

STATE REGISTRATION NO. 169234466674 Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public.

and ending

OCT

2024

OMB No. 1545-0047

Department of the Treasury

A For the 2023 calendar year, or tax year beginning

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

2023

NOV 1,

Check if applicable: C Name of organization D Employer identification number OREGON SHAKESPEARE Address change FESTIVAL ENDOWMENT FUND Name change 93-6041618 Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated P.O. BOX 158 541 482-2111 4,005,291. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return 97520 ASHLAND, OR H(a) Is this a group return Applica-tion pending F Name and address of principal officer: PAUL CHRISTY for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) ((insert no.) 4947(a)(1) or If "No," attach a list. See instructions WWW.OSFASHLAND.ORG H(c) Group exemption number **K** Form of organization: X Corporation Association Other L Year of formation: 1966 M State of legal domicile: OR Trust Part I Summary Briefly describe the organization's mission or most significant activities: TO PROVIDE SUPPORT FOR THE **Activities & Governance** OREGON SHAKESPEARE FESTIVAL ASSOCIATION, A 501(C)(3) ORGANIZATION. if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2023 (Part V, line 2a) Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 0. 7h **Prior Year Current Year** 15,065. 4,534. Contributions and grants (Part VIII, line 1h) 8 0. 0. Program service revenue (Part VIII, line 2g) 1,103,765. 894,915. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0 11 1,118,830. 899,449 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 6,250,000. 434,035. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 15 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. **b** Total fundraising expenses (Part IX, column (D), line 25) 111,721. 168,908. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 1,602,943. 6,361,721. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) -5,242,891. -703,494. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year End of Year** 5 26,805,265. 30,342,221 Total assets (Part X, line 16) 349,006. 335,778. 21 Total liabilities (Part X, line 26) 三年 456,259. 30,006,443 Net assets or fund balances. Subtract line 21 from line 20 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign PAUL CHRISTY PRESIDENT, BOARD OF TRUSTEES Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P00540880 SANG AHN Paid self-employed Firm's EIN 93-0900579 Firm's name MCDONALD JACOBS, Preparer Firm's address 121 SW SALMON ST., STE 1100 Use Only PORTLAND, OR 97204 Phone no. (503) 227-0581 X Yes May the IRS discuss this return with the preparer shown above? See instructions

Pa	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission: TO PROVIDE SUPPORT FOR THE OREGON SHAKESPEARE FESTIVAL ASSOCIATION, A
	PUBLICLY-SUPPORTED 501(C)(3) ORGANIZATION.
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes X No If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 434, 035 •including grants of \$1, 434, 035 •) (Revenue \$)
	SUPPORT FOR THE OREGON SHAKESPEARE FESTIVAL ASSOCIATION: THE ENDOWMENT
	FUND EXISTS TO INVEST CERTAIN ASSETS FOR THE BENEFIT OF THE OREGON
	SHAKESPEARE FESTIVAL ASSOCIATION, A SEPARATE 501(C)(3) ORGANIZATION.
	THE FUND RECEIVES CONTRIBUTIONS FOR THIS PURPOSE, INCLUDING DONOR
	RESTRICTED GIFTS, INVESTS THESE CONTRIBUTIONS UTILIZING PROFESSIONAL
	ADVICE AND MODERN PORTFOLIO MANAGEMENT TECHNIQUES, INCLUDING A
	DIVERSIFIED ASSET ALLOCATION, AND ANNUALLY DISTRIBUTES TO THE FESTIVAL
	BETWEEN 4% AND 7% OF ITS ASSETS, CALCULATED ON THE BASIS OF A MOVING
	AVERAGE OF RECENT ASSET BALANCES. DESIGNED TO SUPPLEMENT BUT NOT
	SUPPLANT THE OPERATING REVENUES OF THE FESTIVAL. THROUGH ITS SUSTAINING
	SUPPORT, THE ENDOWMENT FUND HELPS PROVIDE LONG-TERM FISCAL VIABILITY TO
	THE FESTIVAL, THUS ENABLING THE FESTIVAL TO CONTINUE TO PURSUE
4b	(Code:) (Expenses \$
4c	(Code:) (Expenses \$) including grants of \$) (Revenue \$)
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 1,434,035.
	Form 990 (2023)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1_	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	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	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		<u> X</u>
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	X	
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				
	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			.,
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u> </u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		
4=	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,	4-		. v
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		х
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		
19	·	40		х
200	complete Schedule G, Part III	19 20a		X
	•	20a 20b		
21	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	200		
۱ ۲	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	Gordon Gordon Corractor, Gordon (79), mile 1: 11 165. Complete Gorleuule I, Falts I aliu II			ь

Form 990 (2023) FESTIVAL ENDOWMENT FUND
Part IV Checklist of Required Schedules (continued)

22 X 23 Dd the organization report more than \$5.000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 ("Fee", complete Schedule I., Part I and III				Yes	No
23 Did the organization answer "Yes" to Part VII, Section A, lies 3, 4, or 5, about compensation of the organizations current and former officers, directors, trustees, key employee, and highest compensated employees? If "Yes," complete Schedule I, and 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 240 through 24d and complete Schedule K, If "No," go to line 25a. 24b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24c Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception? 24d Did the organization marks and are so the property of the organization invest and as an "on behalf of" issuer for bonds outstanding earny time during the year? 24d Did the organization marks and the regaped in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L Part I 25d Section 80(14), 301(16)4, and \$91(16)29 organizations. Did the organization so benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L Part I 25d Did the organization aware that the regaped in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L Part I	22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directions, fustlesse, key employees, and highest compensated employees? If "Yes, compete Schedule L. Part IV. 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$10,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 240 through 24d and complete Schedule K. If "No," go to line 25a. 24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24c Did the organization minetal any exceptions? 24d Did the organization minetal any exceptions? 24d Did the organization minetal any exceptions? 24d Did the organization and solicity of the second of the second and the second		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / Late day of the year, that was issued after December 31, 2002? // "Yes," answer lines 24b through 24d and complete Schedule K. If "No." go to line 25a. b Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? c Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization marks any proceeds of tax-exempt bonds beyond a temporary period exception? d Did the organization marks and "on behalf of "issuer for bonds outstanding at any time during the year? d 24d	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
24a Dd 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," arrower lines 24b through 24d and complete Schedule K. If "No," go to line 25a		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
stated 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 Did the organization misst any proceeds of tax exempt bonds beyond a temporary period exception? Did the organization misst any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization misst any proceeds of tax exempt bonds beyond a temporary period exception? d Did the organization are as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 50(16)8, 501(6)4, and 501(6)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 in engaged in an excess benefit transaction has not been reported on any of the organization sprior Forms 980 or 990-EZ? If "Yes," complete Schedule L, Part I 25b X 25 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 former officer, director, trustee, key employee thereody or family member of any of these persons? If "Yes," complete Schedule L, Part IV b A family in the payable schedule in the payable schedule or any individual described in line 28a in years selection committee member, or to a 35% controlled entity of nor or more individuals and/or organizations described in line 28a or 28b in X Did the organization receive contributions of art, historical treasures, or other similar			23	Х	
Schedule K. If "No.", go to line 25a. Schedule K. If "No.", go to line 25a. Bid the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds? C Did the organization maintain an escrow account other than a refunding escrow at any time during the year? 24c. Did the organization act as an "on behalf of" issuer for bonds cutstanding at any time during the year? 24d. Did the organization act as an "on behalf of" issuer for bonds cutstanding at any time during the year? 24d. Did the organization act as an "on behalf of" issuer for bonds cutstanding at any time during the year? 24d. Did the organization with a disqualided posson during the year? D is the organization act as an "on behalf of" issuer for bonds cutstanding at any time during the year? 25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. D of the organization engage 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 organizations prior forms 990 or 990/EZ? If "ves," complete Schedule I, Part II 25b Did the organization provide and part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, controlled entity friculty from themse of any of these persons? If "ves," complete Schedule I, Part II 25b Was the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or former office	24a				
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c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Saction 501(c)(3), 901(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 I, 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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization sprior Forms 990 or 990 E27 If 'Yes,' complete Schedule I, Part I 25b X 25b Did the organization provide a grant or other assistance to any current or former officer, director, frustee, key employee, creator or founder, substantial contributor, or 39% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule I, Part II 27 X 26 Did the organization provide a grant or other assistance to any current or former officer, furstee, thereof provides assistance to any current or former officer, furstee, the employee, creator or founder, a grant selection committee member, or to a 39% controlled entity of note or provide before of a grant selection committee member, or to a 39% controlled entity of one or more individual described to the epersons? If 'Yes,' complete Schedule I, Part IV 27 X 28 Was the organization aparty to a business transaction with one of the following parties? (See the Schedule I, Part IV 28b X c A 39% controlled entity of one or more individuals and or organization security of the organization receive more than \$250.00 in noncash contributions? If 'Yes,' complete Schedule I, Part IV 28b X 29 Did the organization receive more than \$250.00 in noncash contributions? If 'Yes,' complete Schedule I, Part I					<u> </u>
any tax-exempt bonds? d Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year? 24d 25a Section 501(c/3), 501(c/4), and 501(c/29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I 25a			24b		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 255 Section 501(2)(3), 501(4)(4), and 501(4)(2) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25 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 Former 950 or 990 E27. If "Yes," complete Schedule L, Part I 25 Did 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 Former 950 or 990 E27. If "Yes," complete Schedule L, Part II 26 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 femburg and prior member of any of these persons? If "Yes," complete Schedule L, Part II 27 Z 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable ling thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28 A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in noneast contributions? If "Yes," complete Schedule M, Part I 30 Did the organization incluidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 31 Did the organization incluidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I 32 Did the organization h	С				
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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-E27 "Yes," complete Schedule I, Part I 25 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 former officer, director, trustee, key employee, creator or forunder, substantial contributor or 35% controlled entity or family member of any of these persons? "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) or family member of any of these persons? "Yes," complete Schedule L, Part II 27 X 28 Was the organization and price the price of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, substantial contributor? "Yes," complete Schedule L, Part IV, 28 X 28 A S3% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? "Yes," complete Schedule L, Part IV, 29 Did the organization receive more than \$25,000 in noncash contributions? "Yes," complete Schedule M, Part II 30 Did the organization receive more than \$25,000 in noncash contributions? "Yes," complete Schedule M, Part II 31 X 32 Did the organization receive more than \$25,000 in noncash contributions? "Yes," complete Schedule M, Part II 33 Did the organization receive and crissolve and cease operations? "Yes," complete Schedule M, Part II 34 X 35 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? "Yes," complete Schedule M, Part II 36 Section 501([6]) or	25a				v
that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? // "Yes," complete Schedule L, Part I			25a		
Schedule L, Part I 25b X 25	b				
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 findulding an employee thereof or family member of any of these persons? If "Yes," complete Schedule L, Part II 27 X 28 Was the organization a party to a business transaction with one of the following parties? (See the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions): a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV 28a X c A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If "Yes," complete Schedule L, Part IV 28c, "complete Schedule L, Part IV 28c," complete Schedule L, Part IV 28c, "complete Schedule L, Part IV 28c," complete Schedule I, Part IV 28c, "complete Schedule I, Part IV 28c," complete Schedule I, Part IV 28c, "complete Schedule I, Part IV 28c," complete Schedule II, Part IV 28c, "complete Schedule II, Part IV 28c," complete Schedule II, Part IV 28c, "complete Schedule II, Part IV 28c," complete Schedule II, Part IV 28c, "complete Schedule II, Part IV 28c, "complete Schedule II, Part IV 28c," complete Schedule II, Part IV 28c, "complete Schedule II, Part IV, III 28c, III 28c			051		v
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V The statements Regarding Other IRS Filings and Tax Compliance 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 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	38			77	
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 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c	Dar	Note: All Form 990 filers are required to complete Schedule 0	38	Х	<u> </u>
Ta Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? Yes No 1b 0 1b 1c	rai				
1a Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 0 b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0 c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c		опеск и эспецие о contains a response or note to any line in this Part V			
b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		Establis mumbar reported in her 0 of Ferra 1000 Finter 0 if not a reflective		Yes	No
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners? 1c					
(gambling) winnings to prize winners?		Effect the flumber of Fermi W 24 included of line 14. Effect of infect applicable			
	С		10		
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Form 990 (2023) FESTIVAL ENDOWMENT FUND

