### **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

Open to P Inspecti	
, 20 04	
tification number	

-		2004 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	2004	nd ending Septe	ember 3f	, 20 04
A	For th		, 2004, ai	nd ending out.		er identification number
В	Check if a	applicable: Please C Name of organization			• • •	07951
$\mathbf{Z}$	Address	change I total as I THE Masily life Shakespeare I estival				
	Name c	change print or humber and street (or P.O. box if mail is not delivered type.	to street addr		•	ne number
	initial re	stum See 1604 8th Avenue South		310		255-2273
_	Final ret	Specific   City or town state or country and 7IP + 4		1	F Accounting	method: 🛛 Cash 🔲 Accrual
		ed return tions. Nashville, TN 37203				er (specify) >
		ion pending • Section 501(c)(3) organizations and 4947(a)(1) nonexem	pt charitable	H and I are not	applicable	to section 527 organizations.
	търгосии	trusts must attach a completed Schedule A (Form 990 or	990-EZ).	H(a) is this a g		for affiliates? Yes Vo No
G	Website	e: ▶ www.nasvilleshakes.org		1		r of affiliates ▶
_			" П <i>а</i>	H(c) Are all affi		
J	Organia	zation type (check only one) ► \$\infty\$ 501(c) (3) < (insert no.) \$\square\$ 4947(a)	1) or $\square$ 52/			See instructions.)
K	Check	here > _ if the organization's gross receipts are normally not more than	\$25,000. The	H(d) Is this a se	berere lemin	a group ruling? Yes V No
	organiza	ation need not file a return with the IRS; but if the organization received a Forn nail, it should file a return without financial data. Some states require a comple	n 990 Package Ma neturn.		emption Nu	
_	111 1110 11	ital, it stand the a fetall willout himilion data. Dollar states for the		<del></del>		he organization is not required
L	Gross	receipts: Add lines 6b, 8b, 9b, and 10b to line 12 ▶ 207,	733			om 990, 990-EZ, or 990-PF).
	art I	Revenue, Expenses, and Changes in Net Assets or	Fund Bala	ances (See pa	ige 18 o	f the instructions.)
	1	Contributions, gifts, grants, and similar amounts received:			2007	
			1a	118,51	7	
	a	Direct public support	1b			
		Indirect public support	1c	58,20	<u> </u>	
	C	Government contributions (grants)		0 )	1d	176,717
		Total (add lines 1a through 1c) (cash \$176,717 nonce	asii a	, .	2	24,355
	2	Program service revenue including government fees and contra		art VII, IIIIe 93)	3	2.1,000
	3	Membership dues and assessments			4	214
	4	Interest on savings and temporary cash investments			5	
	5				3	
	6a	Gross rents				
	l			;	6c	
9	7	Other investment income (describe	<del></del>	(B) Other	7	
Revenue	8a	Gross amount from sales of assets other (A) Securities		(b) One		
ě	1	than inventory	8a			
	b	Less: cost or other basis and sales expenses.	8b			
	c	Gain or (loss) (attach schedule)	8c			
	d	Net gain or (loss) (combine line 8c, columns (A) and (B))		` <u></u>	8d	
	9	Special events and activities (attach schedule). If any amount is from	n gaming, ch	neck here 🕨 📙		
	а	Gross revenue (not including \$ of				
		contributions reported on line 1a)	9a		_[:::]	
	b	Less: direct expenses other than fundraising expenses .	9b			
	C	Net income or (loss) from special events (subtract line 9b fr			9c	
	10a	Gross sales of inventory, less returns and allowances	10a	6,44		
	b	Less: cost of goods sold	10b	3,41	<b>—</b>	
	C	Gross profit or (loss) from sales of inventory (attach schedule) (sub	tract line 10	b from line 10a).	10c	3,032
	11	Other revenue (from Part VII, line 103)			11	
	12	Total revenue (add lines 1d, 2, 3, 4, 5, 6c, 7, 8d, 9c, 10c, and	11)			204,318
	13	Program services (from line 44, column (B))			13	132,845
Expenses	14	Management and general (from line 44, column (C))			14	44,713
	15	Fundraising (from line 44, column (D))			15	33,337
ŭ	16	Payments to affiliates (attach schedule)			16	0
	17	Total expenses (add lines 16 and 44, column (A))		· · · · ·	17	210,895
15	18	Excess or (deficit) for the year (subtract line 17 from line 12	)		18	(6,577)
8	19	Net assets or fund balances at beginning of year (from line		n (A))	19	24,781
Net Assets	20	Other changes in net assets or fund balances (attach expla			20	0
2	21	Net assets or fund balances at end of year (combine lines 18,			21	18,204

