

PUBLIC DISCLOSURE COPY - 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)

Department of the Treasury Internal Revenue Service

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

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

Open to Public

Α	For the	\pm 2021 calendar year, or tax year beginning \pm NOV \pm , \pm 2021 \pm and \pm	ending C	CT 31, 202	2				
В	Check if applicable	C Name of organization OREGON SHAKESPEARE		D Employer ident	ification number				
	Addres	FESTIVAL ENDOWMENT FUND							
Name change Change Doing business as 93-6041618									
	Initial return	Number and street (or P.O. box if mail is not delivered to street address) P.O. BOX 158	E Telephone numb						
	☐return/ termin- ated			G Gross receipts \$	7,064,692.				
	Ameno								
F	Application	ASHLAND, OR 97520 F Name and address of principal officer: ERIC JOHNSON		H(a) Is this a group for subordinat					
	pendin	SAME AS C ABOVE		H(b) Are all subordinates					
$\overline{}$	Тах-ехе	empt status: X 501(c)(3)	or 527	1 ` ′	a list. See instructions				
		e: ► WWW.OSFASHLAND.ORG	<u> </u>	H(c) Group exempt					
		organization: X Corporation	I Year		M State of legal domicile: OR				
	art I	Summary	= 100	or formation, — = = =	Ter State of logal dofficito, 9 = 1				
	1	Briefly describe the organization's mission or most significant activities: ${ t TO}$ PI	ROVIDE	SUPPORT FO	OR THE				
õ	-	OREGON SHAKESPEARE FESTIVAL ASSOCIATION,			NIZATION.				
nan	2	Check this box if the organization discontinued its operations or dispos							
Governance	3				_				
ဇ္	4	Number of independent voting members of the governing body (Part VI, line 1b)			5				
დ თ	5	Total number of individuals employed in calendar year 2021 (Part V, line 2a)							
Activities &	6	Total number of volunteers (estimate if necessary)			5				
Ęį	7 a	Total unrelated business revenue from Part VIII, column (C), line 12							
Ă	b	Net unrelated business taxable income from Form 990-T, Part I, line 11			2 225				
				Prior Year	Current Year				
4	8	Contributions and grants (Part VIII, line 1h)		269,165	. 70,280.				
Ž	9	Program service revenue (Part VIII, line 2g)		0	. 0.				
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		2,562,693	. 1,813,177.				
ď	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0	. 0.				
	1	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		2,831,858	. 1,883,457.				
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)		2,224,836	. 1,639,785.				
	1	Benefits paid to or for members (Part IX, column (A), line 4)		0	. 0.				
ý	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0					
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0	. 0.				
g G	b	Total fundraising expenses (Part IX, column (D), line 25)	0.						
û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		94,584					
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		2,319,420					
		Revenue less expenses. Subtract line 18 from line 12		512,438	. 107,165.				
Net Assets or	9		Ве	ginning of Current Yea					
sets	20	Total assets (Part X, line 16)		40,551,255					
t As	21	Total liabilities (Part X, line 26)		1,887,204					
遵	22	Net assets or fund balances. Subtract line 21 from line 20		38,664,051	. 30,784,836.				
	art II	Signature Block							
		lties of perjury, I declare that I have examined this return, including accompanying schedules			my knowledge and belief, it is				
true	, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of wh	ich preparer	has any knowledge.					
		Signature of officer		I Date					
Sig		,	шппа	Date					
Hei	re	PAUL CHRISTY, PRESIDENT, BOARD OF TRUS Type or print name and title	TEES						
			Tr	Date Check	PTIN				
Da!		Print/Type preparer's name Preparer's signature	Ι,	if	Ш				
Pai		SANG AHN Firm's name MCDONALD JACOBS, P.C.		self-emp					
	parer Only	Firm's name MCDONALD JACOBS, P.C. Firm's address 520 SW YAMHILL ST., STE 500		Firm's EIN	• JJ-0300JI3				
036	. Omy	PORTLAND, OR 97204		Phone no. (503) 227-0581				
Ma	v the IC	RS discuss this return with the preparer shown above? See instructions		r none no. (X Yes No				
ivid	y uli c if	to discuss this retain with the preparer shown above? See instructions			[] 163 [] 110				

Pai	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 \$1,639,785. including grants of \$1,639,785.) (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 \$ including grants of \$) (Revenue \$)
4c	(Code:) (Expenses \$
4d	Other program services (Describe on Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses ► 1,639,785.
	Form 990 (2021)

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	Х	
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		Х
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		Х
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		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	<u> </u>		
•	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,	Ť		
•	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? <i>If</i> "Yes," <i>complete</i>	-		
0	, ,	8		x
0	Schedule D, Part III	-		
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?			x
40	If "Yes," complete Schedule D, Part IV	9		<u> </u>
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments		v	
	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		<u> </u>
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	X	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
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	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			<u></u>
.0	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	"		
13	·	19		x
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
20a	• •	20a 20b		 ^
	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		\vdash
21			Х	
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Λ	<u> </u>

Form 990 (2021) FESTIVAL ENDOWMENT
Part IV Checklist of Required Schedules (continued)

			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			٦,
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			٦,
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			3,7
	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			x
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		Х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? f	28c		х
20	"Yes," complete Schedule L, Part IV	29		X
29 30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		25
30		30		X
31	contributions? If "Yes," complete Schedule M	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete</i>	<u> </u>		
52	\cdot	32		х
33	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	Х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	X	
Pai	t 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	<u></u>		
			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			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	000	

132004 12-09-21

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 return2a	0								
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b							
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions			Х						
За	a Did the organization have unrelated business gross income of \$1,000 or more during the year?									
b	b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O									
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority	over, a			l					
	financial account in a foreign country (such as a bank account, securities account, or other financial account)	?	4a		X					
b	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 Accounts	` ′ ′			37					
5a			5a		X					
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		<u>5b</u>		X					
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?		5c							
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organi		_		_V					
	any contributions that were not tax deductible as charitable contributions?		<u>6a</u>		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or g		٥.							
_	were not tax deductible?		6b							
7	Organizations that may receive deductible contributions under section 170(c).	wided to the never	7-		Х					
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services pro		7a_							
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required.		7b							
С	to file Form 8282?		7c		x					
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		70							
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		Х					
f	Pid the constitution desired the constitution of the distribution		7f		X					
	g If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?									
h										
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		7h	N/						
	sponsoring organization have excess business holdings at any time during the year?	N/A	8							
9	Sponsoring organizations maintaining donor advised funds.									
а	Did the sponsoring organization make any taxable distributions under section 4966?	N/A	9a							
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	N/A	9b							
10	Section 501(c)(7) organizations. Enter:									
а	Initiation fees and capital contributions included on Part VIII, line 12 N/A 10a									
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities									
11	Section 501(c)(12) organizations. Enter:									
а	Gross income from members or shareholders N/A 11a									
b	Gross income from other sources. (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		12a							
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	N/A	10-							
а	Is the organization licensed to issue qualified health plans in more than one state?	<u>11/.A</u>	13a							
h	Note: See the instructions for additional information the organization must report on Schedule O. Enter the amount of reserves the organization is required to maintain by the states in which the									
D	organization is licensed to issue qualified health plans									
_	Enter the amount of reserves on hand 13c									
	Did the consciention week a conscient of the feet in deep tempine and the design of the terrors.		14a		Х					
	If IIVes II has it filed a Farm 700 to constitute a superstance of the		14b		<u> </u>					
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or									
	excess parachute payment(s) during the year?		15		x					
	If "Yes," see the instructions and file Form 4720, Schedule N.									
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income	ı?	16		Х					
	If "Yes," complete Form 4720, Schedule O.									
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any									
	activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	N/A	17		L					
	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							
	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							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other							
	officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision							
	of officers, directors, trustees, or key employees to a management company or other person?	3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
6	Did the organization have members or stockholders?	6		Х				
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or							
	more members of the governing body?	7a		x				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
	persons other than the governing body?	7b		X				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:							
а	The governing body?	8a	Х					
b	Each committee with authority to act on behalf of the governing body?	8b		х				
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the							
_	organization's mailing address? If "Yes." provide the names and addresses on Schedule O	9		X				
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)							
	(This dection b requests information about policies not required by the internal nevenue 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					
	Describe on Schedule O the process, if any, used by the organization to review this Form 990.	116						
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х					
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes." describe							
	on Schedule O how this was done	12c	Х					
13	Did the organization have a written whistleblower policy?	13	Х					
14	Did the organization have a written document retention and destruction policy?	14	Х					
15	Did the process for determining compensation of the following persons include a review and approval by independent							
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?							
а	The organization's CEO, Executive Director, or top management official	15a		Х				
	Other officers or key employees of the organization	15b		Х				
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.							
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a							
	taxable entity during the year?	16a		X				
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation							
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
	exempt status with respect to such arrangements?	16b						
Sec	tion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶OR , CA							
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	ole				
	for public inspection. Indicate how you made these available. Check all that apply.							
	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, and	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							
			000	(0004)				

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

Form 990 (2021)

FESTIVAL ENDOWMENT FUND

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

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

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

OREGON SHAKESPEARE

- 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organiz		orga T	ııı∠a			iper	isale			(F)
(A) Name and title	(B)			Pos	C) ition	1		(D)	(E)	(F) Estimated
Name and title	Average hours per	(do	not c	heck i	more	than o	one	Reportable compensation	Reportable compensation	amount of
	week	offi	cer ar	id a d	irecto	r/trus	tee)	from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				٦		organization	(W-2/1099-MISC/	from the
	related	ee or	stee			nsate		(W-2/1099-MISC/	` 1099-NEC)	organization
	organizations	Individual trustee or director	Institutional trustee		oyee	Highest compensated employee		1099-NEC)	,	and related
	below	idual	ution	-e	Key employee	est co	er.			organizations
	line)	Indiv	Instii	Officer	Key	High	Former			
(1) DAVID SCHMITZ	1.00									
OSF EXECUTIVE DIRECTOR	50.00			Х				0.	457,699.	23,011.
(2) ERIC JOHNSON	2.00									
PRESIDENT		Х		Х				0.	0.	0.
(3) PHILIP PAROIAN	2.00									
VICE PRESIDENT		Х		Х				0.	0.	0.
(4) SIDNEY COOPER	1.00									
SECRETARY/TREASURER		Х		X				0.	0.	0.
(5) RUDD JOHNSON	1.00									
TRUSTEE		Х						0.	0.	0.
(6) M'LISS MOORE	1.00	<u> </u>								
TRUSTEE		Х						0.	0.	0.
]								
		1								
		1								
		1								
		1								
		<u> </u>								
		4								
		4								
		<u> </u>			_					
		-								
		<u> </u>	_		_	-				
		-								
		<u> </u>	_		_	-				
		-								

Form 990 (2021)

d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	
Name and title Average hours per week (list any hours for related organizations below line) In but but but at a compensation of the organization shall be compensation and the compensation of the part but and the compensation of the part but and the compensation of	
(list any hours for related organizations) hours for related organizations below bline) 1 b Subtotal 1 c Total from continuation sheets to Part VII, Section A 1 Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	of
1b Subtotal C Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes	ne tion ted
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Jid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	
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c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Jid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	
c Total from continuation sheets to Part VII, Section A d Total (add lines 1b and 1c) Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization Yes Jid the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	11
compensation from the organization Yes 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual 4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	0.
Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization	No
	Х
and related organizations greater than \$150,000? <i>If</i> "Yes," <i>complete Schedule J for such individual</i>	
	Х
Section B. Independent Contractors 1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.	
(A) Name and business address NONE (B) Description of services Compensation	on
Total number of independent contractors (including but not limited to those listed above) who received more than	

Form **990** (2021)