Part 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	0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	ns? .		2b		
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?			3a	Х	
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule	Ο.		3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other a	author	ity over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial a	ccou	nt)?	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 A	ccour	its (FBAR).			
	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 transaction			5b		X
	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 orga	anization solicit			
	any contributions that were not tax deductible as charitable contributions?			6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributi were not tax deductible?			6b		
7	Organizations that may receive deductible contributions under section 170(c).					
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and ser	vices ı	provided to the payor?	7a		Х
	TOTAL TO THE TAX TO TH			7b		
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	as req	uired			
	to file Form 8282?	·		7с		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	ontrac	t?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contra	act?		7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo	rm 88	999 as required?	7g		
h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	l by th	e			
				8		
9	Sponsoring organizations maintaining donor advised funds.			_		
	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
				9b		
10	Section 501(c)(7) organizations. Enter:	۔مد ا	1			
	Initiation fees and capital contributions included on Part VIII, line 12 Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10a 10b		1		
		LIUD		1		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders	11a				
	Gross income from other sources. (Do not net amounts due or paid to other sources against	1110		-		
b	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form		?	12a		
	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.		•			
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note: See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
С	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedu			14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune					
	excess parachute payment(s) during the year?			15		X
	If "Yes," see the instructions and file Form 4720, Schedule N.		_			77
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		X
	If "Yes," complete Form 4720, Schedule O.					
17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any ac					
	that would result in the imposition of an excise tax under section 4951, 4952 or 4953?			17		
	If "Yes," complete Form 6069.					

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	5		
	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	5		
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		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			l
	of officers, directors, trustees, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	1_		_V
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	71.		x
•	persons other than the governing body?	7b		<u> </u>
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	0.	Х	
a b	The governing body? Each committee with authority to act on behalf of the governing body?	8a 8b		Х
9	Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	80		
3	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	, ,		
	(This occuping reguests information about policies not required by the internal nevertide dode.)		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	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	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
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	X	
13	Did the organization have a written whistleblower policy?	13	X	
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?			37
	The organization's CEO, Executive Director, or top management official	15a	1	X
b	Other officers or key employees of the organization	15b		_
16-	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
10a	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
h	taxable entity during the year? If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	10a		1
D	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	100		
17	List the states with which a copy of this Form 990 is required to be filed OR, CA, WA			
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)	availal	ble
	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website 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, ar	d finan	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			
	ARIANA SPIEGLER - 541-482-2111			
	15 SOUTH PIONEER STREET, ASHLAND, OR 97520-0158			

Form **990** (2023)

<u> Page</u> **7**

OREGON SHAKESPEARE

FESTIVAL ENDOWMENT FUND

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

|--|

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-NEĆ) 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 ne	or any related	orga	niza	tion	con	nper	sate	ed any current officer, d	rector, or trustee.			
(A)	(B)	(C)					(D)	(E)	(F)			
Name and title	Average	(do		Pos heck			one	Reportable	Reportable	Estimated		
	hours per	box	box, unless person is b		(do not check more than one box, unless person is both an officer and a director/trustee)			s both	n an	compensation	compensation	amount of
	week	-	Cer ai	lu a u	recid	I / ii us	lee)	from	from related	other 		
	(list any hours for	irecto						the organization	organizations (W-2/1099-MISC/	compensation from the		
	related	eord	tee			sated		(W-2/1099-MISC/	1099-NEC)	organization		
	organizations	Individual trustee or director	Institutional trustee		yee	Highest compensated employee		1099-NEC)	1000 NEO)	and related		
	below	dualt	ution	<u></u>	Key employee	st co	-ie			organizations		
	line)	Indiv	Instit	Officer	Key e	Highe	Former			· ·		
(1) KAMILAH LONG	2.00											
OSF CHIEF DEVELOPMENT OFFICER	50.00			Х				0.	157,770.	13,198.		
(2) TYLER HOKAMA	2.00											
OSF INTERIM EXECUTIVE DIRECTOR (11/1	50.00			X				0.	131,077.	0.		
(3) TIM BOND	2.00											
OSF ARTISTIC DIRECTOR	50.00			Х				0.	89,417.	4,875.		
(4) ARIANA SPIEGLER	2.00	-							4- 44			
OSF FINANCE DIRECTOR	50.00			X				0.	67,281.	5,119.		
(5) PAUL CHRISTY	2.00			l								
PRESIDENT		Х		X				0.	0.	0.		
(6) DAVE HITZ	2.00	ļ		l						•		
VICE PRESIDENT	2.00	Х		Х				0.	0.	0.		
(7) CHARLOTTE LIN	2.00	.,		.,					_	0		
SECRETARY	2.00	Х		Х				0.	0.	0.		
(8) ROYAL STANDLEY	2.00	3,7		٦,					_	0		
TREASURER	2 00	Х		Х				0.	0.	0.		
(9) JANET FRATELLA	2.00	Х							0.	0		
BOARD MEMBER		Δ						0.	0.	0.		
		1										
		1										
		1										
		1										
		1										
		1										
		1										
		1										
		•	_			_	•			- QQQ (0000)		

Form 990 (2023)

OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND

Section A. Officers, Director		ploye	es,			nes	t C	ompensated Employee	s (continued)				
(A) Name and title	(B) Average			(C Posit	tion			(D) Reportable	(E) Reportable		Fo	(F) timate	ed
Name and title	hours per	box, ι	unles	eck m	son is	both	an	compensation	compensatio			ount	
	week		er and	d a dir	rector	r/trust	ee)	from	from related			other	
	(list any hours for	directo				-		the organization	organization: (W-2/1099-MIS		comp	oensa om th	
	related	tee or	ıstee			ensateo		(W-2/1099-MISC/	1099-NEC)	,0,		anizat	
	organizations below	al trus	onal tr		loyee	compe		1099-NEC)				l relat	
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	nizati	ons
	,	+=+	=	0	¥	±ω	ш_			$\overline{}$			
		11								\rightarrow			
		-											
		\forall								\dashv			
		$\perp \perp$											
		-											
		++								+			
		11											
		++								+			
		++	-							+			
		1											
1b Subtotal								0.	445,54		23	3,1	92.
c Total from continuation sheets to								0.	445,54	0.) 1	0. 92.
d Total (add lines 1b and 1c)									•), <u> </u>	94.
compensation from the organization		1000 11	10100	<i>a</i> αο.	010,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010	nocived more than \$100,	ooo or repertable	,			0
												Yes	No
3 Did the organization list any former	·		•	•	•		•		•				X
line 1a? If "Yes," complete Schedule For any individual listed on line 1a, is											3		┢
and related organizations greater th											4	Х	
5 Did any person listed on line 1a rece		,	,										
rendered to the organization? If "Ye Section B. Independent Contractors	s." complete Schedul	e J fo	rsu	ch p	ersc	on .				<u></u>	5		X
Complete this table for your five high	hest compensated in		nden	t co	ntra	ctor	s th	nat received more than \$	100 000 of comp		on fro	m	
the organization. Report compensat													
	(A)							(B)	i	0-	(C)	_
Name and bi	usiness address	NO:	NE	i			\dashv	Description of s	ervices		mper	isatio	<u> </u>
							_						
							_						
2 Total number of independent contra	ctors (including but n	ot lim	ited	to t	hose	e list	ted	above) who received mo	ore than				
\$100,000 of compensation from the					0								
										F	orm (990 ((2023)

		Check if Schedule O contains a response or	r note to any line	e in this Part VIII			
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
ស្ន	1 :	a Federated campaigns 1a					
ant		b Membership dues 1b					
ج و		c Fundraising events 1c					
ffs, r A		d Related organizations 1d					
e ii		e Government grants (contributions) 1e					
Sin		f All other contributions, gifts, grants, and					
uţi Je		similar amounts not included above	4,534.				
음함		· · · · · · · · · · · · · · · · · · ·	1,331.				
Contributions, Gifts, Grants and Other Similar Amounts		g Noncash contributions included in lines 1a-1f 1g \$ h Total. Add lines 1a-1f		4,534.			
0 %	'		Business Code	1,331.			
	2 8	_	Buomeso Coue				
je							
ser ue							
m S							
gra Re							
Program Service Revenue		f All other program service revenue					
_		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
	Ŭ	other similar amounts)	·	646,534.			646,534.
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 8	a Gross rents 6a					
	-	b Less: rental expenses 6b					
		c Rental income or (loss) 6c					
		d Net rental income or (loss)					
	7 :	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a 3354223.					
	ı	b Less: cost or other basis					
ne		and sales expenses 76 3105842.					
/en	(c Gain or (loss)					
Re		d Net gain or (loss)		248,381.			248,381.
ther Revenue	8 8	a Gross income from fundraising events (not					
₽		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 18					
	ı	b Less: direct expenses 8b					
		c Net income or (loss) from fundraising events					
	9 a	Gross income from gaming activities. See					
		Part IV, line 199a					
		b Less: direct expenses 9b					
		c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
		b Less: cost of goods sold					
			Business Code				
sno	11 :	<u> </u>					
nec		b					
ella		c					
Miscellaneous Revenue		d All other revenue					
2		e Total. Add lines 11a-11d					
	12	Total revenue. See instructions		899,449.	0.	0.	894,915.

OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND

Form 990 (2023) FESTIVAL ENDO
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	lete all columns. All othe	er organizations must con	nplete column (A).	
	Check if Schedule O contains a respon		this Part IX		
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	1,434,035.	1,434,035.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal				
С	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17	160 000		160 000	
f	Investment management fees	168,908.		168,908.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance Other evenues Itemize evenues not sovered				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule 0.)				
a					
b					
C C					
d e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,602,943.	1,434,035.	168,908.	0.
<u>26</u>	Joint costs. Complete this line only if the organization	, ,	, ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND

Form 990 (2023)
Part X Balance Sheet

Par	LA	Balance Sneet				
		Check if Schedule O contains a response or ne	ote to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		142,119.	2	744,751
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		3,806,582.	4	3,752,452
	5	Loans and other receivables from any current	or former officer, director,			
		trustee, key employee, creator or founder, sub	stantial contributor, or 35%			
		controlled entity or family member of any of th	ese persons		5	
	6	Loans and other receivables from other disqua	•			
		under section 4958(f)(1)), and persons describe		6		
ts	7	Notes and loans receivable, net		7		
Assets	8	Inventories for sale or use			8	
⋖	9				9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
		Less: accumulated depreciation		17 607 242	10c	20 E01 602
	11	Investments - publicly traded securities		17,697,343.	11	20,581,693
	12	Investments - other securities. See Part IV, line	5,148,221.	12	5,252,325	
	13	Investments - program-related. See Part IV, line		13		
	14	Intangible assets		11,000.	14	11,000
	15	Other assets. See Part IV, line 11	26,805,265.	15	30,342,221	
+	16	Total assets. Add lines 1 through 15 (must ed		6,603.	16 17	12,210
	17	Accounts payable and accrued expenses		0,003.	18	12,210
	18 19	Grants payable		19		
	20	Deferred revenue		20		
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete		21		
	22	Loans and other payables to any current or for			21	
Liabilities	22	trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of th			22	
E.	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelat			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line	•			
		of Schedule D		342,403.	25	323,568
	26	=		349,006.		335,778
		Organizations that follow FASB ASC 958, ch	neck here X			-
Ses		and complete lines 27, 28, 32, and 33.				
and	27	Net assets without donor restrictions		1,614,721.	27	1,659,543
Ba	28	Net assets with donor restrictions		24,841,538.	28	28,346,900
밀		Organizations that do not follow FASB ASC				
년		and complete lines 29 through 33.				
S	29	Capital stock or trust principal, or current fund	s		29	
set	30	Paid-in or capital surplus, or land, building, or	equipment fund		30	
l As	31	Retained earnings, endowment, accumulated			31	
Net Assets or Fund Balances	32	Total net assets or fund balances		26,456,259.	32	30,006,443
	33	Total liabilities and net assets/fund balances		26,805,265.	33	30,342,221

Form **990** (2023)

Pa	Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI		<u></u>	<u></u>		X
		ı				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			9,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,60	2,9	43.
3	Revenue less expenses. Subtract line 2 from line 1	3		-70	3,4	94.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		,45		
5	Net unrealized gains (losses) on investments	5	4	,28	7,8	06.
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		-3	4,1	28.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,					
	column (B))	10	30	,00	6,4	43.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII	<u></u>	<u></u>	<u></u>		X
					Yes	No
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	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		Х
	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?			2b	Х	
	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 X Consolidated basis Both consolidated and separate basis					
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,				1
	review, or compilation of its financial statements and selection of an independent accountant?			2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche	edule O.				
За	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?			За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require					
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits			3b		
				Form	990	(2023)

SCHEDULE A

(Form 990)

Total

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2023
Open to Public

Inspection

OREGON SHAKESPEARE **Employer identification number** Name of the organization FESTIVAL ENDOWMENT FUND 93-6041618 Part I Reason for Public Charity Status. (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) OREG SHKSPR 93-0407022 7 1,434,035 FESTIVAL Х

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Schedule A (Form 990) 2023

FESTIVAL ENDOWMENT FUND Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) Part II

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Calendar year (or fiscal year beginning in) 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 similar sources 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 instructions) 13 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage from 2022 Schedule A, Part II, line 14 15 Public support test - 2023. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 17a 10% -facts-and-circumstances test - 2023. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more.							
membership fees received. (Do not include any 'unusual grants.') 2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 3 The value of services or facilities furnished by a governmental unit to the organization without charge 4 Total. Add lines 1 through 3 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) 5 Public support. Subract line 5 from line 4 Section B. Total Support Calendar year (or fiscal year beginning in) 7 Amounts from line 4 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and 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 instructions) 12 First 5 years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) considered by the programization, check this box and stop here Section C. Computation of Public Support Percentage 14 Public support percentage for 2023 (line 6, column (f), divided by line 11, column (f)) 15 Public support percentage for 2023 (line 6, column (f), divided by line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization 15 al 1/3% support test - 2022. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly supported organization 16 and stop here. The organization qualifies as a publicly supported organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, check this box and stop here. The organization qualifies as a publicly sup	(f) Total						
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Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(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.)

Se	ction A. Public Support	elow, please comp	olete i ait ii.j				
Cale	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	(1)	(17)	(5)=5=1	(-7	(5) = 5 = 5	χ, το εει
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513						
4	Tax revenues levied for the 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						
6	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and 3 received from disqualified persons						
ŀ	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
(Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2019	(b) 2020	(c) 2021	(d) 2022	(e) 2023	(f) Total
	Amounts from line 6	(4) 2010	(5) 2020	(0) 2021	(a) ESEE	(6) 2020	(i) rotar
	a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
k	Unrelated business taxable income (less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)					1	
14	First 5 years. If the Form 990 is for the	· ·		*	•	. , . ,	· —
_	check this box and stop here	- 0					
	ction C. Computation of Publi					 	
	Public support percentage for 2023 (I		•	column (f))		15	%
	Public support percentage from 2022					16	%
	Investment income percentage for 2023 (line 10c, column (f), divided by line 13, column (f)) 17 %						
						18	<u>%</u>
	Investment income percentage from 1						
198	a 33 1/3% support tests - 2023. If the						
k	more than 33 1/3%, check this box ar 33 1/3% support tests - 2022. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che	ck this box and s t	top here. The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 10h check th	nis how and see in	etructions	

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Schedule A (Form 990) 2023

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.)

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	5c		
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	9b		Х
	9с		Х
	90		23
	10a		Х
	10b		
عاد	A (Forn	n 990)	2023

1 Has the organization accepted a gift or contribution from any of the following persons? a A person who directly or indirectly controls, either alone or together with persons described on lines 11b and 11b alone (the governing body) of a supported organization? b A family member of a person described on line 11a above? c A 35% controlled entity of a person described on line 11b a above? c A 35% controlled entity of a person described on line 11b a above? 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 is officers, directors, or trustees at all times during the tax year? If his, or section is PPAT IV now the supported organization had more than one supported organization because it is personable to the power to sepoid and premove officers, directors, or trustees averaged among the organization of the supported organization had more than one supported organization characteristics and premove officers, directors, or trustees were allocated among the organization provide by the providing such benefit carried out the purposes of the supporting organization org	Par	TIV Supporting Organizations (continued)			
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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. 2b 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					
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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. 2b 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	b	•			
Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement. 2b 3 Parent of Supported Organizations. Answer 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. 5 Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each					
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 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 			2b		
 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 	3	· · · · · · · · · · · · · · · · · · ·			
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					
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	_		3a		
	h	•			
	-	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

FESTIVAL ENDOWMENT FUND

Pai	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations				
1	Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI). See instructions.						
	All other Type III non-functionally integrated supporting organizations must complete Sections A through E.						
Sect	Section 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-functional	ally integrated	Type III supporting orga	nization (see			
	instructions).						

Schedule A (Form 990) 2023

FESTIVAL ENDOWMENT FUND

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	nizations _{(continu}	ued)	
Secti	ion D - Distributions		·		Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		1	
2	Amounts paid to perform activity that directly furthers exem	ot purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpos	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - prior IRS approval - prior IRS approval required - prior IRS approval - prior -	rovide 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 t	he organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2023 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
	,	(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2023	ns	Distributable Amount for 2023
1	Distributable amount for 2023 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2023 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2023				
<u>a</u>	From 2018				
b	From 2019				
с	From 2020				
d	From 2021				
е	From 2022				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2023 distributable amount				
i_	Carryover from 2018 not applied (see instructions)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2023 from Section D,				
	line 7: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2023 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2023, 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 2023. Subtract lines 3h				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.				
7	Excess distributions carryover to 2024. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				
	Excess from 2023				

Schedule A (Form 990) 2023

Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information.
	(See instructions.)

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047 Inspection

Name of the organization

OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND

Employer identification number 93-6041618

Pal	organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, lin		ei Siiiiilai Fuiiūs	of Accounts. Complete if the		
	S. gamzatori anovolca 165 ori orii 550, Fattiv, III		dvised 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	writing that the asse	ts held in donor advise	ed funds		
	are the organization's property, subject to the organization's	exclusive legal cont	rol?	Yes	No	
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing the	at grant funds can be i	used only		
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or f	or any other purpose of	conferring		
	impermissible private benefit?				No	
Pa	rt II Conservation Easements. Complete if the org	ganization answered	l "Yes" on Form 990, F	Part IV, line 7.		
1	Purpose(s) of conservation easements held by the organization	on (check all that ap	ply).			
	Preservation of land for public use (for example, recrea	tion or education)	Preservation of	a historically important land area		
	Protection of natural habitat		Preservation of	a certified historic structure		
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation co	ntribution in the form of	of a conservation easement on the la	ast	
	day of the tax year.			Held at the End of the Ta	ax Year	
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
С						
d	Number of conservation easements included on line 2c acqui	ired after July 25, 20	006, and not			
	on a historic structure listed in the National Register	•		2d		
3	Number of conservation easements modified, transferred, rele					
	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, ins	spection, handling of			
	violations, and enforcement of the conservation easements it	Yes	No			
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violation	ns, and enforcing cons	ervation easements during the year		
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, ar	nd enforcing conservat	tion easements during the year		
8	Does each conservation easement reported on line 2d above	satisfy the requiren	nents of section 170(h))(4)(B)(i)		
	and section 170(h)(4)(B)(ii)?			Yes	No	
9	In Part XIII, describe how the organization reports conservation	on easements in its	revenue and expense	statement and		
	balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the					
	organization's accounting for conservation easements.					
Pa	rt III Organizations Maintaining Collections of			her Similar Assets.		
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.				
1a	If the organization elected, as permitted under FASB ASC 95	8, not to report in its	s revenue statement ar	nd balance sheet works		
	of art, historical treasures, or other similar assets held for pub	olic exhibition, educa	ation, or research in fu	rtherance of public		
	service, provide in Part XIII the text of the footnote to its financial statements that describes these items.					
b	b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of					
	art, historical treasures, or other similar assets held for public	exhibition, education	on, or research in furth	erance of public service,		
	provide the following amounts relating to these items.					
	(i) Revenue included on Form 990, Part VIII, line 1			\$ <u></u> _		
2	If the organization received or held works of art, historical treat					
	the following amounts required to be reported under FASB A					
а	Revenue included on Form 990, Part VIII, line 1			\$		
	Assets included in Form 990, Part X					
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990	0) 2023	

