Date										
Paid	W. CRAIG BALLENTINE W. CRAIG BALLENTINE 01/04	/24 self-employed P00992231									
Preparer	Firm's name UHY ADVISORS MO, INC.	Firm's EIN 43-1305800									
Use Only	Firm's address 1889 GEN. GEORGE PATTON DR., STE 200										
	FRANKLIN, TN 37067	Phone no. 615 – 750 – 5537									
May the I	RS discuss this return with the preparer shown above? See instructions	X Yes No									
232001 12-1	LHA For Paperwork Reduction Act Notice, see the separate instructions.	Form 990 (2022)									

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

		-1807951	Page	e 2
Pa	rt III Statement of Program Service Accomplishments		Г	_
	Check if Schedule O contains a response or note to any line in this Part III		L	
1	Briefly describe the organization's mission: THE MISSION OF THE NASHVILLE SHAKESPEARE FESTIVAL IS TO EDU			
	ENTERTAIN THE MID-SOUTH COMMUNITY THROUGH PROFESSIONAL THEA			
	EXPERIENCES.			
2	Did the organization undertake any significant program services during the year which were not listed on the			
_	prior Form 990 or 990-EZ?	Υe	s XI	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?	Ye	s XI	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 meas	ured by expense	S.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the	total expenses,	and	
	revenue, if any, for each program service reported.			
4a			,135	•)
	PROFESSIONAL THEATRICAL PRODUCTIONS FOR THE PUBLIC AND FOR			
	SUMMER SHAKESPEARE 2023: WE PRODUCED A FIVE-WEEK FREE OUTDO			
	PRODUCTION OF SHAKESPEARE'S "MUCH ADO ABOUT NOTHING" AND A			
		HESE		
	PROGRAMS SERVED 9,748 PEOPLE.			
4b	(Code:) (Expenses \$ 122,424. including grants of \$) (Revenue \$)
	EDUCATIONAL PERFORMANCES AND WORKSHOPS FOR SCHOOLS. WE PROD	UCED		_ '
	EDUCATIONAL PERFORMANCES OF "ROMEO & JULIET," "MACBETH," AN	ID "A		
	MIDSUMMER NIGHT'S DREAM" WITH CCOMPANYING IN-CLASSROOM WOR	KSHOPS,	AS	
	WELL AS RESIDENCIES AND OTHER IN-SCHOOL ENRICHMENT. THESE P	ROGRAMS		
	SERVED 4,095 PEOPLE.			
	104 001			
4c	(Code:) (Expenses \$ 194,901. including grants of \$) (Revenue \$) (Reven		MDG	_)
		E SKILLS		
	AND OTHER ENRICHMENT TO AMATEURS, PROFESSIONALS, AND THE GE		/	
	PUBLIC. THESE PROGRAMS SERVED 2,367 PEOPLE.	NEILAD		
4d	Other program services (Describe on Schedule O.)			
	(Expenses \$ including grants of \$) (Revenue \$)		
4e	Total program service expenses 557,444.			
		Form	990 (20	122)

Form	990	(2022)	

 Form 990 (2022)
 NASHVILLE
 SHAKESPEARE
 FESTIVAL

 Part IV
 Checklist of Required Schedules
 Festival

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	Х	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		<u>X</u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		_X_
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		_X_
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		_X_
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			37
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		<u> </u>
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			77
	1c and 8a? If "Yes," complete Schedule G, Part II	18		_X_
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
_	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		_X_
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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			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		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		x
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		
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
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		x
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		x
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		x
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			<u> </u>
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If</i>			
	"Yes," complete Schedule L, Part IV	28a		x
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		x
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? <i>If</i>			
-	"Yes," complete Schedule L, Part IV	28c		x
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		x
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		x
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		x
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule N. Part II	32		x
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
•••	Part V, line 1	34		x
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		x
	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		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note: All Form 990 filers are required to complete Schedule O	38	х	
Pa				·
	Check if Schedule O contains a response or note to any line in this Part V			
	. ,		Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 29			
	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0			
		1		

c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?

1c

Form	990 (2022) NASHVILLE SHAKESPEARE FESTIVAL	58-1807	951	P	_{age} 5					
Par	t V Statements Regarding Other IRS Filings and Tax Compliance (continued)			_						
				Yes	No					
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return	2a 46								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	าร?	2b	Х	x					
3a	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	0	3b							
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	uthority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccount)?	4a		X					
b	If "Yes," enter the name of the foreign country									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		_X_					
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transact		5b		X					
С	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	e organization solicit								
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		_X_					
b	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts								
	were not tax deductible?		6b							
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 and ser	vices provided to the payor?	7a	X						
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b	Х						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	s required								
	to file Form 8282?		7c		X					
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d								
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra		7f 7g							
g	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization		7h							
8	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.									
а			9a							
b			9b							
10	Section 501(c)(7) organizations. Enter:									
a	Initiation fees and capital contributions included on Part VIII, line 12	10a	-							
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b	-							
11	Section 501(c)(12) organizations. Enter:									
a	Gross income from members or shareholders	<u>11a</u>	-							
b	Gross income from other sources. (Do not net amounts due or paid to other sources against	441								
10-	amounts due or received from them.)	11b	10-							
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		<u>12a</u>							
	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.		120							
а	Is the organization licensed to issue qualified health plans in more than one state?		<u>13a</u>							
h	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	104								
-	organization is licensed to issue qualified health plans	13b	-							
	Enter the amount of reserves on hand	13c	140		X					
14a h		• 0	14a 14b		- 23					
	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation on Schedul</i> is the organization subject to the section 4060 tax on payment(s) of more than \$1,000,000 in remuner				<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuner		15		х					
	excess parachute payment(s) during the year?		13							
16	If "Yes," see the instructions and file Form 4720, Schedule N. Is the organization an educational institution subject to the section 4968 excise tax on net investment	income?	16		х					
10	If "Yes," complete Form 4720, Schedule O.	income?	10							
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any act	ivities								
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?		17							
	If "Yes," complete Form 6069.									