Par	Statement of Functional Expenses	All organizations m and section 4947(a	ust comp )(1) none	lete column (A). Colum cempt charitable trusts	ins (B), (C), and (D) are rec but optional for others. (S	quired for section 501(c) see page 22 of the instr	(3) and (4) organizations uctions.)
	Do not include amounts repor 6b, 8b, 9b, 10b, or 16 of			(A) Total	(B) Program services	(C) Management and general	(D) Fundraising
22	Grants and allocations (attach (cash \$ noncash \$	•	22				
23	Specific assistance to individuals (	•	23				
24	Benefits paid to or for members (a	•	24				
25	Compensation of officers, direct	•	25				
26	Other salaries and wages		26	140,025	90,968	24,889	24,168
27	Pension plan contributions .		27				
28	Other employee benefits		28	12,144	<del></del>	912	912
29	Payroll taxes		29	10,971	8,225	1,373	1,373
30	Professional fundraising fees .		30	3,750		3,750	
31	Accounting fees		32	3,730		3,730	
32	Legal fees		33	956	239	478	239
33	Supplies		34	2,341	<del></del>	468	702
34 35	Telephone		35	1,925		499	1,226
36	Occupancy		36	7,853	<del></del>	1,571	2,355
37	Equipment rental and maintena		37	7,400			
38	Printing and publications		38	7,361	4,482	517	2,362
39	Travel		39	506	253	253	
40	Conferences, conventions, and		40				
41	Interest	_	41			·	
42	Depreciation, depletion, etc. (at		42	1,592		1,592	
43	Other expenses not covered above (iter	nize): a lns.	43a	4,955		4,955	
b	Gifts, Meals and Entertainme		43b	712		360	
C	Dues, Subscriptions and Bar		43c	1,286		1,286	
d	Marketing, Publicity and Inte	met	43d	2,084	<del></del>	1,042	
8	Other Costs		43e	5,034	4,266	768	
44	Total functional expenses (add lines 22 through completing columns (B)-(D), carry these tot		44	210,895	132,845	44,713	33,337
	t Costs. Check ▶ ☐ if you are				an area and and the 1990 Pro-		
	ny joint costs from a combined edu is," enter (i) the aggregate amount						
	ne amount allocated to Managemen				he amount allocated		> <b>4</b>
Par	Statement of Program	n Service Acc	omoli	chmente /See	nage 25 of the in	etructions )	
What	is the organization's primary ex	vemnt numee?	The	atrical performa	nce and entertain	ment.	Program Service
Ali or	ganizations must describe their e	xemnt numose a	rhiever	ments in a clear a	nd concise manner	State the number	Expenses
of cli	ents served, publications issued,	etc. Discuss act	nieveme	ents that are not i	measurable. (Section	n 501(c)(3) and (4)	(4) orga., and 4947(a)(1) trusts; but optional for
orgar	nizations and 4947(a)(1) nonexemp	t charitable trusts	must a	iso enter the amo	unt of grants and allo	cations to others.)	agasts, but objects to.
а.	17th Annual Shakespeare in th	ne Park - Free to	the p	ublic			
_							
-	5.1.1			and allocations	\$	)	101,485
	School-touring production and Shakespeare's Lovers & Fight		nances	s of "Wooed & V	Von:		
-`	onundapouro a Lovera di Figiti	G18		• • • • • • • • • • • • • • • • • • • •	• - • • • • • • • • • • • • • •		
		((	Grants	and allocations	\$	)	25,722
c .	Apprentice Company theater t	raining progran	n for s	tudents			
-							
-			<u> </u>				
. –		(0	arants	and allocations	<b>a</b>	)	5,638
đ.					***		
-					• • • • • • • • • • • • • • • • • • • •		
-			Grants	and allocations		···	
e Ō	ther program services (attach s			and allocations	\$	<del>'</del>	·
	otal of Program Service Exper				<del></del>	<u> </u>	132,845

Part IV	Balance	Sheets	(See	page	25	of	the	instructions.	)