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

3 –	60	41	61	8	Page 2	2
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Escrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Tall Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	r Simila	r Assets	(continue	ed)
a Public exhibition d Loan or exchange program c Preservation for future generations d Clother c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. Part IV Excrow and Custodial Arrangements Complete if the organization's collection? To be sold to raise funds rather than to be maintained as part of the organization scollection? To be sold to raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X, line 21. Beginning balance C Beginning balance C Beginning balance Distributions during the year E Indiangular to the organization analyses of the organization subsect (%) (Prior year Sold Intervent the Organization analyses of the organization subsect (%) (Prior year Sold Intervent the organization analyses of the organization that are held and administered for the organization than are held and administered for the organization by: (Breated organizations? (Breated organizations) Description of property Descriptio	3	Using the organization's acquisition, accessio	n, and other records	s, check any of the fo	ollowing that make s	significant	use of its		-
b Scholarly research e Other c Preservation for future generations d Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assests to be sold to raise funds rather than to be maintained as part of the organization's collection? Ves No Part W Scrow and Custodial Arrangements Complete if the organization answered "Ves" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes, "Explain the arrangement in Part XIII and complete the following table: 1		collection items (check all that apply).							
c Preservation for future generations 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization's collections of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Part V Excrow and Custodial Arrangements (complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c Beginning balance 1d Additions during the year 1e Distributions during the year 1 Ending balance 2d Distributions during the year 1 Ending balance 2d Distributions during the year 1 Ending balance 2d Distributions during the year 1 Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 21, for escrow or custodial account liability? Ves No b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII. Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part X, line 21. 1a Beginning of year balance 26, 456, 259, 30, 784, 836, 38, 664, 051, 31, 072, 455, 34, 002, 595. 1b Contributions 26, 456, 259, 30, 784, 836, 38, 664, 051, 31, 072, 455, 34, 002, 595. 1c Not investment earnings, gains, and losses 30, 30, 64, 431, 26, 456, 259, 30, 784, 836, 38, 664, 051, 31, 072, 455, 34, 002, 595. 1c Other expenditures for facilities and programs 1, 434, 035, 6, 250, 000, 1, 639, 785, 1, 200, 280, 269, 165, 270, 147, 147, 147, 147, 147, 147, 147, 147	а	Public exhibition	d	Loan or exch	hange program				
4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. 5 During the year, did the organization solicit or receive donations of air, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization is collection?	b	Scholarly research	е	Other					
5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization collection? Yes No	С	Preservation for future generations							
The section of the raise funds rather than to be maintained as part of the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X? 1b If "Yes," explain the arrangement in Part XIII and complete the following table: 1c	4	Provide a description of the organization's col	llections and explain	how they further th	e organization's exe	mpt purpo	se in Part	XIII.	
Secrow and Custodial Arrangements Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	5	During the year, did the organization solicit or	receive donations o	f art, historical treas	sures, or other simila	r assets			
Teported an amount on Form 990, Part X, line 21. In 21. In 21. In 22. In 2		to be sold to raise funds rather than to be mai	intained as part of th	e organization's col	lection?			Yes	☐ No
Tall Is the organization an agent, trustee, custodian, or other intermediary for contributions or other assets not included on Form 990, Part X?	Par	t IV Escrow and Custodial Arrang	jements Complet	e if the organization	answered "Yes" on	Form 990	, Part IV, li	ne 9, or	
b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount Ide Amount Ide Ide		reported an amount on Form 990, Part	X, line 21.						
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance	1a	Is the organization an agent, trustee, custodia	n, or other intermed	iary for contributions	s or other assets no	t included			
b If "Yes," explain the arrangement in Part XIII and complete the following table: C Beginning balance		on Form 990, Part X?						Yes	O No
C Beginning balance 1 C	b								
d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2b Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? 2c Did the organization include an amount on Form 990, Part X, line 10. 2c Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization include an amount on Form 990, Part X, line 10. 2d Did the organization show and the expanses and losses (a) Control violation and the expanses and programs and losses (b) Fig. 270, 147, 10, 136, 507, 10, 24, 25, 456, 259, 165, 270, 147, 10, 136, 507, 10, 455, 10, 10, 10, 10, 10, 10, 10, 10, 10, 10								Amount	
E pistributions during the year 1	С	Beginning balance				1c			
E pistributions during the year 1	d	Additions during the year				1d			
## Ending balance ## If									
2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No b f 'Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII The Part									
Part V Endowment Funds Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Table Beginning of year balance (a) Current year (b) Prior year (c) Two years back (d) Three years back (e) Four years back (a) Three years back (b) Prior years (c) Two years back (d) Three years back (e) Four years back (d) Three years back (d) Three years back (e) Four years back (d) Three years back (e) Four years back (d) Three years (d) Th						ility?		Yes	☐ No
Cal Three years back Cal Three years	b	If "Yes," explain the arrangement in Part XIII.	Check here if the exp	olanation has been p	provided in Part XIII				
1a Beginning of year balance 26,455,259. 30,784,836. 38,664,051. 31,072,455. 34,002,595. b Contributions 4,534. 15,065. 70,280. 269,165. 270,147. c Net investment earnings, gains, and losses 5,182,721. 2,018,079. -6,173,203. 9,641,851. 379,797. d Grants or scholarships 2,224,836. 3,463,115. 2,2224,836. 3,463,115. e Other expenditures for facilities and programs 1,434,035. 6,250,000. 1,639,785. 94,584. 116,969. g End of year balance 203,036. 111,721. 136,507. 94,584. 116,969. g End of year balance 30,066,443. 26,456,259. 30,784,836. 38,664,051. 31,072,455. 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 5.5000 % b Permanent endowment 64.2000 % c Term endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? 3a(i) X (ii) Related organizations? 3a(i) X (iii) Related organizations? 3a(i) X	Par	t V Endowment Funds Complete if t	the organization ans	wered "Yes" on For	m 990, Part IV, line	10.			
b Contributions			(a) Current year	(b) Prior year	(c) Two years back	(d) Three	years back	(e) Four y	ears back
b Contributions	1a	Beginning of year balance	26,456,259.	30,784,836.	38,664,051.	31,0	72,455.	34,0	02,595.
C Net investment earnings, gains, and losses 5,182,721 2,018,079 -6,173,203 9,641,851 379,797 379,			4,534.	15,065.	70,280.	2	269,165.	2	70,147.
e Other expenditures for facilities and programs		ı	5,182,721.	2,018,079.	-6,173,203.	9,6	541,851.	3	79,797.
e Other expenditures for facilities and programs								3,4	63,115.
## and programs ## 1,434,035									
## Administrative expenses			1,434,035.	6,250,000.	1,639,785.				
provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 5.5000 % b Permanent endowment 64.2000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings Buildings 30.006,443. 26,456,259. 30,784,836. 38,664,051. 31,072,455. 31,072,455. 32,070,845. 34,070,845. 35,080,941. 36,090,941. 36,090,941. 36,090,941. 37,072,455. 38,664,051. 31,072,455. 31,072,455. 31,072,455. 31,072,455. 31,072,455. 32,000,941. 4 Pes No. 32,000,941. 33,000,941. 34,000,941. 34,000,941. 35,000,941. 36,000,941. 36,000,941. 36,000,941. 37,000,941. 38,664,051. 31,072,455. 4 Permanent endowment funds. 4 Permanent endowment funds. 4 Describe in Part XIII the intended uses of the organization's endowment funds. 4 Describe in Part XIII the intended uses of the organization's endowment funds. 4 Describe in Part XIII the intended uses of the organization's endowment funds. 4 Describe in Part XIII the intended uses of the organization's endowment funds. 4 Describe in Part XIII the intended uses of the organization's endowment funds. 4 Describe in Part XIII the intended uses of the organization's endowment funds. 4 Describe in Part XIII the intended uses of the organization's endowment funds. 4 Describe in Part XIII the intended uses of the organization's endowment funds. 4 Describe in Part XIII the intended uses of the organization funds. 4 Describe in Part	f		203,036.				94,584.	1	16,969.
Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: a Board designated or quasi-endowment 5.5000 % b Permanent endowment 64.2000 % c Term endowment 30.3000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (other) (b) Cost or other depreciation (d) Book value basis (other)			30,006,443.	26,456,259.	30,784,836.	38,6	64,051.		
a Board designated or quasi-endowment 5.5000 % b Permanent endowment 64.2000 % c Term endowment 30.3000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? 5 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1		-	ent vear end balance	(line 1a. column (a)					
b Permanent endowment 64 · 200 0					,				
Term endowment 30.3000 % The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Resorribe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings Buildings (d) Book value	_								
The percentages on lines 2a, 2b, and 2c should equal 100%. Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) In related organizations? (iv) Related organizations? (iv) In related organizations? (iv) Related organizations? (iv) In related organizations? (iv) Second or Part XIII the intended uses of the organization's endowment funds. (v) Accumulated depreciation (v) Book value	С								
Are there endowment funds not in the possession of the organization that are held and administered for the organization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) basis (other) (b) Cost or other depreciation (d) Book value Buildings Buildings									
reganization by: (i) Unrelated organizations? (ii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iii) Related organizations? (iv) If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value 1a Land b Buildings Description of property	За	-	-	tion that are held an	d administered for t	he			
(ii) Unrelated organizations? (iii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) 1a Land b Buildings (d) Book value								Y	es No
(ii) Related organizations? b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value								3a(i)	X
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? 4 Describe in Part XIII the intended uses of the organization's endowment funds. Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) b Buildings (d) Book value								- ''	Х
Part VI Land, Buildings, and Equipment Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Land B Buildings	b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?					
Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. Description of property (a) Cost or other basis (investment) Land B Buildings Land Description of property (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value									
Description of property (a) Cost or other basis (investment) (b) Cost or other basis (other) (c) Accumulated depreciation (d) Book value b Buildings	Par								
basis (investment) basis (other) depreciation 1a Land b Buildings		Complete if the organization answered	"Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part X	, line 10.			
b Buildings		Description of property	1 ' '	, ,	' '			(d) Book v	/alue
b Buildings	1a	Land							
	_								
c Leasehold improvements		Leasehold improvements							
d Equipment			I						
e Other			I						
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, line 10c, column (B))				Cline 10c column	(B))				0.

Part VII Investments - Other Securities	DOMWENT, LOND		93	-6041616 Page 3
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1b. See Form 990, Part X,	line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation	n: Cost or end	-of-year market value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A) LIMITED PARTNERSHIP				
(B) INTERESTS	5,252,325.	END-OF-YEAR	MARKET	VALUE
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, line 12, col. (B))	5,252,325.			
Part VIII Investments - Program Related.	E 000 B 1 W 11 4	1 0 5 000 5 17	" 40	
Complete if the organization answered "Yes" of				-f
(a) Description of investment	(b) Book value	(c) Method of valuation	n: Cost or end	-ot-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9) Total. (Col. (b) must equal Form 990, Part X, line 13, col. (B))				
Part IX Other Assets				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1d. See Form 990, Part X,	line 15.	
	Description	· · · · · · · · · · · · · · · · · · ·		(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, line 15, col. Part X Other Liabilities	. (B))			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line 1	1e or 11f. See Form 990, F	Part X, line 25.	
1. (a) Description of liability				(b) Book value
(1) Federal income taxes				
(2) OBLIGATION UNDER GIFT ANNU	JITIES			323,568.
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, line 25, col. (B)) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