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NASHVILLE SHAKESPEARE FESTIVAL

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 21			
	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.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 21			
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		Х
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		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a				
	more members of the governing body?	7a		Х
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		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
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		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
с	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c		Х
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14	Х	
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	Х	
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
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		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed $_{ m TN}$			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3)s	only) a	availat	ole
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website X Another's website X 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 interest policy, and	financ	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
	ROBERT MARIGZA-YEO - 615-255-2273			
	161 RAINS AVE, NASHVILLE, TN 37203			

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
 List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.

Enter -0- in columns (D), (E), and (F) if no compensation was paid.

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

• List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

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

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

(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average	Position (do not check more than one					ne	Reportable	Estimated	
	hours per	box,	, unles	ss per	rson i	s both	n an	compensation	compensation	amount of
	week		cer an	id a d	irecto	r/trus [:]	tee)	from	from related	other
	(list any	ector						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC/	from the
	related	ustee	trust		e	bens		(W-2/1099-MISC/	1099-NEC)	organization
	organizations below	ual tr	ional		ploye	t com		1099-NEC)		and related organizations
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) DENICE HICKS	40.00				×	1 0	ш			
ARTISTIC DIRECTOR		1		x				50,492.	Ο.	0.
(2) ROBERT MARIGZA-YEO	40.00									
OPERATIONS MANAGER				х				50,492.	Ο.	0.
(3) ISABEL TIPTON-KRISPIN	40.00									
MANAGING DIRECTOR				Х				14,423.	0.	0.
(4) JON GLASSMEYER	1.00									
CHAIR		Х		Х				0.	0.	0.
(5) CHAR DENNIS	1.00									
VICE-CHAIR		Х		Х				0.	0.	0.
(6) HILARY DENNEN	1.00									
SECRETARY		Х		Х				0.	0.	0.
(7) LORI M. CARVER-TAYLOR	1.00									
TREASURER		Х		Х				0.	0.	0.
(8) CHRISTIANE BUGGS	1.00									
DIRECTOR		Х						0.	0.	0.
(9) DONALD CAPPARELLA	1.00									
FOUNDER & PAST CHAIR		Х						0.	0.	0.
(10) ALEXANDRA VON HOFFMAN	1.00									
DIRECTOR		Х						0.	0.	0.
(11) DR. JANE DUNCAN	1.00									
DIRECTOR		Х						0.	0.	0.
(12) EVAN J. ESPEY	1.00									
DIRECTOR		Х						0.	0.	0.
(13) MIKE FERNANDEZ	1.00									
DIRECTOR		Х						0.	0.	0.
(14) JEANINE GARNER	1.00									
DIRECTOR		Х						0.	0.	0.
(15) MIDORI LOCKETT	1.00									
DIRECTOR		Х						0.	0.	0.
(16) DREW MCCULLOUGH	1.00									-
DIRECTOR		Х						0.	0.	0.
(17) DR. MARCIA A. MCDONALD	1.00									
DIRECTOR		X						0.	0.	<u> </u>

	990 (2022) NASHVILLI	E SHAKES	SPE	EAR	RE	FE	IST	IV	7AL	58-1807	951	P	age 8
Par	t VII Section A. Officers, Directors, Trus	tees, Key Emp	oloy	ees,	, and	d Hig	ghes	t C	ompensated Employee	s (continued)			
	(A)	(B)				C)			(D)	(E)		(F)	
	Name and title	Average			Pos				Reportable	Reportable	E	stimate	ed
		hours per	box	, unle	ss per	rson i	than d is both	n an	compensation	compensation	ar	nount	of
		week	offi	cer ar	nd a d	irecto	or/trus	tee)	from	from related		other	
		(list any	ector						the	organizations	com	ipensa	ition
		hours for	r dire				ted		organization	(W-2/1099-MISC/	fi	rom th	е
		related	stee o	rustee			ensa		(W-2/1099-MISC/	1099-NEC)	۳ I	janizat	
		organizations	al trus	onal ti		loyee	comp		1099-NEC)		1	d relat	
		below	Individual trustee or director	In stitutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizati	ons
		line)	Ind	- La	8	Key	e Hig	For					
	SANDY ROCHELLE	1.00											•
DIRE		1	Х						0.	0.			0.
	NADIA MARIE ROUMANOS	1.00											•
DIRE		1	Х						0.	0.			0.
	LAURA SHERBORNE	1.00											
	CTOR		Х						0.	0.			0.
	CHARLES STORY	1.00											
DIRE	CTOR		Х						0.	0.			0.
(22)	BETSY TURNER	1.00											
DIRE	CTOR		Х						0.	0.			0.
(23)	STUART WISTON	1.00											
DIRE	CTOR		Х						0.	0.			0.
(24)	MICHAEL WOOLF	1.00											
DIRE	CTOR		Х						0.	0.			0.
(25)	ALIZEH YUSUF	1.00											
DIRE	CTOR		Х						0.	0.			Ο.
1b	Subtotal	•							115,407.	0.			0.
с	Total from continuation sheets to Part VI								0.	0.			0.
d	Total (add lines 1b and 1c)								115,407.	0.			0.
2	Total number of individuals (including but n									000 of reportable			
_	compensation from the organization						,		· · · · · · · · · · · · · · · · · · ·				0
												Yes	No
3	Did the organization list any former officer,	director trust	ا مم		mnl	ove	e or	hia	hest compensated empl	ovee on			
Ũ	line 1a? If "Yes," complete Schedule J for s	-		•	•					•	3		Х
4	For any individual listed on line 1a, is the su												
7	and related organizations greater than \$150	-							-	-	4		х
5	Did any person listed on line 1a receive or a												
5											5		Х
Sec	rendered to the organization? If "Yes," com tion B. Independent Contractors	piete Schedule	eJI	or si	icn i	oers	on .				5	<u> </u>	- 23
1	Complete this table for your five highest co	mponsatod inc	lono	ndo	nt or	ontre	actor	re th	at received more than \$	100 000 of componen	tion fr		
•	the organization. Report compensation for	•	•							•			
		ine calendar ye			iy w	iur c						C)	
	(A) Name and business	address	N	ONE	7				(B) Description of s	ervices		-) Insatio	n
			111	5111	_				•				