Form 990 (2021) FESTIVA
Part VIII Statement of Revenue

			Check if Schedule O contains a response	or note to any lin	e in this Part VIII			
			Officer if Gericadic G contains a response	or riote to arry iii	(A)	(B)	(C)	(D)
					Total revenue	Related or exempt	Unrelated	Revenue excluded
						function revenue	business revenue	from tax under sections 512 - 514
			Т					Sections 512 - 514
nts tts	1		Federated campaigns 1a		-			
ira our			Membership dues 1b					
s, C		С	Fundraising events 1c					
iift ar		d	Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts		е	Government grants (contributions) 1e					
		f	All other contributions, gifts, grants, and					
but			similar amounts not included above 1f	70,280.				
ÖĘ		g	Noncash contributions included in lines 1a-1f 1g \$					
Sor		h	Total. Add lines 1a-1f		70,280.			
<u> </u>				Business Code	,			
•	2	а						
/ice	_	b						
er, ue								
m S		C						
gra Re		d						
Program Service Revenue		e	All . II					
ъ.			All other program service revenue					
	_		Total. Add lines 2a-2f					
	3		Investment income (including dividends, interest		1 170 000		16 100	1156501
			other similar amounts)		1,172,909.		16,188.	1156721.
	4		Income from investment of tax-exempt bond p					
	5		Royalties					
			(i) Real	(ii) Personal				
	6	а	Gross rents 6a					
		b	Less: rental expenses 6b					
		С	Rental income or (loss) 6c					
		d	Net rental income or (loss)	>				
	7	а	Gross amount from sales of (i) Securities	(ii) Other				
			assets other than inventory 7a 5821503.					
		b	Less: cost or other basis					
ē			and sales expenses					
enr		С	Gain or (loss) 7c 640,268.					
Revenue			Net gain or (loss)		640,268.			640,268.
her F	8		Gross income from fundraising events (not		•			,
윰	_		including \$ of					
			contributions reported on line 1c). See					
			Part IV, line 18					
		h	Less: direct expenses 8b					
			Net income or (loss) from fundraising events					
	9		Gross income from gaming activities. See					
	_	_	Part IV, line 19 9a					
		h	Less: direct expenses 9b					
			Net income or (loss) from gaming activities					
	10		Gross sales of inventory, less returns					
	10	а	and allowances 10:					
		h	Less: cost of goods sold 101		-			
			Net income or (loss) from sales of inventory					
		<u> </u>	Net income or (loss) from sales of inventory	Business Code				
ns	11	_		Buomisco Goud				
eo ue	٠.	_						
llar		b			+			
Miscellaneous Revenue		Ç	All other revenue		+			
Ξ			All other revenue					
	40		Total Add lines 11a-11d		1,883,457.	0.	16,188.	1796989.
	12		Total revenue. See instructions		<u> </u>	<u>U •</u>	1 10,100.	±170703•

OREGON SHAKESPEARE

Form 990 (2021) FESTIVAL ENDOWMENT FUND
Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp Check if Schedule O contains a respon			npiete column (A).	
	· 1	(A)	(B)	(C)	(D)
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses
1	Grants and other assistance to domestic organizations	4 600 505	4 600 505		
	and domestic governments. See Part IV, line 21	1,639,785.	1,639,785.		
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				
7	persons described in section 4958(c)(3)(B)				
8	Other salaries and wages Pension plan accruals and contributions (include				
0	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
	Management				
b	Legal	5,400.		5,400.	
	Accounting	0 / 2001		5,2001	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	128,262.		128,262.	
g					
Ū	column (A), amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	2,845.		2,845.	
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				
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 d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,776,292.	1,639,785.	136,507.	0.
26	Joint costs. Complete this line only if the organization	_,,_,	_, , ,		
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND

Form 990 (2021)
Part X Balance Sheet

Par	t A	Balance Sneet				
		Check if Schedule O contains a response or n	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	235,511.	2	312,290	
	3	Pledges and grants receivable, net		3		
	4	Accounts receivable, net		262,604.	4	15,408
	5	Loans and other receivables from any current				
		trustee, key employee, creator or founder, sub				
		controlled entity or family member of any of the		5		
	6	Loans and other receivables from other disqua	· · · · · · · · · · · · · · · · · · ·			
		under section 4958(f)(1)), and persons describ			6	
şş	7	Notes and loans receivable, net			7	
Assets	8	Inventories for sale or use		F C00	8	
۹	9			5,600.	9	
	10a	Land, buildings, and equipment: cost or other				
		basis. Complete Part VI of Schedule D				
		Less: accumulated depreciation		35,127,459.	10c	26 010 070
	11	Investments - publicly traded securities		4,909,081.		26,010,079 4,814,545
	12	Investments - other securities. See Part IV, line	4,909,001.	12	4,014,343	
	13	Investments - program-related. See Part IV, lin			13	
	14	Intangible assets	11,000.	14	11,000	
	15	Other assets. See Part IV, line 11	40,551,255.	15	31,163,322	
_	16 17	Total assets. Add lines 1 through 15 (must ed		12,211.	16 17	12,204
	17 18	Accounts payable and accrued expenses	1,449,745.	18	12,204	
	19	Grants payable		1,445,745	19	
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete	D + N/ (O + + + D		21	
.	22	Loans and other payables to any current or for				
ţie		trustee, key employee, creator or founder, sub				
Liabilities		controlled entity or family member of any of th			22	
<u> </u>	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,				
		parties, and other liabilities not included on lin	•			
		of Schedule D		425,248.	25	366,282
	26	Total liabilities. Add lines 17 through 25		1,887,204.	26	378,486
		Organizations that follow FASB ASC 958, cl				
Ses		and complete lines 27, 28, 32, and 33.				
<u>a</u>	27	Net assets without donor restrictions		5,633,232.	27	4,574,253
Ba	28	Net assets with donor restrictions		33,030,819.	28	26,210,583
밀		Organizations that do not follow FASB ASC	958, check here			
년		and complete lines 29 through 33.				
0	29	Capital stock or trust principal, or current fund			29	
sei	30	Paid-in or capital surplus, or land, building, or			30	
Net Assets or Fund Balances	31	Retained earnings, endowment, accumulated		20.661.251	31	
Se	32	Total net assets or fund balances		38,664,051.	32	30,784,836
	33	Total liabilities and net assets/fund balances		40,551,255.	33	31,163,322

FESTIVAL ENDOWMENT FUND 93-6041618 Page 12 Form 990 (2021) Part XI Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI 1,883,457. Total revenue (must equal Part VIII, column (A), line 12) 1 1,776,292. Total expenses (must equal Part IX, column (A), line 25) 2 2 107,165. Revenue less expenses. Subtract line 2 from line 1 3 3 38,664,051. Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A)) 4 4 -7,986,380. Net unrealized gains (losses) on investments 5 5 6 Donated services and use of facilities 6 7 7 Investment expenses 8 8 Prior period adjustments 0. Other changes in net assets or fund balances (explain on Schedule O) 9 9 Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, 10 30,784,836. column (B)) Part XII Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII Yes No X Accrual Accounting method used to prepare the Form 990: Cash Other If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O. Х 2a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: Both consolidated and separate basis Separate basis Consolidated basis Х **b** Were the organization's financial statements audited by an independent accountant? 2b If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: Separate basis X Consolidated basis Both consolidated and separate basis c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, Х review, or compilation of its financial statements and selection of an independent accountant? 2c If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

Act and OMB Circular A-133?

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

Form **990** (2021)

За

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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

Open to Public Inspection

OREGON SHAKESPEARE **Employer identification number** Name of the organization FESTIVAL ENDOWMENT FUND 93-6041618 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I 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). 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 No above (see instructions)) OREG SHKSPR 93-0407022 1,639,785 FESTIVAL Х

0.

,639

785

FESTIVAL ENDOWMENT FUND Schedule A (Form 990) 2021 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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	ction B. Total Support		_	_	_	_	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instruction	ons)			12	
13	First 5 years. If the Form 990 is for the	e organization's fi	rst, second, third,	fourth, or fifth tax	year as a section 5	501(c)(3)	
_	organization, check this box and stop						>
	ction C. Computation of Publi						
	Public support percentage for 2021 (li		•	* * * * * * * * * * * * * * * * * * * *		14	<u>%</u>
	Public support percentage from 2020					15	<u>%</u>
16a	33 1/3% support test - 2021. If the o				14 is 33 1/3% or n	nore, check this bo	x and
	stop here. The organization qualifies		-				
b	33 1/3% support test - 2020. If the c				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances test						
	and if the organization meets the facts			=		VI how the organiz	zation
	meets the facts-and-circumstances te					47	100/
b	10% -facts-and-circumstances test	_				•	10% or
	more, and if the organization meets the						▶ □
10	organization meets the facts-and-circu						~
ΙŐ	Private foundation. If the organization	n did flot check a	box on line 13, 16	a, 100, 1/a, 0r 1/k	o, check this dox a		/Form 000) 0001

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.)

Secti	ion A. Public Support	low, picase comp	nete i art ii.j				
Calend	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
n	Sifts, grants, contributions, and nembership fees received. (Do not not not not not not not not not no						
n fo a	aross receipts from admissions, nerchandise sold or services per- ormed, or facilities furnished in ny activity that is related to the irganization's tax-exempt purpose						
а	Gross receipts from activities that re not an unrelated trade or busness under section 513						
iz	ax revenues levied for the organ- cation's benefit and either paid to rexpended on its behalf						
5 T	the value of services or facilities urnished by a governmental unit to the organization without charge						
	otal. Add lines 1 through 5						
	mounts included on lines 1, 2, and received from disqualified persons						
fro ex	mounts included on lines 2 and 3 received om other than disqualified persons that xceed the greater of \$5,000 or 1% of the mount on line 13 for the year						
сА	add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
9 A 10a G d s	Amounts from line 6 Gross income from interest, lividends, payments received on ecurities loans, rents, royalties, nd income from similar sources	(4) 2011	10/2010	(0) 20 10	(4) 2020	(6) 202.	(1) 10101
b U (I	Inrelated business taxable income less section 511 taxes) from businesses cquired after June 30, 1975						
11 N a	dd lines 10a and 10b						
12 C	other income. Do not include gain or loss from the sale of capital ssets (Explain in Part VI.)						
	otal support. (Add lines 9, 10c, 11, and 12.)			1			<u> </u>
	irst 5 years. If the Form 990 is for the	· ·			•		. —
	heck this box and stop here						>
	ion C. Computation of Public			. (6)		145	
	Public support percentage for 2021 (lin		•	.,,		15	<u>%</u>
	Public support percentage from 2020					16	%
	ion D. Computation of Invest			ino 10 pali ima (n)		17	0/
	nvestment income percentage for 202					17	<u>%</u>
	nvestment income percentage from 2			on line 14 and line		18	%
	3 1/3% support tests - 2021. If the					- 4.5	▶ □
b 3	nore than 33 1/3%, check this box and 3 1/3% support tests - 2020. If the	organization did n	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
lii	ne 18 is not more than 33 1/3%, chec	k this box and st	top here. The orga	nization qualifies a	as a publicly supp	orted organization	▶∐
20 P	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Part IV | Supporting Organizations

(Complete only if you checked a box in line 12 on 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.)

	Yes	No
	1.55	
	X	
1	^	
		7.7
2		Х
3a		X
3b		
0-		
3c		
4a		Х
4b		
4c		
5a		X
5b		
5c		
6		X
7		Х
		X
8		Λ
9a		Х
9b		X
9с		Х
10a		Х
40h		
10b	m 000)	2021

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Par	t IV Supporting Organizations (continued)			
	_		Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		Х
b	A family member of a person described on line 11a above?	11b		Х
	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sect	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			110
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	Х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		Х
Sect	tion C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1		
Sect	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	-		
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a	_		
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sect	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete</i> line 3 <i>below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see insi	truction	c)	
2	Activities Test. Answer lines 2a and 2b below.	iraction	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities.	2a		
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.	_,		
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
ч	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	Ju		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

FESTIVAL ENDOWMENT FUND

Pal	T V Type III Non-Functionally Integrated 509(a)(3) Supporting	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	ng trust on N	lov. 20, 1970 (<i>explain in</i> l	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	on A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3.	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	on 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	on 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	d Type III supporting orga	nization (see
	instructions).	. •		·

FFCTTVAL FNDOWMENT FIND

	dule A (Form 990) 2021 FESTIVAL ENDO				J 0041010 Page /
Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Orga	nizations _{(continu}	ıed)	
Sect	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity			2	
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets			4	
_5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
_9	Distributable amount for 2021 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount			10	
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributior Pre-2021	ns	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2021 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2021				
а	From 2016				
b	From 2017				
с	From 2018				
d	From 2019				
е	From 2020				
f	Total of lines 3a through 3e				
g	Applied to underdistributions of prior years				
h	Applied to 2021 distributable amount				
i_	Carryover from 2016 not applied (see instructions)				
<u>_i</u>	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
a	Applied to underdistributions of prior years				
b	Applied to 2021 distributable amount				
С	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2021, if any. Subtract lines 3g and 4a from line 2. For result greater				

Schedule A (Form 990) 2021

than zero, explain in Part VI. See instructions. 6 Remaining underdistributions for 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in

7 Excess distributions carryover to 2022. Add lines 3j

Part VI. See instructions.

and 4c. 8 Breakdown of line 7: a Excess from 2017 **b** Excess from 2018 c Excess from 2019 d Excess from 2020 e Excess from 2021

Part VI	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.)
	(See instructions.)
-	
-	

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

Attach to Form 990 or Form 990-PF.

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

OMB No. 1545-0047

2021

Name of the organization
OREGON SHAKESPEARE
FESTIVAL ENDOWMENT FUND
Employer identification number
93-6041618

Organiz	ation type (check or	ne):
Filers of	:	Section:
Form 99	0 or 990-EZ	\overline{X} 501(c)($\overline{3}$) (enter number) organization
		4947(a)(1) nonexempt charitable trust not treated as a private foundation
		527 political organization
Form 99	0-PF	501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
		s covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General	Rule	
X	-	of filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a contributor, during	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and that received from any one the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; line 1. Complete Parts I and II.
	contributor, during literary, or education	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, anal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering a instead of the contributor name and address), II, and III.
	year, contributions is checked, enter h purpose. Don't con	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ere the total contributions that were received during the year for an exclusively religious, charitable, etc., nplete any of the parts unless the General Rule applies to this organization because it received nonexclusively e, etc., contributions totaling \$5,000 or more during the year
answer '	'No" on Part IV, line	at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify grequirements of Schedule B (Form 990).