Schedule D (Form 990) 2023

FESTIVAL ENDOWMENT FUND

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return						
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12:	а.				
1	Total revenue, gains, and other support per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:					
а	Net unrealized gains (losses) on investments	2a				
b	Donated services and use of facilities					
С	Recoveries of prior year grants					
d	Other (Describe in Part XIII.)					
е	Add lines 2a through 2d		2e			
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a				
b	Other (Describe in Part XIII.)	4b				
С	Add lines 4a and 4b					
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	VAC-11. F	5			
Pai	t XII Reconciliation of Expenses per Audited Financial Statem	-	enses per Return			
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12					
1	Total expenses and losses per audited financial statements		1			
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	1				
a	Donated services and use of facilities					
b	Prior year adjustments					
C	Other losses					
d	Other (Describe in Part XIII.)					
_	Add lines 2a through 2d					
3	Subtract line 2e from line 1		3			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	اما				
a	Investment expenses not included on Form 990, Part VIII, line 7b					
	Other (Describe in Part XIII.)		40			
	Add lines 4a and 4b					
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 5 Part XIII Supplemental Information						
Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b; Part XII, lines 2d and 4b; Part XII, lines 3						
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.						
PART V, LINE 4:						
THE OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND'S ENDOWMENT CONSISTS OF						
FUNDS ESTABLISHED FOR EDUCATIONAL PROGRAMS AND OPERATIONS SUPPORT. ITS						
ENDOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDOWMENT FUNDS AND FUNDS						
DEGLONAMED DV MUE DOADD OF MDUGMERG MO HUNGMION AG ENDOUMENMG MUE						
DESIGNATED BY THE BOARD OF TRUSTEES TO FUNCTION AS ENDOWMENTS. THE						
ENDOMMENT FIND DROWING CUIDDORT FOR THE OPECON CURVECTERE FECTIVAL						
ENDOWMENT FUND PROVIDES SUPPORT FOR THE OREGON SHAKESPEARE FESTIVAL						
ASSOCIATION, A 501(C)(3) ORGANIZATION.						
ADDUCTITION, A JULICIAN, ONOMILLATION.						
PART X, LINE 2:						
·						
THE ORGANIZATION FOLLOWS THE PROVISIONS OF FASB ASC TOPIC 740 ACCOUNTING						
FOR UNCERTAINTY IN INCOME TAXES. MANAGEMENT HAS EVALUATED THE						
ORG	ORGANIZATION'S TAX POSITIONS AND CONCLUDED THAT THERE ARE NO UNCERTAIN TAX					
332054 09-28-23 Schedule D (Form 990) 2023						

Part XIII	Supp	olemen	tal Info	ormati	on _{(con}	tinued)									
							NT T	О ТНЕ	FINA	NCIAL	STATI	EMENTS	то	COMPLY	
WITH P	ROVI	SION	S OF	THI	S TOP	oic.									
-															
-															
-															
-															
-															
-															

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22.

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization OREGON SH FESTIVAL	AKESPEARE ENDOWMENT	FUND					Employer identification number 93-6041618
Part I General Information on Grants a	nd Assistance					•	
 Does the organization maintain records criteria used to award the grants or assis Describe in Part IV the organization's pro 	stance?						on X Yes No
Part II Grants and Other Assistance to recipient that received more than 9	Domestic Organiz	zations and Domestic	C Governments. C	omplete if the orga	anization answered "Y	es" on Form 990, Part	IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OREGON SHAKESPEARE FESTIVAL ASSOCIATION - P.O. BOX 158 - ASHLAND, OR 97520	93-0407022	501(C)(3)	1,434,035.	0.			FINANCIAL SUPPORT TO ASSIST WITH ANNUAL AND LONG TERM VIABILITY.
 Enter total number of section 501(c)(3) a Enter total number of other organization 	-	•	e line 1 table				1.

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

Schedule I (Form 990) 2023

93-6041618

Part III can be duplicated if additional space is needed.			Т		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2			
Part IV Supplemental Information. Provide the information red	quired in Part I, lin	e 2; Part III, column	(b); and any other ac	Iditional information.	
PART I, LINE 2:					
	001 011				
PURSUANT TO ITS ARTICLES OF INCORP	ORATION,	THE ORGAN	IZATION PRO	VIDES ONLY	-
ONE GRANT, AND THAT IS TO THE OREG	ON SHAKES	PEARE FEST	rival assoc	IATION.	
MONTEODING OF MUE GRANE BUNDS IS S	3DD TED 011	.m. miiDoiioii	mpiiamen ta	TOT TENEDAM	
MONITORING OF THE GRANT FUNDS IS C.	ARRIED OU	T THROUGH	TRUSTEE IN	VOLVEMENT.	
WITH THE OREGON SHAKESPEARE FESTIV	AL ASSOCI	ATION ON A	A CONSISTEN	T AND	
DEGIT AD DAGEG					
REGULAR BASIS.					

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest
Compensated Employees
Complete if the organization answered "Ves" on Form 990, Part IV, line 23

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

Part I Questions Regarding Compensation

OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND

Employer identification number 93-6041618

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		<u>X</u>
b	Any related organization?	5b		X
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:			
	The organization?	6a		<u>X</u>
b	Any related organization?	6b		Х
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		<u> X</u>
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53.4958-6(c)?	9		

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

Schedule J (Form 990) 2023

93-6041618

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(B) Breakdown of W	V-2 and/or 1099-MISO compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) KAMILAH LONG	(i)	0.	0.	0.	0.	0.		0.
OSF CHIEF DEVELOPMENT OFFICER	(ii)	157,770.	0.	0.	0.	13,198.	170,968.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i) (ii)							
	(i)							
	(ii)							
-	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)						L	

Part III Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990)

Department of the Treasury

Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or Form 990-EZ.

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

2023
Open to Public Inspection

OMB No. 1545-0047

Name of the organization

OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND

Employer identification number 93-6041618

FORM 990, PART LINE 4A, III, PROGRAM SERVICE ACCOMPLISHMENTS: EXCELLENCE IN PRESENTING LIVE THEATRE TO AUDIENCES WITH RACIAL, SOCIO-ECONOMIC AND GENERATIONAL DIVERSITY. FORM 990, PART VI, SECTION A, LINE 8B: THERE ARE NO COMMITTEES AUTHORIZED TO ACT ON BEHALF OF THE BOARD. FORM 990, PART VI, SECTION B, LINE 11B: THE SECRETARY OR TREASURER OF THE BOARD OF TRUSTEES REVIEWS THE FORM 990 IN DEPTH PRIOR TO ITS FILING. THE PRESIDENT PROVIDES COMPLETE COPIES OF THE FORM 990 AND HIS COMMENTS ON IT TO THE OTHER TRUSTEES PRIOR TO ITS FILING. FORM 990, PART VI, SECTION B, LINE 12C: EACH MEMBER OF THE BOARD OF TRUSTEES IS ANNUALLY ASKED TO DISCLOSE ON A WRITTEN FORM ANY REAL OR POTENTIAL CONFLICT OF INTEREST. THESE FORMS ARE COLLECTED BY THE EXECUTIVE DIRECTOR OF OSF AND ARE AVAILABLE FOR REVIEW BY THE INDEPENDENT AUDITOR. AT ANY MEETING OF THE TRUSTEES, A TRUSTEE IS EXPECTED TO RECUSE HIMSELF OR HERSELF FROM ANY ACTION WHERE A POTENTIAL CONFLICT OF INTEREST MIGHT EXIST. FORM 990, PART VI, SECTION B, LINE 15: THERE ARE NO PROCEDURES FOR COMPENSATION BECAUSE NONE OF THE OFFICERS

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

FINANCIAL STATEMENTS AND FORMS 990 AND 990-T ARE AVAILABLE UPON REQUEST.

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

Schedule O (Form 990) 2023

RECEIVE COMPENSATION.

Schedule O (Form 990) 2023		Page 2			
Name of the organization OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND	Employer identification 93-6041618				
OTHER GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POL					
TO THE PUBLIC UPON REQUEST.					
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:					
CHANGE IN VALUE OF GIFT ANNUITIES		-34,128.			
FORM 990, PART XII, LINE 2C:					
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.					

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

OMB No. 1545-0047

OREGON SHAKESPEARE **Employer identification number** Name of the organization 93-6041618 FESTIVAL ENDOWMENT FUND Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33. (f) (a) (b) (c) (d) (e) Name, address, and EIN (if applicable) Primary activity Legal domicile (state or Total income End-of-year assets Direct controlling of disregarded entity entity foreign country) Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year. (a) (b) (d) (e) (f) (c) (g) Section 512(b)(13) Name, address, and EIN Legal domicile (state or **Exempt Code** Public charity Direct controlling Primary activity controlled of related organization section status (if section entity foreign country) entity? 501(c)(3)) Yes No OREGON SHAKESPEARE FESTIVAL ASSOCIATION 93-0407022, P.O. BOX 158, ASHLAND, OR 97520 LIVE AND DIGITAL THEATRE DREGON 501(C)(3) LINE 7 N/A Х

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

Schedule R (Form 990) 2023

Page 2

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)		(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets	Disproportionate allocations?		Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gener mana partr	al or F ging er?	Percentage ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes	No	
										Ш		
	_											

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	ent	tion b)(13) rolled tity?
		,						Yes	No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36. Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule. Yes No During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV? a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity 1a X **b** Gift, grant, or capital contribution to related organization(s) 1b c Gift, grant, or capital contribution from related organization(s) 1c Х d Loans or loan guarantees to or for related organization(s) 1d e Loans or loan guarantees by related organization(s) 1e f Dividends from related organization(s) 1f Х Sale of assets to related organization(s) 1g Х h Purchase of assets from related organization(s) 1h X Exchange of assets with related organization(s) 1i i Lease of facilities, equipment, or other assets to related organization(s) Х 1į k Lease of facilities, equipment, or other assets from related organization(s) Х 1k Performance of services or membership or fundraising solicitations for related organization(s) 11 X 1m m Performance of services or membership or fundraising solicitations by related organization(s) Х n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) 1n X o Sharing of paid employees with related organization(s) 10 X p Reimbursement paid to related organization(s) for expenses 1p Reimbursement paid by related organization(s) for expenses 1q r Other transfer of cash or property to related organization(s) 1r **s** Other transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds. (a)
Name of related organization Method of determining amount involved Transaction Amount involved type (a-s)

Schedule R (Form 990) 2023

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec 501(c)(3) orgs.?	(g) Share of end-of-year assets	Dispretion allocat	opor- ate tions?	General manage partne	(k) Percentage ownership
			,	100 110		100	110		
	_								
									_
	-								000) 0000

Schedule R	(Form 990) 2023	FESTIVAL	ENDOWMENT	FUND	93-6041618 F	Page 5
Part VII	(Form 990) 2023 Supplemental Infor	mation				
			to augstions on Sc	hedule R. See instructions.		
	Frovide additional inform	ation for responses	s to questions on oc	neddie N. See Instructions.		
-						