N	lote:	Where required, attached schedules and amounts within the description column should be for end-of-year amounts only.	(A) Beginning of year		(B) End of year
	45	Cash—non-interest-bearing	7,063	45	4,415
	46	Savings and temporary cash investments	15,818	46	9,818
		Savings and compositing states with the savings and savings are savings and savings and savings and savings are savings are savings and savings are savings are savings and savings are savings are savings are savings and savings are sa			
	47a	Accounts receivable			
	ь	Less: allowance for doubtful accounts . 47b		47c	
	ļ				
	48a	Pledges receivable			
	b	Less: allowance for doubtful accounts . 48b		48c	
	49	Grants receivable		49	
	50	Receivables from officers, directors, trustees, and key employees		50	
		(attach schedule)		50	<del></del>
•	51a	Other notes and loans receivable (attach			
Assets		Sorredule)		51c	
Ass		Less: allowance for doubtful accounts . [510] Inventories for sale or use		52	<del></del>
	52 53	Prepaid expenses and deferred charges		53	
	54	Investments—securities (attach schedule)		54	
		Investments—land, buildings, and			
		equipment: basis			
	Ь	Less: accumulated depreciation (attach			
		schedule)		55c	
	56	Investments—other (attach schedule)		56	
		Land, buildings, and equipment: basis . 57a 15,707			
	b	Less: accumulated depreciation (attach schedule) 11,736	2,899		3,971
	58	schedule)	2,000	58	<u> </u>
	30	Outer assets (describe >			
	59	Total assets (add lines 45 through 58) (must equal line 74)	25,780	59	18,204
	60	Accounts payable and accrued expenses		60	
	61	Grants payable		61	<u> </u>
	62	Deferred revenue		62	
98	63	Loans from officers, directors, trustees, and key employees (attach			
Liabilities	ļ	schedule)		63	
Te I		Tax-exempt bond liabilities (attach schedule)		64a	
_		Mortgages and other notes payable (attach schedule) Other liabilities (describe ▶ Payroll taxes payable )	999		0
	05	Other ligarities (describe > rayron taxes payable )		-	<u></u>
	66	Total liabilities (add lines 60 through 65)	999	66	0
	Oras	anizations that follow SFAS 117, check here ▶ ☑ and complete lines		2334	
60		67 through 69 and lines 73 and 74.			
8	67	Unrestricted	24,781	67	8,386
ž	68	Temporarily restricted	0	68	9,818
Ď	69	Permanently restricted		69	
Fund Balances	Orga	anizations that do not follow SFAS 117, check here ▶ ☐ and			
Ē	70	complete lines 70 through 74.		70	
s or	70	Capital stock, trust principal, or current funds		71	
<b>set</b>	71 72	Paid-in or capital surplus, or land, building, and equipment fund .  Retained earnings, endowment, accumulated income, or other funds	· · · · · · · · · · · · · · · · · · ·	72	
As	73	Total net assets or fund balances (add lines 67 through 69 or lines			······································
Net Assets	,3	70 through 72;		-1 Y.; 3av.	
-		column (A) must equal line 19; column (B) must equal line 21)	24,781	73	18,204
	74	Total liabilities and net assets / fund balances (add lines 66 and 73)	25,780	74	18,204

Form 990 is available for public inspection and, for some people, serves as the primary or sole source of information about a particular organization. How the public perceives an organization in such cases may be determined by the information presented on its return. Therefore, please make sure the return is complete and accurate and fully describes, in Part III, the organization's programs and accomplishments.

Part IV-A Reconciliation of Revenue per Audited Financial Statements with Revenue per Return (See page 27 of the instructions.)					Part IV-B Reconciliation of Expenses per Audited Financial Statements with Expenses per Return					
a	Total revenue, gains, and other support	а		√ 309,189	а	•	enses and los		a	283,860
b	per audited financial statements . Amounts included on line a but not on line 12, Form 990:	-			b	Amounts in	ncluded on line Form 990:	-		
(1)	Net unrealized gains on investments \$				(1)	Donated and use of	services	73,249	1.5	
(2)	Donated services and use of facilities \$ 73,999				(2)	Prior year ad reported on	line 20,			
(3)	Recoveries of prior year grants \$				(20	Form 990, Losses rep	<u>\$</u>			
(4)	Other (specify): Line 10b and				(4)	line 20, For	m 990. <u>\$</u>			
	Grant Receivable \$ 32,023  Add amounts on lines (1) through (4)	b		106,022		Line 10D	<u>\$</u>	3,415	300 300 300 300 300 300 300 300 300 300	
	· La Lineau de miles (s, Lineau).			000 407			nts on lines (1) th	rough (4)	Ь	76,664 207,196
ď	Amounts included on line 12, Form 990 but not on line a:	C		203,167	d		us line <b>b</b> ncluded on line but not on line a	•	C	201,190
(1)	Investment expenses not included on line				(1)	Investment on not included	•			
//00	6b, Form 990 \$		947 1944 1950		(00	6b, Form 99		<del> </del>		
(2)	Other (specify): Cash v Accrual				(2)	Other (spe Cash v A	ccrual \$	3,699		
	Add amounts on lines (1) and (2)	d		1,151		Add amou	nts on lines (1)	and (2) >	d	3,699
8	Total revenue per line 12, Form 990 (line c plus line d)	A		204,318	Θ		nses per line 17, s line <b>di</b> )			210,895
Pai	List of Officers, Directors, Tr		L	<del></del>	Emplo				ated	
	the instructions.) (A) Name and address	•		(B) Title a	ind avera	age hours per to position	(C) Compensation (If not paid, enter -0)	(D) Contributions amployee benefit pl deferred compens	ans &	(E) Expense account and other allowances
She	llie Fossick			Managi	ng Dir	. / 40 hrs.	\$40,280.00		.00	\$0.00
Stev	e Cardamone			Artistic	Dir. /	40 hrs.	\$31,500.00	\$0	.00	\$0.00
See	attached list for officers and directors	S								
									-	
75	Did any officer, director, trustee, or key emorganization and all related organizations, of "Yes," attach schedule—see page 28	of wh	ich more	than \$10	0,000 w					☐ Yes ☑ No

