

** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

▶ 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

A For the 2021 calendar year, or tax year beginning and ending Check if applicable: C Name of organization D Employer identification number Address change OLD GLOBE THEATRE Name change 95-1543396 THE OLD GLOBE Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Final return/ termin-ated 619-231-1941 P.O. BOX 122171 30,611,040. City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended return SAN DIEGO, CA 92112-2171 H(a) Is this a group return Applica-tion pending F Name and address of principal officer: MICHELLE L. for subordinates? Yes X No SAME AS C ABOVE __Yes **H(b)** Are all subordinates included? Tax-exempt status: \mathbf{X} 501(c)(3) $\mathbf{\Box}$ 501(c) (4947(a)(1) or) ◀ (insert no.) If "No," attach a list. See instructions J Website: ► WWW.THEOLDGLOBE.ORG **H(c)** Group exemption number ▶ **K** Form of organization: \overline{X} Corporation Association Other > . Year of formation: 1937 **M** State of legal domicile: CA ☐ Trust Part I Summary Briefly describe the organization's mission or most significant activities: THE TONY AWARD-WINNING OLD GLOBE **Activities & Governance** THEATRE IS ONE OF THE LARGEST THEATRES IN THE COUNTRY AND SAN if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 50 Number of independent voting members of the governing body (Part VI, line 1b) 4 604 Total number of individuals employed in calendar year 2021 (Part V, line 2a) 5 2600 Total number of volunteers (estimate if necessary) 6 -524.7 a Total unrelated business revenue from Part VIII, column (C), line 12 **b** Net unrelated business taxable income from Form 990-T, Part I, line 11 7b 0. **Prior Year Current Year** 13,981,436. 22,809,383. Contributions and grants (Part VIII, line 1h) 8 2,214,280. 7,109,250. Program service revenue (Part VIII, line 2g) 288,396. 178,047. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 -10,342.-180,168.Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 16,473,770. 29,916,512. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 274,866. 934,680. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 0. 0. 14 Benefits paid to or for members (Part IX, column (A), line 4) 9,493,376. 14,143,495. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16a Professional fundraising fees (Part IX, column (A), line 11e) **b** Total fundraising expenses (Part IX, column (D), line 25) 6,179,809. 8,451,137. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 23,529,312. 15,948,051. 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 525,719. 6,387,200. Revenue less expenses. Subtract line 18 from line 12 **Beginning of Current Year** End of Year 5 79,168,056. 87,825,720 Total assets (Part X, line 16) 9,387,316. 11,280,541. 21 Total liabilities (Part X, line 26) 三年 69,780,740. 76,545,179 22 Net assets or fund balances. Subtract line 21 from line 20 ... Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Date Sign MICHELLE L. YEAGER, DIRECTOR OF FINANCE Here Type or print name and title Date PTIN Print/Type preparer's name Preparer's signature P01391236 JANE COLEMAN Paid self-employed Firm's name ▶ MOSS ADAMS LLP Firm's EIN ▶ 91-0189318 Preparer Firm's address 4747 EXECUTIVE DR SUITE 1300 Use Only Phone no. 858-627-1400 SAN DIEGO, CA 92121 X Yes May the IRS discuss this return with the preparer shown above? See instructions No

Par	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	_
1	Briefly describe the organization's mission:	
	THE MISSION OF THE OLD GLOBE IS TO PRESERVE, STRENGTHEN AND ADVANCE	
	AMERICAN THEATRE BY: CREATING THEATRICAL EXPERIENCES OF THE HIGHEST	_
	PROFESSIONAL STANDARDS; PRODUCING AND PRESENTING WORKS OF EXCEPTIONAL	_
	MERIT, DESIGNED TO REACH CURRENT AND FUTURE AUDIENCES; ENSURING	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	O
	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? X Yes No	O
	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 \$17,489,099. including grants of \$778,780.) (Revenue \$7,167,462.)
	THE OLD GLOBE REMAINS AT THE FOREFRONT OF THE NATION'S THEATRICAL	
	PERFORMING ARTS ORGANIZATIONS, SETTING A STANDARD FOR EXCELLENCE IN	_
	AMERICAN THEATER BY PRODUCING AS MANY AS 15 PROFESSIONAL PRODUCTIONS IN	_
	A TYPICAL SEASON, INCLUDING WORLD PREMIERE MUSICALS, MODERN CLASSICS,	
	NEW WORKS, BROADWAY-BOUND PRODUCTIONS, AND AN OUTDOOR SUMMER	
	SHAKESPEARE FESTIVAL, IN ADDITION TO A WIDE VARIETY OF ARTS ENGAGEMENT	
	PROGRAMS THAT BRING THE GLOBE INTO THE COMMUNITY. THE GLOBE'S RETURN TO	
	LIVE PRODUCTIONS IN AUGUST OF 2021 AFTER A PANDEMIC-CAUSED HIATUS	
	INCLUDED A REVIVAL OF THE MUSICAL HAIR, THE WORLD PREMIERE OF THE	
	GARDENS OF ANUNICA DIRECTED AND CHOREOGRAPHED BY GRACIELA DANIELE,	
	TONY-AWARD WINNER FOR LIFETIME ACHIEVEMENT, A SECOND PRODUCTION OF	
	SCROOGE'S SAN DIEGO BIG OL' CHRISTMAS SHOW, AND THE ANNUAL PRODUCTION	
4b	(Code:) (Expenses \$ 155,900 • including grants of \$ 155,900 •) (Revenue \$	_)
	A JOINT VENTURE OF THE OLD GLOBE AND THE UNIVERSITY OF SAN DIEGO, THE	
	MASTER OF FINE ARTS IN ACTING PROGRAM NATIONALLY RECRUITS SEVEN	
	STUDENTS EACH YEAR TO PARTICIPATE IN AN INTENSIVE TWO-YEAR, YEAR-ROUND	
	COURSE OF GRADUATE STUDY IN CLASSICAL THEATRE. GRANTS ARE GIVEN TO THE	
	STUDENTS TO COVER A PORTION OF MONTHLY LIVING EXPENSES.	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$	_)
		Т
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ including grants of \$) (Revenue \$)	
4e	Total program service expenses ► 17,644,999.	

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Form 990 (2021) OLD GLOBE THEATRE
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		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		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
	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	-		1
8	, ,			x
•	Schedule D, Part III	8		
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?			3,7
	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			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	_X_	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
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
h	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	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the appropriation projection of the control of the Light of the Light of the Light of the Control	14a		X
14a b	Did the organization maintain an office, employees, or agents outside of the United States? Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	 -a		
D				
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000	14b		x
15	or more? If "Yes," complete Schedule F, Parts I and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	140		1
15		45		x
40	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	40		_ v
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			\ ₃₇
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I. See instructions	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines		77	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	_X_	<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		X

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Form 990 (2021) OLD GLOBE THEATRE

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		37	
	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		
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	24c		х
Ч	any tax-exempt bonds? Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		X
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes." complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		<u> </u>
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			7.7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see the Schedule L, Part IV,			
_	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? f	28a		х
h	"Yes," complete Schedule L, Part IV	28b		X
	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		_X_
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			37
	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		Х	
25.0	Part V, line 1 Did the organization have a controlled entity within the meaning of section 512(b)(13)?	34 35a	X	
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	งอล	-22	
D	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		Х
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		X
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
<u> </u>	Note: All Form 990 filers are required to complete Schedule 0	38	X	
Pai				
	Check if Schedule O contains a response or note to any line in this Part V			
4 -	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable 1a 219 Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable 1b 0	1		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
·	(gambling) winnings to prize winners?	1c	X	
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			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 604			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.			
3а	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Х	<u> </u>
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b	Х	
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).		37	
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	_
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_		₩.
	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			Х
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?			<u> </u>
g h	If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C?	7g 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	711		
Ü	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources. (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	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.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans 13b			
	Enter the amount of reserves on hand	44-		Х
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
ъ 15	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	14b		
IJ		15		X
	excess parachute payment(s) during the year? If "Yes," see the instructions and file Form 4720, Schedule N.	13		Ė
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		х
	If "Yes," complete Form 4720, Schedule O.	.0		
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?	17		
	If "Yes." complete Form 6069.			

	990 (2021) OLD GLOBE THEATRE		95-1543		Р	age 6
Pai	t VI Governance, Management, and Disclosure. For each "Yes" response to lines 2 th	rough	7b below, and for a	"No" r	espon	se
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O.					
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	52			
	If there are material differences in voting rights among members of the governing body, or if the governing					
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.					
b	Enter the number of voting members included on line 1a, above, who are independent	1b	50			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	ny other			
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under the	direct	supervision			
	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 99	90 was	filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's asset	ets?		5		X
6	Did the organization have members or stockholders?			6	X	
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap	point o	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, ste	ockho	ders, 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	r by the	following:			
а	The governing body?			8a	X	
b	Each committee with authority to act on behalf of the governing body?			8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached and the section of the section	hed a	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 Re	/enue	Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such characteristics.	apters	affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body	befor	e filing the form?	11a		X
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.					
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13			12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	X	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If " γ	es," de	escribe			
	on Schedule O how this was done			12c	X	
13	Did the organization have a written whistleblower policy?			13	X	
14	Did the organization have a written document retention and destruction policy?			14	X	
15	Did the process for determining compensation of the following persons include a review and approval	by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				7.7	
а	The organization's CEO, Executive Director, or top management official			15a	X	
b	Other officers or key employees of the organization			15b	X	
	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 of the contribute assets to a participate in a joint venture or similar arrangement of the contribute assets to a participate in a joint venture or similar arrangement of the contribute assets to a participate in a joint venture or similar arrangement of the contribute assets to a participate in a joint venture or similar arrangement of the contribute assets to a participate in a joint venture or similar arrangement of the contribute assets to a participate in a joint venture or similar arrangement of the contribute assets to a participate in a joint venture or similar arrangement of the contribute assets to a participate in a joint venture or similar arrangement of the contribute assets to a participate in a joint venture or similar arrangement of the contribute assets to a participate in a joint venture or similar arrangement of the contribute assets to a participate and the contribute assets to a participate and the contribute asset to a participate and the contribute aspecific and the contribute asset to a participate and the contrib	nent w	th a			37
	taxable entity during the year?			16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate		•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organi	ization	's			
800	exempt status with respect to such arrangements?			16b		
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed CA	4 000	T (2004)	a se to A		-1-
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and	ia 990	· i (section 501(c)(3)s	only) a	avaılal	ole
	for public inspection. Indicate how you made these available. Check all that apply.					
40	X Own website Another's website X Upon request Other (explain		,	£:	.:_!	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, con	nflict o	Tinterest policy, and	financ	iai	
20	statements available to the public during the tax year.	ko a	l rooprds			
20	State the name, address, and telephone number of the person who possesses the organization's boo MICHELLE L. YEAGER $-619-231-1941$	ks and	records			

Form **990** (2021)

92101

1363 OLD GLOBE WAY, SAN DIEGO, CA

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See the instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (box 5 of Form W-2, 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.