332165 09-28-23

EXTENDED TO SEPTEMBER 15, 2025

Form	990-T	E	Exempt Organization Business Income Tax Retu	rn	OMB No. 1545-0047
			(and proxy tax under section 6033(e))		0000
		For ca	lendar year 2023 or other tax year beginning $$ $$ $$ $$ $$ $$ $$ $$ $$ $$	024	2023
Departn	nent of the Treasury		Go to www.irs.gov/Form990T for instructions and the latest information.		On an to Bulblis Inspection for
Internal	Revenue Service	I	Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(:	<u> </u>	Open to Public Inspection for 501(c)(3) Organizations Only
Α	Check box if		Name of organization (Check box if name changed and see instructions.)	D En	nployer identification number
	address changed.		OREGON SHAKESPEARE		02 6041610
	empt under section	Print	FESTIVAL ENDOWMENT FUND		93-6041618 roup exemption number
	501(c)(3) 408(e) 220(e)	or Type	Number, street, and room or suite no. If a P.O. box, see instructions.		ee instructions)
=	408(e) 220(e) 408A 530(a)		P.O. BOX 158 City or town, state or province, country, and ZIP or foreign postal code	-	
	529(a) 529A		ASHLAND, OR 97520	F	Check box if
ш	020(a)025/	C Bo	ok value of all assets at end of year	ऻॱॱ	an amended return.
G C	heck organization		X 501(c) corporation 501(c) trust 401(a) trust Other trust	State	e college/university
	3	,,	6417(d)(1)(A) Applicable entity		,
H C	heck if filing only to	o claim	Credit from Form 8941 Refund shown on Form 2439 Elective pay	ment am	ount from Form 3800
I C	heck if a 501(c)(3)	organiz	ation filing a consolidated return with a 501(c)(2) titleholding corporation		
J E	nter the number of	attach	ed Schedules A (Form 990-T)		1
K D	uring the tax year,	was the	e corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group?		Yes X No
			d identifying number of the parent corporation		
			ARIANA SPIEGLER Telephone number	<u> 541-</u>	-482-2111
Par			d Business Taxable Income		
1			ess taxable income computed from all unrelated trades or businesses (see instructions)	1	0.
2					
3	Add lines 1 and 2	·	(see instructions for limitation rules)	3	0.
4			0.		
5	Total unrelated b				
6 7	Deduction for ne	6			
′	Subtract line 6 from		ess taxable income before specific deduction and section 199A deduction.	7	
8			5 erally \$1,000, but see instructions for exceptions)		1,000.
9			eduction. See instructions		
10			lines 8 and 9		1,000.
11			rable income. Subtract line 10 from line 7. If line 10 is greater than line 7, enter zero	11	0.
Par	t II Tax Com	putat	ion		
1	Organizations ta	axable	as corporations. Multiply Part I, line 11 by 21% (0.21)	1	0.
2			rates. See instructions for tax computation. Income tax on the amount on		
	Part I, line 11, fro	m:	Tax rate schedule or Schedule D (Form 1041)	2	
3	Proxy tax. See in				
4			instructions		
5	Alternative minim	ıum tax		5	
6			acility income. See instructions		
7 Par	t III Tax and	Pavm	gh 6 to line 1 or 2, whichever applies	7	0.
1a			orations attach Form 1118; trusts attach Form 1116)		
b	Other credits (see				
c	,		Attach Form 3800 (see instructions) 1c	\neg	
d			mum tax (attach Form 8801 or 8827)		
е	Total credits. Ad			1e	
2	Subtract line 1e f	rom Pa	rt II, line 7		0.
За	Amount due from	Form	4255 3a		
b	Amount due from	Form	8611 3b		
С	Amount due from	Form	8697 3c		
d	Amount due from	Form			
е	Other amounts d	•		-	_
f	Total amounts du	ıe. Add	lines 3a through 3e	3f	0.
4			nd 3f (see instructions).		_
E	section 1294. E		x amount here lity paid from Form 965-A. Part II. column (k)	4	0.
5	Content her and I	ax iiai)i	my date none (ODESOS-A FALLICONDICTIO)	1 5	

Form 990-T (2023)

	111	Tax and Payments (continued)						age Z		
		·	9-11-11	10-	152.					
6 a	-	nents: Preceding year's overpayment cred	•	<u>6a</u>	134.	-				
b		ent year's estimated tax payments. Check	·	_ _	938.					
		es		<u>6b</u>	930.	-				
С.						-				
d		gn organizations: Tax paid or withheld at s				-				
е		up withholding (see instructions)				-				
f		it for small employer health insurance prer				-				
g		ive payment election amount from Form 3				-				
h		nent from Form 2439				-				
i		it from Form 4136				-				
j		r (see instructions)					1 0			
7		I payments. Add lines 6a through 6j				7	1,0	90.		
8		nated tax penalty (see instructions). Check			Ш	8				
9		due. If line 7 is smaller than the total of line				9				
10		payment. If line 7 is larger than the total o				10	1,0	90.		
11		the amount of line 10 you want: Credited		1,0		11		0.		
Part	IV	Statements Regarding Certain <i>I</i>	Activities and Other Informa	tion (se	e instructions)					
1		y time during the 2023 calendar year, did					Yes	No		
		a financial account (bank, securities, or otl		-	•					
	FinC	EN Form 114, Report of Foreign Bank and	Financial Accounts. If "Yes," enter the	ne name o	of the foreign country					
	here							X		
2										
	foreign trust?									
	If "Yes," see instructions for other forms the organization may have to file.									
3	Ente	the amount of tax-exempt interest receive								
4		available pre-2018 NOL carryovers here	\$ Do not							
	show	n on Schedule A (Form 990-T). Don't redu	ce the NOL carryover shown here by	any dedu	ction reported on Part	t I, line	6.			
5		2017 NOL carryovers. Enter the Business	· · · · · · · · · · · · · · · · · · ·		•					
	the a	mounts shown below by any NOL claimed	on any Schedule A, Part II, line 17 fo	or the tax	year. See instructions					
		Business Activity Cod	de	Ava	ailable post-2017 NOL	carryo	ver			
				\$						
				\$						
				\$						
				\$						
6 a	Rese	rved for future use								
b		rved for future use					<u></u>			
Part	V	Supplemental Information								
Provide	e any a	additional information. See instructions.								
		Inder penalties of periury. I declare that I have examined t		d atatamanta	and to the best of my line.	daa aad la	aliaf it in tour			
Sign		orrect, and complete. Declaration of preparer (other than				age and b	eller, it is true,			
Here					BOARD OF	ay the IRS	S discuss this return	with		
	-	Signature of officer	Date TRUST	EES			r shown below (see			
		1	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	_		_	s)? X Yes	No		
		Print/Type preparer's name	Preparer's signature	Date		if PTI	N			
Paid					self-employed	_	00540000			
Prepa		SANG AHN					00540880			
Use (Only	Firm's name MCDONALD JACO			Firm's EIN	9	3-090057	9		
		121 SW SALI				E 0 0	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	0.1		
		Firm's address PORTLAND,	OK 97204		Phone no. (503	<u>) 227-05</u>	βŢ		

Form **990-T** (2023)

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990T for instructions and the latest information. Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).

501(c)(3) Organizations Only

A N	lame of the organization OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND		r identification number 041618				
<u>с</u> .	Unrelated business activity code (see instructions) 53131	.0			D Sequence	ce: 1	of 1
E [Describe the unrelated trade or business PARTNERSHIPS						
Pai			(A) Income		(B) Expens	es	(C) Net
	Gross receipts or sales						
b	Less returns and allowances c Balance	1c					
2	Cost of goods sold (Part III, line 8)	2					
3	Gross profit. Subtract line 2 from line 1c	3					
4 a	Capital gain net income (attach Schedule D (Form 1041 or Form						
	1120)). See instructions	4a	1,0	34.			1,034. -63.
b	Net gain (loss) (Form 4797) (attach Form 4797). See instructions)	4b	_	63.			-63.
С	Capital loss deduction for trusts	4c					
5	Income (loss) from a partnership or an S corporation (attach						
	statement) STATEMENT 1	5	7	54.			754.
6	Rent income (Part IV)	6					
7	Unrelated debt-financed income (Part V)	7					
8	Interest, annuities, royalties, and rents from a controlled						
	organization (Part VI)	8					
9	Investment income of section 501(c)(7), (9), or (17)						
	organizations (Part VII)	9					
10	Exploited exempt activity income (Part VIII)	10					
11	Advertising income (Part IX)	11					
12	Other income (see instructions; attach statement)	12					
<u>13</u>	Total. Combine lines 3 through 12	13	1,7	25.			1,725.
Pai	Deductions Not Taken Elsewhere. See instruct directly connected with the unrelated business in		r limitations o	on dedi	uctions. Dec	ductions	must be
1	Compensation of officers, directors, and trustees (Part X)					1	
2	Salaries and wages					2	
3	Repairs and maintenance					3	
4	Bad debts					4	
5	Interest (attach statement). See instructions					5	222
6	Taxes and licenses			T		6	800.
7	Depreciation (attach Form 4562). See instructions						
8	Less depreciation claimed in Part III and elsewhere on return					8b	
9	Depletion					9	
10	Contributions to deferred compensation plans					10	
11	Employee benefit programs					11	
12	Excess exempt expenses (Part VIII)					12	
13	Excess readership costs (Part IX)		 2 442		МЕ МТ 2	13	2,500.
14 15	Other deductions (attach statement) Total deductions. Add lines 1 through 14					15	3,300.
15 16	Unrelated business income before net operating loss deduction. S					13	3,300.
10						16	-1,575.
17	column (C) Deduction for net operating loss. See instructions					17	0.
18	Unrelated business taxable income. Subtract line 17 from line 10						-1,575.
	Paperwork Reduction Act Notice, see instructions.						A (Form 990-T) 2023

Pac	ıe	4

	ule A (Form 990-T) 2023				Page 2
Part		hod of inventory valuation			
1					
2	Purchases				
3	Cost of labor			3	
4	Additional section 263A costs (attach statement)				
5	Other costs (attach statement)				
6	Total. Add lines 1 through 5				
7	Inventory at end of year				
8	Cost of goods sold. Subtract line 7 from line 6. Enter				
9	Do the rules of section 263A (with respect to property				Yes No
Part	, , ,				
1	Description of property (property street address, city, s	tate, ZIP code). Check it	f a dual-use. See instruc	tions.	
	A				
	В				
	c				
	D	т т			
		Α	В	С	<u>D</u>
2	Rent received or accrued				
а	From personal property (if the percentage of				
	rent for personal property is more than 10%				
	but not more than 50%)				
b	From real and personal property (if the				
	percentage of rent for personal property exceeds				
	50% or if the rent is based on profit or income)				
С	Total rents received or accrued by property.				
	Add lines 2a and 2b, columns A through D				
3	Total rents received or accrued. Add line 2c, columns A	A through D. Enter here	and on Part I, line 6, col	umn (A)	0.
	Deductions directly connected with the income				
4	in lines 2a and 2b (attach statement)				
_ 5	Total deductions. Add line 4, columns A through D. E		ine 6, column (B)		0.
Part	(S				
1	Description of debt-financed property (street address,	city, state, ZIP code). Ch	eck if a dual-use. See ir	structions.	
	A				
	В 💹				
	c <u> </u>				
	D	,			
		Α	В	С	<u>D</u>
2	Gross income from or allocable to debt-financed				
	property				
3	Deductions directly connected with or allocable				
	to debt-financed property				
а	Straight line depreciation (attach statement)				
b	Other deductions (attach statement)				
С	Total deductions (add lines 3a and 3b,				
	columns A through D)				
4	Amount of average acquisition debt on or allocable				
	to debt-financed property (attach statement)				
5	Average adjusted basis of or allocable to debt-				
-	financed property (attach statement)				
6	Divide line 4 by line 5		%	%	%
7	Gross income reportable. Multiply line 2 by line 6		70	70	70
8	Total gross income (add line 7, columns A through D)		L line 7 column (Δ)		0.
J	1.5 car gross moonie (add into 1, columns A through b)	. Entor here and on Part	.,c 7, coluitili (A)		•
9	Allocable deductions. Multiply line 3c by line 6	Г	T		
10	Total allocable deductions. Add line 9, columns A the	rough D. Enter here and	on Part I line 7 column	(R)	0.
11	Total dividends-received deductions included in line				0.
- 1 1	Total dividends received deductions included in line				· · · · · · · · · · · · · · · · · · ·