Page	5
- ago	•

			Yes	No
Par	t VI Other Information (See page 28 of the instructions.)	70	res	NO
76	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity.	76		<del></del>
77	Were any changes made in the organizing or governing documents but not reported to the IRS?	77		<b>V</b>
	If "Yes," attach a conformed copy of the changes.	70-		,
	Did the organization have unrelated business gross income of \$1,000 or more during the year covered by this return?	78a		_
b	If "Yes," has it filed a tax return on Form 990-T for this year?	78b		-
79	Was there a liquidation, dissolution, termination, or substantial contraction during the year? If "Yes," attach a statement	79		<b>✓</b>
80a	Is the organization related (other than by association with a statewide or nationwide organization) through common			,
	membership, governing bodies, trustees, officers, etc., to any other exempt or nonexempt organization?	80a		<b>/</b>
b	If "Yes," enter the name of the organization ▶			
	and check whether it is exempt or I nonexempt.			
	Enter direct and indirect political expenditures. See line 81 instructions	046		1
	Did the organization file Form 1120-POL for this year?	81b		_
82a	Did the organization receive donated services or the use of materials, equipment, or facilities at no charge	00-	✓	
	or at substantially less than fair rental value?	82a		<b></b> -
b	If "Yes," you may indicate the value of these items here. Do not include this amount  73,999			
	as revenue in Part For as an expense in Part II. (See Instructions III Part III.)	00-		
	Did the organization comply with the public inspection requirements for returns and exemption applications?	83a	1	
	Did the organization comply with the disclosure requirements relating to quid pro quo contributions?	83b	<b>-</b>	
	Did the organization solicit any contributions or gifts that were not tax deductible?	84a	ļ	-
b	If "Yes," did the organization include with every solicitation an express statement that such contributions	0.42	'	İ
	or gifts were not tax deductible?	84b	<del> </del> -	
85	501(c)(4), (5), or (6) organizations. a Were substantially all dues nondeductible by members?	85a 85b	<b></b>	
b	Did the organization make only in-house lobbying expenditures of \$2,000 or less?	830		
	If "Yes" was answered to either 85a or 85b, do not complete 85c through 85h below unless the organization			
	received a waiver for proxy tax owed for the prior year.	400 <del>.</del>		
_	Dues, assessments, and similar amounts from members			
d	occurs receip norsy and postucial experiences.	-		
8	Aggregate nondeductible amount of section 6033(e)(1)(A) dues notices			
T		05~		
g	Does the organization elect to pay the section 6033(e) tax on the amount on line 85f?	85g	<del> </del>	
h	If section 6033(e)(1)(A) dues notices were sent, does the organization agree to add the amount on line 85f to its			
	reasonable estimate of dues allocable to nondeductible lobbying and political expenditures for the following tax	OEL	•	İ
00	Year?	85h	50,0	
86	501(c)(7) orgs. Enter: a Initiation fees and capital contributions included on line 12.  Gross receipts included on line 12 for public use of club facilities.  860			
	and the specific for the first public does not dead the first	S POST		
87	to (b)(2) organ trials a cross mostle from mostles of distributions		7	
b	Gross income from other sources. (Do not net amounts due or paid to other	-	4	-
	sources against amounts due or received from them.)	3.0	7	
88	At any time during the year, did the organization own a 50% or greater interest in a taxable corporation or	3, 4, 44		
	partnership, or an entity disregarded as separate from the organization under Regulations sections	88		
00-	301.7701-2 and 301.7701-3? If "Yes," complete Part IX		2015	
gaa	501(c)(3) organizations. Enter: Amount of tax imposed on the organization during the year under: section 4911 ▶; section 4912 ▶; section 4955 ▶			
			*	
D	501(c)(3) and 501(c)(4) orgs. Did the organization engage in any section 4958 excess benefit transaction			1
	during the year or did it become aware of an excess benefit transaction from a prior year? If "Yes," attach a statement explaining each transaction	89b		•
_		030	<u> </u>	
C	Enter: Amount of tax imposed on the organization managers or disqualified persons during the year under			0
~1	sections 4912, 4955, and 4958			<del>0</del>
	List the states with which a copy of this return is filed Tennessee			
	Number of employees employed in the pay period that includes March 12, 2004 (See instructions.)		·	•
91				
٠.	The books are in care of ▶ Doug Johnson  Located at ▶ 1604 8th Avenue South, #310, Nashville, TN  ZIP + 4 ▶ 372		·	· ·
92	Section 4947(a)(1) nonexempt charitable trusts filing Form 990 in lieu of Form 1041—Check here.		· ا	
	and enter the amount of tax-exempt interest received or accrued during the tax year >   92	• •	• '	اسما
	The state of the s		000	M00 4