(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average	(do	not c	Pos			one	Reportable	Reportable	Estimated
	hours per	box	, unle: cer ar	ss per	rson i	s both	n an	compensation	compensation	amount of
	week	-	T an			1	100,	from	from related	other
	(list any hours for	director				_		the organization	organizations (W-2/1099-MISC/	compensatior from the
	related	3e or (trustee			nsated		(W-2/1099-MISC/	1099-NEC)	organization
	organizations	Individual trustee or	al tru		yee	Highest compensated employee		1099-NEC)	,	and related
	below	/idual	Institutional t	er	Key employee	loyee	Jer			organizations
	line)	lhdi	Insti	Officer	Key	High	Former			
(1) TIMOTHY SHIELDS	40.00									
MANAGING DIRECTOR		Х		Х				344,049.	0.	106,044
(2) BARRY EDELSTEIN	40.00									
ARTISTIC DIRECTOR		Х		Х				330,357.	0.	98,631
(3) LLEWELLYN CRAIN	40.00									
DIRECTOR OF PHILANTHROPY				Х				212,583.	0.	33,611
(4) DAVID HENSON	40.00									
DIRECTOR OF MARKETING				Х				196,826.	0.	5,905
(5) MICHELLE YEAGER	40.00									
DIRECTOR OF FINANCE				Х				174,402.	0.	15,055
(6) MICHAEL PAGE	40.00									
GENERAL MANAGER (THRU 11/21)				Х				163,629.	0.	11,748
(7) ROBERT DRAKE	40.00									
SENIOR PRODUCER				Х				158,482.	0.	14,628
(8) FREEDOME BRADLEY-BALLENTINE	40.00									
DIRECTOR OF ARTS ENGAGEMENT						Х		115,054.	0.	30,906
(9) BENJAMIN THORON	40.00									
PRODUCTION MANAGER		1				X		128,575.	0.	13,670
(10) DEAN M YAGER	40.00									-
INFORMATION TECHNOLOGY DIRECTOR		1				X		125,933.	0.	13,617
(11) STACY SUTTON	40.00									-
COSTUME DIRECTOR						X		107,027.	0.	13,024
(12) SANDRA PARDE	40.00									·
DIRECTOR OF HUMAN RESOURCES						X		110,468.	0.	3,380
(13) ANN DAVIES	15.00									·
BOARD CHAIR		Х		х				0.	0.	l c
(14) ANTHONY S. THORNLEY	8.00								-	
BOARD TREASURER	0.50	X		х				0.	0.	0
(15) CHRISTINE ROBERTS TRIMBLE	4.00									
BOARD MEMBER		Х						0.	0.	0
(16) DAPHNE H. JAMESON	4.00	T -								
BOARD MEMBER		х						0.	0.	0
(17) DAVID JAY OHANIAN	4.00	T	T						3.	
BOARD MEMBER		х						0.	0.	0
132007 12-09-21	,									Form 990 (20

Part VII Section A. Officers, Directors, Trus	tees, Key Em	oloy	ees,	and	l Hi	ghes	t Co	ompensated Employee	s (continued)				
(A)	(B)			(0	C)			(D)	(E)		((F)	
Name and title	Average	(do		Posi		າ than ເ	ne	Reportable	Reportable		Estir	mate	d
	hours per	box	, unle	ss per	rson i	is both or/trus	n an	compensation	compensation	·		unt c	of
	week		Cer ai	lu a u	recic	Tritus	lee)	from	from related			ther .	
	(list any hours for	director						the	organizations		compe		
	related	e or d	tee			sated		organization (W-2/1099-MISC/	(W-2/1099-MISO 1099-NEC)	ا /ر	organ	n the	
	organizations	ruste	l trus		ee.	mpen		1099-NEC)	1099-1120)		and r		
	below	Individual trustee or	Institutional trustee	_	nplo,	st co	-ia	,			organi		
	line)	Indivi	Instit	Officer	Key employee	Highest compensated employee	Former				Ü		
(18) DEBRA TURNER	4.00												
BOARD MEMBER		Х						0.		0.			0.
(19) DEIRDA PRICE, PH.D.	4.00												
BOARD MEMBER		Х						0.		0.			0.
(20) DIRK HARRIS	4.00												
BOARD MEMBER		Х						0.		0.			0.
(21) DONALD L. COHN	6.00												_
BOARD MEMBER	5 00	Х						0.		0.			0.
(22) ELAINE BENNETT DARWIN	6.00	.,								,			^
BOARD MEMBER	4 00	Х						0.		0.			0.
(23) ELEANOR Y. CHARLTON	4.00	37								,			^
BOARD MEMBER	4 00	Х			_	┝		0.		0.			0.
(24) ELLISE COIT	4.00	Х						0.		0.			Λ
BOARD MEMBER (25) EVELYN MACK TRUITT	4.00	Λ				┢		0.		" 			0.
BOARD MEMBER	4.00	Х						0.		0.			0.
(26) EVELYN OLSON LAMDEN	6.00	Δ						0.		٠+			<u> </u>
BOARD INCOMING CHAIR	0.00	Х		x				0.		0.			0.
					<u> </u>	<u> </u>		2,167,385.			360	21	
1b Subtotal c Total from continuation sheets to Part VI	Section A							0.		0.	300	, 2, 1	0.
d Total (add lines 1b and 1c)								2,167,385.			360	. 21	
Total number of individuals (including but n							o re	· · · · · · · · · · · · · · · · · · ·		<u> </u>		,	
compensation from the organization	or invited to th	000	11010	u u	,000	,, ••••	010	oowed more than \$100,	occ or reportable				16
compensation from the organization											Y	'es	No
3 Did the organization list any former officer,	director, trust	ee. k	ev e	lame	ove	e. or	hial	hest compensated emp	lovee on				
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	x	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	plete Schedule	e J fo	or su	ıch r	oers	on .					5		Х
Section B. Independent Contractors													
1 Complete this table for your five highest co	mpensated inc	lepe	nde	nt cc	ontra	acto	rs th	at received more than \$	3100,000 of compe	ensatio	on from	1	
the organization. Report compensation for	the calendar ye	ear e	endir	ng w	ith c	or wi	thiņ	the organization's tax y	ear.				
(A)								(B)			(C)		

(A) Name and business address	(B) Description of services	(C) Compensation
MOSS ADAMS, 4747 EXECUTIVE DRIVE, SUITE		
1300, SAN DIEGO, CA 92037	ACCOUNTING	121,979.
DNB DESIGN, LLC	SOUND DESIGN AND	
11331 183RD STREET #207, CERRITOS, CA 90703	RENTALS	120,548.

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

SEE PART VII, SECTION A CONTINUATION SHEETS

	BE THEATH	(.							95-154	3390
Part VII Section A. Officers, Directors, 1	Trustees, Key Er	nplo	yee	s, an	d H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(C				(D)	(E)	(F)
Name and title	Average			Posi ^s				Reportable	Reportable	Estimated
	hours	(c	heck	all t	hat :	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week					yee		the	organizations	compensation
	(list any	ector				m plo		organization	(W-2/1099-MISC)	from the
	hours for	ordir	a.			ted e		(W-2/1099-MISC)		organization
	related	stee	truste			pen sa				and related
	organizations	Individual trustee or director	Institutional trustee		Key employee	Highest compensated employee				organizations
	below	lividu	stituti	Officer	y em	ghest	Former			
	line)	i i	si Si	₩	<u>s</u>	Hig	Foi			
(27) GEORGE GUERRA	4.00									
BOARD MEMBER, FINANCE CHAIR	0.50	Х						0.	0.	0.
(28) GEORGE S. DAVIS	4.00									
BOARD MEMBER	0.50	Х						0.	0.	0.
(29) HAROLD W. FUSON, JR.	6.00									
BOARD MEMBER		Х						0.	0.	0.
(30) JEAN SHEKHTER	6.00	1			\neg			•	•	•
BOARD MEMBER		х						0.	0.	0.
(31) JENNIFER GREENFIELD	4.00				\dashv			•	•	•
BOARD MEMBER	7.00	Х						0.	0.	0.
(32) JO ANN KILTY	4.00	Α			\dashv			0.	0.	0.
	4.00	. ,							^	_
BOARD MEMBER (THRU 01/21)	4 00	Х			\dashv			0.	0.	0.
(33) JULES ARTHUR	4.00								•	•
BOARD MEMBER		Х			\dashv			0.	0.	0.
(34) KAREN L. SEDGWICK	8.00	l								
BOARD MEMBER, AUDIT CHAIR		Х						0.	0.	0.
(35) KAREN TANZ	6.00	1								
BOARD MEMBER		Х						0.	0.	0.
(36) KARIN WINNER	4.00									
BOARD MEMBER		Х						0.	0.	0.
(37) KEVEN LIPPERT	4.00									
BOARD MEMBER		Х						0.	0.	0.
(38) LYNNE WHEELER	4.00									
BOARD MEMBER		Х						0.	0.	0.
(39) MARGARITA WILKINSON	4.00									
BOARD MEMBER		Х						0.	0.	0.
(40) MARK DELFINO	4.00				\dashv			•	•	•
BOARD MEMBER	1.00	x						0.	0.	0.
(41) MARY BETH ADDERLEY	4.00	22			\dashv			0.	0.	<u> </u>
BOARD MEMBER (THRU 01/21)	7.00	Х						0.	0.	0.
	4 00	Α			\dashv			0.	0.	0.
(42) MICHAEL TAYLOR	4.00	. ,							_	_
BOARD MEMBER	4 00	Х			\dashv			0.	0.	0.
(43) MONICA MEDINA	4.00	l							•	•
BOARD MEMBER		Х			_			0.	0.	0.
(44) NICOLE A. CLAY	6.00	1_								_
BOARD MEMBER	0.50	Х						0.	0.	0.
(45) NISHMA HELD	4.00	1								
BOARD MEMBER		Х	L					0.	0.	0.
(46) NOELLE NORTON, PH.D.	4.00									
BOARD MEMBER		Х						0.	0.	0.
	•									
Total to Part VII, Section A, line 1c										
Total to Fait VII, Goodloff A, III G TO								1		<u> </u>

Part VII Section A. Officers, Directors, Tru	ustees, Key Er	nplo	yee	s, ar	nd H	lighe	est (Compensated Employe	es (continued)	
(A)	(B)			(0	C)			(D)	(E)	(F)
Name and title	Average			Pos	ition			Reportable	Reportable	Estimated
	hours	(cl	heck	all t	that	арр	ly)	compensation	compensation	amount of
	per							from	from related	other
	week	_				o yee		the	organizations	compensation
	(list any	recto				em pl		organization	(W-2/1099-MISC)	from the
	hours for	ordi	ee ee			ated		(W-2/1099-MISC)		organization
	related	ustee	trust		9.0	suedu				and related
	organizations below	ual tr	ional		yoldı	tcom	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(47) PAM STAFFORD	4.00	=	=	0	~	Ξ.	ъ.			
BOARD MEMBER	4.00	Х						0.	0.	0.
(48) PAM WAGNER	4.00	^						0.	0.	0.
BOARD MEMBER	4.00	Х						0.	0.	0.
(49) PAMELA A. FARR	6.00							0.	0.	·
BOARD MEMBER	1.00	Х						0.	0.	0.
(50) PAMELA MAUDSLEY-MERRILL	4.00							0.	0.	·
BOARD MEMBER (THRU 05/21)	7.00	Х						0.	0.	0.
(51) PAULA POWERS	8.00							•	0.	<u> </u>
BOARD SECRETARY	0.00	х		х				0.	0.	0.
(52) PETER J. COOPER	6.00								0.1	
BOARD MEMBER (THRU 06/21)	0.50	х						0.	0.	0.
(53) PETER LANDIN	4.00								0.1	
BOARD MEMBER (AS OF 06/21)	0.50	х						0.	0.	0.
(54) RENEE WAILES	4.00								•	
BOARD MEMBER		х						0.	0.	0.
(55) RHONA THOMPSON	4.00								<u> </u>	
BOARD MEMBER		Х						0.	0.	0.
(56) ROBERT FOXWORTH	4.00									
BOARD MEMBER		Х						0.	0.	0.
(57) RYAN K. NELSON	4.00							-	-	
BOARD MEMBER		х						0.	0.	0.
(58) SANDRA REDMAN	4.00									
BOARD MEMBER		Х						0.	0.	0.
(59) SCOTT W. SCHMID	4.00							-	-	
BOARD MEMBER (THRU 03/21)	0.50	Х						0.	0.	0.
(60) SEAN T. ANTHONY	4.00									
BOARD MEMBER (THRU 01/21)		Х						0.	0.	0.
(61) SHEILA LIPINSKY	4.00									
BOARD MEMBER		Х						0.	0.	0.
(62) SHERYL WHITE	6.00									
BOARD MEMBER		Х						0.	0.	0.
(63) SILVIJA DEVINE	4.00									
BOARD MEMBER		Х						0.	0.	0.
(64) STEPHANIE R. BULGER, PH.D.	6.00								_	
BOARD MEMBER		Х	L			L		0.	0.	0.
(65) SUE SANDERSON	8.00									
BOARD MEMBER	0.50	Х						0.	0.	0.
(66) SUSAN HOEHN	4.00									
		Х					1	0.	0.	0.