Part	VI Interest, Annu	ities, Ro	oyalties, and Re	ents Fro	m Contro	lled O	rganization	S (se	e instruct	ions)	Page 3
	·						Exempt Contro		ganization	ıs	
	Name of controlled organization		2. Employer identification number	3. Net unrelated income (loss) (see instructions) 4. Total of specipal payments made in pa		al of specified	5. Part of column 4 that is included in the controlling organization's gross income		mn 4 in the aniza-	6. Deductions directly connected with income in column 5	
(1)											
(2)											
(3)											
(4)				<u> </u>							
	Tavabla la sans				Controlled Or			-£!	0	- 44	Dadinationa dinasti.
,	. Taxable Income	in	Net unrelated acome (loss) e instructions)		otal of specif yments mad		that is inc controlling gross	luded i	n the ation's		Deductions directly connected with come in column 10
(1)											
(2)											
(3)											
(4)											
							Add colum Enter here line 8, c	and on	Part I,	Ente	columns 6 and 11. r here and on Part I, ne 8, column (B).
Totals									0.		0.
Part	VII Investment I	ncome	of a Section 50	1(c)(7), (9), or (17)	Orgar	nization (s	ee instr	uctions)	ı	
	1. Desc	cription of	income		2. Amou incon		3. Deduction directly connected (attach states	ected	4. Set- (attach st	asides tatemen	5. Total deductions and set-asides (add cols 3 and 4)
(1)											
(2)											
(3)											
(4)					A -1-1						A del anno accepto de
					Add amou column 2.						Add amounts in column 5. Enter
					here and or	n Part I,					here and on Part I,
T-4-1-					line 9, colu	mn (A).					line 9, column (B).
Totals Part	VIII Exploited E	vemnt A	activity Income	Other T	 Than Δdva		n Income	'aaa ina	tw.cations\		0.
1	Description of exploite			, Other I	IIIIII Auve	i uəniç	g income (see ms	tructions)		
2	Gross unrelated busine	-		ness Ente	r here and o	n Part I	line 10. colum	n (Δ)		2	
3							•			_	
-	3 Expenses directly connected with production of unrelated business income. Enter here and on Part I line 10, column (B)									3	
4	Net income (loss) from										
	` '					•				4	
5	Gross income from act	tivity that i	s not unrelated bus	iness incor	ne					5	
6	Expenses attributable									6	
7	Excess exempt expens										
	4. Enter here and on P	art II, line	12							7	

Schedule A (Form 990-T) 2023

Part	IX Advertising Income					<u> </u>
1	Name(s) of periodical(s). Check box if reporti	ing two or	more periodicals on a	consolidated basis.		
	A					
	В					
	c 🗆					
	D					
Enter a	amounts for each periodical listed above in the	e correspor	nding column.			
	·		A	В	С	D
2	Gross advertising income					
	Add columns A through D. Enter here and or		e 11, column (A)			0.
а	· ·					
3	Direct advertising costs by periodical					
а	Add columns A through D. Enter here and or	n Part I, lin	e 11, column (B)			0.
4	Advertising gain (loss). Subtract line 3 from I	line				
	2. For any column in line 4 showing a gain,					
	complete lines 5 through 8. For any column	in				
	line 4 showing a loss or zero, do not comple					
5	Readership costs					
6	Circulation income					
7	Excess readership costs. If line 6 is less than					
	line 5, subtract line 6 from line 5. If line 5 is le	ess				
	than line 6, enter -0-					
8	Excess readership costs allowed as a					
	deduction. For each column showing a gain	on				
	line 4, enter the lesser of line 4 or line 7					
а	Add line 8, columns A through D. Enter the g	greater of t	he line 8a columns to	tal or -0- here and on	1	_
<u> </u>	Part II. line 13	<u></u>				0.
Part	Part II, line 13	irectors,	, and Trustees (see instructions)	1	
Part	Part II, line 13 Compensation of Officers, Di	irectors,	, and Trustees (s	see instructions)	3. Percentage	4. Compensation
Part	Part II. line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted	4. Compensation attributable to
	Part II, line 13 Compensation of Officers, Di	irectors,	, and Trustees (s	see instructions)	3. Percentage of time devoted to business	4. Compensation
(1)	Part II, line 13 Compensation of Officers, Di	irectors,	, and Trustees (s	see instructions)	3. Percentage of time devoted to business	4. Compensation attributable to
(1) (2)	Part II, line 13 Compensation of Officers, Di	irectors,	, and Trustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	Part II, line 13 Compensation of Officers, Di	irectors,	, and Trustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3)	Part II, line 13 Compensation of Officers, Di	irectors,	, and Trustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (s	see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to
(1) (2) (3) (4) Total	Part II, line 13 X Compensation of Officers, Di 1. Name	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business
(1) (2) (3) (4)	Part II, line 13	irectors,	, and Trustees (see instructions)	3. Percentage of time devoted to business %	4. Compensation attributable to unrelated business

FORM 990-T (A) INCOME (LOSS) FROM PARTNERSHIPS	STATEMENT 1
DESCRIPTION	NET INCOME OR (LOSS)
NORTHGATE IV, LP - ORDINARY BUSINESS INCOME (LOSS) NORTHGATE IV, LP - INTEREST INCOME NORTHGATE IV, LP - DIVIDEND INCOME NORTHGATE IV, LP - OTHER INCOME (LOSS) NORTHGATE PRIVATE EQUITY PARTNERS III, LP - ORDINARY	980. 11. 39. -118.
BUSINESS INCOME (LOSS) NORTHGATE PRIVATE EQUITY PARTNERS II (Q), LP - ORDINARY BUSINESS INCOME (LOS NORTHGATE PRIVATE EQUITY PARTNERS II (Q), LP - NET RENTAL	-199. 46.
REAL ESTATE INCOME NORTHGATE PRIVATE EQUITY PARTNERS II (Q), LP - INTEREST INCOME NORTHGATE PRIVATE EQUITY PARTNERS, LP - ORDINARY BUSINESS	-28 5
INCOME (LOSS) NORTHGATE V, LP - ORDINARY BUSINESS INCOME (LOSS) NORTHGATE V, LP - INTEREST INCOME NORTHGATE V, LP - OTHER INCOME (LOSS)	118 -75 1 -26
TOTAL INCLUDED ON SCHEDULE A, PART I, LINE 5	754
FORM 990-T (A) OTHER DEDUCTIONS	STATEMENT 2
DESCRIPTION	AMOUNT
TAX PREP FEE	2,500
TOTAL TO SCHEDULE A, PART II, LINE 14	2,500.

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

OREGON SHAKESPEARE

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

Employer identification number

FESTIVAL ENDOWMENT	FUND			<u>93-</u>	6041618
Did the corporation dispose of any investme					Yes X No
If "Yes," attach Form 8949 and see its instru					
Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		T
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part I, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sale				4	
5 Short-term capital gain or (loss) from like-kin	nd exchanges from Form 8824			5	
6 Unused capital loss carryover (attach compu				6	(
7 Net short-term capital gain or (loss). Combin Part II Long-Term Capital Ga	ne lines 1a through 6 in column	h		7	
	ins and Losses - Asse	ets Held More Tha	n One Year		T
See instructions for how to figure the amounts to enter on the lines below. This form may be easier to complete if you round off cents to whole dollars.	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to ga or loss from Form(s) 89 Part II, line 2, column	49,	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					1,034.
11 Enter gain from Form 4797, line 7 or 9				11	
12 Long-term capital gain from installment sale	s from Form 6252, line 26 or 37	7		12	
13 Long-term capital gain or (loss) from like-kin	nd exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combin	e lines 8a through 14 in columr	η h		15	1,034.
Part III Summary of Parts I an					
16 Enter excess of net short-term capital gain (I				16	
17 Net capital gain. Enter excess of net long-ter				17	1,034.
18 Add lines 16 and 17. Enter here and on Form		olicable line on other return	s	18	1,034.
Note: If losses exceed gains, see Capital Lo	sses in the instructions.				

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2023

LHA

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

OREGON SHAKESPEARE

Social security number or taxpayer identification no.

С

FESTIVAL ENDOWMENT FUND

93-6041618

Before you check Box D, E, or F belo statement will have the same informa broker and may even tell you which k	ow, see whether yation as Form 109 oox to check.	you received any 99-B. Either will s	Form(s) 1099-B o show whether you	r substitute statem r basis (usually you	ent(s) from r cost) was	your broker. A su reported to the IF	bstitute IS by your
Part II Long-Term. Transaction see page 1.	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instruction	ons). For short-term t	ransactions,
Note: You may aggregate al codes are required. Enter the	e totals directly on S	Schedule D, line 8a	; you aren't required	to report these transa	actions on F	orm 8949 (see instru	ctions).
You must check Box D, E, or F below. Of you have more long-term transactions than will							each applicable box.
(D) Long-term transactions rep	oorted on Form(s) 1099-B showing	g basis was report	ted to the IRS (see	Note abo	ove)	
(E) Long-term transactions rep			-	ported to the IRS			
(F) Long-term transactions not				(-)	Adjustmer	nt, if any, to gain or	(6)
1 (a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and	loss. If you in column column (f)	où enter an amount (g), enter a code in . See instructions.	(h) Gain or (loss). Subtract column (e) from column (d) &
		(IVIO., day, yr.)		see Column (e) in the instructions	(f) Code(s)	(g) Amount of adjustment	combine the result with column (g)
NORTHGATE V, LP						adjustificiti	1,034.
							-
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 8b (if Box D above is checked), or line 10 (if E	tal here and incluove is checked),	ide on your line 9 (if Box E					1,034.
Note: If you checked Box D shove h		,	was incorract ant	. in antimon (a) tha	basis so "	innouted to the IDC	

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and adjustment in column (g) to correct the basis. See Column (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2023)

Form **4797**

Department of the Treasury Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment 27

Name(s) shown on return Identifying number OREGON SHAKESPEARE 93-6041618 FESTIVAL ENDOWMENT FUND 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale NORTHGATE IV, LP NORTHGATE PRIVATE EQUITY PARTNERS II -60(Q) Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -63. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 63. Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 -63. Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2023)

(Form 1040), Part I, line 4

18b

Part III Gain From Disposition of Propert	y Und	er Sections 1245,	1250, 1252	, 12	54, and 1255 (see	e instructions)	
9 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property:					(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)	
_A	Α						
В							
<u>C</u>							
_ D							
These columns relate to the properties on lines 19A through 19D.		Property A	Property I	В	Property C	Property D	
20 Gross sales price (Note: See line 1a before completing.)	20						
21 Cost or other basis plus expense of sale	21						
22 Depreciation (or depletion) allowed or allowable	22						
23 Adjusted basis. Subtract line 22 from line 21	23						
24 Total gain. Subtract line 23 from line 20	24						
25 If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
26 If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
a Additional depreciation after 1975. See instructions	26a						
b Applicable percentage multiplied by the smaller of line 24 or line 26a. See instructions	26b						
c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e	26c						
d Additional depreciation after 1969 and before 1976	26d						
e Enter the smaller of line 26c or 26d	26e						
f Section 291 amount (corporations only)	26f						
g Add lines 26b, 26e, and 26f	26g						
27 If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership.							
a Soil, water, and land clearing expenses	27a						
b Line 27a multiplied by applicable percentage	27b						
c Enter the smaller of line 24 or 27b	27c						
28 If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, mining exploration costs, and depletion. See instructions	28a						
b Enter the smaller of line 24 or 28a	28b						
 29 If section 1255 property: a Applicable percentage of payments excluded from income under section 126. See instructions 	29a						
b Enter the smaller of line 24 or 29a. See instructions	29b						
Summary of Part III Gains. Complete property c	:olumns	A through D through li	ne 29h hefore d	aoina	to line 30		
		, tanoagn b anoagn m		909		_	
30 Total gains for all properties. Add property columns	A throu	igh D, line 24			30		
31 Add property columns A through D, lines 25b, 26g,		·			31		
32 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion							
from other than casualty or theft on Form 4797, line 6 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less							
	115 178	ש מווע בסטר(D)(ב) W	nien Dusine	2 55 (Ose Drops to 50%	OI Less	
(see instructions)					(a) Section 179	(b) Section 280F(b)(2)	
33 Section 179 expense deduction or depreciation alle	wahla i-	nrior vears	Γ	33			
33 Section 179 expense deduction or depreciation allo34 Recomputed depreciation. See instructions		•	· · · · · · · · · · · · · · · · · · ·	34			
35 Recapture amount. Subtract line 34 from line 33. Se		structions for where to		35			

Form **4797** (2023)

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-REIT, 1120-RIC, 1120-SF, or certain Forms 990-T.

Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND Employer identification number

93-6041618

Did the corporation dispose of any investment(s) in a qualified opportunity fund during the tax year?							
	Yes," attach Form 8949 and see its instru						
	Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less			
to e	e instructions for how to figure the amounts enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to ga or loss from Form(s) 89	(h) Gain or (loss) Subtract column (e) from column (d) and combine the		
rou	s form may be easier to complete if you nd off cents to whole dollars.	(sales price)	(or other basis)	Part I, line 2, column	result with column (g)		
1a	Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b						
1b	Totals for all transactions reported on						
	Form(s) 8949 with Box A checked						
2	Totals for all transactions reported on						
_	Form(s) 8949 with Box B checked						
3	Totals for all transactions reported on						
	Form(s) 8949 with Box C checked						
4	Short-term capital gain from installment sale	s from Form 6252, line 26 or 37	7		4		
5	Short-term capital gain or (loss) from like-kir	nd exchanges from Form 8824			5		
6	Unused capital loss carryover (attach compu	tation)			6	(
7	Net short-term capital gain or (loss). Combinerart II Long-Term Capital Ga				7		
F	Part II Long-Term Capital Ga	ins and Losses - Ass	ets Held More Thai	n One Year			
to e	e instructions for how to figure the amounts enter on the lines below. In the standard of the	iin 49, (g)	(h) Gain or (loss) Subtract column (e) from column (d) and combine the result with column (g)				
8a	Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b						
8b	Totals for all transactions reported on Form(s) 8949 with Box D checked						
9	Totals for all transactions reported on						
Ŭ	Form(s) 8949 with Box E checked						
10	Totals for all transactions reported on						
	Form(s) 8949 with Box F checked					1,034.	
11	Enter gain from Form 4707 line 7 or 0			-	11		
	Long-term capital gain from installment sale	s from Form 6252 line 26 or 37			12		
	Long-term capital gain or (loss) from like-kii				13		
	One that we treather attached to a stress of				14		
	. •				15	1,034.	
15 Net long-term capital gain or (loss). Combine lines 8a through 14 in column h						,	
16	Enter excess of net short-term capital gain (I		I loss (line 15)		16		
	Net capital gain. Enter excess of net long-teri	17	1,034.				
	Add lines 16 and 17. Enter here and on Form	18	1,034.				

321051 12-26-23

LHA

Note: If losses exceed gains, see Capital Losses in the instructions.

For Paperwork Reduction Act Notice, see the Instructions for Form 1120.

Schedule D (Form 1120) 2023

Attachment Sequence No. 12A Page 2

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND

Social security number or taxpayer identification no.

93-6041618

statement will have the same inform	ow, see whether ation as Form 10	you received any 99-B. Either will s	r Form(s) 1099-B o show whether vou	r substitute statem r basis (usuallv vou	ent(s) from r cost) was	n your broker. A su is reported to the IF	bstitute IS bv vour
broker and may even tell you which	box to check.		•				
Part II Long-Term. Transacti	ons involving capita	al assets you held r	nore than 1 year are	generally long-term (s	ee instruction	ons). For short-term t	ransactions,
see page 1. Note: You may aggregate a codes are required. Enter the							
You must check Box D, E, or F below. If you have more long-term transactions than wil	Check only one bo	x. If more than one b	ox applies for your long-	term transactions, compl	ete a separate	Form 8949, page 2, for	
(D) Long-term transactions re	ported on Form(s) 1099-B showin	g basis was report	ted to the IRS (see	Note abo	ove)	
(E) Long-term transactions re	ported on Form(s) 1099-B showing	g basis wasn't re	ported to the IRS			
X (F) Long-term transactions no	t reported to you	on Form 1099-E	3	•			
Description of property (Example: 100 sh, XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
(Example: 100 St. XTZ 00.)					(f) Code(s)). See instructions. (g) Amount of adjustment	
NORTHGATE V, LP						aajaotinont	1,034.

Form **8949** (2023)

2 Totals. Add the amounts in columns (d), (e), (g), and (h) (subtract negative amounts). Enter each total here and include on your Schedule D, line 8b (if Box D above is checked), line 9 (if Box E

Form **4797**

Department of the Treasury Internal Revenue Service

Sales of Business Property

(Also Involuntary Conversions and Recapture Amounts Under Sections 179 and 280F(b)(2))

Attach to your tax return.

Go to www.irs.gov/Form4797 for instructions and the latest information.

OMB No. 1545-0184

Attachment 27

Name(s) shown on return Identifying number OREGON SHAKESPEARE 93-6041618 FESTIVAL ENDOWMENT FUND 1a Enter the gross proceeds from sales or exchanges reported to you for 2023 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 1a b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of 1b c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Sales or Exchanges of Property Used in a Trade or Business and Involuntary Conversions From Other Than Casualty or Theft-Most Property Held More Than 1 Year (see instructions) (f) Cost or other (e) Depreciation (g) Gain or (loss) (b) Date acquired (C) Date sold (a) Description (d) Gross sales 2 basis, plus allowed or Subtract (f) from the of property (mo., day, yr.) (mo., day, yr.) price allowable since improvements and sum of (d) and (e) acquisition expense of sale NORTHGATE IV, LP NORTHGATE PRIVATE EQUITY PARTNERS II -60(Q) Gain, if any, from Form 4684, line 39 3 3 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain or (loss) from like-kind exchanges from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -63. 7 Combine lines 2 through 6. Enter the gain or (loss) here and on the appropriate line as follows 7 Partnerships and S corporations. Report the gain or (loss) following the instructions for Form 1065, Schedule K, line 10, or Form 1120-S, Schedule K, line 9. Skip lines 8, 9, 11, and 12 below. Individuals, partners, S corporation shareholders, and all others. If line 7 is zero or a loss, enter the amount from line 7 on line 11 below and skip lines 8 and 9. If line 7 is a gain and you didn't have any prior year section 1231 losses, or they were recaptured in an earlier year, enter the gain from line 7 as a long-term capital gain on the Schedule D filed with your return and skip lines 8, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions Subtract line 8 from line 7. If zero or less, enter -0-. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is more than zero, enter the amount from line 8 on line 12 below and enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions Part II Ordinary Gains and Losses (see instructions) Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 63. Loss, if any, from line 7 11 Gain, if any, from line 7 or amount from line 8, if applicable 12 12 Gain, if any, from line 31 13 13 14 14 Net gain or (loss) from Form 4684, lines 31 and 38a Ordinary gain from installment sales from Form 6252, line 25 or 36 15 Ordinary gain or (loss) from like-kind exchanges from Form 8824 16 16 -63. Combine lines 10 through 16 18 For all except individual returns, enter the amount from line 17 on the appropriate line of your return and skip lines a and b below. For individual returns, complete lines a and b below. If the loss on line 11 includes a loss from Form 4684, line 35, column (b)(ii), enter that part of the loss here. Enter the loss from income-producing property on Schedule A (Form 1040), line 16. (Do not include any loss on property used as an employee.) Identify as from "Form 4797, line 18a." See instructions 18a b Redetermine the gain or (loss) on line 17 excluding the loss, if any, on line 18a. Enter here and on Schedule 1 (Form 1040), Part I, line 4 18b

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2023)

Form 4797 (2023) FESTIVAL ENDOWMENT FUND Page 2 Part III Gain From Disposition of Property Under Sections 1245, 1250, 1252, 1254, and 1255 (see instructions) (b) Date acquired (c) Date sold 19 (a) Description of section 1245, 1250, 1252, 1254, or 1255 property: (mo., day, yr.) (mo., day, yr.) Δ В С D These columns relate to the properties on Property A Property B **Property C** Property D lines 19A through 19D. 20 20 Gross sales price (**Note:** See line 1a before completing.) 21 21 Cost or other basis plus expense of sale 22 Depreciation (or depletion) allowed or allowable 22 Adjusted basis. Subtract line 22 from line 21 23 23 Total gain. Subtract line 23 from line 20 24 If section 1245 property: a Depreciation allowed or allowable from line 22 25a 25b **b** Enter the **smaller** of line 24 or 25a If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291. a Additional depreciation after 1975. See instructions 26a **b** Applicable percentage multiplied by the **smaller** of line 24 or line 26a. See instructions 26b c Subtract line 26a from line 24. If residential rental property or line 24 isn't more than line 26a, skip lines 26d and 26e 260 d Additional depreciation after 1969 and before 1976 26d e Enter the smaller of line 26c or 26d 26e f Section 291 amount (corporations only) 26f g Add lines 26b, 26e, and 26f 26g If section 1252 property: Skip this section if you didn't dispose of farmland or if this form is being completed for a partnership. a Soil, water, and land clearing expenses 27a **b** Line 27a multiplied by applicable percentage 27b c Enter the smaller of line 24 or 27b 27c If section 1254 property: a Intangible drilling and development costs, expenditures for development of mines and other natural deposits, 28a mining exploration costs, and depletion. See instructions **b** Enter the **smaller** of line 24 or 28a 28b If section 1255 property: a Applicable percentage of payments excluded 29a from income under section 126. See instructions **b** Enter the **smaller** of line 24 or 29a. See instructions 29b Summary of Part III Gains. Complete property columns A through D through line 29b before going to line 30. Total gains for all properties. Add property columns A through D, line 24 30 Add property columns A through D, lines 25b, 26g, 27c, 28b, and 29b. Enter here and on line 13 31 Subtract line 31 from line 30. Enter the portion from casualty or theft on Form 4684, line 33. Enter the portion from other than casualty or theft on Form 4797, line 6 Part IV Recapture Amounts Under Sections 179 and 280F(b)(2) When Business Use Drops to 50% or Less (see instructions) (a) Section (b) Section 280F(b)(2) 179 Section 179 expense deduction or depreciation allowable in prior years 33 33 Recomputed depreciation. See instructions 34 35 Recapture amount. Subtract line 34 from line 33. See the instructions for where to report

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