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

	1 990 rt VI				HA	KESPEARE	FESTIVAL		58-1807	951 Paq	_{ge} 9
1 a		Check if Schedule O			nse	or note to any lin	e in this Part VIII			[
							(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue exclu from tax und sections 512 -	er
Contributions, Gifts, Grants and Other Similar Amounts	1 a	Federated campaigns		1a							
àrar oun		Membership dues 1b									
Am C	С	Fundraising events									
lar İlar				<u>1d</u>							
ns,		Government grants (contr				265,680.					
utio	f	All other contributions, gifts,				395,342.					
Oth	-	similar amounts not included				4,106.					
no.	-	Noncash contributions included in Total. Add lines 1a-1f	lines	ia-if ig]φ		4,100.	661,022.				
0.0						Business Code					
e	2 a	PROGRAM FEES	AN	D TICK	Е	711110	55,388.	55,388.			
, vic	b	MERCHANDISE AND CONCES				711110	25,667.	25,667.			
Sei	с										
Program Service Revenue	d	1									
igo H	е										
P		All other program service					01 055				
		Total. Add lines 2a-2f					81,055.				
	3	Investment income (inclue					4,676.			4,67	6
	4	other similar amounts) Income from investment of tax-exempt bond pr							1,07	••	
	5	Royalties		-							
	-			(i) Real		(ii) Personal					
	6 a	Gross rents	6a								
	b	Less: rental expenses	6b								
	с	Rental income or (loss)	6c								
		Net rental income or (loss)	1							
	7 a	Gross amount from sales of		(i) Securiti	es	(ii) Other					
		assets other than inventory	7a								
•	b	• Less: cost or other basis									
venue		and sales expenses Gain or (loss)	7b 7c								
Reve		Net gain or (loss)	-								_
er F		Gross income from fundraisi									
Other	•••	including \$	0								
-		contributions reported on									
		Part IV, line 18			8a						
	b	Less: direct expenses			8b						
	С	Net income or (loss) from	fund	raising even	ts						
	9 a	Gross income from gamin									
	-	Part IV, line 19			9a						
		Less: direct expenses			9b						
		 Net income or (loss) from Gross sales of inventory, I 	•	0	, <u></u>						
	iu a	and allowances			10a						
	b	 Less: cost of goods sold 			10b						
		Net income or (loss) from			<u> </u>	•					_
						Business Code					
Miscellaneous Revenue	11 a	OTHER REVENUE				900099	80.	80.			
ane	b)							ļ		
Sev	С										
Mis		All other revenue					00				
		Total. Add lines 11a-11d					80. 746,833.	81,135.	0.	4,67	6
		INTELEVENCE SEE DISTOCTO	ill N					· UII • I · I •			

Check here

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

Form 990 (2022)	NASHVILLE SH		FESTIVAL
Part IX Statement o	f Functional Expense	S	

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

Check if Schedule O contains a response or note to any line in this Part IX (B) Program service expenses **(D)** Fundraising (C) Management and general expenses (A) Total expenses Do not include amounts reported on lines 6b, expenses 7b, 8b, 9b, and 10b of Part VIII. Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 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 Benefits paid to or for members 4 Compensation of current officers, directors, 5 115,407. 71,863. 43,544. 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) Other salaries and wages 346,107. 272,710. 73,397. 7 8 Pension plan accruals and contributions (include 2,410. 1,819. 313. 278. section 401(k) and 403(b) employer contributions) 15,850. 11,964. 2,055. Other employee benefits 1,831. 9 36,233. 27,350. 4,698. 4,185. 10 Payroll taxes 11 Fees for services (nonemployees): Management а 1,333. 1,333. b Legal 12,881. 12,881. Accounting С Lobbying d Professional fundraising services. See Part IV, line 17 е Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, g 26,694. 13,793. 12,901. column (A), amount, list line 11g expenses on Sch 0.) 3,308. 30,852. 21,048. 6,496. Advertising and promotion 12 1,813. 87. 1,557. 169. 13 Office expenses 2,499. 1,156. 883. 460. Information technology 14 Royalties 15 10,291. 6,264. 2,400. 1,627. 16 Occupancy 17 Travel Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 20 Interest Payments to affiliates 21 4,873. 4,873. Depreciation, depletion, and amortization 22 13,614. 12,170. 1,116. 328. 23 Insurance Other expenses. Itemize expenses not covered 24 above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.) 60,223. 60,142. 81. PRODUCTION COSTS а 34,926. PRODUCTION CONTRACTORS 34,676. 250. h 12,400. 12,400. MERCHANDISING AND PROMO С 5,540. 4,159. 167. 1,214. d BANK CHARGES 13,554. 4,364. 5,843. 3,347. e All other expenses 747,500. 557,444. 96,474. 93,582. Total functional expenses. Add lines 1 through 24e 25 Joint costs. Complete this line only if the organization 26 reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.

NASHVILLE	SHAKESPEARE	FESTIVAL
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58-1807951 Page 11

Dalance Sheet								
Check if Schedule O contains a response or note to any line in this Part X								
	(A) Beginning of year		(B) End of year					
Cash - non-interest-bearing	244,602.	1	132,843.					
Savings and temporary cash investments	11,887.	2	200,000.					
Pledges and grants receivable, net		3						
Accounts receivable, net	183,737.	4	126,330.					
Loans and other receivables from any current or former officer, director,								
trustee, key employee, creator or founder, substantial contributor, or 35%								
		E						