(A) (B) (C) (D) (E) Average Position Reportable compensation compensation from related week (list any hours for related plants for related leads of the compensation related leads of the compensation compensation (W-2/1099-MISC) for related leads of the compensation (W-2/1099-MISC) and the compensation compensation from related leads of the compensation (W-2/1099-MISC) for compensation (W-2/1099-MISC) and the compensation from related leads of the compensation compensation are compensation from related leads of the compensation compensation from related leads of the compensation from related leads of the compensation compensation from related leads of the compensation	1543396	95-154							<u>(E</u>	<u> THEATR</u>	Form 990 OLD GLOBE
(A) Name and title Average hours per week (list any hours for related organizations below line) (67) TERRY ATKINSON BOARD MEMBER (B) Average hours (C) Position (check all that apply) Pos		ees (continued)	Compensated Employe	st C	ighe	nd H	s, aı	yee	nplo	ıstees, Key En	
week (list any hours for related organizations below line) (67) TERRY ATKINSON BOARD MEMBER (18) VICKI L. ZEIGER Week (list any hours for related organizations below line) TO BOARD MEMBER (18) VICKI L. ZEIGER Week (list any hours for related organizations below line) TO BOARD MEMBER T	on amount of	(E) Reportable compensation	(D) Reportable compensation			C) ition	(C Pos			(B) Average hours	(A)
BOARD MEMBER 0.50 X 0. (68) VICKI L. ZEIGER 6.00	s compensation	organizations	the organization	Former	Highest compensated employee	Key employee	Officer	Institutional trustee	Individual trustee or director	week (list any hours for related organizations below line)	
(68) VICKI L. ZEIGER 6.00	0. 0.	0.	0.						$ _{\mathbf{x}}$		
BOARD MEMBER 0.50 X 0.0. 0.										6.00	
	0. 0.	0.	0.	4					Х	0.50	BOARD MEMBER
									-		
									\square		
				_							
									-		
									-		
									\square		
				1							
		-		_					\square		
				\downarrow							
									-		
				+					-		
				\dashv					H		
				\dashv					\vdash		
Total to Part VII, Section A, line 1c											Total to Part VII. Section A line 1c

Form 990 (2021) OLD GLOBE THEATRE
Part VIII Statement of Revenue

		Check if Schedule O contains a response o	r note to any line	e in this Part VIII			
		Cricok ii dericadic e contains a response o	Thore to any link	(A)	(B)	(C)	(D)
				Total revenue	Related or exempt	Unrelated	Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
$\overline{}$							360110113 3 12 - 3 14
nts		Federated campaigns 1a					
ira Ou		Membership dues 1b					
s, (Am		Fundraising events 1c	804,723.				
Sift ar		d Related organizations 1d	207,491.				
Contributions, Gifts, Grants and Other Similar Amounts		Government grants (contributions)	11,604,843.				
ion	•	All other contributions, gifts, grants, and					
but		similar amounts not included above 1f	10,192,326.				
ΞÖ		Noncash contributions included in lines 1a-1f	287,688.				
Sor		1 Total. Add lines 1a-1f	•	22,809,383.			
<u> </u>			Business Code				
	2	ADMISSIONS	711310	6,309,675.	6,309,675.		
je		D EDUCATIONAL PROGRAMS	611600	19,000.	19,000.		
er, ue			011000	25,000.	22,000.		
m S		·					
gra Re							
Program Service Revenue			711310	700 575	700 575		
ъ.		All other program service revenue		780,575.	780,575.		
_		Total. Add lines 2a-2f		7,109,250.			
	3	Investment income (including dividends, interes		4-0 04-			4-0 04-
		other similar amounts)		178,047.			178,047.
	4	Income from investment of tax-exempt bond pro	oceeds 🕨				_
	5	Royalties		8,802.			8,802.
		(i) Real	(ii) Personal				
	6	a Gross rents 6a 50,000.					
		b Less: rental expenses 6b 50,963 25 c Rental income or (loss) 6c -963 -25					
		Rental income or (loss) 6c -963.	-25.				
		d Net rental income or (loss)		-988.		-524.	-464.
	7	a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a					
		Less: cost or other basis					
<u>o</u>		and sales expenses 7b					
au l		Gain or (loss) 7c					
ě		d Net gain or (loss)					
her Revenue		a Gross income from fundraising events (not					
Oth	0	including \$ 804,723. of					
٥							
		contributions reported on line 1c). See	57,700.				
		Part IV, line 18					
		Less: direct expenses 8b	472,102.	414 400			414 400
		Net income or (loss) from fundraising events	······	-414,402.			-414,402.
	9	a Gross income from gaming activities. See					
		Part IV, line 199a					
		Less: direct expenses 9b					
		Net income or (loss) from gaming activities					
	10	a Gross sales of inventory, less returns					
		and allowances 10a	397,858.				
		Less: cost of goods sold 10b	171,438.				
		Net income or (loss) from sales of inventory	>	226,420.	58,212.		168,208.
"			Business Code				
ons	11 :	a					
ane Dud	-	o					
eve							
Miscellaneous Revenue		d All other revenue					
_		Total. Add lines 11a-11d					
	12	Total revenue. See instructions		29,916,512.	7,167,462.	-524.	-59,809.

132009 12-09-21

Form 990 (2021)

	rt IX Statement of Functional Expens		er organizations must com	nnlete column (A)	
ect	ion 501(c)(3) and 501(c)(4) organizations must comp			npiete column (A).	Г
D-	Check if Schedule O contains a respon	(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		5/1000	general emperiess	5/ ₁ 56/1665
	and domestic governments. See Part IV, line 21	778,780.	778,780.		
2	Grants and other assistance to domestic	-	-		
	individuals. See Part IV, line 22	155,900.	155,900.		
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	1,865,948.	794,795.	534,863.	536,290
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	9,853,226.	7,896,899.	1,147,351.	808,976
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)	464,359.	441,803.	20,089.	2,467
9	Other employee benefits	963,731.	808,609.	96,435.	58,68
0	Payroll taxes	996,231.	792,015.	116,009.	88,20
1	Fees for services (nonemployees):				
а	Management				
b		64,715.	4,318.	59,037.	1,360
С	Accounting	220,126.		220,126.	
	Lobbying				
	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	52,815.		52,815.	
g		-			
Ī	column (A), amount, list line 11g expenses on Sch 0.)	1,304,299.	1,078,607.	145,926.	79,766
12	Advertising and promotion	403,930.	388,578.	5,750.	9,602
13	Office expenses	657,545.	284,775.	341,197.	31,573
4	Information technology	380,364.	13,288.	367,076.	
5	Royalties	418,465.	418,465.		
16	Occupancy	398,022.	339,040.	58,982.	
7	Travel	130,574.	126,078.	3,074.	1,422
8	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
9	Conferences, conventions, and meetings	5,259.	653.	1,712.	2,894
0	Interest	64,455.	67,388.	-2,933.	-
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	1,722,505.	1,387,907.	334,598.	
23	Insurance	634,332.	452,290.	173,068.	8,974
4	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)				
а	PRODUCTION	929,991.	929,991.		
b	MAINTENANCE	350,366.	297,473.	52,893.	
С	DANK CHADCEC	242,808.	-	240,298.	2,51
d	CA EED TAIC	151,262.	68,068.		83,19
	All other expenses	319,304.	119,279.	72,374.	127,65
5	Total functional expenses. Add lines 1 through 24e	23,529,312.	17,644,999.	4,040,740.	1,843,573
6	Joint costs. Complete this line only if the organization		, , ,	. ,	
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				

Form **990** (2021)

Check here

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

Form 990 (2021)
Part X | Balance Sheet

Pa	rt X	Balance Sheet					
	Check if Schedule O contains a response or note to any line in this Part X						
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			155,589.	1	-17,771.
	2	Savings and temporary cash investments			5,391,418.	2	13,729,672.
	3	Pledges and grants receivable, net			7,881,294.	3	6,404,303.
	4	Accounts receivable, net			49,161.	4	118,074.
	5	Loans and other receivables from any current or for					
		trustee, key employee, creator or founder, substar	ntial c	ontributor, or 35%			
		controlled entity or family member of any of these	perso	ons		5	
	6	Loans and other receivables from other disqualifie	d per	sons (as defined			
		under section 4958(f)(1)), and persons described in				6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			144,704.	8	136,085.
⋖	9	Prepaid expenses and deferred charges			145,057.	9	628,738.
	10a	Land, buildings, and equipment: cost or other		40 005 450			
		basis. Complete Part VI of Schedule D	10a	49,005,472.	04 045 000		00 165 501
	b				21,315,239.	10c	20,165,791.
	11	Investments - publicly traded securities			14,391,819.	11	16,855,377.
	12	Investments - other securities. See Part IV, line 11		·····		12	
	13	Investments - program-related. See Part IV, line 11		·····		13	
	14	Intangible assets			20 602 775	14	20 005 451
	15	Other assets. See Part IV, line 11			29,693,775.	15	29,805,451.
	16	Total assets. Add lines 1 through 15 (must equal			79,168,056. 1,148,904.	16	87,825,720.
	17	Accounts payable and accrued expenses	1,140,904.	17	2,507,858.		
	18	Grants payable			3,222,261.	18 19	4,809,894.
	19 20	Deferred revenue			2,149,701.	20	1,962,790.
	21	Tax-exempt bond liabilities Escrow or custodial account liability. Complete Pa			2,140,101.	21	1,502,750
	22	Loans and other payables to any current or former				21	
Liabilities		trustee, key employee, creator or founder, substar					
Ē		controlled entity or family member of any of these				22	
Ë	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated t			2,866,450.	24	1,999,999.
	25	Other liabilities (including federal income tax, paya			, ,		, ,
		parties, and other liabilities not included on lines 1					
		of Schedule D	,	.		25	
	26	Total liabilities. Add lines 17 through 25			9,387,316.	26	11,280,541.
		Organizations that follow FASB ASC 958, check	here	× X			
Ses		and complete lines 27, 28, 32, and 33.					
au	27	Net assets without donor restrictions			28,253,490.	27	34,319,563.
Ва	28				41,527,250.	28	42,225,616.
pur		Organizations that do not follow FASB ASC 958	, che	ck here 🕨 🗌			
Net Assets or Fund Balances		and complete lines 29 through 33.					
S	29	Capital stock or trust principal, or current funds				29	
set	30	Paid-in or capital surplus, or land, building, or equi	pmer	nt fund		30	
t As	31	Retained earnings, endowment, accumulated inco	me, d	or other funds		31	
Se.	32	Total net assets or fund balances			69,780,740.	32	76,545,179.
	33	Total liabilities and net assets/fund balances			79,168,056.	33	87,825,720.

Pai	T XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1	29,91		
2	Total expenses (must equal Part IX, column (A), line 25)	2	23,52		
3	Revenue less expenses. Subtract line 2 from line 1	3	6,38		
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	69,78	0,7	40.
5	Net unrealized gains (losses) on investments	5	37	77,2	39.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,				
	column (B))	10	76,54	5,1	79.
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate				
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sche				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?		3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		
			Forr	n 990	(2021)

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

2021

Open to Public Inspection

Employer identification number Name of the organization OLD GLOBE THEATRE 95-1543396 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).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 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 X 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). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box 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). (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) No above (see instructions))

A. Public Supp	port				
fails to qualify ur	nder the tests listed below, please complete	Part III.)			
(Complete only i	if you checked the box on line 5, 7, or 8 of Pa	art I or if the organizat	ion failed to qualify und	der Part III. If the organizat	on
	<u> </u>				

Sec	tion 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.						
	tion B. Total Support	,					
Cale	ndar year (or fiscal year beginning in)	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
	Amounts from line 4		. ,	, ,		, ,	
	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						
	Gross receipts from related activities,	etc. (see instruction	ons)	•	•	12	
	First 5 years. If the Form 990 is for the	•					
	organization, check this box and stop			ŕ	•	. , . ,	
Sec	tion C. Computation of Publi	c Support Per	centage				
14	Public support percentage for 2021 (I	ine 6, column (f), d	livided by line 11,	column (f))		14	%
15	Public support percentage from 2020	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2021. If the	organization did no	ot check the box o	n line 13, and line	14 is 33 1/3% or m	ore, check this bo	x and
	stop here. The organization qualifies						
b	33 1/3% support test - 2020. If the	organization did no	ot check a box on	line 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ation			
17a							
	a 10% -facts-and-circumstances test - 2021. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the facts-and-circumstances test, check this box and stop here. Explain in Part VI how the organization						
	meets the facts-and-circumstances te				•		▶ □
b	10% -facts-and-circumstances test	· ·	•			17a, and line 15 is	10% or
	more, and if the organization meets the	-					
	organization meets the facts-and-circu						▶ □
18	Private foundation. If the organization		-	• •	•		s
	<u> </u>		•				(Form 990) 2021

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.)