Form 990 (2004

		A alysis of Income-Producing A		usiness income		ion 512, 513, or 514	(E)	
Note indica		r gross amounts unless otherwise	(A)	(B) Amount	(C) Exclusion code	(D) Amount	Related or exempt function	
93		ram service revenue: ertising	Business code	Amount	EXClusion code	Allouit	income 5,000	
<b>a</b>		kshops			1		8,850	
b		et Sales			1		10,505	
C	IKK	et dales		<del> </del>	+			
đ			_	<del> </del>	<b></b>			
e	Madi	care/Medicaid payments						
-		and contracts from government agencies	De					
g		bership dues and assessments						
94 95		est on savings and temporary cash investmen	ts		14	214		
96		lends and interest from securities						
97		rental income or (loss) from real estate:						
a		-financed property						
b		lebt-financed property						
98		ental income or (loss) from personal propert						
99		r investment income						
100	Gain	or (loss) from sales of assets other than invento	ory					
101		income or (loss) from special events .						
102	Gros	s profit or (loss) from sales of inventory					3,032	
103	Othe	er revenue: a						
ь				ļ			<u> </u>	
C				<b>↓</b>				
d					<b>_</b>			
e			1 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0	ļ	9.000 0 0 0 0 0	214	27,387	
104		total (add columns (B), (D), and (E))				214	27,601	
105		I (add line 104, columns (B), (D), and (E				·	27,001	
		105 plus line 1d, Part I, should equal th			(C	as 24 of the in	odmications \	
	VIII							
Line	No.	Explain how each activity for which income of the organization's exempt purposes (of	ne is reported in col ther than by providil	umn (E) of Part V no funds for such	II COMMONG IN	portantly to the a	sccomplishment	
93	<u> </u>	Donations collected for ads in produ		ng italias for such	purpososy.		<del></del>	
93		Fees collected for workshops for stu						
93		Fees collected for public performance						
10		Concessions sold at public performa						
Par		Information Regarding Taxable Sub		regarded Entit	ies (See page	34 of the instr	ictions.)	
عبنهج		(A)	(B)	(C		(D)	(E)	
		ne, address, and EIN of corporation, partnership, or disregarded entity	Percentage of ownership interest	Nature of		Total income	End-of-year assets	
			%				43333	
			%	<del></del>				
			%					
			%					
Part	X	Information Regarding Transfers Ass	ociated with Pers	onal Benefit Co	ntracts (See pa	age 34 of the ins	tructions.)	
(b)	Did	ne organization, during the yeer, receive any funds, the organization, during the year, pay pr "Yes" to (b), file Form 8870 and Form	emiums, directly o	r indirectly, on a			☐ Yes ☑ No ☐ Yes ☑ No	
		Under penalties of perjury, I declare that I have exar			schedules and stat	ements, and to the b	est of my knowledge	
		and belief, it is true, correct, and complete. Declara-						
Pleas	ве	Sillutons -			1	5/12/1	25	
Sign		Signature of officer			D	ate		
Here		Shellie Fossick						
		Type or print name and title.					······	
Paid		Preparer's		Date /	Check if	Preparer's SSN or	PTIN (See Gen. Inst. W	
Prepar	اوس	signature		6/13/05	self- employed ▶ ☑	335-	60-1394	
Use Or	. 1	Firm's name (or yours Doug Johnson If self-employed),		1	EIN	<b>&gt;</b>		
		address, and ZIP + 4 1700 Long Avenu	Phone	Phone no. ▶ ( 615 ) 516-0763				

## NASHVILLE SHAKESPEARE FESTIVAL FEIN 58-1807951 FORM 990 FYE 9/30/2004

# Part II, Line 42 and Part IV, Line 57b

Fixed Assets Ad	equisition Date	Cost	Prior Depr.	Current Depr.	<u>Balance</u>
Donated Software		\$3,000	\$2,333	\$ 667	<b>\$</b> 0
Donated Comput	,	\$ 500	\$ 390	<b>\$</b> 110	\$ 0
New Computer	6/00	\$3,805	\$3,805	\$ 0	<b>\$</b> 0
New Printer	6/00	\$ 502	\$ 502	\$ 0	\$ 0
Computer	10/94	\$2,639	\$2,639	\$ 0	\$ 0
Furniture	10/94	\$ 313	\$ 313	\$ 0	\$ 0
Copier	9/94	\$ 200	\$ 200	\$ 0	\$ 0
HP All-In-One	8/03	\$ 500	<b>\$ 14</b>	<b>\$</b> 167	\$ 319
Web Site	6/03	\$1,785	<b>\$ 149</b>	\$ 595	\$1,041
New Computer	8/04	\$1,232	\$ 0	<b>\$ 27</b>	\$1,205
New Computer	8/04	\$1,231	\$ 0	\$ 26	\$1,206
Total		\$15,707	\$10,345	\$ 1,592	<b>\$1,77</b> 1

### Nashville Shakespeare Festival Board of Directors 2004

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### Nancy Denning (Non-profit)

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#### Justin Dock: Financial Advisor

Home: 3815 Highway 431 Columbia, TN 38401

#### Chris Dowdy (Asurion)

Home: 334 Ardsley Place Nashville, TN 37215

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# Bill Velez (President and Chief Operating Officer, SESAC)

Address: 55 Music Square East Nashville, TN 37203

#### **SCHEDULE A** (Form 990 or 990-EZ)

# Organization Exempt Under Section 501(c)(3)

(Except Private Foundation) and Section 501(e), 501(f), 501(k), 501(n), or Section 4947(a)(1) Nonexempt Charitable Trust

Supplementary Information—(See separate instructions.)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