	-	Accounts receivable, net	·····	100,101.	-7	120,3301	
	5	Loans and other receivables from any current or f	fficer, director,				
		trustee, key employee, creator or founder, substa	ntributor, or 35%				
		controlled entity or family member of any of these	person	s		5	
	6	Loans and other receivables from other disqualified	ons (as defined				
		under section 4958(f)(1)), and persons described i	on 4958(c)(3)(B)		6		
s	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ąŝ	9	Prepaid expenses and deferred charges			15,908.	9	15,611.
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a	52,911.			
	b	Less: accumulated depreciation	10b	46,688.	6,049.	10c	6,223.
	11	Investments - publicly traded securities			11		
	12	Investments - other securities. See Part IV, line 11			12		
	13	Investments - program-related. See Part IV, line 1			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))	462,183.	16	<u>481,007.</u> 38,946.
	17	Accounts payable and accrued expenses			19,519.	17	38,946.
	18	Grants payable			18		
	19	Deferred revenue			0.	19	64.
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability. Complete Pa			21		
ŝ	22	Loans and other payables to any current or forme	, director,				
Liabilities		trustee, key employee, creator or founder, substa	ntributor, or 35%				
abi		controlled entity or family member of any of these	person	s		22	
Ë	23	Secured mortgages and notes payable to unrelate	ed third	parties		23	
	24	Unsecured notes and loans payable to unrelated	rties		24		
	25	Other liabilities (including federal income tax, paya	related third				
		parties, and other liabilities not included on lines	Complete Part X				
		of Schedule D				25	
	26	Total liabilities. Add lines 17 through 25			19,519.	26	39,010.
		Organizations that follow FASB ASC 958, chec	k here	X			
ces		and complete lines 27, 28, 32, and 33.					
lan	27	Net assets without donor restrictions			442,664.	27	441,997.
Ba	28	Net assets with donor restrictions				28	
pur		Organizations that do not follow FASB ASC 95					
٦ ۲		and complete lines 29 through 33.					
Net Assets or Fund Balances	29	Capital stock or trust principal, or current funds			29		
set	30	Paid-in or capital surplus, or land, building, or equ			30		
As	31	Retained earnings, endowment, accumulated inco	ome, or	other funds		31	
Net	32	Total net assets or fund balances			442,664.	32	441,997.
	33	Total liabilities and net assets/fund balances			462,183.	33	481,007.
							Form 990 (2022)

1

2 3

4

Form **990** (2022)

Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1 1 Total expenses (must equal Part VII, column (A), line 12) 2 746, 833. 2 Total expenses (must equal Part V, column (A), line 25) 3 7-667. 3 Revenue less expenses. Subtract line 2 from line 1 4 4422, 664. 5 Net unrealized gains (losses) on investments 6 7 6 7		1 990 (2022) NASHVILLE SHAKESPEARE FESTIVAL	58-180	7951	Pag	_{ge} 12
1 Total revenue (must equal Part VIII, column (A), line 12) 1 746,833. 2 Total expenses (must equal Part IX, column (A), line 25) 2 747,500. 3 -c667. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4422,664. 5 Net unrealized gains (losses) on investments 6 7 6 7 7 8 7 8 7 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 4411,997. Part XII Financial Statements and Reporting X 7 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other 2a X 1 Accounting method used to prepare the Form 990: Cash	Pa	rt XI Reconciliation of Net Assets				
2 Total expenses (must equal Part IX, column (A), line 25) 2 747, 500. 3 Revenue less expenses. Subtract line 2 from line 1 3 -667. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 442, 664. 5 5 6 7 7 6 7 7 6 7 7 7 7 8 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4411, 997. Part XIII Financial Statements and Reporting X X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X <		Check if Schedule O contains a response or note to any line in this Part XI				
2 Total expenses (must equal Part IX, column (A), line 25) 2 747, 500. 3 Revenue less expenses. Subtract line 2 from line 1 3 -667. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 442, 664. 5 5 6 7 7 6 7 7 6 7 7 7 7 8 9 0. 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4411, 997. Part XIII Financial Statements and Reporting X X X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X <						
3 Revenue less expenses. Subtract line 2 from line 1 3 -667. 4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4422, 664. 5 Net unrealized gains (losses) on investments 5 6 6 0 7 8 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 441, 997. Part XII Financial Statements and Reporting 7 10 441, 997. 10 Yes No Accounting method used to prepare the Form 990: Cash X Accrual Cother," explain on Schedule O. 2a X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Cother," explain on Schedule O. 2a X 1 Accounting method used to prepare the Form 990: Cash X Accrual Cother," explain on Schedule O. 2a X 1 Yes No 1 Separate basis, consolidated basis or both: Consolidated basis 2b X	1	Total revenue (must equal Part VIII, column (A), line 12)	1			
4 Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 442,664. 5 5 6 5 7 6 7 6 8 6 9 7 10 9 10 9 10 141, 997. Part XII Financial Statements and Reporting 10 441, 997. 11 Accounting method used to prepare the Form 990: Cash 12 Check if Schedule O contains a response or note to any line in this Part XII X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 11 Accounting method used to prepare the Form 990: Cash X Accrual Other 11 the organization's financial statements compiled or reviewed by an independent accountant? 2a X 11 Yes, 'check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis or both: Za Za	2	Total expenses (must equal Part IX, column (A), line 25)	2	745		
5 Net unrealized gains (losses) on investments 6 Donated services and use of facilities 7 6 7 Investment expenses 8 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 441, 997. Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII 7 Interpret in the organization is financial statements compiled or reviewed by an independent accountant? 1 Accounting method used to prepare the Form 990: 1 Cash X Accounting method used to prepare the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis 5 Separate basis 6 Consolidated basis 7 Both consolidated and separate basis 8 Separate basis 9 O. Were the organization's financial statements and they an independent accountant? 1 Yes 1 No Were the organization's financial statements and selection of an independent accountant? 1 Yes 1 Separate basis 1 Consolidated basis 2 Consolidated basis 3 Both consolidated and separate basis 5 Were the organization's financial state	3	Revenue less expenses. Subtract line 2 from line 1	3			
6 Donated services and use of facilities 6 7 Investment expenses 7 8 Prior period adjustments 8 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 4411, 997. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis, consolidated basis, or both: 2b </th <td>4</td> <td>Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))</td> <td>4</td> <td>442</td> <td>2,6</td> <td>64.</td>	4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	442	2,6	64.
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 441,997. Part XII Financial Statements and Reporting X X Check if Schedule O contains a response or note to any line in this Part XII X X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Yes No 2a X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Do the organization's financial statements audited by an independent accountant? Zb X If "Yes," check a box below to indicate wheth	5	Net unrealized gains (losses) on investments	5			
7 Investment expenses 7 8 Prior period adjustments 9 9 Other changes in net assets or fund balances (explain on Schedule O) 9 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Check if Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis. b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis Check if Schedule Dasis Both consolidated and separate basis column (B) Check a box below to indicate whether the f	6	Donated services and use of facilities	6			
9 Other changes in net assets or fund balances (explain on Schedule O) 9 0. 10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 441,997. Part XII Financial Statements and Reporting X X X Check if Schedule O contains a response or note to any line in this Part XII X X Yes No 1 Accounting method used to prepare the Form 990: Cash X Accrual Other Za X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis Consolidated basis Both consolidated and separate basis Za X b Were the organization's financial statements audited by an independent accountant? Zb X Zb X if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis Consolidated basis Both consolidated and separate basis Zb X Zb X if "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis Both consolidated and separate basis Zb X Zb X Zb X Z </th <td>7</td> <td></td> <td>7</td> <td></td> <td></td> <td></td>	7		7			
10 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B)) 10 441,997. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a X 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X	8	Prior period adjustments	8			
column (B) 10 441,997. Part XII Financial Statements and Reporting X Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X 2a X Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Y	9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other I If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, exp	10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII X 1 Accounting method used to prepare the Form 990: Cash X Accrual Other I If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis 2b X If "Yes," check a box below to indicate whether the financial statements accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explai		column (B))	10	441	L,9	<u>97.</u>
1 Accounting method used to prepare the Form 990: Cash X Accrual Other	Pa	rt XII Financial Statements and Reporting				
1 Accounting method used to prepare the Form 990: Cash X Accrual Other		Check if Schedule O contains a response or note to any line in this Part XII				
If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. 2a Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?					Yes	No
2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a X If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: 2b X Separate basis Consolidated basis Both consolidated and separate basis 2b X If "Yes," check a box below to indicate whether the financial statements audited by an independent accountant? 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: 2b X If "Yes," to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? 2c X If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpar	1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Image: Consolidated basis		If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	e O.			
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If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Image: Consolidated basis, or both: Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis Image: Consolidated basis <td< th=""><td></td><td>Separate basis Consolidated basis Both consolidated and separate basis</td><td></td><td></td><td></td><td></td></td<>		Separate basis Consolidated basis Both consolidated and separate basis				
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X Separate basis Consolidated basis Both consolidated and separate basis Image: Consolidated basis Conso		If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	e basis,			
cIf "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?2cXIf the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.2X3aAs a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Uniform Guidance, 2 C.F.R. Part 200, Subpart F?3aX		consolidated basis, or both:				
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3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the 3a X Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X		review, or compilation of its financial statements and selection of an independent accountant?		_ 2c	Х	
Uniform Guidance, 2 C.F.R. Part 200, Subpart F? 3a X		If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.			
	3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit		Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		3a		X
	b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	red audit			
or audits, explain why on Schedule O and describe any steps taken to undergo such audits				. 3b		