Sed	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.")	10050651.	8761167.	10409125.	10481436.	22809383.	62511762.	
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose	13802207.	17139693.	18767171.	2218002.	7216267.	59143340.	
3	Gross receipts from activities that are not an unrelated trade or business under section 513							
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf							
	The value of services or facilities furnished by a governmental unit to the organization without charge		0500000	00156006	40600422	2005650	101655100	
	•	23852858.	25900860.	29176296.	12699438.	30025650.	121655102	
	Amounts included on lines 1, 2, and 3 received from disqualified persons	4576391.	4775934.	3779321.	4817256.	5765591.	23714493.	
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						0.	
c	Add lines 7a and 7b	4576391.	4775934.	3779321.	4817256.		23714493.	
8	Public support. (Subtract line 7c from line 6.)						97940609.	
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	
9	Amounts from line 6	23852858.	<u> 25900860.</u>	<u> 29176296.</u>	<u> 12699438.</u>	<u>30025650.</u>	121655102	
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	248,980.	192,805.	412,452.	300,294.	209,694.	1364225.	
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975							
	Add lines 10a and 10b	248,980.	192,805.	412,452.	300,294.	209,694.	1364225.	
	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	634,937. 24736775.	733,329.			290,841.		
	Total support. (Add lines 9, 10c, 11, and 12.) First 5 years. If the Form 990 is for the				•			
		ne organization's in		•		. , . , .	,, 	
Sec	ction C. Computation of Publi							
	Public support percentage for 2021 (I			column (f))		15	78.08 %	
	Public support percentage from 2020	, ,,,				16	78.78 %	
	ction D. Computation of Inves					1	- 70	
	Investment income percentage for 20			ne 13. column (f))		17	1.09 %	
	Investment income percentage from					18	1.17 %	
	33 1/3% support tests - 2021. If the							
	more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization							
b	33 1/3% support tests - 2020. If the							
	line 18 is not more than 33 1/3%, che	eck this box and st	op here. The orga	nization qualifies a	s a publicly suppo	rted organization		
20	Drivate foundation If the organization	an did not abook a	nov on line 14 10	a ar 10h ahaak th	ic hay and see inc	tructions		

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		
2		
За		
3b		
<u> </u>		
3с		
30		
4-		
4a		
41.		
4b		
_		
4c		
5a		
5b		
5с		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

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Pai	rt IV Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described on lines 11b and			
	11c below, the governing body of a supported organization?	11a		
	A family member of a person described on line 11a above?	11b		
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
<u> </u>	detail in Part VI.	11c		
Sec	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 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	4		
2	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
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,	2		
Sec	supervised, or controlled the supporting organization. stion 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		100	110
•	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		
Sec	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		
Sec	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).	ı		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see ins	truction		NI-
2	Activities Test. Answer lines 2a and 2b below.		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	2a		
h	that these activities constituted substantially all of its activities. Did the activities described on line 2a, above, constitute activities that, but for the organization's involvement,	<u> La</u>		
D	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				
-	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			

of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.

Sche	edule A (Form 990) 2021 OLD GLOBE THEATRE			95-1543396 Page 6
Pa	rt 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>explair</i>	າ in Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations mus	st complete S	Sections A through E.	
Sect	ion A - Adjusted Net Income	(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	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other factors			
	(explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 0.015 of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year

Schedule A (Form 990) 2021

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

2 Enter 0.85 of line 1.

Enter greater of line 2 or line 3.

instructions).

Income tax imposed in prior year

emergency temporary reduction (see instructions).

Adjusted net income for prior year (from Section A, line 8, column A)

Minimum asset amount for prior year (from Section B, line 8, column A)

Distributable Amount. Subtract line 5 from line 4, unless subject to

1

2

3

4 5

Par	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	ınizations _{(continu}	ıed)	
Secti	ion D - Distributions				Current Year
1	Amounts paid to supported organizations to accomplish exe		1		
2	Amounts paid to perform activity that directly furthers exempt				
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	S	3	
4	Amounts paid to acquire exempt-use assets			4	
5	Qualified set-aside amounts (prior IRS approval required - pr	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which t	he 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	
		(i)	(ii)		(iii)
Secti	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistribution Pre-2021	าร	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				
<u>a</u>	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)				
j_	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2021 from Section D,				
	line 7: \$				
а	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				
	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				
	Part VI. See instructions.				
7	Excess distributions carryover to 2022. Add lines 3j				
	and 4c.				
8	Breakdown of line 7:				
a	Excess from 2017				
b	Excess from 2018				
С	Excess from 2019				
	Excess from 2020				
	Excess from 2021				

Schedule A (Form 990) 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.) SCHEDULE A, PART III, LINE 12, EXPLANATION FOR OTHER INCOME: OTHER INCOME 2017 AMOUNT: \$ 634,937. 2018 AMOUNT: \$ 733,329. 685,401. 2019 AMOUNT: \$ 2020 AMOUNT: \$ 76,629. 2021 AMOUNT: \$ 290,841. SCHEDULE A, LIST OF UNUSUAL GRANTS RECEIVED: DESCRIPTION: UNUSUAL GRANT DATE: 12/31/19 AMOUNT: 69955451. DESCRIPTION: UNUSUAL GRANT 3500000. DATE: 12/31/20 AMOUNT:

Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number

OLD GLOBE THEATRE 95-1543396 Organization type (check one): Filers of: Section: X 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) 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 contributor, during 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990), but it must answer "No" on Part IV, line 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 that it doesn't meet the filing requirements of Schedule B (Form 990).

religious, charitable, etc., contributions totaling \$5,000 or more during the year

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively

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

Schedule B (Form 990) (2021)

Name of organization Employer identification number

C	עע	GLOBE	THEATRE	
_				

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$ 20,548.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$ 70,581.	Person X Payroll
(a)	(b)	(c)	(d)
No4_	Name, address, and ZIP + 4	Total contributions \$ 19,702.	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
5		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$9,702.	Person X Payroll

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 20,850.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$9,702.	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
9		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10		\$5,000.	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
11		\$	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
12		\$60,000.	Person X Payroll

95-1543396

OLD GLOBE THEATRE

Name of organization Employer identification number

OLD GI	LOBE THEATRE		95-1543396
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
13		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
14_		\$16,23	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
15		\$8,00	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
16		\$7,30	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution
17_		\$7,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
18		\$15,00	Person X Payroll

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	ditional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
19		\$ 5,000. Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
20		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
21		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 22	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
23		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
24		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

OLD	GLOBE	THEATRE	

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25		- - \$\$ 29,152.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27		- - \$ 15,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28		- \$ 5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29		\$\$	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
30		\$\$	Person X Payroll

Name of organization Employer identification number

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Parti	Gotti ibutors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
31		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
32		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
33		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
34		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
35		Person X Payroll Noncash (Complete Part II for noncash contributions.)		
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution		
36		Person X Payroll Noncash (Complete Part II for noncash contributions.)		

Name of organization Employer identification number

OLD	GLOBE	THEATRE		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
37		\$\$	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
38		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
39		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
40		\$30,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
41		\$60,102.	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
42		\$10,000.	Person X Payroll

Name of organization Employer identification number

OLD	GLOBE	THEATRE		

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
43		\$102,000.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
44		\$\$09,500.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
45	Nume, address, and 2n + 4	\$5,000.	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	
46		\$9,702.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
47		\$75,802.	Person X Payroll	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
48		\$15,700.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	

Name of organization Employer identification number

ОГО	GLOBE	THEATRE	

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
49		\$ 28,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
50		\$5,432.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
51		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
52	Nume, address, and En 1 1	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
53		\$8,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
54		\$	Person X Payroll

Name of organization Employer identification number

OLD GLOBE THEATRE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>55</u>		\$9,827.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
56		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
57		\$30,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 58	Name, address, and ZIP + 4	\$10,202.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
59		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
60		\$193,265 .	Person X Payroll

Name of organization Employer identification number

OLD	GLOBE	THEATRE	
			<u> </u>

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	Il space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
61		\$181,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
62		\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
63		\$5,732.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
64		\$10,702.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
65		\$10,000.	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
66		\$12,500.	Person X Payroll

OLD	GLOBE	THEATRE	95-1543396

Part I	Contributors (see instructions). Use duplicate copies of Part I if add	itional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
67		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
68		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
69		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
70	Name, address, and ZIP + 4	Total contributions Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
71		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
72		Person Payroll Noncash X (Complete Part II for noncash contributions.)

OLD G	LOBE THEATRE	95	-1543396
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
73		\$\$	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
74		\$\$9,702 .	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
75		\$ <u>25,000.</u>	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
76		\$\$,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
77		\$\$	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
78		\$\$	Person X Payroll

Employer identification number Name of organization

OLD G	LOBE THEATRE		95-1543396
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
79		\$15,00	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
80		\$ 22,70	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) S Type of contribution
81		\$ 24,15	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) s Type of contribution
82		\$ 9,70	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
83		\$\$9,70	Person X Payroll Noncash (Complete Part II for noncash contributions.)

84 X Person Payroll 20,000. Noncash (Complete Part II for noncash contributions.) 123452 11-11-21

(b)

Name, address, and ZIP + 4

(d)

Type of contribution

(a)

No.

(c)

Total contributions

OLD G	LOBE THEATRE	95	5-1543396
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
85		\$\$	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
86		\$110,000 .	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
87		\$35,000.	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
88		\$39,157.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
89		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
90		\$12,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number OLD GLOBE THEATRE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
91		\$10,015.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
92		\$9,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
93		\$ 5,732.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
94		\$9,702.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
95		\$ 22,902.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
96		\$\$	Person X Payroll

Name of organization

Employer identification number

OLD GLOBE THEATRE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
97		\$19,702.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
98		\$60,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
99		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
100	Name, address, and Zir + +	\$ <u>11,700.</u>	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
101		\$	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
102		\$32,850.	Person X Payroll

OLD	GLOBE	THEATRE	95-1543396

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
103		\$\$	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
104		\$11,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d)
105	Name, address, and Zir + +	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) Total contributions	(d)
No. 106	Name, address, and ZIP + 4	\$\$ 25,000.	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
107		\$9,732.	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
108		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

OLD	GLOBE	THEATRE			

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
109		\$7,982.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
110		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
111		\$16,242.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
112		\$ <u>15,000</u> .	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
113		\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
114		\$10,000.	Person X Payroll

Name of organization Employer identification number OLD GLOBE THEATRE

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
115		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
116		\$5,200.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
117		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
118		\$17,042.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
119		\$\$	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
120		\$ <u>11,900.</u>	Person X Payroll

Name of organization

CLD GLOBE THEATRE

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95-1543396

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
121		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
122		\$\$	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
123		- \$ 10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
124		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
125		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
126		\$\$9,000 .	Person X Payroll

Name of organization Employer identification number

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OLD GLOBE THEATRE			95-1543396
Part I	Contributors (see instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) Type of contribution
127		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
128		\$5,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)
129		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
130		\$27,9	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributio	(d) ns Type of contribution
131		\$ \$5,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d)

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Schedule B (Form 990) (2021)

Person Payroll

Noncash (Complete Part II for noncash contributions.)

5,000.