Part I

None

The Nashville Shakespeare Festival

(a) Name and address of each employee paid more

than \$50,000

▶ MUST be completed by the above organizations and attached to their Form 990 or 990-EZ

(b) Title and average hours per week devoted to position

(c) Compensation

Employer identification number 58:1807951 Compensation of the Five Highest Paid Employees Other Than Officers, Directors, and Trustees (See page 1 of the instructions. List each one. If there are none, enter "None.") (d) Contributions to apployee benefit plans & account and other deferred compensation allowances

Total number of other employees paid over \$50,000 Part II Compensation of the Five Highest Paid Independent Contractors for Professional Services (See page 2 of the instructions. List each one (whether individuals or firms). If there are none, enter "None.") (a) Name and address of each independent contractor paid more than \$50,000 (c) Compensation (b) Type of service None Total number of others receiving over \$50,000 for professional services . . . . . . . . .

	DIO 7 (1 C	rm 990 or 990-EZ) 2004			
Par	t III	Statements About Activities (See page 2 of the instructions.)		Yes	No
1	or incu Part VI-	the year, has the organization attempted to influence national, state, or local legislation, including any at to influence public opinion on a legislative matter or referendum? If "Yes," enter the total expenses paid arred in connection with the lobbying activities   \$	1		✓
	organiz	zations that made an election under section 501(h) by filing Form 5768 must complete Part VI-A. Other zations checking "Yes" must complete Part VI-B AND attach a statement giving a detailed description of obying activities.			
2	substa with a owner,	the year, has the organization, either directly or indirectly, engaged in any of the following acts with any intial contributors, trustees, directors, officers, creators, key employees, or members of their families, or my taxable organization with which any such person is affiliated as an officer, director, trustee, majority or principal beneficiary? (If the answer to any question is "Yes," attach a detailed statement explaining the ections.)			
а	Sale, e	exchange, or leasing of property?	2a	<b> </b>	V
b		g of money or other extension of credit?	2b	<del> </del>	1
c	Furnish	ning of goods, services, or facilities?	2c		1
d		ent of compensation (or payment or reimbursement of expenses if more than \$1,000)?	2d	<del> </del>	<b>\</b>
e		er of any part of its income or assets?	2e		<b>V</b>
	you de	u make grants for scholarships, fellowships, student loans, etc.? (If "Yes," attach an explanation of how etermine that recipients qualify to receive payments.)	3a 3b		1
b	Do you	u have a section 403(b) annuity plan for your employees?	30		-
4a	-	u maintain any separate account for participating donors where donors have the right to provide advice	4a	✓	
h		use or distribution of funds?	4b	<del> </del>	1
				.1	<u> </u>
	t IV	Reason for Non-Private Foundation Status (See pages 3 through 6 of the instructions.)			
The	organiza	ation is not a private foundation because it is: (Please check only ONE applicable box.)			
5	□ A 6	church, convention of churches, or association of churches. Section 170(b)(1)(A)(i).			
6		school. Section 170(b)(1)(A)(ii). (Also complete Part V.)			
7		nospital or a cooperative hospital service organization. Section 170(b)(1)(A)(iii).			
8		Federal, state, or local government or governmental unit. Section 170(b)(1)(A)(v).			
9	Li Ar	medical research organization operated in conjunction with a hospital. Section 170(b)(1)(A)(iii). Enter the hos d state ▶	pital's	nam	), cil
10		organization operated for the benefit of a college or university owned or operated by a governmental unit. Sec so complete the <b>Support Schedule</b> in Part IV-A.)	tion 17	O(b)(1	(A)(iv
11a		organization that normally receives a substantial part of its support from a governmental unit or from the gene 0(b)(1)(A)(vi). (Also complete the <b>Support Schedule</b> in Part IV-A.)	ral pul	olic. S	ectio
		community trust. Section 170(b)(1)(A)(vi). (Also complete the Support Schedule in Part IV-A.)			
2	rec its	organization that normally receives: (1) more than 331/2% of its support from contributions, membershi selpts from activities related to its charitable, etc., functions—subject to certain exceptions, and (2) no mo support from gross investment income and unrelated business taxable income (less section 511 tax) from but the organization after June 30, 1975. See section 509(a)(2). (Also complete the Support Schedule in Part	re tha	ın 33%	5%
3	de	organization that is not controlled by any disqualified persons (other than foundation managers) and supportibed in: (1) lines 5 through 12 above; or (2) section 501(c)(4), (5), or (6), if they meet the test of section 509(a)(3).)	ion 50	rganiz 9(a)(2)	atio
		Provide the following information about the supported organizations. (See page 5 of the instructions	.)		