Form **990** (2022)

Department of the Treasury Internal Revenue Service

(Form 990)

Public Charity Status and Public Support

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

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

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

OMB No. 1545-0047
2022
Onon to Dublic

Open to Public Inspection

Nan	ne of t	the organization							identification number	
_				ESPEARE FEST					8-1807951	
Pa	irt I	Reason for Public (Charity Status.	(All organizations must c	complete th	nis part.) S	ee instruction	s.		
The	organ	ization is not a private found	ation because it is: (F	For lines 1 through 12, c	heck only o	one box.)				
1		A church, convention of ch	urches, or associatio	n of churches described	l in sectio	on 170(b)(1)(A)(i).			
2		A school described in sect	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990).)					
3		A hospital or a cooperative	hospital service orga	anization described in so	ection 170	(b)(1)(A)(ii	i).			
4		A medical research organiz	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,	
		city, and state:								
5		An organization operated for	or the benefit of a col	llege or university owned	l or operate	ed by a go	vernmental u	nit describe	ed in	
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gov		nental unit described in	section 17	70(b)(1)(A)	(v).			
7	\square	An organization that norma	•				. ,	ne general i	oublic described in	
		section 170(b)(1)(A)(vi). (C	•		onn a gore			ie general j		
8		A community trust describe		(1)(A)(vi) (Complete Par	+ 11)					
9	H	An agricultural research org			-	ad in coniu	nction with a	land-grant	college	
5		or university or a non-land-g								
		university:	grant concyc or agrici			name, eny		the conege		
10	X	An organization that norma	Illy receives (1) more	than 33 1/304 of its supr	ort from o	ontributior	s momborsh	in food and	d gross receipts from	
10		activities related to its exem								
		income and unrelated busir		-					-	
		See section 509(a)(2). (Con				ses acqui		janization a		
11		An organization organized a		volv to tost for public co	foty Soo	coction 5($\Omega(a)(4)$			
12	H	An organization organized a	-	•	•			rny out the	purposes of one or	
12		more publicly supported or		•	-			-		
		lines 12a through 12d that								
-		Type I. A supporting orga	• •			-		-	aivina	
а				-	• • • •	-				
		the supported organization			i majonty o	or the direc	tors or truste	es or the st	porting	
		organization. You must o						- (-)		
b		Type II. A supporting org	-				•		-	
		control or management o			ame perso	ns that col	ntrol or manag	ge the supp	Dorted	
	_	organization(s). You mus								
С		☐ Type III functionally inte						ly integrate	ed with,	
		its supported organization		-						
C		Type III non-functionally						-		
		that is not functionally int			•		-	an attentiv	/eness	
		requirement (see instructi	,	. ,	,					
e		Check this box if the orga					Туре I, Туре	II, Type III		
		functionally integrated, or		nally integrated supporti	ng organiz	ation.				
f		er the number of supported o	•							
<u> </u>		vide the following informatior (i) Name of supported	about the supporte (ii) EIN	d organization(s). (iii) Type of organization	(iv) Is the orga	anization listed	(v) Amount of	monoton	(vi) Amount of other	
	,	organization		(described on lines 1-10	in your governi	ing document?	support (see ir		support (see instructions)	
				above (see instructions))	Yes	No		,		
Tota	al									