 $\ \ \, \text{LHA} \ \ \, \text{For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.}$

Schedule B (Form 990) (2021)

Schedule B (Form 990) (2021) Page **2**

Name of organization
OREGON SHAKESPEARE
FESTIVAL ENDOWMENT FUND

Employer identification number

93-6041618

Part I	Contributors (see instructions). Use duplicate copies of Part I if a	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization
OREGON SHAKESPEARE
FESTIVAL ENDOWMENT FUND

Employer identification number

93-6041618

art II	Noncash Property (see instructions). Use duplicate copies of Par	rt II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
_			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
-			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received

Name of organization **Employer identification number** OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND 93-6041618 Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D (Form 990)

Department of the Treasury

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.

OMB No. 1545-0047 Inspection

►Go to www.irs.gov/Form990 for instructions and the latest information. Internal Revenue Service OREGON SHAKESPEARE Name of the organization

Employer identification number 93-6041618

	FESTIVAL ENDOWMENT			93-6041618
Par	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Fun	ds or Ac	counts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lir	ne 6.		
		(a) Donor advised funds	(1	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		lviced fund	e e
3	are the organization's property, subject to the organization's	· ·		
6	Did the organization inform all grantees, donors, and donor a			
6		· ·		· ·
	for charitable purposes and not for the benefit of the donor of			
Par		one in the property of the pro		
ı aı			o, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organizati			
	Preservation of land for public use (for example, recrea	· —		rically important land area
	Protection of natural habitat	Preservation	n of a certif	ied historic structure
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a quali	fied conservation contribution in the fo	rm of a cor ا	
	day of the tax year.			Held at the End of the Tax Year
а	Total number of conservation easements			2a
b	Total acreage restricted by conservation easements			2b
С	Number of conservation easements on a certified historic str	ructure included in (a)		2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic stru	ıcture	
	listed in the National Register			2d
3	Number of conservation easements modified, transferred, re	leased, extinguished, or terminated by	the organiz	ration during the tax
	year ▶			
4	Number of states where property subject to conservation ear	sement is located >		
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling	of	
	violations, and enforcement of the conservation easements i	t holds?		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, and enforcing of	onservation	n easements during the year
	>			
7	Amount of expenses incurred in monitoring, inspecting, hand	dling of violations, and enforcing conse	rvation eas	ements during the year
	▶ \$			
8	Does each conservation easement reported on line 2(d) above	ve satisfy the requirements of section 1	70(h)(4)(B)(i)
	and section 170(h)(4)(B)(ii)?			
9	In Part XIII, describe how the organization reports conservati			
	balance sheet, and include, if applicable, the text of the footi	·		
	organization's accounting for conservation easements.			
Par		f Art, Historical Treasures, or	Other Si	milar Assets.
	Complete if the organization answered "Yes" on Form	n 990, Part IV, line 8.		
1a	If the organization elected, as permitted under FASB ASC 95	58, not to report in its revenue stateme	nt and bala	nce sheet works
	of art, historical treasures, or other similar assets held for pul	•		
	service, provide in Part XIII the text of the footnote to its final	·		
h	If the organization elected, as permitted under FASB ASC 95			sheet works of
	art, historical treasures, or other similar assets held for public			
	provide the following amounts relating to these items:	combiner, education, or research in r	untincranicc	or public service,
				*
	(i) Revenue included on Form 990, Part VIII, line 1			\$
0		popuros, or other similar assets for finan		> \$
2	If the organization received or held works of art, historical tre		ıcıaı gaın, p	rovide
	the following amounts required to be reported under FASB A			• •
a	Revenue included on Form 990, Part VIII, line 1			\$
	Assets included in Form 990, Part X			
LHA	For Paperwork Reduction Act Notice, see the Instructions	s for Form 990.		Schedule D (Form 990) 2021

132051 10-28-21

Pai	t III Organizations Maintaining Co	ollections of Art	, Historical Tre	asures, or Othe	r Sin	nilar Asset	S (continu	ued)
3	Using the organization's acquisition, accessio						•	
	collection items (check all that apply):							
а	Public exhibition	d	Loan or exch	nange program				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's col	lections and explain	how they further th	e organization's exe	mpt p	urpose in Part	XIII.	
5	During the year, did the organization solicit or	·	•	•		•		
_	to be sold to raise funds rather than to be mai						Yes	☐ No
Pai	t IV Escrow and Custodial Arrang							
	reported an amount on Form 990, Part		·· ·· - · · g			, ,	,	
	Is the organization an agent, trustee, custodia	n or other intermedia	ary for contributions	or other assets not	includ	led		
	on Form 990, Part X?						Yes	No
b	If "Yes," explain the arrangement in Part XIII a							
-	explain are an angerneric in a arrain a		oming talorer		Г		Amount	
С	Beginning balance					1c		
	Additions during the year				⊢	1d		
u						1e		
f	Distributions during the year					1f		
	Ending balance Did the organization include an amount on Fo					"	Yes	No
	If "Yes," explain the arrangement in Part XIII.				•		_ res	
Pai								
ı uı	Endownient Lando: Complete II	(a) Current year	(b) Prior year	(c) Two years back		hree years back	(a) Four	years back
	Paris in the second sec	38,664,051.	31,072,455.	34,002,595.	+` ′	34,805,064.	+ ` ′	787,412.
_	Beginning of year balance	70,280.	269,165.	270,147.	+	385,740.	 	773,623.
b	Contributions		, , , , , , , , , , , , , , , , , , ,		+	· · · · · · · · · · · · · · · · · · ·	 	
С.	Net investment earnings, gains, and losses	-6,173,203.	9,641,851.	379,797.		3,208,167.	+	151,743.
d	Grants or scholarships	0.	2,224,836.	3,463,115.		4,323,938.	٥,	514,884.
е	Other expenditures for facilities	1 620 505						
	and programs	1,639,785.	0.4.50.4	115.050		=0.400		
f	Administrative expenses	136,507.	94,584.	116,969.		72,438.		89,344.
g	End of year balance	30,784,836.	38,664,051.	31,072,455.	3	34,002,595.	34,	805,064.
2	Provide the estimated percentage of the curre		(line 1g, column (a)) held as:				
а	Board designated or quasi-endowment	14.8600	_%					
b	Permanent endowment ► 69.0400	%						
С	Term endowment ▶	6						
	The percentages on lines 2a, 2b, and 2c should	ld equal 100%.						
За	Are there endowment funds not in the posses	sion of the organizat	tion that are held an	d administered for t	he org	anization	_	
	by:							Yes No
	(i) Unrelated organizations						3a(i)	X
	(ii) Related organizations						3a(ii)	X
b	If "Yes" on line 3a(ii), are the related organizat	ions listed as require	ed on Schedule R?				3b	
4	Describe in Part XIII the intended uses of the		vment funds.					
Pai	t VI Land, Buildings, and Equipme	ent.						
	Complete if the organization answered	"Yes" on Form 990,	, Part IV, line 11a. S	ee Form 990, Part X	, line 1	0.		
	Description of property	(a) Cost or ot	ther (b) Cost	or other (c)	Accum	ulated	(d) Book	value
	,	basis (investm	nent) basis (other) de	eprecia	ation		
1a	Land							
b	Buildings	I						
c	Leasehold improvements							
d	Equipment	I						
	Other							
	. Add lines 1a through 1e. (Column (d) must ed		/ column (P) line 1(<u> </u>				0.

FFSTTVAL FNDOWMENT FIND

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
Financial derivatives	(1)	()	, , , , , , , , , , , , , , , , , , , ,
Closely held equity interests			
Other			
(A) LIMITED PARTNERSHIP			
(B) INTERESTS	4,814,545.	END-OF-YEAR MARKET	VALUE
(C)	1/011/3131		VIII01
(D)			
(E)			
(F)			
(G)			
(H)			
` '	4,814,545.		
al. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	4,014,545.		
Complete if the organization answered "Yes" of	on Form 900 Part IV line 1:	1c. See Form 990. Part Y. line 13	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of year market value
	(b) DOOK value	(J) Motified of Valuation. Cost of Blid	or your market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)			
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Other Assets. Complete if the organization answered "Yes" of		1d. See Form 990, Part X, line 15.	(h) Pook value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a)	on Form 990, Part IV, line 1	1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8)		1d. See Form 990, Part X, line 15.	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ art IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9)	Description		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line	Description		(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) sal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities.	Description 15.)	>	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a)	Description 15.)	>	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [(1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability	Description 15.)	>	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	15.)	>	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OBLIGATION UNDER GIFT ANNOTES.	15.)	>	
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes	15.)	>	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) al. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OBLIGATION UNDER GIFT ANNOTES.	15.)	>	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) art IX Other Assets. Complete if the organization answered "Yes" (a) I (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OBLIGATION UNDER GIFT ANNU (3)	15.)	>	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Tother Assets. Complete if the organization answered "Yes" (a) [1] (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OBLIGATION UNDER GIFT ANNU (3) (4)	15.)	>	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OBLIGATION UNDER GIFT ANNU (3) (4) (5)	15.)	>	(b) Book value
(9) al. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) Complete if the organization answered "Yes" (a) [1] (1) (2) (3) (4) (5) (6) (7) (8) (9) tal. (Column (b) must equal Form 990, Part X, col. (B) line art X Other Liabilities. Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) OBLIGATION UNDER GIFT ANNU (3) (4) (5) (6)	15.)	>	(b) Book value

Schedule D (Form 990) 2021

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

FESTIVAL ENDOWMENT FUND

Par	t XI Reconciliation of Revenue per Audited Financial Stateme	nts With Re	venue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
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	2b		
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:			
	Investment expenses not included on Form 990, Part VIII, line 7b			
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.)	onto With F	5	
Par	t XII Reconciliation of Expenses per Audited Financial Statem		kpenses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a			
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 - 1		
а	Donated services and use of facilities			
b	Prior year adjustments	1 1		
С	Other losses	1 1		
d	Other (Describe in Part XIII.)		0.0	
_	Add lines 2a through 2d			
3	Subtract line 2e from line 1 Amounts included on Form 900. Part IV, line 25, but not on line 1:		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b	4a		
			4c	
5	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
	t XIII Supplemental Information.			
Provi	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b and	d 2b; Part V, line 4; Part X, line	 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	•		,
PAF	T V, LINE 4:			
THE	OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUI	ND.S END	OWMENT CONSISTS	OF
TOT TA	IDG EGMADI TGUED EOD EDUGAMTONAL DDOGDAMG AL	ינם בחם מו	MIONG GIIDDODM -	rmc
FUL	IDS ESTABLISHED FOR EDUCATIONAL PROGRAMS A	ND OPERA	IIONS SUPPORI.	115
FMT	OOWMENT INCLUDES BOTH DONOR-RESTRICTED ENDO	ים ייואיבאוער	פרואוד מוא פרואוד	
TITAL	OWMENT INCHODED DOTH DONOR REDIRICIED END	JWHEINT I	ONDS AND FONDS	
DES	SIGNATED BY THE BOARD OF TRUSTEES TO FUNCT:	TON AS E	NDOWMENTS. THE	
	JOHN DE THE BOIND OF TROOPING TO TOROT.	1011 110 11	TO WILLIAM THE	
ENI	OOWMENT FUND PROVIDES SUPPORT FOR THE OREGO	ON SHAKE	SPEARE FESTIVAL	
ASS	SOCIATION, A 501(C)(3) ORGANIZATION.			
PAF	T X, LINE 2:			
THE	ORGANIZATION FOLLOWS THE PROVISIONS OF FA	ASB ASC	TOPIC 740 ACCOUNT	NTING
DO-	INCEDES THEY THE THOOLE MAYED MAY COME	יייי יייי	TIIAMDD MID	
101	UNCERTAINTY IN INCOME TAXES. MANAGEMENT	nas eva	LUATED THE	
OPC	ANIZATION'S TAX POSITIONS AND CONCLUDED T	משמת העד.	E ARE NO IINCEPT	ልፐዝ ጥ ል⊻
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POSITIONS THAT REQUIRE ADJUSTMENT TO THE FINANCIAL STATEMENTS TO COMPLY WITH PROVISIONS OF THIS TOPIC.	Part XIII Sup	oplemental In	formation	(continued)						
WITH PROVISIONS OF THIS TOPIC.	POSITIONS	THAT REQ	QUIRE AI	JUSTMENT	то	THE	FINANCIAL	STATEMENTS	то	COMPLY
	WITH PROV	ISIONS OF	THIS T	TOPIC.						