X

Name of organization Employer identification number

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
133		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
134		\$5,224.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
135		\$ 26,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
136		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
137		\$ 2,336,650.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
138		\$\$	Person X Payroll

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Name of organization

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Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	nal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
139		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
140		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
141		\$ 23,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
142		\$\$	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
143		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
144		\$5,000.	Person X Payroll

Name of organization Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
145		\$5,732.	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
146		\$5,018.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
147		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
148		\$ 79,052.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
149		\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
150		\$	Person X Payroll

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
151	Nume, address, and 2n + 4	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
152		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
153		\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
154		\$9,702.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
155		\$35,822.	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
156		\$5,200.	Person X Payroll

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OLD GLOBE	THEATRE	95-1543396

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
157		Person X Payroll Noncash (Complete Part II for noncash contributions	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
158		Person X Payroll Noncash (Complete Part II for noncash contributions	s.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
159	- Hame, address, and zin T T	Person X Payroll Noncash (Complete Part II for noncash contributions	
(a)	(b)	(c) (d)	
No. 160	Name, address, and ZIP + 4	Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on
161		Person X Payroll Noncash (Complete Part II for noncash contributions	
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution	on .
162		Person Payroll Noncash (Complete Part II for noncash contributions	

OLD GI	LOBE THEATRE		95-1543396
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	I space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
163		\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
164		\$6,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
<u>165</u>		\$8,30	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
166		\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
167		\$51,63	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
168		\$5,00	Person X Payroll

OLD GLOBE	THEATRE	95-1543396

Part I	Contributors (see instructions). Use duplicate copies of Part I if addit	ional space is needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
169		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
170		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
171		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c) (d)
No. 172	Name, address, and ZIP + 4	Total contributions Type of contribution Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
173		Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) (d) Total contributions Type of contribution
174		Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization Employer identification number

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
<u>175</u>		\$\$5,175.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
176		\$15,427.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
177		\$ 14,196.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
178		\$\$.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
179		\$\$	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
180		\$\$,000.	Person X Payroll

OLD G	LOBE THEATRE	95	5-1543396
Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
181		\$ 47,322.	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
182		\$14,196.	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
183		\$10,000.	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
184		\$ 78,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
185		\$\$	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
186		\$5,000.	Person X Payroll

Name of organization Employer identification number

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
187		\$9,732.	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
188		\$10,000.	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
189		\$7,000.	Person X Payroll
(a)	(b)	(c)	(d)
No. 190	Name, address, and ZIP + 4	Total contributions \$ 15,175.	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
191		\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
192		\$\$5,852.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

OLD GI	GLOBE THEATRE 95-1543396		
Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
193		\$\$	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
194		\$\$	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
195		\$\$	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
196		\$36,700	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
197		\$\$	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
198		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

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Employer identification number

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OLD G	LOBE THEATRE	95-1543396				
Part I	art I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution			
199		\$9,70	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution			
200		\$\$9,80	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution			
201		\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) S Type of contribution			
202		\$9,70	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution			
203		\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution			
204		\$5,00	Person X Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

OLD	GLOBE	THEATRE	E	GLOBE) (DLD

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
205		\$5,000.	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	
206		\$ 2,866,450.	Person X Payroll Noncash (Complete Part II for noncash contributions.)	
(a)	(b)	(c)	(d)	
No. 207	Name, address, and ZIP + 4	* 207,491.	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	
208		\$37,636.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
209		\$12,492.	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
210		\$7,000.	Person Payroll Noncash X (Complete Part II for noncash contributions.)	

Name of organization

CLD GLOBE THEATRE

Employer identification number

95-1543396

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

Employer identification number

OLD GLOBE THEATRE

<u> </u>	DODD INDAIND	33	1343330
Part II	Noncash Property (see instructions). Use duplicate copies of Part 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
	66 OF SHARES BILL	_	
<u> </u>		_	
			12/07/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	50 SHARES OF JACOBS ENGINEERING, STOCK SYMBOL J	_	
<u>72</u>		_	
			01/12/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	14 OF SHARES TSLA		
<u>91</u>		_	
			09/01/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	70 SHARES OF AAPL	_	
118		_	
			10/15/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
124	31 SHARES OF AAPL	_	
<u>134</u>		-	
			12/14/21
(a)		(c)	
No. from	(b) Description of noncash property given	FMV (or estimate)	(d) Date received
Part I	Description of noncash property given	(See instructions.)	Date received
	136 SHARES OF QCOM	_	
<u>136</u>		_	
	-	_	12/14/21
123453 11-1	1-21		Schedule B (Form 990) (2021)

Name of organization

Employer identification number

OLD GLOBE THEATRE

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	263 SHARES OF VTSAX		
<u> 162</u>			
		\$82,706.	10/28/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	154 SHARES OF RSP		
176			
		\$15,427.	02/05/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	88 SHARES OF CTAS; 103 SHARES OF AAPL		
185			
		\$ 46,639.	_08/17/21_
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD AND BEVERAGE		
208			
		\$ 37,636.	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	FOOD AND BEVERAGE		
209			
		\$12,492.	12/31/21
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	EQUIPMENT		
210			
	- 	\$ 7,000.	12/31/21
123453 11-11		\$	

Page 4

Name of organization **Employer identification number** OLD GLOBE THEATRE 95-1543396 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 Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Name of the organization

OLD GLOBE THEATRE

Employer identification number 95-1543396

Pai	rt I Organizations Maintaining Donor Advised organization answered "Yes" on Form 990, Part IV, line		or Ac	counts. Complete if the	
	, , , , , , , , , , , , , , , , , , , ,	(a) Donor advised funds			
1	Total number at end of year				
2	Aggregate value of contributions to (during year)				
3	Aggregate value of grants from (during year)				
4	Aggregate value at end of year				
5	Did the organization inform all donors and donor advisors in v	writing that the assets held in donor advise	ed fund	ds	
	are the organization's property, subject to the organization's	_			
6	Did the organization inform all grantees, donors, and donor ad				
	for charitable purposes and not for the benefit of the donor or				
	impermissible private benefit?			Yes N	
Pai	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, F	Part IV,	line 7.	
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).			
	Preservation of land for public use (for example, recreat	tion or education) Preservation of	a histo	orically important land area	
	Protection of natural habitat	Preservation of	a certi	fied historic structure	
	Preservation of open space				
2	Complete lines 2a through 2d if the organization held a qualifi	ied conservation contribution in the form	of a cor	nservation easement on the last	
	day of the tax year.			Held at the End of the Tax Ye	
а	Total number of conservation easements			2a	
b	Total acreage restricted by conservation easements			2b	
С	Number of conservation easements on a certified historic stru	ucture included in (a)		2c	
d	Number of conservation easements included in (c) acquired a	after 7/25/06, and not on a historic structu	re		
	listed in the National Register			2d	
3	Number of conservation easements modified, transferred, rele		organiz	zation during the tax	
	year ▶				
4	Number of states where property subject to conservation eas	sement is located >			
5	Does the organization have a written policy regarding the per	iodic monitoring, inspection, handling of			
	violations, and enforcement of the conservation easements it	holds?		Yes N	
6	Staff and volunteer hours devoted to monitoring, inspecting,				
	>				
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion eas	sements during the year	
	▶ \$				
8	Does each conservation easement reported on line 2(d) above	e satisfy the requirements of section 170(h	n)(4)(B)((i)	
	and section 170(h)(4)(B)(ii)?			Yes	
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statem	ent and	
	balance sheet, and include, if applicable, the text of the footn	ote to the organization's financial stateme	ents tha	at describes the	
	organization's accounting for conservation easements.				
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or Ot	her S	imilar Assets.	
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8.			
1a	If the organization elected, as permitted under FASB ASC 956	8, not to report in its revenue statement a	nd bala	ance sheet works	
	of art, historical treasures, or other similar assets held for pub	olic exhibition, education, or research in fu	rtheran	nce of public	
	service, provide in Part XIII the text of the footnote to its finan	ncial statements that describes these item	S.		
b	If the organization elected, as permitted under FASB ASC 956	8, to report in its revenue statement and b	alance	sheet works of	
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance	e of public service,	
	provide the following amounts relating to these items:				
	(i) Revenue included on Form 990, Part VIII, line 1			> \$	
	The state of the s			L L	
2	If the organization received or held works of art, historical treat	asures, or other similar assets for financial	gain, p		
	the following amounts required to be reported under FASB AS	SC 958 relating to these items:			
а	Revenue included on Form 990, Part VIII, line 1			> \$	
b	Assets included in Form 990, Part X				
	For Paperwork Reduction Act Notice, see the Instructions			Schedule D (Form 990) 20	

132051 10-28-21

Par	rt III Organizations Maintaining C	collections of Ar	t, Historical Tre	asures, o	r Other	Simila	Assets	(conti	nued)				
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the t	following that	make sig	gnificant ι	use of its						
	collection items (check all that apply):												
а	Public exhibition	d	l 🔲 Loan or exc	hange progra	am								
b	Scholarly research	е	Other										
С	Preservation for future generations												
4	Provide a description of the organization's co	ollections and explair	n how they further th	ne organizatio	n's exem	npt purpos	se in Part	XIII.					
5	During the year, did the organization solicit of							_	_	_			
_	to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No												
Par	rt IV Escrow and Custodial Arran		ete if the organization	n answered	"Yes" on	Form 990	, Part IV,	line 9, or					
	reported an amount on Form 990, Pa												
1a	Is the organization an agent, trustee, custod							٦.,	_	٦			
_	on Form 990, Part X?						∟	_ Yes		_ No			
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:					Amoun					
	Parisaria a halana					4-		Amour	11				
C	Beginning balance												
a	Additions during the year												
f	Distributions during the year					1e 1f							
	Ending balance Did the organization include an amount on F							Yes	\neg	No			
	If "Yes," explain the arrangement in Part XIII.					•							
	rt V Endowment Funds. Complete												
		(a) Current year	(b) Prior year	(c) Two yea		(d) Three y	ears back	(e) Fou	r years	back			
1a	Beginning of year balance	768,433.	835,282.	70	5,094.	6	41,228.		572,	,448.			
b	Contributions		65,110.			1	00,500.						
С	Net investment earnings, gains, and losses	47,777.		13	0,188.	=	36,634.		68,	780.			
d	Grants or scholarships	20,000.											
е	Other expenditures for facilities												
	and programs		131,959.										
f	Administrative expenses	1,415.											
g	End of year balance	794,795.	768,433.	83	5,282.	7	05,094.		641,	,228.			
2	Provide the estimated percentage of the cur		e (line 1g, column (a)) held as:									
а	Board designated or quasi-endowment		_%										
b	Permanent endowment ► 47.2772	%											
С	Term endowment ▶0000	-											
	The percentages on lines 2a, 2b, and 2c sho	•											
За	Are there endowment funds not in the posse	ession of the organiza	ition that are held ar	nd administer	ed for the	e organiza	ation		Yes	l Na			
	by:							0 (1)	X	NO			
	(i) Unrelated organizations							3a(i)	Λ	X			
L	(ii) Related organizations	ations listed as requir	ad an Cabadula D2					3a(ii)					
ь 4	Describe in Part XIII the intended uses of the							_3b					
	rt VI Land, Buildings, and Equipm		willetti turius.										
	Complete if the organization answere		. Part IV. line 11a. S	ee Form 990	. Part X. I	line 10.							
	Description of property	(a) Cost or o		or other		ccumulate	h-d	(d) Boo	nk valu				
	bescription of property	basis (investr		(other)		preciation		(u) Doc	n valu	C			
	Land	,	· ·	0,000.				1,75	0,0	00.			
				6,490.	3,3	350,20	09.	$\frac{2,14}{2,14}$	$\frac{7}{6,2}$	81.			
	Leasehold improvements			3,798.		22,08		4,76					
	Equipment	I	, ,		, -			• •	•				
			6,97	5,184.	5,4	167,38	38.	1,50	7,7	96.			
	I. Add lines 1a through 1e. (Column (d) must e							0,16					
							Schodule						

Schedule D (Form 990) 2021

Schedule D (Form 990) 2021 OLD GLOBE TE	HEATRE	95-	-15 4 3396 _{Page} 3
Part VII Investments - Other Securities.			, ago
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1) Financial derivatives			
(2) Closely held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)			
Part VIII Investments - Program Related.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11c. See Form 990, Part X, line 13.	
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶			
Part IX Other Assets.			
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11d. See Form 990, Part X, line 15.	
	Description		(b) Book value
(1) INVESTMENT IN LIMITED PART			28,955,451.
(2) CHARITABLE REMAINDER TRUST	1 ·		850,000.
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	<u>15.)</u>)	29,805,451.
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25.	
1. (a) Description of liability			(b) Book value
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII ... X

Schedule D (Form 990) 2021

(8) (9)

Schedule D	(Form 990) 2021 OLD	GLOBE	THEATRE		95-	1543	3396	Page '
Part XI	Reconciliation of Reve	nue per A	udited Finan	cial Statements With Revenue per Re	turn.			
	Complete if the organization a	answered "Ye	es" on Form 990,	, Part IV, line 12a.				
				-		~~	~~~	200

1	Total revenue, gains, and other support per audited financial statements	1	36,866,392.		
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	377,239.		
b	Donated services and use of facilities	2b	318,323.		
С	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII.)	2d	7,513,781.		
е	Add lines 2a through 2d			2e	8,209,343.
3	Subtract line 2e from line 1			3	28,657,049.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	52,815.		
b	Other (Describe in Part XIII.)	4b	1,206,648.		