Schedule	A (Form 990)) 2022
Part II	Suppor	t Sc

NASHVILLE SHAKESPEARE FESTIVAL

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

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

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for th	ne organization's fi	rst, second, third,	fourth, or fifth tax	year as a section &	501(c)(3)	
	organization, check this box and stop	ohere					
Sec	ction C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2022 (I	ine 6, column (f), c	livided by line 11,	column (f))		14	%
15	Public support percentage from 2021	Schedule A, Part	II, line 14			15	%
16 a	33 1/3% support test - 2022. If the c	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or n	nore, check this bo	ox and
	stop here. The organization qualifies	as a publicly supp	orted organizatior	۱			
b	33 1/3% support test - 2021. If the o	organization did no	ot check a box on	line 13 or 16a, and	l line 15 is 33 1/3%	6 or more, check th	nis box
	and stop here. The organization qual	ifies as a publicly	supported organiz	ation			
17a	10% -facts-and-circumstances test	- 2022. If the org	anization did not	check a box on lin	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the fact	s-and-circumstanc	es test, check this	box and stop he	ere. Explain in Parl	t VI how the organi	zation
	meets the facts-and-circumstances te	st. The organization	on qualifies as a pu	ublicly supported o	organization		
b	10% -facts-and-circumstances test	- 2021. If the org	anization did not	check a box on lin	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets the	ne facts-and-circur	nstances test, che	eck this box and s	top here. Explain	in Part VI how the	
	organization meets the facts-and-circu	umstances test. Th	ne organization qu	alifies as a publicly	/ supported organ	ization	
18	Private foundation. If the organization	on did not check a	box on line 13, 16	a, 16b, 17a, or 17	b, check this box a	and see instruction	s

Schedule A (Form 990) 2022

Schedule A (Form 990) 2022 NASHVILLE SHAKESPEARE FESTIVAL Part III Support Schedule for Organizations Described in Section 509(a)(2) NASHVILLE SHAKESPEARE FESTIVAL

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

Cale	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	550,040.	466,900.	1127892.	549,881.	661,022.	3355735.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		157,611.				532,692.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge	21,750.	21,750.				43,500.
6	Total. Add lines 1 through 5	759,388.		1176531.	607,590.	742,157.	3931927.
7a	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.
~	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6.)						3931927.
	tion B. Total Support						55515276
	ndar year (or fiscal year beginning in)	(a) 2018	(b) 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	759,388.	646,261.	1176531.	607,590.	742,157.	3931927.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	4.	·			4,676.	4,680.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
с	Add lines 10a and 10b	4.				4,676.	4,680.
	Net income from unrelated business activities not included on line 10b, whether or not the business is	1,260.	7,250.				8,510.
12	regularly carried on Other income. Do not include gain	1,200.	7,230.				0,510.
	or loss from the sale of capital						
12	assets (Explain in Part VI.)	760,652.	653,511.	1176531.	607,590.	746,833.	3945117.
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for th						
14	-	le organization s in					"I,
Sec	tion C. Computation of Publi	c Support Per	centage				
	Public support percentage for 2022 (li			olumn (f))		15	99.67 %
	Public support percentage from 2021					16	99.78 %
	tion D. Computation of Inves						<u> </u>
	Investment income percentage for 20			ne 13. column (f))		17	.12 %
	Investment income percentage from 2					18	.00 %
	33 1/3% support tests - 2022. If the						
150	more than 33 1/3%, check this box ar	-					
b	33 1/3% support tests - 2021. If the						
~	line 18 is not more than 33 1/3%, che	•					
20	Private foundation. If the organizatio						

Schedule A (Form 990) 2022

NASHVILLE SHAKESPEARE FESTIVAL

Yes

No

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

1 2 3a 3b 3c 4a 4b 4c 5a 5b 5c 6 7 8 9a 9b 9c 10a 10b

		<u> </u>	T Pa	age o
Pa	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
b	A family member of a person described on line 11a above?	11b		
с	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		
Sec	tion B. Type I Supporting Organizations			

1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, 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	L
2	Did the organization operate for the benefit of any supported organization other than the supported		
	organization(s) that operated supervised or controlled the supporting organization? If "Vos." explain in		1

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organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in **Part VI** how providing such benefit carried out the purposes of the supported organization(s) that operated,

supervised, or controlled the supporting organization. Section C. Type II Supporting Organizations

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

the supported organization(s). Section D. All Type III Supporting Organizations

			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	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 organization(s) or (ii) serving on the governing body of a supported organization? If "No." explain in Part VI how			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described on line 2, above, did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	2		
	supported organizations played in this regard	3		

Section E. Type III Functionally Integrated Supporting Organizations

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
- a 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	vou supported a	overnmental entitv	(see instructions).

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

3b | | Schedule A (Form 990) 2022

2a

2b

3a

Yes No

Yes

2

No

Schedule A	(Form 990) 2022
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Schedule A (Form 990) 2022 NASHVILLE SHAKESPEARE FESTIVAL Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1	Check here if the organization satisfied the Integral Part Test as a qualifyir			Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	t complete s		(B) Current Year
Sect	ion A - Adjusted Net Income		(A) Prior Year	(optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	ion 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):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
с	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6		
_7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 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-functionally integrated Type III supporting organization (see instructions).

Schedule A (Form 990) 2022

 c Remainder. Subtract lines 4a and 4b from line 4.
 5 Remaining underdistributions for years prior to 2022, 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 2022. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2023. Add lines 3j

Part VI. See instructions.

and 4c.
and 4c.
Breakdown of line 7:
Excess from 2018
Excess from 2019
CExcess from 2020
Excess from 2021
Excess from 2022

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Par	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations (contine	ued)
ecti	on D - Distributions			
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		1
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported		
	organizations, in excess of income from activity			2
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	6	3
4	Amounts paid to acquire exempt-use assets			4
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5
6	Other distributions (describe in Part VI). See instructions.			6
7	Total annual distributions. Add lines 1 through 6.			7
8	Distributions to attentive supported organizations to which the	he organization is responsive		
	(provide details in Part VI). See instructions.			8
9	Distributable amount for 2022 from Section C, line 6			9
0	Line 8 amount divided by line 9 amount			10
1	Distributable amount for 2022 from Section C, line 6		Pre-2022	
	÷			
2	Underdistributions, if any, for years prior to 2022 (reason-			
	able cause required - explain in Part VI). See instructions.			
	Excess distributions carryover, if any, to 2022			
	From 2017			
	From 2018 From 2019			
	From 2020			
	From 2021			
	Total of lines 3a through 3e			
	Applied to underdistributions of prior years			
a	Applied to 2022 distributable amount			
h				
h i	Carryover from 2017 not applied (see instructions)			
h i j	Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			
h i j	Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f. Distributions for 2022 from Section D,			
<u>h</u> i j 4	Carryover from 2017 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from line 3f.			