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

2021

Open to Public Inspection

Name of the organization OREGON S	SHAKESPEARE L ENDOWMENT						Employer identification number 93-6041618
Part I General Information on Grant		1 0110					33 0041010
Does the organization maintain record criteria used to award the grants or at Describe in Part IV the organization's	ssistance?					stance, and the selecti	▼ v
Part II Grants and Other Assistance recipient that received more that	-				anization answered "\	es" on Form 990, Part	: IV, line 21, for any
1 (a) Name and address of organization or government	<u> </u>	(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)	1,639,785.	0.			FINANCIAL SUPPORT TO ASSIST WITH ANNUAL AND LONG TERM VIABILITY.
2 Enter total number of section 501(c)(3	3) and government or	ganizations listed in th	e line 1 table	l	I.	1	<u> </u>
3 Enter total number of other organizat	, ,	•					>
LHA For Paperwork Reduction Act Not	ice, see the Instructi	ons for Form 990.					Schedule I (Form 990) 2021

Part III Grants and Other Assistance to Domestic Individuals. Part III can be duplicated if additional space is needed.	. Complete if the	organization answe	ered "Yes" on Form 9	90, Part IV, line 22.	
(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
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ad	Iditional information.	
PART I, LINE 2:					
PURSUANT TO ITS ARTICLES OF INCORPO	ORATION,	THE ORGANI	ZATION PRO	VIDES ONLY	
ONE GRANT, AND THAT IS TO THE OREGO	ON SHAKES	PEARE FEST	IVAL ASSOC	IATION.	
MONITORING OF THE GRANT FUNDS IS CA	ARRIED OU	T THROUGH	TRUSTEE IN	VOLVEMENT	
WITH THE OREGON SHAKESPEARE FESTIVE	AL ASSOCI	ATION ON A	CONSISTEN	T AND	
REGULAR BASIS.					

SCHEDULE J (Form 990)

Department of the Treasury

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

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.

2027

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND

Employer identification number 93-6041618

Pa	art I Questions Regarding Compensation			
			Yes	No
1a	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		Х
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b	Х	
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		Х
	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		X
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:			
а	The organization?	6a		X
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		X
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)?	l a		

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

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.

(A) Name and Title		(B) Breakdown of W	/-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)	
		(i) Base (ii) Bonus & (iii) Other compensation incentive reportable compensation			reported as deferred on prior Form 990			
(1) DAVID SCHMITZ	(i)	0.	0.	0.	0.	0.		0.
OSF EXECUTIVE DIRECTOR	(ii)	457,699.	0.	0.	0.	23,011.	480,710.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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.
PART I, LINE 4B:
DAVID SCHMITZ CONTRIBUTED 19,500 TO A 457 PLAN IN FY2022.

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.

2021
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 RECEIVE COMPENSATION.

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

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

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

Schedule O (Form 990) 2021		Page 2
Name of the organization OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND	Employer ide	entification number 041618
OTHER GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POL	ICY ARE	AVAILABLE
TO THE PUBLIC UPON REQUEST.		
FORM 990, PART XII, LINE 2C:		
THE PROCESS HAS NOT CHANGED FROM THE PRIOR YEAR.		

SCHEDULE R (Form 990)

Part I

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.

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

Open to Public Inspection

OMB No. 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND

Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Employer identification number 93-6041618

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state o foreign country)	(d) Total inco	me End-of-year	r assets Direct	(f) controlling ntity	J
	_						
	_						
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990), Part IV, line 34, b	ecause it had one	or more related tax-exe	mpt	
(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr	olled
				501(c)(3))		Yes	No
OREGON SHAKESPEARE FESTIVAL ASSOCIATION - 93-0407022, P.O. BOX 158, ASHLAND, OR 97520	LIVE AND DIGITAL THEATRE	OREGON	501(C)(3)	LINE 7	N/A		Х

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.

		,	I	•			_				
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN	Primary activity	Legal domicile	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of	1	ortionate	Code V-UBI	General	Percentage ownership
of related organization		(state or foreign	entity	excluded from tax under	income	end-of-year assets		itions?	amount in box 20 of Schedule K-1 (Form 1065)	partner	ownership
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes N	0
	1										
	1										
	1										
	1										
	1										
	1										
	1										
	1										
		l .					l				

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?

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Schedule R (Form 990) 2021

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 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?

а	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	Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		X
d	Loans or loan guarantees to or for related organization(s)				1d		X
е	Loans or loan guarantees by related organization(s)				1e		X
f	Dividends from related organization(s)				1f		<u>X</u>
g	Sale of assets to related organization(s)				1g		<u>X</u>
h	Purchase of assets from related organization(s)				1h		<u>X</u>
i	Exchange of assets with related organization(s)				1i		X
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		X
Ŀ	Lease of facilities, equipment, or other assets from related organization(s)				1k		X
ı	Performance of services or membership or fundraising solicitations for related organ	ation(s)			11		X
	Performance of services or membership or fundraising solicitations for related organ				1m	х	
	Sharing of facilities, equipment, mailing lists, or other assets with related organization				1n	X	
					10	X	
U	Sharing of paid employees with related organization(s)				10	21	
_	Daimburgament paid to related arganization(a) for expanses				1p	х	
þ	Reimbursement paid to related organization(s) for expenses				1g	22	X
ч	Reimbursement paid by related organization(s) for expenses				Iq		21
r	Other transfer of cash or property to related organization(s)				1r		Х
	Other transfer of cash or property from related organization(s)				1s		X
	If the answer to any of the above is "Yes," see the instructions for information on wh						
		(b)	(c)	(d)			
	(a) Name of related organization	Transaction type (a-s)	Amount involved	Method of determining amount in	volved		
		type (a s)					
(1)	DREGON SHAKESPEARE FESTIVAL ASSOCIATION	В	1,639,785.				
<u>(2)</u>							
(3)							
<u>,,,</u>							
(4)							
(=)							
<u>(5)</u>							
(6)							
13216	3 11-17-21			Schedule	R (For	n 990)	2021

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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.? Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproptionate allocation	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership
	-									

EXTENDED TO SEPTEMBER 15, 2023 Form 990-T **Exempt Organization Business Income Tax Return** OMB No. 1545-0047 (and proxy tax under section 6033(e)) For calendar year 2021 or other tax year beginning NOV~1, 2021 and ending OCT~31, 2022► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Open to Public Inspection for 501(c)(3) Organizations Only ▶ Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service Name of organization (Check box if name changed and see instructions.) Check hox if address changed. OREGON SHAKESPEARE **B** Exempt under section Print FESTIVAL ENDOWMENT FUND 93-6041618 Group exemption number (see instructions) X 501(c)(3 or Number, street, and room or suite no. If a P.O. box, see instructions. Type 408(e) 220(e) P.O. BOX 158 City or town, state or province, country, and ZIP or foreign postal code 408A]530(a)]529(a) [ASHLAND, OR 97520 529A Check box if 31,163,322. C Book value of all assets at end of year an amended return. Check organization type ► X 501(c) corporation 501(c) trust 401(a) trust Other trust Claim credit from Form 8941 Claim a refund shown on Form 2439 Check if filing only to Check if a 501(c)(3) organization filing a consolidated return with a 501(c)(2) titleholding corporation Enter the number of attached Schedules A (Form 990-T) During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? Yes If "Yes," enter the name and identifying number of the parent corporation. The books are in care of ▶ ARIANA SPIEGLER Telephone number ► 541-482-2111 **Total Unrelated Business Taxable Income** Total of unrelated business taxable income computed from all unrelated trades or businesses (see 11,985. instructions) 2 Reserved 2 11,985. 3 3 Add lines 1 and 2 1,099. Charitable contributions (see instructions for limitation rules) STMT 1 STMT 2 4 4 10,886. Total unrelated business taxable income before net operating losses. Subtract line 4 from line 3 5 5 Deduction for net operating loss. See instructions 6 6 Total of unrelated business taxable income before specific deduction and section 199A deduction. 7 10,886. Subtract line 6 from line 5 1,000. Specific deduction (generally \$1,000, but see instructions for exceptions) 8 8 9 9 **Trusts.** Section 199A deduction. See instructions 1,000. Total deductions. Add lines 8 and 9 10 10 Unrelated business taxable income. Subtract line 10 from line 7. If line 10 is greater than line 7,

Organizations taxable as corporations. Multiply Part I, line 11 by 21% (0.21)

Alternative minimum tax (trusts only)

Trusts taxable at trust rates. See instructions for tax computation. Income tax on the amount on

____ Tax rate schedule or

For Paperwork Reduction Act Notice, see instructions. LHA

Tax on noncompliant facility income. See instructions

Total. Add lines 3 through 6 to line 1 or 2, whichever applies

Tax Computation

Other tax amounts. See instructions

Proxy tax. See instructions

Form 990-T (2021)

9,886.

2,076.

1

2 3

4

5

6

11

3

4

5

6

Schedule D (Form 1041)

Part		Tax and Payments						Page 2
			110. t					
1a		gn tax credit (corporations attach Form 1			la	_		
b			a instructional		lb l			
C C		eral business credit. Attach Form 3800 (se it for prior year minimum tax (attach Form						
d						1e		
е 2		I credits. Add lines 1a through 1d ract line 1e from Part II, line 7					2 0	76.
3			4255 Form 8611		' Form 8866	2	4,0	/ • •
Ū	Ouno					3		
4	Tota	tax. Add lines 2 and 3 (see instructions).	` `			. -		
		on 1294. Enter tax amount here			•	4	2,0	76.
5		ent net 965 tax liability paid from Form 96				5		0.
6a		nents: A 2020 overpayment credited to 20			Sa 1,616			
b		estimated tax payments. Check if section			Sb Sb			
С	Tax	deposited with Form 8868		<u>.</u>	ic .			
d	Forei	gn organizations: Tax paid or withheld at	source (see instructions)	<u>.</u>	6d			
е		up withholding (see instructions)			Se			
f		it for small employer health insurance pre			6f			
g	Othe	r credits, adjustments, and payments:	Form 2439					
			Other				1 (1 (
7		l payments. Add lines 6a through 6g						$\frac{16.}{13.}$
8		nated tax penalty (see instructions). Check						73.
9		due. If line 7 is smaller than the total of lin payment. If line 7 is larger than the total of					- 4	13.
10 11		rthe amount of line 10 you want: Credite		uni overpaiu	Refunded	10 11		
Part		Statements Regarding Certain		formation		- 11		
1		y time during the 2021 calendar year, did			` ,	·V	Yes	No
•		a financial account (bank, securities, or of	•	_		•	100	1,10
		EN Form 114, Report of Foreign Bank and						
	here	>						Х
2	Durir	ng the tax year, did the organization receiv	re a distribution from, or was	it the grantor o	of, or transferor to, a			
	forei	gn trust?						X_
		es," see instructions for other forms the or						
3		the amount of tax-exempt interest receiv						
4		available pre-2018 NOL carryovers here						
		n on Schedule A (Form 990-T). Don't redu	•		· · · · · · · · · · · · · · · · · · ·	art I, line 4.		
5		2017 NOL carryovers. Enter available Bus						
	the a	mounts shown below by any NOL claimer						
		Business Activi	310		vailable post-2017 NOL	2,003.		
		231	310	\$ \$		2,003.		
	Did +	he organization change its method of acc	ounting? (ago instructions)	⊅				Х
b		is "Yes," has the organization described t	• ,		r Form 11282 If "No "			1
		in in Part V	ne onange on romi oco, oco	22,00011,0	1011111120: 11 140,			
Part	_	Supplemental Information						
		xplanation required by Part IV, line 6b. Al	so provide any other addition	nal information	See instructions			
			se, promae any enter addition					
		nder penalties of perjury, I declare that I have examined orrect, and complete. Declaration of preparer (other than				wledge and belief, it is to	ue,	
Sign	٦	orrect, and complete. Declaration of preparer (other than	P]	RESIDEN'	T, BOARD OF	May the IRS discuss the	nis return v	with
Here				RUSTEES		the preparer shown be		vvicii
		Signature of officer	Date Title	,		instructions)?	Yes	No
		Print/Type preparer's name	Preparer's signature	Date	Check	if PTIN		
Paid					self- employe			
Prepa	arer	SANG AHN				P0054		
Use (Firm's name ► MCDONALD JAC		- 0 0	Firm's EIN	▶ 93-09	0057	9
		520 SW YAM		000		/E02\ 00'	7 05	01
		Firm's address PORTLAND,	OK 9/204		Phone no.	(503) 22	/ – 05 990-T	
123711 ((0004)

FORM 990-T	CONTRIBUTIONS	STATEMENT 1
DESCRIPTION/KIND OF PROPERTY	METHOD USED TO DETERMINE FMV	AMOUNT
OREGON SHAKESPEARE FESTIVAL ASSOCIATION	N/A	1,639,785.
CHARITABLE CONTRIBUTIONS - NORTHGATE PRIVATE EQUITY	N/A	, ,
PARTNERS II (Q), LP CHARITABLE CONTRIBUTIONS -	N/A	40.
NORTHGATE V, LP		3.
TOTAL TO FORM 990-T, PART I, L	INE 4	1,639,828.