Sche	dule A (Form 990 or 990-EZ) 2004		Р	age 4
Pa	Private School Questionnaire (See page 7 of the instructions.)  (To be completed ONLY by schools that checked the box on line 6 in Part IV)			
29	Does the organization have a racially nondiscriminatory policy toward students by statement in its charter, bylaws,	29	Yes	No
30	other governing instrument, or in a resolution of its governing body?	30		
31	Has the organization publicized its racially nondiscriminatory policy through newspaper or broadcast media during the period of solicitation for students, or during the registration period if it has no solicitation program, in a way that makes the policy known to all parts of the general community it serves?	31	100	
	If "Yes," please describe; if "No," please explain. (If you need more space, attach a separate statement.)			
	<u> </u>			1
		1 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4		
	Dans Alexander of the second of the following	1.5		
32 a	Does the organization maintain the following:  Records indicating the racial composition of the student body, faculty, and administrative staff?	32a	1.949.51	
b	Records documenting that scholarships and other financial assistance are awarded on a racially nondiscriminatory basis?	32b		
c	Copies of all catalogues, brochures, announcements, and other written communications to the public dealing			
a	with student admissions, programs, and scholarships?	32c	<u> </u>	-
	If you answered "No" to any of the above, please explain. (If you need more space, attach a separate statement.)			
33	Does the organization discriminate by race in any way with respect to:			
а	Students' rights or privileges?	33a	-	-
b	Admissions policies?	33b		
C	Employment of faculty or administrative staff?	33c		_
d	Scholarships or other financial assistance?	33d		
0	Educational policies?	33e		
f	Use of facilities?	33f		
g	Athletic programs?	33g		
h	Other extracurricular activities?	33h	essea.go	59 580
	If you answered "Yes" to any of the above, please explain. (If you need more space, attach a separate statement.)	40		
				Taller History Miller
34a	Does the organization receive any financial aid or assistance from a governmental agency?	34a		<u> </u>

b Has the organization's right to such aid ever been revoked or suspended? . . .

If you answered "Yes" to either 34a or b, please explain using an attached statement.

Does the organization certify that it has complied with the applicable requirements of sections 4.01 through 4.05

Page 5	

Par	t VI-A Lobbying Expenditures by Ele (To be completed ONLY by an	ecting Public eligible organi	Charities (See ization that file	page 9 of the differm page 19	instruction	ens.)	
Chec	k ▶ a ☐ if the organization belongs to an affilia	ated group. Che	eck ▶ b 🔲 if	you checked "a" ar	nd "limited c	ontrol"	provisions apply.
	Limits on Lobbyii (The term "expenditures" mea	ing Expenditures Afr				roup	(b) To be completed for ALL electing organizations
				36			- Garmano I
36	Total lobbying expenditures to influence public			37			
37 38		Total lobbying expenditures to influence a legislative body (direct lobbying)					
3 <del>0</del>	Other exempt purpose expenditures ,	-		39			
40	Total exempt purpose expenditures (add lines			-			
41	Lobbying nontaxable amount. Enter the amount			137	:		
41			ible amount is—	15.3			
		of the amount on		,			
			he excess over \$5	000 000			
	Over \$1,000,000 but not over \$1,500,000 . \$175,0	•					
	Over \$1,500,000 but not over \$17,000,000 . \$225,0	•		,000			
		•		1 1			
42	Grassroots nontaxable amount (enter 25% of li	•					
43	Subtract line 42 from line 36. Enter -0- if line 4	•					
44	Subtract line 41 from line 38. Enter -0- if line 4			44			
••	Cabbact into 41 non into 60. Enter 6 in into 4	· · · · · · · · · · · · · · · · · · ·				v i	
	Caution: If there is an amount on either line 43	or line 44, you r	nust file Form 47	20.			
	(Some organizations that made a section See the instructions for	or lines 45 throug	th 50 on page 11		ns.)		
	Calendar year (or	(a)	(b)	(c)	(d)		(e)
	fiscal year beginning in) ▶	2004	2003	2002	2001		Total
45	Lobbying nontaxable amount						
46	Lobbying ceiling amount (150% of line 45(e))						
47	Total lobbying expenditures						
48	Grassroots nontaxable amount				849.500 is a	9 <b>.G</b> ir	
49	Grassroots ceiling amount (150% of line 48(e))						
50	Grassroots lobbying expenditures		}				
Pai	t VI-B Lobbying Activity by Nonelec (For reporting only by organiza			Part VI-A) (See	page 11	of the	e instructions.)
	ng the year, did the organization attempt to influ				Yes	No	Amount
а							
b	Paid staff or management (Include compensation			c through h.)	'		[연활경기 : 문건
C	Media advertisements		-				I
d	Mailings to members, legislators, or the public						
•	Publications, or published or broadcast statement						
f	Grants to other organizations for lobbying purp						
g	Direct contact with legislators, their staffs, gove						
h	Rallies, demonstrations, seminars, conventions,					<u></u>	
i Total lobbying expenditures (Add lines c through h.)						M2	
	If "Yes" to any of the above, also attach a state	ement giving a de	etailed description	n of the lobbying	activities.		