 Image: second
Schedule A (Form 990) 2022

Current Year

(iii) Distributable Amount for 2022

Schedule A	(Form 990) 2022		SHAKESPEARE		58-1807951 Page 8
Part VI	Supplemental Inform Part IV, Section A, lines 1, line 1; Part IV, Section D,	2, 3b, 3c, 4b, 4c, 5a ines 2 and 3; Part IV,	, 6, 9a, 9b, 9c, 11a, 11b Section E, lines 1c, 2a,	by Part II, line 10; Part II, line 17a , and 11c; Part IV, Section B, lines 2b, 3a, and 3b; Part V, line 1; Part so complete this part for any additi	1 and 2; Part IV, Section C, V, Section B, line 1e; Part V,

(Form	990)
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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.

t 4 **Open to Public** Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

NASHVILLE SHAKESPEARE FESTIVAL

Employer identification number 58-1807951

Par			s or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin		
		(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 v	-	
•	are the organization's property, subject to the organization's		
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor o		
Par		agnization answered "Ves" on Form 990	
1	Purpose(s) of conservation easements held by the organization		
	Preservation of land for public use (for example, recrea		of a historically important land area
	Protection of natural habitat		of a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form	of a conservation easement on the last
_	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
с	Number of conservation easements on a certified historic stru		
d	Number of conservation easements included in (c) acquired a	after July 25,2006, and not on a	
	historic structure listed in the National Register		2d
3	Number of conservation easements modified, transferred, rel		
	year		
4	Number of states where property subject to conservation eas	sement is located	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it		
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing cor	servation easements during the year
_			
7	Amount of expenses incurred in monitoring, inspecting, hand	aling of violations, and enforcing conserv	ation easements during the year
•	Deep each concernation accompany reported on line 2(d) about	e estist, the requirements of eastion 170	
8	Does each conservation easement reported on line 2(d) abov and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	on essements in its revenue and expense	
5	balance sheet, and include, if applicable, the text of the footr	•	
	organization's accounting for conservation easements.		
Par	t III Organizations Maintaining Collections of	f Art, Historical Treasures, or O	ther Similar Assets.
	Complete if the organization answered "Yes" on Form	1 990, Part IV, line 8.	
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its revenue statement	and balance sheet works
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in t	urtherance of public
	service, provide in Part XIII the text of the footnote to its finar	ncial statements that describes these ite	ns.
b	If the organization elected, as permitted under FASB ASC 95	8, to report in its revenue statement and	balance sheet works of
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in fur	herance of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		
2	If the organization received or held works of art, historical treater		al gain, provide
	the following amounts required to be reported under FASB A	-	
	Revenue included on Form 990, Part VIII, line 1		
	Assets included in Form 990, Part X		
	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.	Schedule D (Form 990) 2022
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Par	t III Organizations Maintaining C	Collections of Ar	t, Histo	orical Tre	easures, or	Other	[.] Similar	Assets	(contii	nued)	
3	Using the organization's acquisition, access	ion, and other record	s, check	any of the	following that	make si	gnificant u	se of its			
	collection items (check all that apply):										
а	Public exhibition	c	1 🗌 I	Loan or exc	hange progra	m					
b	Scholarly research	e	• 🗌 •	Other							
с	Preservation for future generations										
4	Provide a description of the organization's c	ollections and explair	n how th	ey further th	ne organizatio	n's exen	npt purpos	e in Part	XIII.		
5	During the year, did the organization solicit of	or receive donations of	of art, his	storical trea	sures, or othe	r similar	assets		_		_
	to be sold to raise funds rather than to be m								Yes		No
Par	t IV Escrow and Custodial Arran		ete if the	organizatio	on answered ""	Yes" on	Form 990,	, Part IV, I	ine 9, or		
	reported an amount on Form 990, Pa	art X, line 21.									
1a	Is the organization an agent, trustee, custod	lian or other intermed	liary for c	contribution	s or other ass	ets not i	ncluded		_		_
	on Form 990, Part X?							L	Yes		No
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	llowing ta	able:							
									Amoun	t	
С	Beginning balance						1c				
	Additions during the year										
	Distributions during the year										
	Ending balance								_		
	Did the organization include an amount on F						ty?	L	Yes		No
_	If "Yes," explain the arrangement in Part XIII.										
Par	t V Endowment Funds. Complete								() [h a al i
		(a) Current year	(b) P	rior year	(c) Two years	S DACK	(d) Three y	ears dack	(e) Fou	years	раск
1a	Beginning of year balance										
b	Contributions										
	Net investment earnings, gains, and losses										
	Grants or scholarships										
е	Other expenditures for facilities										
	and programs										
	Administrative expenses										
g	End of year balance										
2	Provide the estimated percentage of the cur			, column (a)) held as:						
а	Board designated or quasi-endowment		_%								
b	Permanent endowment	%									
с	Term endowment	_%									
_	The percentages on lines 2a, 2b, and 2c sho										
За	Are there endowment funds not in the posse	ession of the organiza	ation that	t are held ai	nd administere	ed for the	e		ĺ	Yes	Na
	organization by:									Tes	No
	(i) Unrelated organizations								3a(i)		
	(ii) Related organizations								3a(ii)		
D	If "Yes" on line 3a(ii), are the related organiza								3b		
4 Par	t VI Land, Buildings, and Equipm		wment fi	unas.							
I UI	Complete if the organization answere) Dart IV	/ line 112 S	See Form 000	Dart X	line 10				
				-	,			-1	(-1) D		
	Description of property	(a) Cost or o basis (investr		• •	t or other (other)		ccumulate preciation	a	(d) Boo	k valu	е
4 -	Land		nong	00010		ue	Sicolation				
	Land										
	Buildings										
	Leasehold improvements			5	2 011		16 69			6 2	23
	Equipment			2	52,911.		46,68	,		6,2	<u>4</u> J.
-	Other			(-)						6,2	22
Iotal	. Add lines 1a through 1e. (Column (d) must e	equal Form 990, Part	<u>X. colum</u>	nn (B), line 1	<u>()c.)</u>			<u> </u>	- /-	<u>, </u>	<u>د الم</u>