1,259,463. c Add lines 4a and 4b 29,916,512 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I. line 12,

Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses 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	23,710,568.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
а	Donated services and use of facilities	2a	318,323.		
b	Prior year adjustments	2b			
С	Other losses	2c			
d	Other (Describe in Part XIII.)	2d	1,122,396.		
е	Add lines 2a through 2d			2e	1,440,719.
3	Subtract line 2e from line 1			3	22,269,849.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	52,815.		
b	Other (Describe in Part XIII.)	4b	1,206,648.		
С	Add lines 4a and 4b			4c	1,259,463.
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)					23,529,312.
Da	t XIII Supplemental Information				

| Part XIII | Supplemental Information.

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

PART V, LINE 4:

THE ORGANIZATION CONTINUES RAISING FUNDS DIRECTLY FOR THE ENDOWMENT WITH THE INTENT THAT A 5% ANNUAL DRAW WILL COVER THE STRUCTURAL DEFICIT BETWEEN EARNED/CONTRIBUTED REVENUE AND EXPENSE NEEDED TO FULFILL ITS MISSION.

PART X, LINE 2:

THE OLD GLOBE IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE AND SECTION 23701(D) OF THE CALIFORNIA REVENUE AND TAXATION CODE. THE OLD GLOBE MAY BE SUBJECT TO FEDERAL OR STATE INCOME TAXES ON UNRELATED BUSINESS INCOME. FOR EACH OF THE YEARS ENDED DECEMBER 2021 AND 2020, NO PROVISION FOR SUCH TAXES IS REQUIRED. THE OLD GLOBE HAS NO UNRECOGNIZED TAX BENEFITS OR LIABILITIES AS OF DECEMBER 31, 2021

Schedule D (Form 990) 2021

427,868.

778,780.

-					
l	Part XIII	Supplem	nental Info	ormation	(continued)

CONSOLIDATED ENDOWMENT EXPENSES

CONSOLIDATED ELIMINATION ENTRY

AND	2020.	THE	OLD	GLOBE	FILE	S AN	EXE	IPT (ORGANIZATIO	ON RI	TURN :	IN :	гне (UNITED)
STA	res fei	DERAI	JUE	RISDIC	rion i	AND	WITH	THE	FRANCHISE	TAX	BOARD	IN	THE	STATE	:
	CALIFO								1100(011202		201112			, , , , , , , , , , , , , , , , , , ,	
OF (CALIFO	KNIA.													

PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	171,438.
CONSOLIDATED ENDOWMENT REVENUE	6,819,253.
RENTAL EXPENSE RECLASS	50,988.
SPECIAL EVENTS EXPENSE	472,102.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	7,513,781.
PART XI, LINE 4B - OTHER ADJUSTMENTS:	

TOTAL TO SCHEDULE D, PART XI, LINE 4B	1,206,648.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	171,438.
CONSOLIDATED ENDOWMENT EXPENSES	427,868.
RENTAL EXPENSE RECLASS	50,988.
SPECIAL EVENTS EXPENSE	472.102.

TOTAL TO SCHEDULE D, PART XII, LINE 2D	1,122,396.
PART XII, LINE 4B - OTHER ADJUSTMENTS:	
CONSOLIDATED ENDOWMENT EXPENSES	427,868.
CONSOLIDATED ELIMINATION ENTRY	778,780.
TOTAL TO SCHEDULE D, PART XII, LINE 4B	1,206,648.

Schedule D (Form 990) 2021

SCHEDULE G (Form 990)

Department of the Treasury

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" on Form 990, Part IV, line 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► 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

Internal Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.									
Name of the organization Employ						Employer ide 95-1543	er identification number		
Part I Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not									
	complete this par								
	-	sed funds through any of the followin	-						
a Mail solicitat					overnment grants				
b Internet and c Phone solici	email solicitations	f			nment grants				
d In-person so		g Openial	idildie	lishing .	CVCITCS				
2 a Did the organization	on have a written o	or oral agreement with any individual	(includ	ling of	ficers, directors, trust	tees, c	or		
• • •		art VII) or entity in connection with pr			~		Yes		
		viduals or entities (fundraisers) pursua	ant to	agree	ments under which th	ne func	draiser is to be	Э	
compensated at le	east \$5,000 by the	organization.						T	
(i) Name and address of individual or entity (fundraiser)		(ii) Activity		Did aiser ustody itrol of utions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)		(vi) Amount paid to (or retained by) organization	
			Yes	No					
Total									
3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.									
or neerising.									
			•						

132081 10-21-21

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

Schedule G (Form 990) 2021

OLD GLOBE THEATRE Schedule G (Form 990) 2021 Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000

		of fundraising event contributions and gro	oss income on Form 990-	EZ, lines 1 and 6b. List 6	events with gross receipt	s greater than \$5,000.			
			(a) Event #1	(b) Event #2	(c) Other events	(d) Total events			
			CATA		NONE	(add col. (a) through			
			GALA (event type)	(event type)	(total number)	col. (c))			
ine			(CVCIII LYPC)	(event type)	(total number)	-			
Revenue	1	Gross receipts	862,423.			862,423.			
	2	Less: Contributions	804,723.			804,723.			
	3	Gross income (line 1 minus line 2)	57,700.			57,700.			
	4	Cash prizes							
S	5	Noncash prizes							
sued	6	Rent/facility costs							
Direct Expenses	7	Food and beverages							
Δ	8	Entertainment							
	9	Other direct expenses	472,102.			472,102.			
	10		9 in column (d)		>	472,102.			
Da		Net income summary. Subtract line 10 from li				-414,402.			
Pa	ırt I	Gaming. Complete if the organization a \$15,000 on Form 990-EZ, line 6a.	answered "Yes" on Form	990, Part IV, line 19, or	reported more than				
		\$13,000 0111 01111 990-L2, IIIIe 0a.		(b) Pull tabs/instant		(d) Total gaming (add			
nue			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col. (c))			
Revenue									
ш	1	Gross revenue							
	2	Cash prizes							
ses	_	Oddir prized							
Expen	3	Noncash prizes							
Direct Expenses	4	Rent/facility costs							
	5	Other direct expenses							
		Volunteer labor	Yes % No	Yes % No	Yes % No				
	7 Direct expense summary. Add lines 2 through 5 in column (d)								
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>				
	_								
		ter the state(s) in which the organization condu				Yes No			
a Is the organization licensed to conduct gaming activities in each of these states? b If "No," explain:									
	' ''	TVO, CADIAIT.							
10a	We	ere any of the organization's gaming licenses re	voked, suspended, or te	rminated during the tax	/ear?	Yes No			
b	lf "	Yes," explain:							
	_								
	_								

132082 10-21-21 Schedule G (Form 990) 2021

12 Is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming?	12 is the organization a grantor, beneficiary or trustee of a trust, or a member of a partnership or other entity formed to administer charitable gaming? Yes	Scn	edule G (Form 990) 2021 OLD GLOBE THEATRE 95-	T242	<u>090</u>	Page 3
to administer charitable gaming?	to administer charitable gaming?	11	Does the organization conduct gaming activities with nonmembers?		Yes	☐ No
13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13b 13b 14 Center the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	13 Indicate the percentage of gaming activity conducted in: a The organization's facility 13a					
a The organization's facility b An outside facility 12 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name Address Address 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Ves N b If "Yes," enter the amount of gaming revenue received by the organization of gaming revenue retained by the third party: Name Address Address Gaming manager information: Name Gaming manager compensation S Gaming manager compensation S Gaming manager compensation S Gaming manager compensation S Description of services provided Director/officer Indicatory distributions: a is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes N Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b, 10b, 10b, 10b, 10c, 10c, 10c, 10c, 10c, 10c, 10c, 10c	a The organization's facility 13a 13b 14b An outside facility 15b Anddress 15b An		to administer charitable gaming?		Yes	☐ No
b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name	b An outside facility 13b 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name	13	Indicate the percentage of gaming activity conducted in:	•		
14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	14 Enter the name and address of the person who prepares the organization's gaming/special events books and records: Name ▶	а	The organization's facility	13a		%
Name ▶	Name ▶ Address ▶ 15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	b	An outside facility	13b		%
Address ▶	Address ▶					
15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	15a Does the organization have a contract with a third party from whom the organization receives gaming revenue?		Name			
b if "Yes," enter the amount of gaming revenue received by the organization \$	b If "Yes," enter the amount of gaming revenue received by the organization \$		Address >			
of gaming revenue retained by the third party \bigs \square_ c If "Yes," enter name and address of the third party: Name \bigs \left_ Address \bigs \left_ Address \bigs \left_ Gaming manager information: Name \bigs \left_ Gaming manager compensation \bigs \square_ Description of services provided \bigs \left_ Director/officer	of gaming revenue retained by the third party ▶\$ c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	15a	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🗀	Yes	☐ No
c If "Yes," enter name and address of the third party: Name ▶ Address ▶ 16 Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ N b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	c If "Yes," enter name and address of the third party: Name ▶ Address ▶ Gaming manager information: Name ▶ Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	b				
Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Peter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	Address Gaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer Employee Independent contractor If Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	С				
Agaming manager information: Name Gaming manager compensation \$ Common services provided C	Agaming manager information: Name Gaming manager compensation \$ Description of services provided Director/officer		Name			
Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	Saming manager compensation ► \$ Description of services provided ► Director/officer		Address >			
Gaming manager compensation Description of services provided Director/officer	Gaming manager compensation ▶ \$ Description of services provided ▶ Director/officer	16	Gaming manager information:			
Description of services provided □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ N b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	Description of services provided □ Director/officer □ Employee □ Independent contractor 17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? □ Yes □ Note the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Name			
Director/officer	Director/officer		Gaming manager compensation ▶ \$			
Director/officer	Director/officer					
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Description of services provided			
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		· · · · · · · · · · · · · · · · · · ·			
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,					
17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	17 Mandatory distributions: a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,					
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ■ Yes N b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		Director/officer Employee Independent contractor			
a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? ■ Yes N b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	17	Mandatory distributions:			
retain the state gaming license? • Description of the distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year • Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	retain the state gaming license? • Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year • Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,		•			
b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ► \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	а			Vac	□ No
organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	organization's own exempt activities during the tax year > \$ Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,			Ш	162	NO
Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	Part IV Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v); and Part III, lines 9, 9b, 10b,	D				
		Da			0	0h 10h
15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	155, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.	га		art III, IIr	nes 9,	9b, 10b,
			15b, 15c, 16, and 17b, as applicable. Also provide any additional information. See instructions.			

Schedule G	i (Form 990)	OLD	GLOBE	THEATRE	95-1543396	Page 4
Part IV	(Form 990) Supplemental Inform	mation	(continued)			
			1/			

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.