FORM 990-T CONTRIE	BUTIONS SUMMARY	STATEMENT 2
QUALIFIED CONTRIBUTIONS SUBJECT T QUALIFIED CONTRIBUTIONS SUBJECT T		
CARRYOVER OF PRIOR YEARS UNUSED OF FOR TAX YEAR 2016 FOR TAX YEAR 2017 FOR TAX YEAR 2018 FOR TAX YEAR 2019 FOR TAX YEAR 2020	CONTRIBUTIONS 10,806,393 5,514,884 4,323,938 2,224,836	
TOTAL CARRYOVER TOTAL CURRENT YEAR 10% CONTRIBUTI	22,870,051 CONS 1,639,828	
TOTAL CONTRIBUTIONS AVAILABLE TAXABLE INCOME LIMITATION AS ADJU	24,509,879 1,099	_
EXCESS CONTRIBUTIONS EXCESS 100% CONTRIBUTIONS TOTAL EXCESS CONTRIBUTIONS	24,508,780 0 24,508,780	_
ALLOWABLE CONTRIBUTIONS DEDUCTION		1,099
TOTAL CONTRIBUTION DEDUCTION		1,099

SCHEDULE A (Form 990-T)

Unrelated Business Taxable Income From an Unrelated Trade or Business

OMB No. 1545-0047

2021

Open to Public Inspection for 501(c)(3) Organizations Only

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).

Name of the organization OREGON SHAKESPEARE
FESTIVAL ENDOWMENT FUND

Unrelated business activity code (see instructions)

531310

B Employer identification number 93-6041618

D Sequence: 1 of 1

E Describe the unrelated trade or business ▶PARTNERSHIPS Part I Unrelated Trade or Business Income (C) Net (A) Income (B) Expenses 1a Gross receipts or sales **b** Less returns and allowances Cost of goods sold (Part III, line 8) 2 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Sch D (Form 1041 or Form 15,525. 15,525 1120)). See instructions 4a Net gain (loss) (Form 4797) (attach Form 4797). See instructions) 4b Capital loss deduction for trusts 4c Income (loss) from a partnership or an S corporation (attach statement) STATEMENT 3 685. 685. Rent income (Part IV) 6 Unrelated debt-financed income (Part V) 7 8 Interest, annuities, royalties, and rents from a controlled organization (Part VI) 8 Investment income of section 501(c)(7), (9), or (17) organizations (Part VII) Exploited exempt activity income (Part VIII) 10 10 Advertising income (Part IX) 11 11 Other income (see instructions; attach statement) 12 12 13 16,188. **Total.** Combine lines 3 through 12

Part II Deductions Not Taken Elsewhere See instructions for limitations on deductions. Deductions must be directly connected with the unrelated business income

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	
6	Taxes and licenses	6	
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)	13	
14	Other deductions (attach statement) SEE STATEMENT 4	14	2,200.
15	Total deductions. Add lines 1 through 14	15	2,200.
16	Unrelated business income before net operating loss deduction. Subtract line 15 from Part I, line 13,		
	column (C)	16	13,988.
17	Deduction for net operating loss. See instructions STMT 5 STMT 7	17	2,003.
18	Unrelated business taxable income. Subtract line 17 from line 16	18	11,985.
	For Device and Device How And Madient and Section House		I- A /F 000 T\ 0004

LHA For Paperwork Reduction Act Notice, see instructions.

Schedule A (Form 990-T) 2021

Page	•
raue	-

1 Inventory 2 Purchase 3 Cost of Is 4 Additions 5 Other co 6 Total. A 7 Inventory 8 Cost of 9 9 Do the re Part IV Re 1 Description A	ry at beginning of year	nere and in Part I, line 2 produced or acquired f Personal Proper	2 for resale) apply to the or rty Leased with Re a	2 3 4 5 6 7 8 ganization?	Yes No
2 Purchase 3 Cost of II 4 Addition 5 Other co 6 Total. A 7 Inventor 8 Cost of 9 Do the re Part IV Re 1 Descript A	labor nal section 263A costs (attach statement) osts (attach statement) Add lines 1 through 5 ry at end of year f goods sold. Subtract line 7 from line 6. Enter h rules of section 263A (with respect to property p ent Income (From Real Property and ation of property (property street address, city, st ceived or accrued ersonal property (if the percentage of personal property is more than 10% more than 50%) and and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) ents received or accrued by property.	nere and in Part I, line 2 produced or acquired f Personal Proper tate, ZIP code). Check	2 for resale) apply to the or rty Leased with Re a (if a dual-use. See instruc	2 3 4 5 6 7 8 ganization? al Property)	
3 Cost of late Additions 5 Other co 6 Total. A 7 Inventors 8 Cost of 9 Do the right Part IV Re 1 Description A	labor nal section 263A costs (attach statement) osts (attach statement) Add lines 1 through 5 ry at end of year f goods sold. Subtract line 7 from line 6. Enter h rules of section 263A (with respect to property p ent Income (From Real Property and ation of property (property street address, city, st ceived or accrued ersonal property (if the percentage of personal property is more than 10% more than 50%) and and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) ents received or accrued by property.	nere and in Part I, line 2 produced or acquired f I Personal Proper tate, ZIP code). Check	2 for resale) apply to the or rty Leased with Rea c if a dual-use. See instruc	3 4 5 6 7 8 ganization? al Property) etions.	
4 Additions 5 Other co 6 Total. A 7 Inventory 8 Cost of 9 9 Do the ri Part IV Re 1 Descripti A	nal section 263A costs (attach statement) osts (attach statement) Add lines 1 through 5 ry at end of year f goods sold. Subtract line 7 from line 6. Enter have so f section 263A (with respect to property pent Income (From Real Property and pent Income (From Real Property and personal property (property street address, city, states) ceived or accrued ersonal property is more than 10% more than 50%) eal and personal property (if the large of rent for personal property exceeds if the rent is based on profit or income) ents received or accrued by property.	nere and in Part I, line 2 produced or acquired f I Personal Proper tate, ZIP code). Check	2 for resale) apply to the or rty Leased with Re a a if a dual-use. See instruc	4 5 6 7 8 ganization? Tations.	
5 Other co 6 Total. A 7 Inventor 8 Cost of 9 9 Do the r Part IV Re 1 Descripti A	osts (attach statement) Add lines 1 through 5 ry at end of year f goods sold. Subtract line 7 from line 6. Enter h rules of section 263A (with respect to property p ent Income (From Real Property and rition of property (property street address, city, st ersonal property (if the percentage of personal property is more than 10% more than 50%) all and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) ents received or accrued by property.	nere and in Part I, line 2 produced or acquired f Personal Proper tate, ZIP code). Check	2 for resale) apply to the or rty Leased with Rea c if a dual-use. See instruc	5 6 7 8 ganization?	
6 Total. A 7 Inventory 8 Cost of 9 9 Do the ru Part IV Re 1 Descripti A	Add lines 1 through 5 ry at end of year f goods sold. Subtract line 7 from line 6. Enter h rules of section 263A (with respect to property p ent Income (From Real Property and bition of property (property street address, city, st ceived or accrued ersonal property (if the percentage of personal property is more than 10% more than 50%) ceal and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) cents received or accrued by property.	nere and in Part I, line 2 produced or acquired f Personal Proper tate, ZIP code). Check	2 for resale) apply to the or rty Leased with Re a a if a dual-use. See instruc	ganization? al Property) etions.	
7 Inventory 8 Cost of 9 9 Do the ri 9 Do the ri 1 Descripti A	ry at end of year f goods sold. Subtract line 7 from line 6. Enter h rules of section 263A (with respect to property p ent Income (From Real Property and rition of property (property street address, city, st ceived or accrued ersonal property (if the percentage of personal property is more than 10% more than 50%) all and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) ents received or accrued by property.	nere and in Part I, line a produced or acquired f Personal Proper tate, ZIP code). Check	2 for resale) apply to the or rty Leased with Reak if a dual-use. See instruc	ganization?	
8 Cost of 9 Do the ru Part IV Re 1 Description A	rules of section 263A (with respect to property pent Income (From Real Property and property of the property (property street address, city, street address, city, street address). ceived or accrued ersonal property (if the percentage of personal property is more than 10% more than 50%). ceal and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income).	nere and in Part I, line a produced or acquired for Personal Proper tate, ZIP code). Check	2 for resale) apply to the or rty Leased with Rea x if a dual-use. See instruc	ganization?al Property) etions.	
9 Do the re Part IV Re 1 Descripti A	rules of section 263A (with respect to property pent Income (From Real Property and attion of property (property street address, city, street address), street address, city, st	produced or acquired for Personal Proper tate, ZIP code). Check	for resale) apply to the or rty Leased with Rea k if a dual-use. See instruc	ganization?	
Part IV Re 1 Description A	ceived or accrued ersonal property (if the percentage of personal property is more than 10% more than 50%) cal and personal property (if the eage of rent for personal property exceeds if the rent is based on profit or income) cents received or accrued by property.	Personal Proper tate, ZIP code). Check	rty Leased with Rea	al Property) ctions.	
1 Description A	ceived or accrued ersonal property (if the percentage of personal property is more than 10% more than 50%) eal and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) ents received or accrued by property.	tate, ZIP code). Check	c if a dual-use. See instruc	ctions.	D
A B C C C D D D D D D D D D D D D D D D D	ceived or accrued ersonal property (if the percentage of personal property is more than 10% more than 50%) eal and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) ents received or accrued by property.				D
B G G G G G G G G G G G G G G G G G G G	ersonal property (if the percentage of personal property is more than 10% more than 50%) and and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) and received or accrued by property.	A	В	C	D
2 Rent rec a From per rent for pout not r b From rea percenta 50% or if c Total ren Add lines 3 Total ren Deductio 4 in lines 2 5 Total de Part V Ui 1 Descripti A Descripti	ersonal property (if the percentage of personal property is more than 10% more than 50%) and and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) and received or accrued by property.	A	В	С	D
2 Rent rec a From per rent for p but not r b From rea percenta 50% or if c Total ren Add lines 3 Total ren Deductio 4 in lines 2 5 Total de Part V UI 1 Descripti A	ersonal property (if the percentage of personal property is more than 10% more than 50%) and and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) and received or accrued by property.	A	В	C	D
2 Rent rec a From per rent for p but not r b From rea percenta 50% or if c Total ren Add lines 3 Total ren Deduction 4 in lines 2 5 Total de Part V UI 1 Descripti A	ersonal property (if the percentage of personal property is more than 10% more than 50%) and and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) and received or accrued by property.	A	В	С	D
a From per rent for put not rent for put not rent for put not rent for rent	ersonal property (if the percentage of personal property is more than 10% more than 50%) all and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) ants received or accrued by property.	A	В	С	<u>D</u>
a From per rent for put not not not not not not not not not no	ersonal property (if the percentage of personal property is more than 10% more than 50%) all and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) ants received or accrued by property.				
rent for pout not related by the percentant of t	personal property is more than 10% more than 50%) eal and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) ents received or accrued by property.				
but not ro but not ro From rea percenta 50% or if c Total ren Add lines Total ren Deductio in lines 2 Total de Part V Ui Descripti A Descripti	more than 50%) cal and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income) conts received or accrued by property.				
b From rea percenta 50% or if c Total ren Add lines 3 Total ren Deduction in lines 2 5 Total de Part V UI 1 Description A	eal and personal property (if the tage of rent for personal property exceeds if the rent is based on profit or income)				
percenta 50% or if c Total ren Add lines 3 Total ren Deductio 4 in lines 2 5 Total de Part V Ui 1 Descripti A	rage of rent for personal property exceeds if the rent is based on profit or income)				
50% or if c Total ren Add lines 3 Total ren Deductio 4 in lines 2 5 Total de Part V Ui 1 Descripti A	if the rent is based on profit or income)				
c Total ren Add lines 3 Total ren Deductic 4 in lines 2 5 Total de Part V Ui 1 Descripti A	nts received or accrued by property.				
Add lines 3 Total ren Deduction 4 in lines 2 5 Total de Part V UI 1 Description A Description B D D 2 Gross incomproperty 3 Deduction to debt-fi					
3 Total ren Deductio 4 in lines 2 5 Total de Part V Ui 1 Descripti A	es 2a and 2b, columns A through D				
Deduction In lines 2 Total de Part V UI Description A					
Deduction In lines 2 Total de Part V UI Description A					
4 in lines 2 5 Total de Part V Ui 1 Descripti A	nts received or accrued. Add line 2c columns A	through D. Enter here	and on Part I, line 6, col	umn (A)	0 .
5 Total de Part V U 1 Descripti A	ions directly connected with the income				
Part V Ui 1 Descripti A	2(a) and 2(b) (attach statement)				
Part V Ui 1 Descripti A					
1 Descripti A B C D D D 2 Gross incorporaty 3 Deduction to debt-fi	eductions. Add line 4 columns A through D. En	ter here and on Part I,	, line 6, column (B)	>	0 .
A B C D D D D D D D D D D D D D D D D D D	Inrelated Debt-Financed Income (se	ee instructions)			
B C D D D D D D D D D D D D D D D D D D	tion of debt-financed property (street address, c	city, state, ZIP code). C	Check if a dual-use. See in	nstructions.	
C D 2 Gross in property 3 Deduction to debt-fr					
2 Gross inc property 3 Deduction to debt-fr					
2 Gross inc property3 Deduction to debt-free					
property 3 Deductio to debt-f			T		
property 3 Deduction to debt-fi		Α	В	С	D
3 Deduction to debt-fi	ncome from or allocable to debt-financed				
to debt-f	у				
	ions directly connected with or allocable				
a Straight	financed property				
	t line depreciation (attach statement)				
b Other de	leductions (attach statement)				
c Total ded	eductions (add lines 3a and 3b,				
columns	s A through D)				
	t of average acquisition debt on or allocable				
	t of average acquisition debt on or allocable -financed property (attach statement)				
	financed property (attach statement)				
	financed property (attach statement) e adjusted basis of or allocable to debt-			%	C
	financed property (attach statement) e adjusted basis of or allocable to debt- d property (attach statement)	%	%		
	financed property (attach statement) e adjusted basis of or allocable to debt- d property (attach statement) ine 4 by line 5	%	%		
	e adjusted basis of or allocable to debt- d property (attach statement) d property (attach statement) ine 4 by line 5 ncome reportable. Multiply line 2 by line 6			•	0 .
9 Allocable	financed property (attach statement) e adjusted basis of or allocable to debt- d property (attach statement) ine 4 by line 5			<u> </u>	0
	e adjusted basis of or allocable to debt- d property (attach statement) ine 4 by line 5 income reportable. Multiply line 2 by line 6 ross income (add line 7, columns A through D).			<u> </u>	0
11 Total div	e adjusted basis of or allocable to debt- d property (attach statement) d property (attach statement) ine 4 by line 5 ncome reportable. Multiply line 2 by line 6	Enter here and on Pa	art I, line 7, column (A)		
9 Allocable	e adjusted basis of or allocable to debt- d property (attach statement) d property (attach statement) ine 4 by line 5 ncome reportable. Multiply line 2 by line 6				^