Schedule D (Form 990) 2022

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
2) Closely held equity interests			
3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" o			
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
Part IX Other Assets. Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
(a) [Description		(b) Book value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Fotal. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u> 15.)</u>		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	<i>(</i> ,) =
I. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
	25.)		
 (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 2. Liability for uncertain tax positions. In Part XIII, provide to organization's liability for uncertain tax positions under formation and the second secon	the text of the footnote to	the organization's financial statements th	

NASHVILLE SHAKESPEARE FESTIVAL

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

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Schedule D (Form 990) 2022

Part VII Investments - Other Securities.

	edule D (Form 990) 2022 NASHVILLE SHAKESPEARE FES				807951 Page 4
Pa	rt XI Reconciliation of Revenue per Audited Financial Statem	ents With	Revenue per Re	turn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.			
1	Total revenue, gains, and other support per audited financial statements			1	899,205.
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	152,372.		
с	Recoveries of prior year grants				
d					
е				2e	152,372.
3	Subtract line 2e from line 1			3	746,833.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b			
с				4c	0.
_				5	746,833.
5	I otal revenue. Add lines 3 and 4c. (This must equal Form 990. Part I. line 12.)				
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Statem	nents With	Expenses per F		
5 Pa	Total revenue. Add lines 3 and 4c. (<i>This must equal Form 990, Part I, line 12.</i>) rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With	Expenses per F		•
5 Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With ^{2a.}	Expenses per F		
	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12	nents With ^{2a.}	Expenses per F	Return	•
1	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements	nents With	Expenses per F	Return	•
1 2	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	nents With 2a. 2a	Expenses per F	Return	•
1 2	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	nents With 2a. 2a 2b	Expenses per F	Return	•
1 2 a b	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a. 2a 2b 2c	Expenses per F	Return	•
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2b 2c 2d	Expenses per F	Return	•
1 2 a b c	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d	2a 2a 2a 2b 2c 2d	Expenses per F	1	. 899,872.
1 2 b c d e	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.)	2a 2a 2a 2b 2c 2d	Expenses per F	1 2e	899,872. 152,372.
1 2 b c d 3	rt XII Reconciliation of Expenses per Audited Financial Staten Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:	2a 2a 2b 2c 2d	Expenses per F	1 2e	899,872. 152,372.
1 2 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2a 2b 2c 2c 2d 2d 4a	Expenses per F	1 2e	899,872. 152,372.
1 2 3 4 3 4	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	2a 2b 2b 2c 2d	Expenses per F	1 2e	• 899,872. <u>152,372.</u> 747,500. 0.
1 2 d e 3 4 b c 5	rt XII Reconciliation of Expenses per Audited Financial Statem Complete if the organization answered "Yes" on Form 990, Part IV, line 12 Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses Other (Describe in Part XIII.) Add lines 2a through 2d Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b Other (Describe in Part XIII.)	2a 2a 2b 2b 2c 2d 2d 4a 4b 4b	Expenses per F	eturn	899,872. 152,372. 747,500.

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

PART X, LINE 2:

WE ARE EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL

REVENUE CODE AND QUALIFY FOR CHARITABLE DEDUCTION. WE ARE NOT CLASSIFIED

AS A PRIVATE ORGANIZATION.

IN ACCOUNTING FOR UNCERTAIN INCOME TAXES, WE RECOGNIZED A TAX POSITION AS

A BENEFIT ONLY IF IT IS "MORE LIKELY THAN NOT" THE TAX POSITION WOULD BE

SUSTAINED IN A TAX EXAMINATION, WITH A TAX EXAMINATION BEING PRESUMED TO

OCCUR. THE AMOUNT RECOGNIZED IS THE LARGEST AMOUNT OF TAX BENEFIT GREATER

THAN 50 PERCENT LIKELY OF BEING REALIZED ON EXAMINATION. FOR TAX POSITIONS

NOT MEETING THE "MORE LIKELY THAN NOT" TEST, NO TAX BENEFIT IS RECORDED.

AT SEPTEMBER 30, 2023, WE HAVE NO UNCERTAIN TAX POSITIONS.

WE RECOGNIZED INTEREST AND PENALTIES RELATED TO UNRECOGNIZED TAX BENEFITS IN INTEREST AND INCOME TAX EXPENSE, RESPECTIVELY. WE HAVE NO AMOUNTS ACCRUED FOR INTEREST OR PENALTIES AS OF SEPTEMBER 30, 2023. WE ARE NO LONGER SUBJECT TO EXAMINATION BY U.S FEDERAL AND STATE TAXING AUTHORITIES FOR FISCAL YEARS ENDING BEFORE 2021. SCHEDULE O (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information. Attach to Form 990 or Form 990-EZ. <u>Go to www.irs.gov/Form990 for the latest info</u>rmation. OMB No. 1545-0047

NASHVILLE SHAKESPEARE FESTIVAL

Employer identification number 58 - 1807951

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

COMMUNITY THROUGH PROFESSIONAL THEATRICAL EXPERIENCES.

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

THE 990 WILL BE REVIEWED BY THE EXECUTIVE MANAGING DIRECTOR, THE OPERATIONS

MANAGER, THE BOOKKEEPER, AND THE BOARD TREASURER. THE FINAL DRAFT IS ALSO

SENT TO THE ENTIRE BOARD WITH TIME ALLOWED FOR RESPONSES BEFORE SUBMISSION.

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

THE BOARD DETERMINES THE SALARIES OF THE PERMANENT STAFF. SALARIES ARE

REVIEWED ANNUALLY AND INCREMENTAL RAISES ARE USUALLY GIVEN. THE ARTISTIC

DIRECTOR AND MANAGING DIRECTOR DETERMINE SALARIES FOR PRODUCTION PERSONNEL.

SALARIES FOR THE ACTORS EQUITY UNION MEMBERS ARE NEGOTIATED WITH THE

UNIONON A SHOW BY SHOW BASIS.

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

FINANCIAL STATEMENTS AND THE 990 ARE AVAILABLE BY REQUEST AND ARE PUBLISHED ON GIVINGMATTERS.ORG AND GUIDESTAR.ORG.

FORM 990, PART XII, LINE 2C:

PROCESS HAS NOT CHANGED.