OMB No. 1545-0047

Open to Public Inspection

Name of the organization							Employer identification number
OLD GLOBE Part I General Information on Grants a							95-1543396
Does the organization maintain records criteria used to award the grants or ass Describe in Part IV the organization's present the second seco	to substantiate the					stance, and the selecti	
Part II Grants and Other Assistance to recipient that received more than	Domestic Organia	zations and Domestic	Governments. C	complete if the org	anization answered "\	es" on Form 990, Parl	t IV, line 21, for any
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
OLD GLOBE ENDOWMENT TRUST P.O. BOX 122171 SAN DIEGO, CA 92112-2171	33-6125358	501(C)(3)	778,780.	0.			GRANT TO SUPPORTING ORGANIZATION TO HOLD AS ENDOWMENT
2 Enter total number of section 501(c)(3) a	and government or	ganizations listed in the	e line 1 table				1.
3 Enter total number of other organization	ns listed in the line	1 table)
LHA For Paperwork Reduction Act Notice	e, see the Instructi	ions for Form 990.					Schedule I (Form 990) 2021

(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						
UNIVERSITY OF SAN DIEGO, MASTERS OF ARTS PROGRAM	21	155,900.	0.	FAIR MARKET VALUE	N/A						
Part IV Supplemental Information. Provide the information req	uired in Part I, lin	e 2; Part III, column	(b); and any other ac	dditional information.							
PART I, LINE 2:											
GRANTS/STIPENDS ARE GIVEN TO GRADUA	ATE STUDE	NTS IN AN	MFA PROGRA	M RUN							
JOINTLY BY THE UNIVERSITY OF SAN D	IEGO AND	OLD GLOBE	THEATRE.	THE							
STIPENDS' PURPOSE FOR MFA STUDENTS	IS TO CO	VER A PORT	TION OF MON	THLY LIVING							
EXPENSES OVER A TWO YEAR COURSE.											
PART I, LINE 2:											
GRANTS ARE PAID TO THE OLD GLOBE EN	NDOWMENT	TRUST, WHI	CH IS A SU	PPORTING							
ORGANIZATION OF THE OLD GLOBE THEAT	TRE, TO H	OLD AS ENI	OOWMENT AND	ARE							

SCHEDULE J (Form 990)

Department of the Treasury

Name of the organization

Internal Revenue Service

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.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number OLD GLOBE THEATRE 95-1543396 **Questions Regarding Compensation**

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

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

Schedule J (Form 990) 2021

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

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

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

		(B) Breakdown of W	/-2 and/or 1099-MIS0 compensation	C and/or 1099-NEC	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) TIMOTHY SHIELDS	(i)	344,049.	0.	0.	71,825.	34,219.	450,093.	0.
MANAGING DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) BARRY EDELSTEIN	(i)	330,357.	0.	0.	71,825.	26,806.	428,988.	0.
ARTISTIC DIRECTOR	(ii)	0.	0.	0.	0.	0.	0.	0.
(3) LLEWELLYN CRAIN	(i)	212,583.	0.	0.	6,805.	26,806.	246,194.	0.
DIRECTOR OF PHILANTHROPY	(ii)	0.	0.	0.	0.	0.	0.	0.
(4) DAVID HENSON	(i)	196,826.	0.	0.	5,905.	0.	202,731.	0.
DIRECTOR OF MARKETING	(ii)	0.	0.	0.	0.	0.	0.	0.
(5) MICHELLE YEAGER	(i)	174,402.	0.	0.	5,269.	9,786.	189,457.	0.
DIRECTOR OF FINANCE	(ii)	0.	0.	0.	0.	0.	0.	0.
(6) MICHAEL PAGE	(i)	163,629.	0.	0.	4,027.	7,721.	175,377.	0.
GENERAL MANAGER (THRU 11/21)	(ii)	0.	0.	0.	0.	0.	0.	0.
(7) ROBERT DRAKE	(i)	158,482.	0.	0.	4,842.	9,786.	173,110.	0.
SENIOR PRODUCER	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

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Schedule J (Form 990) 2021

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:
BARRY EDELSTEIN, AN OFFICER, PARTICIPATED IN A 457(F) PLAN. FOR 2021, THERE
WERE CONTRIBUTIONS MADE OF \$50,000 AND NO DISTRIBUTIONS. TIMOTHY SHIELDS,
AN OFFICER, PARTICIPATED IN A 457(F) PLAN. FOR 2021, THERE WERE
CONTRIBUTIONS MADE OF \$50,000 AND NO DISTRIBUTIONS.
PART I, LINE 7:
NONDISCRETIONARY BONUS PAYMENTS WERE PAID BASED ON PERSONS MEETING GOALS
SET BY AND APPROVED BY BOARD OF DIRECTORS.

SCHEDULE K (Form 990) Department of the Treasury

Internal Revenue Service

Supplemental Information on Tax-Exempt Bonds

Complete if the organization answered "Yes" on Form 990, Part IV, line 24a. Provide descriptions,

explanations, and any additional information in Part VI.

Attach to Form 990.

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

2021
Open to Public Inspection

Name of the organization

OLD GLOBE THEATRE

Employer identification number 95-1543396

010 0100	o indaind								<u> </u>	JIJ	5 		
Part I Bond Issues	SEE PART VI	FOR COLUM	(F) CON	TINUATI	ONS								
(a) Issuer name	(b) Issuer EIN	(c) CUSIP#	(d) Date issued	(e) Issu	e price	(f) Descripti	on of purpose	(g) De	efeased	(h) On			
										of is	suer	finan	cing
								Yes	No	Yes	No	Yes	No
						REPAYMEN							
A OLD GLOBE THEATRE	95-1543396	NONE	08/12/10	3,802	<u>,430.</u>	EXISTING	NOTES PA		X		Х		X
_B													
С													
D													
Part II Proceeds													
			A			В	С	D			D		
1 Amount of bonds retired													
2 Amount of bonds legally defeased													
3 Total proceeds of issue			3,80	2,430.									
4 Gross proceeds in reserve funds													
5 Capitalized interest from proceeds													
6 Proceeds in refunding escrows													
7 Issuance costs from proceeds													
8 Credit enhancement from proceeds													
9 Working capital expenditures from proce	eds												
10 Capital expenditures from proceeds													
11 Other spent proceeds													
12 Other unspent proceeds													
13 Year of substantial completion													
			Yes	No	Yes	No	Yes	No		Yes		No	
14 Were the bonds issued as part of a refun	ding issue of tax-exempt b	onds (or,											
if issued prior to 2018, a current refunding	g issue)?			X									
15 Were the bonds issued as part of a refun	ding issue of taxable bond	ls (or, if											
issued prior to 2018, an advance refunding	ng issue)?			X									
16 Has the final allocation of proceeds been	made?		X										
17 Does the organization maintain adequate													
final allocation of proceeds?			Х										
LH∆ For Paperwork Reduction Act Notice of									Scho	dula K	(Eorn	990)	202

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

Schedule K (Form 990) 2021

 Schedule K (Form 990) 2021
 OLD GLOBE THEATRE
 95-1543396
 Page 2

Par	t III Private Business Use								
			Α		В	(С	Ι τ)
1	Was the organization a partner in a partnership, or a member of an LLC,	Yes	No	Yes	No	Yes	No	Yes	No
	which owned property financed by tax-exempt bonds?		Х						
2	Are there any lease arrangements that may result in private business use of								
	bond-financed property?		X						
За	Are there any management or service contracts that may result in private								
	business use of bond-financed property?		X						
b	If "Yes" to line 3a, does the organization routinely engage bond counsel or other outside								
	counsel to review any management or service contracts relating to the financed property?								
С	Are there any research agreements that may result in private business use of								
	bond-financed property?		x						
d	If "Yes" to line 3c, does the organization routinely engage bond counsel or other								
	outside counsel to review any research agreements relating to the financed property?								
4	Enter the percentage of financed property used in a private business use by entities		•		'		•		
	other than a section 501(c)(3) organization or a state or local government		.00 %		%		%		%
5	Enter the percentage of financed property used in a private business use as a		, -		, -		,-		•
_	result of unrelated trade or business activity carried on by your organization,								
	another section 501(c)(3) organization, or a state or local government		.00 %		%		%		%
6	Total of lines 4 and 5		.00 %		%		%		%
7	Does the bond issue meet the private security or payment test?		X		, ,		<u> </u>		,,
8a	Has there been a sale or disposition of any of the bond-financed property to a non-								
	governmental person other than a 501(c)(3) organization since the bonds were issued?		x						
b	If "Yes" to line 8a, enter the percentage of bond-financed property sold or		•		'		•		•
	disposed of		%		%		%		%
С	If "Yes" to line 8a, was any remedial action taken pursuant to Regulations		1		[,-		
	sections 1.141-12 and 1.145-2?								
9	Has the organization established written procedures to ensure that all								
	nonqualified bonds of the issue are remediated in accordance with the								
	requirements under Regulations sections 1.141-12 and 1.145-2?	X							
Par	t IV Arbitrage			ı					ı
			A		В		C	Г)
1	Has the issuer filed Form 8038-T, Arbitrage Rebate, Yield Reduction and	Yes	No	Yes	No	Yes	No	Yes	No
	Penalty in Lieu of Arbitrage Rebate?		Х						
2	If "No" to line 1, did the following apply?		•		•		•		•
	Rebate not due yet?		Х						
	Exception to rebate?	Х							
	No rebate due?		X						
	If "Yes" to line 2c, provide in Part VI the date the rebate computation was								
	performed	<u> </u>							
3	Is the bond issue a variable rate issue?		Х						

 Schedule K (Form 990) 2021
 OLD GLOBE THEATRE
 95-1543396
 Page 3

Par	t IV Arbitrage (continued)								
			4	Е	}		С)
4a	Has the organization or the governmental issuer entered into a qualified	Yes	No	Yes	No	Yes	No	Yes	No
	hedge with respect to the bond issue?		Х						
b	Name of provider								
	Term of hedge								
d	Was the hedge superintegrated?								
е	Was the hedge terminated?								
5a	Were gross proceeds invested in a guaranteed investment contract (GIC)?		Х						
b	Name of provider								
	Term of GIC								
d	Was the regulatory safe harbor for establishing the fair market value of the GIC satisfied?								
	Were any gross proceeds invested beyond an available temporary period?		X						
7	Has the organization established written procedures to monitor the								
	requirements of section 148?	X							
Par	t V Procedures To Undertake Corrective Action								
			4	Е	}		С)
	Has the organization established written procedures to ensure that violations	Yes	No	Yes	No	Yes	No	Yes	No
	of federal tax requirements are timely identified and corrected through the								
	voluntary closing agreement program if self-remediation isn't available under								
	applicable regulations?	X							
Par	t VI Supplemental Information. Provide additional information for responses to questions	s on Schedule	K. See instru	uctions.					
	HEDULE K, PART I, BOND ISSUES:								
) ISSUER NAME: OLD GLOBE THEATRE								
(F)) DESCRIPTION OF PURPOSE: REPAYMENT OF EXISTING	NOTES	PAYABL	·Ε					

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

➤ Attach to Form 990.

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

OLD GLOBE THEATRE

Employer identification number 95-1543396

Pai	rt I Types of Property								
		(a)	(b)	(c)	tion	(d)			
		Check if applicable	Number of contributions or	Noncash contribu amounts reported		Method of de noncash contribu		_	
		арріісаріє		Form 990, Part VIII, I		Tioricasii contiibt	JUIOIT AI	Hounts	,
1	Art - Works of art								
2	Art - Historical treasures								
3	Art - Fractional interests								
4	Books and publications								
5	Clothing and household goods								
6	Cars and other vehicles								
7	Boats and planes								
8	Intellectual property		_						
9	Securities - Publicly traded	X	9	228,0)39 <u>.</u>	AVG. PRICE			
10	Securities - Closely held stock								
11	Securities - Partnership, LLC, or								
	trust interests								
12	Securities - Miscellaneous								
13	Qualified conservation contribution -								
	Historic structures								
14	Qualified conservation contribution - Other								
15	Real estate - Residential								
16	Real estate - Commercial								
17	Real estate - Other								
18	Collectibles								
19	Food inventory								
20	Drugs and medical supplies								
21	Taxidermy Listorical artifacts								
22 23	Historical artifacts								
23 24	Scientific specimens Archeological artifacts								
25	Other (FOOD AND BEVE)	X	5	52 6	549.	COST			
26	Other (EQUIPMENT)	X	1			COST			
27	Other ()		_	.,,	,,,,,	0001			
28	Other ()								
29	Number of Forms 8283 received by the organiz	ation during	the tax vear for co	ontributions					
	for which the organization completed Form 828	-	•		9			0	
			· ·					Yes	No
30a	During the year, did the organization receive by	contributio	n any property rep	orted in Part I, lines 1	throug	h 28, that it			
	must hold for at least three years from the date	of the initia	l contribution, and	which isn't required t	o be us	sed for			
	exempt purposes for the entire holding period?						30a		X
b	If "Yes," describe the arrangement in Part II.								
31	Does the organization have a gift acceptance p	olicy that re	quires the review o	of any nonstandard co	ontribut	ions?	31	Х	
32a	Does the organization hire or use third parties of	or related or	ganizations to solic	cit, process, or sell no	ncash				_
	contributions?						32a		Х
b	If "Yes," describe in Part II.								
33	If the organization didn't report an amount in co	olumn (c) foi	a type of property	for which column (a)	is ched	ked,			
	describe in Part II.								