Part	VI Interest, Annu	uities, R	oyalties, and Re	ents fror	n Control	led Or	ganization	S (see ins	tructions)		Page 3
		-					Exempt Contro				
	Name of controlle organization	d	2. Employer identification number	incon	unrelated me (loss) structions)	4. Tota	al of specified ments made	5. Part of that is incluced controlling tion's gross	column 4 ided in the organiza-	(Deductions directly connected with come in column 5
(1)											
(2)											
(3)											
<u>(4)</u>											
	 			1	Controlled O		1		1		
7	7. Taxable Income	ir	Net unrelated ncome (loss) e instructions)		otal of specif syments mad		that is inc	of column 9 cluded in the organization s income	e n's	con	ductions directly inected with e in column 10
(1)											
(2)											
(3)											
(4)											
							Enter here	nns 5 and 10 and on Part column (A)		er he	lumns 6 and 11. ere and on Part I, 8, column (B)
Totals						•			0.		0.
Part	VII Investment	Income	of a Section 50	1(c)(7), (9), or (17)	Orgai	nization (s	ee instruction	ons)		
	1. Desc	cription of	income		2. Amou incor		3. Deduction directly connumber (attach states	ected (atta	Set-asides ch stateme	ent)	5. Total deductions and set-asides (add cols 3 and 4)
<u>(1)</u>											_
(2)											
(3)											
(4)					Add amou	unto in					Add amounts in
Totals				•	column 2 here and o line 9, colu	. Enter n Part I,				ı	column 5. Enter here and on Part I, line 9, column (B)
Part		xempt /	Activity Income	, Other 1	Than Adve		g Income	(see instruct	ions)		
1	Description of exploite			-				•			
2	Gross unrelated busin	ess incom	e from trade or busi	ness. Ente	r here and o	n Part I,	line 10, colum	n (A)	2		
3	Expenses directly con	nected wit	h production of unr	elated busi	iness income	e. Enter	here and on Pa	art I,			
	line 10, column (B)								3		
4	Net income (loss) from										
	lines 5 through 7								4		
5	Gross income from ac	tivity that	is not unrelated bus	iness incor	me				5		
6	Expenses attributable								6		
7	Excess exempt expen			6, but do no	ot enter mor	e than th	ne amount on I	ine			
	4. Enter here and on F	Part II, line	12						7	l	

Schedule A (Form 990-T) 2021

Part	IX Advertising Income				
1	Name(s) of periodical(s). Check box if reporting	g two or more periodicals on a	consolidated basis.		
	A				
	В				
	c 🗆				
	D				
Enter a	amounts for each periodical listed above in the c	orresponding column.			
	·	Α	В	С	D
2	Gross advertising income				
	Add columns A through D. Enter here and on I	· · · · · · · · · · · · · · · · · · ·		>	0.
а					
3	Direct advertising costs by periodical				
а	Add columns A through D. Enter here and on I	Part I, line 11, column (B)		 _	0.
4	Advertising gain (loss). Subtract line 3 from line	е			
	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 complete				
	lines 5 through 7, and enter zero on line 8				
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 les	s			
	than line 6, enter zero				
8	Excess readership costs allowed as a				
	deduction. For each column showing a gain or	I			
	line 4, enter the lesser of line 4 or line 7	<u> </u>			
а	Add line 8, columns A through D. Enter the gre				0
					0.
Dart	Part II, line 13	actors and Trustops /-	! ! ! !		
Part		ectors, and Trustees (s	ee instructions)		
Part	X Compensation of Officers, Dire	ectors, and Trustees (S	ee instructions)	3. Percentage	4. Compensation
Part	X Compensation of Officers, Direction 1. Name	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted	4. Compensation attributable to
	X Compensation of Officers, Dire	ectors, and Trustees (S	ee instructions)	3. Percentage f time devoted to business	4. Compensation
1)	X Compensation of Officers, Dire	ectors, and Trustees (S	ee instructions)	B. Percentage f time devoted to business %	4. Compensation attributable to
1)	X Compensation of Officers, Dire	ectors, and Trustees (S	ee instructions)	3. Percentage f time devoted to business %	4. Compensation attributable to
1) 2) 3)	X Compensation of Officers, Dire	ectors, and Trustees (S	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to
1) 2) 3)	X Compensation of Officers, Dire	ectors, and Trustees (S	ee instructions)	3. Percentage f time devoted to business %	4. Compensation attributable to
1) 2) 3) 4)	X Compensation of Officers, Directors of the Compensation of Officers of Of	ectors, and Trustees (S	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to
Part (1) (2) (3) (4) Total Part	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	3. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	B. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business
1) 2) 3) 4)	1. Name 1. Name Lenter here and on Part II, line 1	ectors, and Trustees (s	ee instructions)	B. Percentage f time devoted to business % %	4. Compensation attributable to unrelated business

FORM 990-T (A)	INCOME (LOSS) FROM PARTNERSH	IPS STATEMENT 3
DESCRIPTION		NET INCOME OR (LOSS)
 NORTHGATE IV, LP - ORDI	NARY BUSINESS INCOME (LOSS)	462.
NORTHGATE VENTURE PARTN INCOME (LOSS)	ERS II, LP - ORDINARY BUSINESS	5 14.
	Y PARTNERS III, LP - ORDINARY	-239.
NORTHGATE PRIVATE EQUIT	Y PARTNERS II (Q), LP - ORDINA	
The state of the s	Y PARTNERS II (Q), LP - NET RI	ENTAL
REAL ESTATE INCOME NORTHGATE PRIVATE EQUIT	Y PARTNERS II (Q), LP - INTERE	-50. EST
INCOME NORTHGATE PRIVATE EOUIT	Y PARTNERS II (Q), LP - OTHER	8 .
INCOME (LOSS)	Y PARTNERS, LP - ORDINARY BUSI	-29.
INCOME (LOSS)	I TAKINEKO, EL OKDINAKI BOO	-94.
	ARY BUSINESS INCOME (LOSS)	-110
NORTHGATE V, LP - INTER		28.
NORTHGATE V, LP - OTHER	INCOME (LOSS)	-33.
TOTAL INCLUDED ON SCHED	ULE A, PART I, LINE 5	685.
FORM 990-T (A)	OTHER DEDUCTIONS	STATEMENT 4
DESCRIPTION		AMOUNT
TAX PREP FEE		2,200
TOTAL TO SCHEDULE A, PA	RT II, LINE 14	2,200
FORM 990-T (A)	POST 2017 NOL SCHEDULE	STATEMENT 5
PRIOR YEAR POST 2017 NOL	NOL DEDUCTION	CARRYFORWARD OF POST 2017 NOL
2,003.	2,003.	0.

990-T SCH	A POST-20	17 NET OPERATING	LOSS DEDUCTION	STATEMENT 6
TAX YEAR	LOSS SUSTAINED	LOSS PREVIOUSLY APPLIED	LOSS REMAINING	AVAILABLE THIS YEAR
10/31/19 10/31/20	832. 2,032.	832. 29.	2,003.	0. 2,003.
NOL CARRYO	VER AVAILABLE THIS	YEAR	2,003.	2,003.
	NCOME FROM ALL ENT	.		13,988. 13,988.
		.		
	TIES PERCENTAGE OF TIES ALLOWED PRE-2			100.00%
	NCOME AFTER PRE-20 E LIMITATION	18 NET OPERATING	LOSS	13,988. 11,190.
	AVAILABLE POST-2017 NET OPE	RATING LOSS OR 80	% LIMITATION	2,003. 2,003.

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	93-6041618
Did the corporation dispose of any investme	nt(s) in a qualified opportunity fund during the tax year?	▶ Yes X No
f "Yes," attach Form 8949 and see its instru	ctions for additional requirements for reporting your gain	or loss.

See instructions for how to figure the amounts	s and Losses - Ass				(h) Gain or (loss)
o enter on the lines below. This form may be easier to complete if you ound 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,	Subtract column (e) from column (d) and combine th 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					Total Mar oblamin (g)
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					67
4 Short-term capital gain from installment sales for				4	
5 Short-term capital gain or (loss) from like-kind	exchanges from Form 8824			5	
6 Unused capital loss carryover (attach computati	ion)			6	(
7 Net short-term capital gain or (loss). Combine	lines 1a through 6 in columr	ı h		7	67
Part II Long-Term Capital Gain	s and Losses - Ass	ets Held More Tha	n One Year		
ee instructions for how to figure the amounts enter on the lines below. is form may be easier to complete if you	(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 column (e)
ound off cents to whole dollars.					result with column (g)
on Form 1099-B for which basis was reported to the IRS and for which you have					
on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However,					
on Form 1099-B for which basis was reported to the IRS and for which you have					
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					
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					
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 Totals for all transactions reported on Form(s) 8949 with Box D checked					
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 Totals for all transactions reported on Form(s) 8949 with Box D checked					
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 1b 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					
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 b Totals for all transactions reported on Form(s) 8949 with Box D checked 7 Totals for all transactions reported on Form(s) 8949 with Box E checked					15,458
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 b Totals for all transactions reported on Form(s) 8949 with Box D checked 7 Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Totals for all transactions reported on Form(s) 8949 with Box F checked				11	15,458
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 b Totals for all transactions reported on Form(s) 8949 with Box D checked 7 Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Totals for all transactions reported on Form(s) 8949 with Box F checked				11 12	15,458
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 b Totals for all transactions reported on Form(s) 8949 with Box D checked 7 Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked 1 Enter gain from Form 4797, line 7 or 9 Long-term capital gain from installment sales for	rom Form 6252, line 26 or 3				15,458
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 b Totals for all transactions reported on Form(s) 8949 with Box D checked 7 Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked 1 Enter gain from Form 4797, line 7 or 9 2 Long-term capital gain from installment sales for all congeterm capital gain or (loss) from like-kind	rom Form 6252, line 26 or 3	7		12	
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 b Totals for all transactions reported on Form(s) 8949 with Box D checked 7 Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Long-term capital gain from installment sales for all transactions reported on Form(s) 8949 with Box F checked Long-term capital gain from installment sales for all transactions from installment sales for	rom Form 6252, line 26 or 3 exchanges from Form 8824 ines 8a through 14 in colum	7		12 13	
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 b Totals for all transactions reported on Form(s) 8949 with Box D checked 7 Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box E checked Totals for all transactions reported on Form(s) 8949 with Box F checked Long-term capital gain from installment sales for Long-term capital gain or (loss) from like-kind Capital gain distributions Net long-term capital gain or (loss). Combine I Part III Summary of Parts I and	rom Form 6252, line 26 or 3 exchanges from Form 8824 ines 8a through 14 in colum	7n h		12 13 14	15,458
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 10 Totals for all transactions reported on Form(s) 8949 with Box D checked 11 Totals for all transactions reported on Form(s) 8949 with Box E checked 12 Enter gain from Form 4797, line 7 or 9 13 Long-term capital gain from installment sales for all transactions 14 Capital gain distributions 15 Net long-term capital gain or (loss). Combine I Part III Summary of Parts I and 16 Enter excess of net short-term capital gain (line	rom Form 6252, line 26 or 3 exchanges from Form 8824 ines 8a through 14 in colum	n h		12 13 14	15,458
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. 3b 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 11 Enter gain from Form 4797, line 7 or 9 12 Long-term capital gain from installment sales fill Long-term capital gain or (loss) from like-kind Capital gain distributions 15 Net long-term capital gain or (loss). Combine I	rom Form 6252, line 26 or 3 exchanges from Form 8824 ines 8a through 14 in colum	n h		12 13 14 15	15,458 15,458 67 15,458 15,525

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2021

Form **8949**Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

► Go to www.irs.gov/Form8949 for instructions and the latest information.
File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

2021

Attachment Sequence No. 12A

Name(s) shown on return

OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND

Social security number or taxpayer identification no.