Pai	t VI	Information Organization	Regarding Tra	nsfers To and Transaction 1 of the instructions.)	s and Relationships With Nonch	aritabk	е Ехс	mpt
51	for the first state of the first							ection
а				to a noncharitable exempt orga			Yes	No
_		Cash				51a(i)		1
	(ii)	Other assets .				a(ii)		<b>✓</b>
b	Oth	er transactions:				j		1
	(i)	Sales or exchange	es of assets with a	noncharitable exempt organizat	ion	b(i)	ļ	<u> </u>
	(ii)			itable exempt organization		b(ii)	ļ	1
	(iii)	Rental of facilities	, equipment, or oth	nerassets		b(iii)		1
	(iv)	Reimbursement a	rrangements	<i></i>		b(iv)	-	1
		Loans or loan gua				b(v)		1
				ship or fundraising solicitations		b(vi)	<del> </del>	1
				sts, other assets, or paid emplo		<u> </u>	L	
d	000	ds. other assets. o	r services given by	the reporting organization. If the	Column (b) should always show the faine organization received less than fair s, other assets, or services received:	r market market v	value /alue	of the in any
Ç	a)	<b>(C)</b>		(c)	(d)			
Line	no.	Amount involved	Name of nonc	charitable exempt organization	Description of transfers, transactions, and s	sharing arr	angem	ents
						·····		
					· · · · · · · · · · · · · · · · · · ·			
								-
	des	cribed in section 50 (es," complete the	01(c) of the Code (	other than section 501(c)(3)) or i		☐ Yes	s [	] No
		(a) Name of organiz	ation	(b) Type of organization	(c) Description of relationsh	ip .		
		<del></del>						
								<del></del>
				<del></del>				
	•							
				· · · · · · · · · · · · · · · · · · ·				
		**	***************************************					
			<del></del>	<del> </del>				
	_		<del></del>	<del> </del>	·			

Note	Support Schedule (Complete only Set You may use the worksheet in the instructions						sccounting.		
Cale	endar year (or fiscal year beginning in)	(a) 2003	(b) 2002	(c) 2001	(d) 200	0	(e) Total		
15	Gifts, grants, and contributions received. (Do not include unusual grants. See line 28.).	166,716	150,382	158,412	174,734		174,734		650,244
18	Membership fees received								
17	Gross receipts from admissions, merchandise sold or services performed, or furnishing of facilities in any activity that is related to the organization's charitable, etc., purpose.	30,802	58,388	78,039	175,189		342,418		
18	Gross income from interest, dividends, amounts received from payments on securities loans (section 512(a)(5)), rents, royalties, and unrelated business taxable income (less section 511 taxes) from businesses acquired by the organization after June 30, 1975.	214	403	0		0			
19	Net income from unrelated business activities not included in line 18								
20	Tax revenues levied for the organization's benefit and either paid to it or expended on its behalf.								
21	The value of services or facilities furnished to the organization by a governmental unit without charge. Do not include the value of services or facilities generally furnished to the public without charge.	18,300	19,900	21,875	59,475		119,550		
22	Other income. Attach a schedule. Do not								
	include gain or (loss) from sale of capital assets	0	0	1,052	6,257		7,309		
23	Total of lines 15 through 22	216,032	229,073	259,378	415	,655	1,120,138		
24	Line 23 minus line 17	185,230	170,685	181,339	240	,466	777,720		
25	Enter 1% of line 23	1,852	1,707	2,594	4	,157			
26	Organizations described on lines 10 or 11:	a Enter 2% of	amount in colum	n (e). line 24	<b>•</b>	26a	15,554		
h	Prepare a list for your records to show the name			• • •					
_	governmental unit or publicly supported organiz		•						
	amount shown in line 26a. Do not file this list wi					26b	264,071		
c	Total support for section 509(a)(1) test: Enter lin	-				28c	777,720		
	Add: Amounts from column (e) for lines: 18		19						
	22	7,309	26b 264,0	71	•	26d	271,997		
8						26e	505,723		
f	Public support percentage (line 26e (numera	tor) divided by li	ne 26c (denomir	nator))	▶	26f	65.0 %		
27 b	Organizations described on line 12: a Fo person," prepare a list for your records to show to not file this list with your return. Enter the (2003)	the name of, and it sum of such am red from each pers	total amounts rectounts for each your (2001)	elved in each yea ear: isqualified persons	r from, eacl (2000)	n "disc a list fo	jualified person."  or your records to		
	show the name of, and amount received for each (Include in the list organizations described in lines the difference between the amount received and amounts) for each year:	5 through 11, as with the larger amount	ell as individuals.) described in (1) o	Do not file this list or (2), enter the su	t with your m of these	return differe	L After computing ences (the excess		
	(2003) (2002)	•••••••	(2001)		(2000)		*****		
C	Add: Amounts from column (e) for lines: 15		21			27c			
d		and line 27b total				27d			
0	Public support (line 27c total minus line 27d tot				▶	27e	<del></del>		
f	Total support for section 509(a)(2) test: Enter ar								
g	Public support percentage (line 27e (numera	tor) divided by li	ne 27f (denomin	atorj)	▶	27g	%		
	Investment income percentage (line 18, colu			·		27h	%		
28	Unusual Grants: For an organization described prepare a list for your records to show, for each description of the nature of the grant. Do not fit	th vear, the name	of the contribut	or, the date and	amount of	the or	ant, and a brief		