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

132142 11-17-21

SCHEDULE O (Form 990)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on

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

Department of the Treasury Internal Revenue Service

Name of the organization

OLD GLOBE THEATRE

Employer identification number 95-1543396

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DIEGO'S FLAGSHIP PERFORMING ARTS INSTITUTION SINCE 1937, WHEN A POPULAR
VENUE FOR SHAKESPEARE'S WORK AT THE 1935-36 CALIFORNIA PACIFIC
INTERNATIONAL EXPOSITION IN BALBOA PARK WAS ESTABLISHED AS A PERMANENT
OPERATION. IN A NORMAL SEASON, THE OLD GLOBE PRODUCES A YEAR-ROUND
SEASON OF 14 OR MORE PLAYS AND MUSICALS, INCLUDING WORLD PREMIERES,
MODERN CLASSICS, NEW MUSICALS, BROADWAY-BOUND PRODUCTIONS AND A
HIGHLY-REGARDED SUMMER SHAKESPEARE FESTIVAL. IN ADDITION TO THE
ARTISTIC PROGRAMMING ON ITS THREE STAGES, WITH AUDIENCE CAPACITIES OF
620/600/250, THE GLOBE OFFERS A WIDE RANGE OF ARTS ENGAGEMENT AND
HUMANITIES PROGRAMS THAT CONTRIBUTE TO THE GROWTH AND EDUCATION OF
AUDIENCES AND THE COMMUNITY AT LARGE.
FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
DIVERSITY AND BALANCE IN PROGRAMMING; PROVIDING AN ENVIRONMENT FOR THE
GROWTH AND EDUCATION OF THEATRE PROFESSIONALS, AUDIENCES AND THE
COMMUNITY AT LARGE.
FORM 990, PART III, LINE 3, CHANGES IN PROGRAM SERVICES:
DUE TO THE COVID-19 PANDEMIC THE OLD GLOBE HALTED IN-PERSON
PERFORMANCES IN MARCH 2020 AND DID NOT RESUME UNTIL JULY 2021.
FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

EXTENSIVE ARTS ENGAGEMENT PROGRAMS. THE GLOBE'S ARTS ENGAGEMENT

A SERIES OF FILM SCREENINGS, OUTDOOR CABARET PERFORMANCES, AND

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

OF DR. SEUSS'S HOW THE GRINCH STOLE CHRISTMAS! THIS WAS IN ADDITION TO

Schedule O (Form 990) 2021

132211 11-11-21

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

Name of the organization
OLD GLOBE THEATRE
Employer identification number
95-1543396

PROGRAMS CELEBRATED A RETURN TO IN-PERSON PROGRAMMING IN

UNDER-RESOURCED COMMUNITIES. THE GLOBE FOR ALL TOUR BROUGHT

SHAKESPEARE: CALL AND RESPONSE TO 1,546 PEOPLE WITH BARRIERS TO

ACCESSING PROFESSIONAL THEATRE.

THE OLD GLOBE WROTE AND LAUNCHED A SOCIAL JUSTICE ROADMAP TO MAKE THE

GLOBE A MORE EQUITABLE AND WELCOMING PLACE FOR ARTISTS, STAFF, AND

AUDIENCE MEMBERS. THIS ROADMAP DELINEATES A SERIES OF REFORMS TO

ACCELERATE THE PACE OF CHANGE AT ALL LEVELS OF OUR INSTITUTION.

IN THE PAST 10 YEARS, THE OLD GLOBE HAS EXPANDED THE REACH AND SCOPE OF

ITS ARTS ENGAGEMENT PROGRAMS IN PURSUIT OF THE GOAL OF BETTER SERVING

THE PUBLIC GOOD. THIS IMPACT OF THIS WORK HAS DEEPLY TRANSFORMED THE

GLOBE AND THE GLOBE'S RELATIONSHIPS WITH THE COMMUNITY, LEADING TO THE

COMMON PERCEPTION THAT THE GLOBE IS A NATIONALLY LEADING THEATRE IN

SERVING THE DEPTH AND BREADTH OF MANY CONSTITUENCIES.

FORM 990, PART VI, SECTION A, LINE 6:

THE ORGANIZATION HAS ONE CLASS OF MEMBERSHIP, WHICH DOES NOT ELECT MEMBERS

OF THE GOVERNING BODY. SIGNIFICANT DECISIONS ARE MADE BY THE BOARD. NO ONE

RECEIVES A SHARE OF THE ORGANIZATION'S PROFITS OR EXCESS DUES UPON

DISSOLUTION.

FORM 990, PART VI, SECTION A, LINE 7A:

THE ORGANIZATION HAS ONE CLASS OF MEMBERSHIP WHO HAVE THE RIGHT TO ELECT OFFICERS AS PROPOSED TO THEM BY THE NOMINATING COMMITTEE.

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

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

Name of the organization

OLD GLOBE THEATRE

Employer identification number 95-1543396

DIRECTOR OF FINANCE (CORPORATE OFFICER) AND TAX PREPARER COMPLETE 990,

WHICH IS REVIEWED BY THE MANAGING DIRECTOR. AFTER MANAGEMENT'S APPROVAL OF

THE 990, EACH MEMBER OF THE BOARD OF DIRECTORS IS PROVIDED ACCESS TO THE

PUBLIC DISCLOSURE COPY OF THE 990 PRIOR TO FILING THE RETURN WITH THE IRS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH DIRECTOR AND PRINCIPAL OFFICER SHALL ANNUALLY SIGN A STATEMENT WHICH

AFFIRMS THAT SUCH PERSON: HAS RECEIVED A COPY OF THE CONFLICTS OF INTEREST

POLICY, HAS READ AND UNDERSTANDS THE POLICY, HAS AGREED TO COMPLY WITH THE

POLICY, AND UNDERSTANDS THAT THE OLD GLOBE IS A CHARITABLE ORGANIZATION AND

THAT IN ORDER TO MAINTAIN ITS FEDERAL TAX EXEMPTION IT MUST ENGAGE

PRIMARILY IN ACTIVITIES WHICH ACCOMPLISH ONE OR MORE OF ITS TAX-EXEMPT

PURPOSES. IF A CONFLICT ARISES, THAT BOARD MEMBER CAN NOT VOTE ON THE

TRANSACTION.

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

THE CONTRACTS FOR THE ARTISTIC AND MANAGING DIRECTORS ARE NEGOTIATED BY THE EXECUTIVE COMMITTEE OF THE BOARD OF DIRECTORS. THEIR PROCESS INCLUDES A PERSONNEL APPRAISAL, CONSIDERATION OF THE THEATRE COMMUNICATIONS GROUP'S SALARY SURVEY AS WELL AS PEER DISCUSSION WITH BOARDS OF OTHER MAJOR PERFORMING ARTS INSTITUTIONS. THE MOST RECENT CONTRACT FOR THE MANAGING DIRECTOR COVERS 1/1/21-12/31/25. THE MOST RECENT CONTRACT FOR THE ARTISTIC DIRECTOR COVERS 1/1/21-12/31/25. A WRITTEN SUBSTANTIATION IS HELD IN THE FILES OF THE ORGANIZATION'S INDEPENDENT ATTORNEY. THE SALARY OF THE DIRECTOR OF FINANCE IS APPROVED BY THE EXECUTIVE COMMITTEE. THE MANAGING DIRECTOR USES THE ORGANIZATION'S FORMAL APPRAISAL PROCESS, ON-GOING EVALUATIONS, AND COMPARABILITY INFORMATION FROM THE ANNUAL THEATRE COMMUNICATIONS GROUP SALARY SURVEY FOR EACH CORPORATE OFFICER AND/OR KEY

Schedule O (Form 990) 2021

Schedule O (Form 990) 2021 Page 2 Name of the organization **Employer identification number** OLD GLOBE THEATRE 95-1543396 EMPLOYEE. POSITIONS INCLUDE GENERAL MANAGER, SENIOR PRODUCER, DIRECTOR OF ARTS ENGAGEMENT, DIRECTOR OF PHILANTHROPY, DIRECTOR OF HUMAN RESOURCES, DIRECTOR OF MARKETING AND COMMUNICATIONS, AND DIRECTOR OF FINANCE. THIS ANNUAL PROCESS HAS BEEN IN PLACE SINCE YEAR-BEGINNING 2004. CONTEMPORANEOUS SUBSTANTIATION IS A FINAL NEW SALARIES DOCUMENT WHICH IS SIGNED BY THE MANAGING DIRECTOR AND DIRECTOR OF HUMAN RESOURCES, THEN FORWARDED TO HUMAN RESOURCES AND PAYROLL FOR IMPLEMENTATION. FORM 990, PART VI, SECTION C, LINE 19: AUDITED FINANCIAL STATEMENTS ARE AVAILABLE ON THE ORGANIZATION'S WEBSITE OR UPON REQUEST. GOVERNING DOCUMENTS AND THE CONFLICT OF INTEREST POLICY ARE AVAILABLE UPON REQUEST.

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

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

Attach to Form 990.

Department of the Treasury Internal Revenue Service Name of the organization

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

95-1543396

Part I Identification of Disregarded Entities. Comple	ete if the organization answered "Yes	s" on Form 990, Part IV, line 3	3.					
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	(d) or Total inco	ome End-of-year		(f) Direct controlling entity)
	_							
Part II Identification of Related Tax-Exempt Organizations during the tax year.	ations. Complete if the organization	answered "Yes" on Form 990	O, Part IV, line 34,	because it had one	e or more re	lated tax-exer	npt	
(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		
		,,		501(c)(3))		(f) (g Section 5 contr	No	
OLD GLOBE ENDOWMENT TRUST - 33-6125358 P.O. BOX 122171	SUPPORTING THE OLD GLOBE							
SAN DIEGO, CA 92112-2171	THEATRE'S PROGRAMS	CALIFORNIA	501(C)(3)	12A	N/A		X	

OLD GLOBE THEATRE

	11 "" " (D.) 10 T 11 D 1 11	0 - - - - - - -	IIX / II F 000	D - 4 B/ Page 04 In a 24 I	and and an arrangement of the second
	Identification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34, because it r	nad one or more related
	organizations treated as a partnership during the tax year.		•	, ,	

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

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

1a

Page 3

Yes No

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

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?

a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)				1b	<u> </u>					
c Gift, grant, or capital contribution from related organization(s)	Gift, grant, or capital contribution from related organization(s)									
	Loans or loan guarantees to or for related organization(s)									
e Loans or loan guarantees by related organization(s)										
f Dividends from related organization(s)				1f		X				
g Sale of assets to related organization(s)						X				
	Purchase of assets from related organization(s)									
i Exchange of assets with related organization(s)						X				
j Lease of facilities, equipment, or other assets to related organization(s)	j Lease of facilities, equipment, or other assets to related organization(s)									
k Lease of facilities, equipment, or other assets from related organization(s)				1k		X				
	Performance of services or membership or fundraising solicitations for related organization(s)									
m Performance of services or membership or fundraising solicitations by related organization(s)										
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)										
Sharing of paid employees with related organization(s)										
p Reimbursement paid to related organization(s) for expenses										
q Reimbursement paid by related organization(s) for expenses						X				
r Other transfer of cash or property to related organization(s)										
s Other transfer of cash or property from related organization(s)				1s		X				
2 If the answer to any of the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information on whether the above is "Yes," see the instructions for information of the above is "Yes," and "Yes," in the above it is "Y										
(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining a	amount involved	1					
(1) OLD GLOBE ENDOWMENT TRUST	В	778,780.	CASH							
(2) OLD GLOBE ENDOWMENT TRUST	С	207,491.	CASH							
(3)										
(4)										
(5)										
(V)										
(6)										
(~)	L	I	l							

Schedule R (Form 990) 2021 OLD GLOBE THEATRE 95-1543396 Page 4

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) Disproptionat allocatio	Code V-UBI amount in box 2 of Schedule K-	General of managing partner? Yes No	(k) Percentage ownership