93-6041618

Before you check Box A, B, or C below statement will have the same information broker and may even tell you which be	oox to check.						bstitute S by your
Part I Short-Term. Transact transactions, see page 2. Note: You may aggregate al codes are required. Enter the	l short-term transac	tions reported on I	Form(s) 1099-B show	ing basis was reporte	d to the IRS	and for which no ac	ljustments or
You must check Box A, B, or C below. If you have more short-term transactions than will (A) Short-term transactions rep (B) Short-term transactions rep X (C) Short-term transactions no	Check only one bo I fit on this page for one ported on Form(s ported on Form(s	e or more than one be or more of the boxes (s) 1099-B showing (s) 1099-B showing (s)	ox applies for your shor s, complete as many forr g basis was repor g basis wasn't re	t-term transactions, comp ns with the same box che ted to the IRS (see	lete a separat cked as you n	e Form 8949, page 1, for eed.	each applicable box.
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 in column (f	nt, if any, to gain or ou enter an amount (g), enter a code in b. See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
NORTHGATE PRIVATE							
EQUITY PARTNERS II							
							67.
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 1b (if Box A abo above is checked), or line 3 (if Box A)	tal here and incluove is checked), l	line 2 (if Box B					67.

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

123011 12-14-21 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form **8949** (2021)

Attachment Sequence No. 12A Page 2

Form 8949 (2021)

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

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute	
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your	
proker and may even tell you which box to check.	

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or Cabadala D. line Service aren't required to report these transactions on Form 8949 (see instructions). codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need. (D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS (F) Long-term transactions not reported to you on Form 1099-B Adjustment, if any, to gain or 1 (a) (b) (c) (d) (e) (h) loss. If you enter an amount Proceeds Cost or other Gain or (loss). Description of property Date sold or Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. from column (d) & Note below and (Mo., day, yr.) see *Column (*e) in combine the result Amount of Code(s) with column (g) the instructions adjustment NORTHGATE VENTURE PARTNERS II, LP -183. NORTHGATE PRIVATE EQUITY PARTNERS II 12,940. (O) 2,701. NORTHGATE V,

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 above is checked), or line 10 (if Box F above is checked)

15,458.

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 enter an 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 **4797**

Sales of Business Property

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

► Attach to your tax return.

OMB No. 1545-0184

Department of the Treasury Internal Revenue Service ► Go to www.irs.gov/Form4797 for instructions and the latest information. 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 2021 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 PRIVATE EOUITY PARTNERS II -22(0)3 Gain, if any, from Form 4684, line 39 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 5 Gain, if any, from line 32, from other than casualty or theft 6 6 -22. 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): 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 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 -22. 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.

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

18a

18b

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

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

Part III Gain From Disposition of Propert	ty Unde	er Sections 1245,	1250, 1252	, 125	5 4, and 1255 (s	ee instructions)
19 (a) Description of section 1245, 1250, 1252, 1254, o	or 1255 p	oroperty:			(b) Date acquired (mo., day, yr.)	(c) Date sold (mo., day, yr.)
Α						
В						
С						
D						
These columns relate to the properties on lines 19A through 19D.	•	Property A	Property I	3	Property C	Property D
20 Gross sales price (Note: See line 1a before completing.)	20					
Cost or other basis plus expense of sale	21					
Depreciation (or depletion) allowed or allowable	22					
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					
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					
 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 of	ممسام	A through D through li	as OOb bafara a	a cin a	to line 20	
Complete property C	Joiuitiils	A through D through in	ie zap belore (Joing	to line 30.	
Total gains for all properties. Add property columns	A throu	gh D, line 24			30)
Add property columns A through D, lines 25b, 26g,					<u>3</u> .	1
32 Subtract line 31 from line 30. Enter the portion from	•	y or theft on Form 4684	4, line 33. Ente	r the	· I	
From other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section	ons 179	and 280F(b)(2) W	/hen Busine	ess l	Jse Drops to 50	2 0% or Less
(see instructions)					Т	T
			_		(a) Section 179	(b) Section 280F(b)(2)
33 Section 179 expense deduction or depreciation allo	wable in	prior years		33		
Recomputed depreciation. See instructions				34		
35 Recapture amount. Subtract line 34 from line 33. So	ee the ins	structions for where to	report	35		

Form **4797** (2021)

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			93-	6041618
Dic	the corporation dispose of any investme	nt(s) in a qualified opportuni	ity fund during the tax ye	ear?		Yes X No
	Yes," attach Form 8949 and see its instru					
F	Part I Short-Term Capital Ga	ins and Losses - Ass	ets Held One Year	or Less		
to e Thi:	instructions for how to figure the amounts inter on the lines below. In form may be easier to complete if you and 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					(9)
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					67
_	Form(s) 8949 with Box C checked					67.
	Short-term capital gain from installment sales				4	
	Short-term capital gain or (loss) from like-kin				5	
	Unused capital loss carryover (attach comput	,			6	()
	Net short-term capital gain or (loss). Combin	e lines 1a through 6 in column	h	- One Veer	7	67.
_		ns and Losses - Asse	ets neid wore Thai			
to e Thi:	e instructions for how to figure the amounts enter on the lines below. Is form may be easier to complete if you not 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						
10	Totals for all transactions reported on					15,458.
	Form(s) 8949 with Box F checked Enter gain from Form 4797, line 7 or 9				11	15,450.
	Long-term capital gain from installment sales	from Form COEO line OC or 07				
					12	
	Long-term capital gain or (loss) from like-kin	_			13	
					14	15,458.
	Net long-term capital gain or (loss). Combin		I II		15	10,400.
	-		Llane (line 45)		-10	67.
	Enter excess of net short-term capital gain (li				16	15,458.
	Net capital gain. Enter excess of net long-term				17	15,436.
18	Add lines 16 and 17. Enter here and on Form		oncable line on other returns	s	18	15,545.
	Note: If losses exceed gains, see Capital Los					

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2021

Form **8949**Department of the Treasury

Internal Revenue Service

Sales and Other Dispositions of Capital Assets

▶ File with your Schedule D to list your transactions for lines 1b, 2, 3, 8b, 9, and 10 of Schedule D.

► Go to www.irs.gov/Form8949 for instructions and the latest information.

2021

OMB No. 1545-0074

Attachment Sequence No. **12A**

Name(s) shown on return

OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND

Social security number or taxpayer identification no.

93-6041618

Before you check Box A, B, or C below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Short-Term. Transactions involving capital assets you held 1 year or less are generally short-term (see instructions). For long-term Part I transactions, see page 2. Note: You may aggregate all short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 1a; you aren't required to report these transactions on Form 8949 (see instructions). You must check Box A, B, or C below. Check only one box. If more than one box applies for your short-term transactions, complete a separate Form 8949, page 1, for each applicable box. If you have more short-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need (A) Short-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above) (B) Short-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS X (C) Short-term transactions not reported to you on Form 1099-B 1 (d) Adjustment, if any, to gain or (h) (c) (e) loss. If you enter an amount Proceeds Description of property Date sold or Cost or other Gain or (loss). Date acquired in column (g), enter a code in (sales price) basis. See the Subtract column (e) (Example: 100 sh. XYZ Co.) (Mo., day, yr.) disposed of column (f). See instructions. Note below and from column (d) & (Mo., day, yr.) (g) Amount of adjustment see Column (e) ir combine the result Code(s) with column (g) the instructions NORTHGATE PRIVATE EQUITY PARTNERS II 67. (Q) 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 1b (if Box A above is checked), line 2 (if Box B above is checked), or line 3 (if Box C above is checked)

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

23011 12-14-21 LHA For Paperwork Reduction Act Notice, see your tax return instructions.

Form 8949 (2021)

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

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute	
statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your	
proker and may even tell you which box to check.	

broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions, see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see Note above)

(E) Long-term transactions not reported to you on Form 1099-B

1 (a) Description of property	(b) Date acquired	(c) Date sold or	(d) Proceeds (sales price)	(e) Cost or other basis. See the	loss. If y in column	nt, if any, to gain or ou enter an amount (g), enter a code in	(h) Gain or (loss). Subtract column (e)
(Example: 100 sh. XYZ Co.)	(Mo., day, yr.)	disposed of (Mo., day, yr.)	(Sales price)	Note below and see Column (e) in the instructions	column (f). See instructions. (g) Amount of adjustment	from column (d) & combine the result with column (g)
NORTHGATE VENTURE							
PARTNERS II, LP							<183.
NORTHGATE PRIVATE							
EQUITY PARTNERS II							
(Q)							12,940.
NORTHGATE V, LP							2,701.
2 Totals. Add the amounts in colur negative amounts). Enter each to Schedule D, line 8b (if Box D abo	tal here and incl	ude on your					
above is checked), or line 10 (if E	Box F above is cl	hecked)					15,458.

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 enter an adjustment in column (g) to correct the basis. See *Column* (a) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2021)

Underpayment of Estimated Tax by Corporations

Attach to the corporation's tax return.

FORM 990-T

OMB No. 1545-0123 2021

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form2220 for instructions and the latest information.

OREGON SHAKESPEARE FESTIVAL ENDOWMENT FUND Employer identification number 93-6041618

Note: Generally, the corporation is not required to file Form 2220 (see Part II below for exceptions) because the IRS will figure any penalty owed and bill the corporation. However, the corporation may still use Form 2220 to figure the penalty. If so, enter the amount from page 2, line 38, on the estimated tax penalty line of the corporation's income tax return, but do not attach Form 2220.

F	Part I Required Annual Payment							
1	Total tax (see instructions)						1	2,076.
	D	00)		ء ا	1			
	a Personal holding company tax (Schedule PH (Form 1120), line			2	1			
	D Look-back interest included on line 1 under section 460(b)(2)							
	contracts or section 167(g) for depreciation under the income	tore	cast method	21	-			
_	Credit for fodoral toy poid on fuels (one instructions)							
	Credit for federal tax paid on fuels (see instructions)				_		04	
2	I Total. Add lines 2a through 2c Subtract line 2d from line 1. If the result is less than \$500, do		amplete or file this form	 The corporatio	 n		2d	
3			•	•			3	2,076.
4	Enter the tax shown on the corporation's 2020 income tax retu						3	2,010.
7	or the tax year was for less than 12 months, skip this line and						4	
	of the tax year was for less than 12 months, skip this line and	GIILGI	the amount nom line 5 o	/// IIII6 0			4	
5	Required annual payment. Enter the smaller of line 3 or line	⊿ If	the cornoration is require	d to skin line 4				
·	enter the amount from line 3						5	2,076.
F	Part II Reasons for Filing - Check the boxes belo							
	even if it does not owe a penalty. See instructions.		,,	,				
6	The corporation is using the adjusted seasonal installr	nent	method.					
7	The corporation is using the annualized income install							
8	The corporation is a "large corporation" figuring its firs			n the prior year	's tax.			
F	Part III Figuring the Underpayment			1 2				
_			(a)	(b)		(c)		(d)
9	Installment due dates. Enter in columns (a) through (d) the		, ,	, ,		, ,		,
	15th day of the 4th (Form 990-PF filers: Use 5th month),							
	6th, 9th, and 12th months of the corporation's tax year	9	02/15/22	04/15	/22	07/15/	22	10/15/22
10	Required installments. If the box on line 6 and/or line 7							
	above is checked, enter the amounts from Sch A, line 38. If							
	the box on line 8 (but not 6 or 7) is checked, see instructions							
	for the amounts to enter. If none of these boxes are checked,							
	enter 25% (0.25) of line 5 above in each column	10	519.		519.	5:	19.	519.
11	Estimated tax paid or credited for each period. For							
	column (a) only, enter the amount from line 11 on line 15.							
	See instructions	11	1,616.					
	Complete lines 12 through 18 of one column							
	before going to the next column.							
12	Enter amount, if any, from line 18 of the preceding column	12		1,	097.		78.	59.
	Add lines 11 and 12	13		1,	097.	5'	78.	59.
14	Add amounts on lines 16 and 17 of the preceding column	14				_		
15	Subtract line 14 from line 13. If zero or less, enter -0-	15	1,616.	1,	097.	5'	78.	59.
16	If the amount on line 15 is zero, subtract line 13 from line						_	
	14. Otherwise, enter -0-	16			0.		0.	
17	Underpayment. If line 15 is less than or equal to line 10,							
	subtract line 15 from line 10. Then go to line 12 of the next							
	column. Otherwise, go to line 18	17						460.
18	Overpayment. If line 10 is less than line 15, subtract line 10		1 225		·] .	_	
_	from line 15. Then go to line 12 of the next column	18	1,097.		578.		59.	
G0	to Part IV on page 2 to figure the penalty. Do not go to Part I\	ıt th	ere are no entries on line	e 17 - no penal	ty is owe	α.		

For Paperwork Reduction Act Notice, see separate instructions.

Form 2220 (2021)

Part IV Figuring the Penalty

			(a)	(b)	(c)	(d)
19	Enter the date of payment or the 15th day of the 4th month after the close of the tax year, whichever is earlier. (C corporations with tax years ending June 30 and S corporations: Use 3rd month instead of 4th month. Form 990-PF and Form 990-T filers: Use 5th month instead of 4th month.) See instructions	19				
20	Number of days from due date of installment on line 9 to the					
	date shown on line 19	20				
21	Number of days on line 20 after 4/15/2021 and before 7/1/2021	21				
22	Underpayment on line 17 x Number of days on line 21 x 3% (0.03)	22	\$	\$	\$	\$
23	Number of days on line 20 after 6/30/2021 and before 10/1/2021	23				
24	Underpayment on line 17 x Number of days on line 23 x 3% (0.03)	24	\$	\$	\$	\$
25	Number of days on line 20 after 9/30/2021 and before 1/1/2022	25				
26	Underpayment on line 17 x Number of days on line 25 x 3% (0.03)	26	\$	\$	\$	\$
27	Number of days on line 20 after 12/31/2021 and before 4/1/2022	27	SEE	ATTACHED W	ORKSHEET	
28	Underpayment on line 17 x Number of days on line 27 x 3% (0.03)	28	\$	\$	\$	\$
29	Number of days on line 20 after 3/31/2022 and before 7/1/2022	29				
30	Underpayment on line 17 x Number of days on line 29 x *%	30	\$	\$	\$	\$
31	Number of days on line 20 after 6/30/2022 and before 10/1/2022	31				
32	Underpayment on line 17 x Number of days on line 31 x *%	32	\$	\$	\$	\$
33	Number of days on line 20 after 9/30/2022 and before 1/1/2023	33				
34	Underpayment on line 17 x Number of days on line 33 x *%	34	\$	\$	\$	\$
35	Number of days on line 20 after 12/31/2022 and before 3/16/2023	35				
36	Underpayment on line 17 x Number of days on line 35 x *%	36	\$	\$	\$	\$
37	Add lines 22, 24, 26, 28, 30, 32, 34, and 36	37	\$	\$	\$	\$
38	Penalty. Add columns (a) through (d) of line 37. Enter the to line for other income tax returns	tal he	ere and on Form 1120, lin	e 34; or the comparable	38	s 13.

^{*} Use the penalty interest rate for each calendar quarter, which the IRS will determine during the first month in the preceding quarter. These rates are published quarterly in an IRS News Release and in a revenue ruling in the Internal Revenue Bulletin. To obtain this information on the Internet, access the IRS website at www.irs.gov. You can also call 1-800-829-4933 to get interest rate information.

Form **2220** (2021)

FORM 990-T UNDERPAYMENT OF ESTIMATED TAX WORKSHEET

lame(s) OREGON SHAK				Identifying Nu	
	DOWMENT FUND	, a. T	(5)	93-604	
(A)	(B)	(C) Adjusted	(D) Number Days	(E) Daily	(F)
*Date	Amount	Balance Due	Balance Due	Penalty Rate	Penalty
		-0-			
02/15/22	519.	519.			
02/15/22	-1,616.	-1,097.			
03/31/22	0.	-1,097.	15	.000109589	
04/15/22	519.	-578.			
06/30/22	0.	-578.	15	.000136986	
07/15/22	519.	-59.			
09/30/22	0.	-59.	15	.000164384	
10/15/22	519.	460.	77	.000164384	-
12/31/22	0.	460.	74	.000191781	
nalty Due (Sum of Colun	on F)				1

^{*} Date of estimated tax payment, withholding credit date or installment due date.

112511 04-01-21

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

ORBGON SHAKESPEARE a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 b Enter the total amount of gain that you are including on lines 2, 10, or 20 b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets c		e(s) shown on return						Ide	ntifying number
1a Enter the gross proceeds from sales or exchanges reported to you for 2021 on Form(s) 1099-B or 1099-S (or substitute statement) that you are including on line 2, 10, or 20 b Enter the total amount of gain that you are including on line 2, 10, or 20 b Enter the total amount of gain that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS 2									
b Enter the total amount of gain that you are including on lines 2, 10, or 20 b Enter the total amount of gain that you are including on lines 2, 10, and 24 due to the partial dispositions of MACRS assets c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets c Enter the tain of Loss assets c Enter the Enter the tain of Loss and the Enter the gain form line 2 as along term capital gain on the Schedule Offied with your return See instructions Enter the Enter the Enter the Enter the gain form line 7 as a long-ter	<u>FE</u>		93-6041618						
MACRS assets c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS assets Part II 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) 2 (a) Description of property (b) Date acquired (inc., day, yr.) (d) Date good (inc., day, yr.) (e) Description of property (inc., day, yr.) (f) Date good (inc., day, yr.) (d) Date good of price else including all properties and expense of sale incertain the properties of particle inc., day, yr.) NORTHGATE PRIVATE EQUITY PARTNERS II (Q) -22. 3 Gain, if any, from Form 4684, line 39 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 Section 1231 gain from installment sales from Form 8824 5 Gain, if any, from line 32, from other than casualty or theft 7 Combine lines 2 through 6. Enter the gain or (loss) from 1844 (so and inc.) (so and inc.	1a	• .	• .	•	* *			1a	
c Enter the total amount of loss that you are including on lines 2 and 10 due to the partial dispositions of MACRS Table 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) California	b	Enter the total amount of gain that yo							
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) 2		MACRS assets	1b						
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) 2	С	Enter the total amount of loss that yo	u are including o	n lines 2 and 10	due to the partial	dispositions of MA	CRS		
Than Casualty or Theft-Most Property Held More Than 1 Year (a) Description (b) Date accurred (c) Date sold (mo., day, yr.) (b) Date sold (mo., day, yr.) (c) Date sold (mo., day, yr.) (d) Cross sales pice individuals since allowed in provements and soldward or allowable since acquisition of soldward in from the sum of (d) and (e). NORTHGATE PRIVATE (Q) -22. 3 Gain, if any, from Form 4684, line 39 4 Section 1231 gain from installment sales from Form 6252, line 26 or 37 4 5 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 7 Combine lines 2 through 6. Enter 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, Sc opropartion 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 is, 9, 11, and 12 below. 8 Nonrecaptured net section 1231 losses from prior years. See instructions 9 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 9 Subtract line 8 from line 7. If zero riess, enter 0. If line 9 is zero, enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 9 Subtract line 8 from line 7. If zero riess, enter 0. If line 9 is zero, enter the gain from line 9 as a long-term capital gain on the Schedule D filed with your return. See instructions 10 Ordinary Gains and Losses (see instructions) 11									
2 (a) Description of property (b) Date acquired (mo., day, yr.) (c) Date sold (mo., day, yr.) (d) Gain or (loss) subtract (n) for property (mo., day, yr.) (d) Gain or (loss) subtract (n) form the all property individuals since all properties and expense of sale (mo., day, yr.) (e) Date acquisition of price all property all properties and expense of sale (mo., day, yr.) (e) Date acquisition (mo., day, yr.) (e) Date	Pa						-	sions	s From Other
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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 9 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 9 Part II Ordinary Gains and Losses (see instructions) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31	7	Combine lines 2 through 6. Enter the	gain or (loss) her	e and on the ap	propriate line as fo	llows		7	-22.
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 9 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 9 Part II Ordinary Gains and Losses (see instructions) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 Loss, if any, from line 31				. ,		r Form 1065, Sche	dule K,		
8 Nonrecaptured net section 1231 losses from prior years. See instructions 9 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) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31		from line 7 on line 11 below and skip 1231 losses, or they were recaptured							
9 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) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 In the same of the gain from line 7 on line 12 below. If line 9 is zero, enter the gain from line 7 on line 12 below. If line 9 is zero, enter the gain from line 9 as a long-term of line 9		•					H		T
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) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 Loss, if any, from line 31		•						8	
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): 11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31	· · · · · · · · · · · · · · · · · · ·								
Part II Ordinary Gains and Losses (see instructions) 10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31			_						
10 Ordinary gains and losses not included on lines 11 through 16 (include property held 1 year or less): 11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 15 15 15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	_		-					9	
11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 15 15 16 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	Pa	rt II Ordinary Gains and I	_osses (see in	structions)					
11 Loss, if any, from line 7 12 Gain, if any, from line 7 or amount from line 8, if applicable 13 Gain, if any, from line 31 14 15 15 16 17 18 18 18 19 19 19 19 19 19 19 19 19 19 19 19 19	10	Ordinary gains and losses not includ	led on lines 11 th	rough 16 (includ	de property held 1 y	vear or less):			
12 Gain, if any, from line 7 or amount from line 8, if applicable 12 13 Gain, if any, from line 31 13	-	Gramary game and ledged flot metal				y car or 1000).			
12 Gain, if any, from line 7 or amount from line 8, if applicable 12 13 Gain, if any, from line 31 13									
12 Gain, if any, from line 7 or amount from line 8, if applicable 12 13 Gain, if any, from line 31 13									
12 Gain, if any, from line 7 or amount from line 8, if applicable 12 13 Gain, if any, from line 31 13									
12 Gain, if any, from line 7 or amount from line 8, if applicable 12 13 Gain, if any, from line 31 13	11	Loss, if any, from line 7						11	(22.)
13 Gain, if any, from line 31	12								
	13								
	14								
15 Ordinary gain from installment sales from Form 6252, line 25 or 36	15	Ordinary gain from installment sales f		15					
16 Ordinary gain or (loss) from like-kind exchanges from Form 8824	16			16					
17 Combine lines 10 through 16 17 -22.	17	O I			-22.				
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.									
a 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	а	If the loss on line 11 includes a loss fr	rom Form 4684,	line 35, column	(b)(ii), enter that par	t 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	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		as an employee.) Identify as from "Fo		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	b	• ,	· ·					18h	

LHA For Paperwork Reduction Act Notice, see separate instructions.

Form 4797 (2021)

Part III Gain From Disposition of Proper	.y Ona		<u> </u>	<u> </u>	, and 1200	(See	instructions)
(a) Description of section 1245, 1250, 1252, 1254,	or 1255 p	oroperty:			(b) Date acquir (mo., day, yr.		(c) Date sold (mo., day, yr.)
A							
В							
C						\longrightarrow	
D			1				
These columns relate to the properties on lines 19A through 19D.	•	Property A	Property	/ B	Property (С	Property D
Gross sales price (Note: See line 1a before completing.)	20						
Cost or other basis plus expense of sale	21						
2 Depreciation (or depletion) allowed or allowable	22						
Adjusted basis. Subtract line 22 from line 21	23						
Total gain. Subtract line 23 from line 20	24						
If section 1245 property:							
a Depreciation allowed or allowable from line 22	25a						
b Enter the smaller of line 24 or 25a	25b						
If section 1250 property: If straight line depreciation was used, enter -0- on line 26g, except for a corporation subject to section 291.							
${\bf a}$ Additional depreciation after 1975. See instructions $ \dots $	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						
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					\longrightarrow	
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, mining exploration costs, and depletion. See instructions 	28a						
b Enter the smaller of line 24 or 28a	28b						
 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					+	
ummary of Part III Gains. Complete property of	•	A through D through	line 29b before	going	to line 30.		
Total gains for all properties. Add property columns Add property columns A through D, lines 25b, 26q,						30	
Subtract line 31 from line 30. Enter the portion from	casualt	·			portion	31	
from other than casualty or theft on Form 4797, line Part IV Recapture Amounts Under Section (200 instructions)	ns 179	and 280F(b)(2)	When Busir	ness l	Use Drops to	32 50 %	or Less
(see instructions)							# N G
					(a) Section 179	1	(b) Section 280F(b)(2)
Section 179 expense deduction or depreciation allo	wable in	prior years		33			
Recomputed depreciation. See instructions				34			
Recapture amount. Subtract line 34 from line 33. S				35			